



# **ALL EMPLOYEES MUST PARTICIPATE IN OPEN**

## **ENROLLMENT!!**



### **SUMMARY OF PLAN CHANGES 2015-2016**

#### **See actual Plan Summary for Details**

#### **United Health Care (UHC) OR Anthem Blue Cross (ABC) HMO40**

- Continued \$500/\$1000 CALENDAR YEAR DEDUCTIBLE FOR IN AND OUT PATIENT SERVICES. Example: For a Surgical Procedure a \$500 deductible will apply PLUS a \$100 Out-Patient or \$250 In-Patient copay. Calendar year deductibles apply January through December and start over every January 1<sup>st</sup>. \*\*Please note\*\* Even if you have met your deductible for 2015, a new deductible will apply July 1, 2015.
- Copays with Beaver MG, Redlands-Yucaipa MG, or Pinnacle MG will be \$40 for all Primary Physician visits.
- Referrals to all specialists will now be \$40 co-pay
- In-patient hospitalization will continue to have a \$250 co-pay (after deductible is met)
- Out-patient surgical will continue to have a \$100 co-pay (after deductible is met)
- Redlands-Yucaipa MG is not available on Anthem Blue Cross HMO40
- Prescription copay for Brand name is increased to \$30 and non-formulary Brand is increased to \$60
- Separate Out-of-Pocket maximum for prescriptions \$1500/\$4500
- \$40 copay for complex imaging such as CT/SPECT/PET/MRA/MRI

#### **UHC/ABC HMO30 OR HMO15**

- No deductible for In-patient or Out-patient surgery
- No copay for In-patient or Out-patient surgery
- Office or Specialist Visit copay is \$30 or \$15
- Out-of-pocket maximums for each, medical and prescription is \$500/\$1500
- HMO30: Prescription copay for Brand name is increased to \$30 and non-formulary Brand is increased to \$60
- HMO15: Prescription copays are \$5 Generic, \$25 Brand name and \$40 non-formulary Brand

### **UHC PPO500 OR PPO750**

- Deductible is \$500/\$1500 or \$750/\$2250
- Coinsurance for In-Network Benefits after deductible is 90% or 80% , you pay 10% or 20%
- Prescription copays are \$10 or \$15 for generic, \$30 or \$50 for Brand name and \$10 or \$15 plus cost difference between Generic and Brand name for non-formulary Brand name

### **UHC HSA1 OR HSA2**

- DEDUCTIBLE MUST BE MET BEFORE THE PLAN PAYS, including prescription costs. Deductible is \$1500/\$3000 or \$3000/\$6000, combined for medical, prescription, and MHN
- Out-of-pocket maximum is \$2150/\$4300 or \$4000/\$8000
- Coinsurance after deductible is met is 90%, you pay 10%
- Prescription copays \$10/\$30, after deductible is met
- May open Health Savings Account (HSA) if not participating in Flexible Spending Account (FSA) to bank pre-taxed money to pay services

## **Managed Health Network (MHN) [Behavioral Services] FOR UHC OR ABC ONLY**

- No copay for outpatient visit for HMO

### **Kaiser HMO**

- No change in plan

### **Kaiser DHMO - Low Option 2**

- DEDUCTIBLE MUST BE MET BEFORE THE PLAN PAYS, excluding preventative services and **GENERIC** prescription costs. Deductible is \$500/\$1000
- Out-of-pocket maximum is \$3000/\$6000
- Coinsurance after deductible is met is 80%, you pay 20%
- Primary or Specialist visits is \$20 copay
- X-ray and Lab copay is \$10 after deductible is met
- Complex scans (MRI/CT/PET) is \$50 copay after deductible is met

### **Anthem Blue Cross Minimum Value Plan**

- DEDUCTIBLE MUST BE MET BEFORE THE PLAN PAYS, including prescription costs. Deductible is \$5900/\$11800
- Out-of-pocket maximum is \$6350/\$12700
- First 3 doctor visits, \$35 copay only, any additional services at visit will apply to deductible. Additional doctor visits deductible applies
- Coinsurance after deductible is met is 100%

### **Kaiser Minimum Value Plan**

- DEDUCTIBLE MUST BE MET BEFORE THE PLAN PAYS, including prescription costs. Deductible is \$4500/\$9000
- Out-of-pocket maximum is \$6000/\$12000
- Coinsurance after deductible is met is 60%, you pay 40%
- Prescription copay is \$15 Generic, deductible waived, \$35 Brand name, after prescription deductible is met.
- Prescription deductible is \$250 per person

### **Delta Dental of California**

- No change to plan

### **Medical Eye Services**

- Change from EyeMed Vision Services

**Full-time employees may now opt out of medical only with a letter from spouse's employer or the medical carrier stating coverage meets Affordable Care Act minimum standard coverage with dates of plan year coverage.**

**Open Enrollment is from May 11<sup>th</sup> – May 22<sup>th</sup>**

**Benefit Bridge Website: [www.benefitbridge.com/redlands](http://www.benefitbridge.com/redlands)**

**The computer lab will be open 8AM – 5PM M-F during open enrollment for assistance**