

REDLANDS UNIFIED SCHOOL DISTRICT
Business Services/Fiscal Services

Employee Health and Welfare Benefits Summary – 2016-2017

The Redlands Unified School District shares the cost of premiums with full-time employees that include coverage for the employee and their dependents for the following health benefits:

Medical Insurance - Coverage is provided by United Health Care (UHC), Anthem Blue Cross (ABC), or Kaiser. *Minimum Value Plans for Anthem or Kaiser - information available upon request or at district website* . Medical plan deductibles and co-payments, based on the option you choose, include the following:

	<u>ABC/UHC HMO20</u>		<u>ABC/UHC HMO30</u>		<u>ABC/UHC HMO40</u>		<u>UHC PPO500</u>		<u>UHC PPO750</u>		<u>UHC HSA1</u>		<u>UHC HSA2</u>		<u>KAISER HMO</u>		<u>KAISER DHMO</u>	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
Maximum District Contribution (MDC)	\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00		\$11,916.00	
Employee Monthly Cost (10 months)	\$400.00	\$595.00	\$300.00	\$475.00	\$210.00	\$340.00	\$700.00	\$1,180.00	\$350.00	\$960.00	\$300.00	\$370.00	\$200.00	\$240.00	\$170.00	\$260.00	\$85.00	\$105.00
Calendar Year Deductible	\$0		\$0		\$500/\$1000*		\$500/\$1500		\$750/\$2250		\$1500/\$3000		\$3000/\$6000		\$0		\$500/\$1000	
Copay for Office Visits	\$20		\$30		\$20**/\$40		\$30		\$40		10% after deductible		10% after deductible		\$30		\$20	
Copay for Emergency Room	\$100		\$100		\$100		10% after deductible		20% after deductible		10% after deductible		10% after deductible		\$100		20% after deductible	
Copay for Outpatient Services	\$0		\$0		\$250		10% after deductible		20% after deductible		10% after deductible		10% after deductible		\$30		20% after deductible	
Copay for Hospitalization Services	\$0		\$0		\$250		10% after deductible		20% after deductible		10% after deductible		10% after deductible		\$0		20% after deductible	
Copay for Generic Prescriptions***	\$15		\$15		\$15		\$15		\$15		\$15 after deductible		\$15 after deductible		\$15		\$10	
Copay for Brand Prescriptions***	\$40 after \$250/\$500 deductible		\$40 after \$250/\$500 deductible		\$40 after \$250/\$500 deductible		\$40 after \$250/\$500 deductible		\$40 after \$250/\$500 deductible		\$40 after deductible		\$40 after deductible		\$30		\$30 after deductible	
Chiropractic Visits	\$10		\$10		\$10		10% after deductible		20% after deductible		10% after deductible		10% after deductible		\$10		\$10	
Mental Health Office Visits	\$0		\$0		\$0		10% after deductible		10% after deductible		10% after deductible		10% after deductible		\$30		\$20	

Prescriptions – The coverage is through Express Scripts, Inc. (ESI) if an ABC or UHC plan is selected.

Mental Health & Substance Abuse - The coverage is through Managed Health Network (MHN) if an ABC or UHC plan is selected. There is no limit to the number of medically necessary mental health and substance abuse visits for each enrolled member.

*Deductible applies to Inpatient or Outpatient (surgical) Services

**Per agreement with EPIC Management, primary and specialist visits at Beaver Medical Group and primary only visits at Redlands-Yucaipa Medical Group.

***Copays for UHC/ABC shown are for Tier 1 pharmacies. Tier 2 pharmacies have an additional copay of \$15.

Dental Insurance - Coverage is provided by Delta Dental of California with more than 13,000 participating dentists. The plan allows a maximum of \$2,000 per calendar year. Provided the plan is utilized every year, Delta pays the following:

1 st calendar year - 70%	2 nd calendar year - 80%
3 rd calendar year - 90%	4 th calendar year - 100%

Basic benefits are diagnostic and preventive care, oral surgery, basic care (fillings, extractions), crowns, jackets, and cast restorations. The plan also includes prostodontic (bridges/dentures) at 50% of approved fee; orthodontia coverage for eligible employees and dependents at 50% of approved fee (up to \$2,000 lifetime maximum per person), and dental accident benefits at 100% of approved fee (up to a separate \$1,000 maximum per person/per calendar year). The cost is included in the Maximum District Contribution.

Vision Insurance – Medical Eye Services benefits include vision examination, lenses, and frames or \$100 toward contact lenses (the contact exam is an additional expense to the employee) annually. Vision examinations, lenses, and frames are available every 12 months. Co-payment is \$5. The cost is included in the Maximum District Contribution.

Life Insurance - Prudential Life is the district's carrier of a level-term life insurance policy in the amount of \$100,000.00. This policy provides for double indemnity accidental death coverage. Optional employee-paid supplemental and dependent coverage may be obtained. There is an additional \$2,000 accidental death and dismemberment benefit at no cost to the employee. The cost is included in the Maximum District Contribution.

Additional Cost sheets and Summaries of Benefits are available the district website: www.redlands.k12.ca.us. Go to “Employee Information” and “Health and Welfare Benefits”.