



## REEP for Benefits JPA

### Summary of HSA Plans

	Current		Current	
Effective Date	07/01/2015		07/01/2015	
Renewal Date	07/01/2016		07/01/2016	
Carrier Name	United HealthCare Insurance Company		United HealthCare Insurance Company	
Plan Name	HSA 1		HSA 2	
Eligible Class	Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>General Plan Information</b>				
Annual Deductible/Individual	\$1,500 medical/prescription/MH-SA in/out of network combined	\$1,500 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined
Annual Deductible/Family	\$3,000 medical/prescription/MH-SA in/out of network combined	\$3,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined	\$6,000 medical/prescription/MH-SA in/out of network combined
Coinsurance	90%	70%	90%	70%
Office Visit/Exam	90%	70%	90%	70%
Outpatient Specialist Visit	90%	70%	90%	70%
Annual Out-of-Pocket Limit/Individual	\$3,000 per year	\$9,000 per year	\$4,000	\$9,000
Annual Out-of-Pocket Limit/Family	\$6,000 per year	\$18,000 per year	\$8,000	\$18,000
Lifetime Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited
<b>Inpatient Hospital Services</b>				
Inpatient Hospitalization	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency); pre-service notification required	90%	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency); pre-service notification required
Semi-Private Room & Board; Including Services and Supplies	90%	70%	90%	70%
<b>Emergency Services</b>				
Emergency Room	90%	90%; Pre-service notification required if inpatient stay	90%	90%; Pre-service notification required if inpatient stay
<b>Mental Health Benefits</b>				
Inpatient Care	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Outpatient Care	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required
<b>Alcohol Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization
<b>Outpatient Care</b>				
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required
Outpatient Detoxification Services				

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Plan Name	HSA 1	HSA 2
Eligible Class	Eligible Employees	Eligible Employees

	Current		Current	
	Eligible Employees		Eligible Employees	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
<b>Substance Abuse</b>				
<b>Inpatient Care</b>				
Inpatient Hospitalization	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
Inpatient Detoxification Services	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required	90% prior MHN authorization required	70% plus \$500 admission fee after the deductible has been satisfied (waived for emergency) prior MHN authorization required
<b>Outpatient Care</b>				
Outpatient Services	90% prior MHN authorization required	70% prior MHN authorization required	90% prior MHN authorization required	70% prior MHN authorization required
Outpatient Detoxification Services				
<b>Prescription Drug Benefits</b>				
Prescription Drug Deductible	\$1,500 ind/\$3,000 fam medical/prescription/MH-SA in/out of network combined	\$1,500 ind/\$3,000 fam medical/prescription/MH-SA in/out of network combined	\$3,000 ind/\$6,000 fam medical/prescription/MH-SA in/out of network combined	\$3,000 ind/\$6,000 fam medical/prescription/MH-SA in/out of network combined
Generic	\$10 after deductible Tier 1 Pharmacy; \$10 copay after ded+\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 plus 50% after deductible copay plus 50% after deductible; provided by Express Scripts	\$10 after deductible Tier 1 Pharmacy; \$10 copay after ded+\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 plus 50% after deductible copay plus 50% after deductible; provided by Express Scripts
Brand (Formulary/Preferred)	\$30 after deductible/Tier 1 Pharmacy; \$30 copay after ded+\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay plus 50% after deductible; provided by Express Scripts	\$30 after deductible/Tier 1 Pharmacy; \$30 copay after ded+\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay plus 50% after deductible; provided by Express Scripts
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Mail Order Mandatory Generic	\$20 copay after deductible; provided by Express Scripts	Not covered	\$20 copay after deductible; provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay after deductible; provided by Express Scripts	Not covered	\$60 copay after deductible; provided by Express Scripts	Not covered
Number of Days Supply for Mail Order	90 days	N/A	90 days	N/A
<b>Other Services and Supplies</b>				
Chiropractic Services	90% limited to 24 visits/calendar year; in/out of network combined	70% limited to 24 visits/calendar year; pre-service notification required; in/out of network combined	90% limited to 24 visits/calendar year; in/out of network combined	70% limited to 24 visits/calendar year; pre-service notification required; in/out of network combined

**NOTES:**

1. Dependent children eligible to age 26.
2. UHC website: www.myuhc.com
3. Obtain services through MHN call 1-888-327-0020
4. Member may have additional out-of-pocket expenses above the reimbursement on out-of-network services.



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