



Redlands Unified School District

Summary of HMO Plans

Effective Date	07/01/2016	07/01/2016
Renewal Date	07/01/2017	07/01/2017
Carrier Name	Kaiser Permanente	Kaiser Permanente
Plan Name	HMO High Option 3 w/Chiro	HMO Low Option 2 w/Chiro
Eligible Class	All Employees	Eligible Employees
General Plan Information		
Annual Deductible/Individual	\$0	\$500
Annual Deductible/Family	\$0	\$1,000
Coinsurance	100%	80%
Office Visit/Exam	\$30 copay	\$20 copay
Outpatient Specialist Visit	\$30 copay	\$20 copay
Annual Out-of-Pocket Limit/Individual	\$1,500	\$3,000
Annual Out-of-Pocket Limit/Family	\$3,000	\$6,000
Lifetime Plan Maximum	Unlimited	Unlimited
Inpatient Hospital Services		
Inpatient Hospitalization	100%	80% after deductible
Semi-Private Room & Board; Including Services and Supplies	100%	80% after deductible
Emergency Services		
Emergency Room	\$100 copay waived if admitted	80% after deductible
Mental Health Benefits		
Inpatient Care	100%	80% after deductible
Outpatient Care	\$30 copay	\$20 copay; deductible waived
Alcohol Abuse		
Inpatient Care		
Inpatient Hospitalization	100%	80% after deductible
Inpatient Detoxification Services	100%	80% after deductible
Outpatient Care		
Outpatient Services	\$30 copay	\$20 copay; deductible waived
Substance Abuse		
Inpatient Care		
Inpatient Hospitalization	100%	80% after deductible
Inpatient Detoxification Services	100%	80% after deductible
Outpatient Care		
Outpatient Services	\$30 copay	\$20 copay; deductible waived
Prescription Drug Benefits		
Prescription Drug Deductible	N/A	\$100 per Member/calendar year
Generic	\$15 copay	\$10 copay; deductible waived
Brand (Formulary/Preferred)	\$35 copay	\$30 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply	30 days	100 days
Mail Order		
Generic	\$30 copay	\$10 copay; deductible waived
Brand (Formulary/Preferred)	\$70 copay	\$30 copay; after prescription deductible
Brand (Non-Formulary/Non-preferred)		
Number of Days Supply for Mail Order	100 days	100 days
Other Services and Supplies		
Chiropractic Services	\$10 copay; 30 visits/calendar year; provided through American Specialty Health	\$10 copay; 30 visits/calendar year; provided through American Specialty Health

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