



Redlands Unified School District

Summary of HMO Plans	Proposed	Current
Effective Date	7/1/2012	7/1/2012
Renewal Date	7/1/2013	7/1/2013
Carrier Name	Aetna	Kaiser Permanente
Plan Name	HMO	HMO
Eligible Class	Eligible Employees	Eligible Employees
General Plan Information		
Outpatient Specialist Visit		\$30 copay
Tier #1 (Beaver MG)	\$20 copay	
Tier # 2	\$30 copay	
Annual Out-of-Pocket Limit/Individual	\$500	\$1,500
Annual Out-of-Pocket Limit/Family	\$1,000 Family	\$3,000
Lifetime Plan Maximum	Unlimited	Unlimited
Primary Care Physician Election Required	Yes	Yes
Outpatient Services		
Preventive Services		
Well-Child Care	100%	100%
Immunizations	100%	100%
Adult Periodic Exams with Preventive Tests	100%	100%
Diagnostic X-Ray and Lab Tests	100% (CT scan, CAT scan, MRI, Nuclear Cardiac scan, PET scan \$100 copay when performed at an outpatient facility)	100%
Maternity Care		
Pregnancy and Maternity Care (Pre-Natal Care)		100%
Tier #1 (Beaver MG)	\$20 copay	
Tier # 2	\$30 copay	
Inpatient Hospital Services		
Inpatient Hospitalization	100%	100%
Pre-Authorization of Services Required	Yes	Yes
Semi-Private Room & Board; Including Services and Supplies	100%	100%
Surgical Services		
Outpatient Facility Charge	100%	\$30 per procedure
Emergency Services		
Emergency Room	\$100 copay waived if admitted	\$100 copay waived if admitted
Air/Ground	100%	100%
Urgent Care		
Urgent Care Facility		\$30 copay
Tier #1 (Beaver MG)	\$20 copay	
Tier # 2	\$30 copay	
Prescription Drug Benefits		
Generic	\$10 copay (administered by Express Scripts)	\$10 copay up to 30 day supply, \$20 copay for 31 to 60 day supply, or \$30 for 61 to 100 day supply
Brand (Formulary/Preferred)	\$20 copay (administered by Express Scripts)	\$20 copay up to 30 day supply, \$40 copay for 31 to 60 day supply, or \$60 for 61 to 100 day supply
Brand (Non-formulary)	\$40 copay (administered by Express Scripts)	
Number of Days Supply	30 days	30 days
Mail Order		
Generic	\$20 copay (administered by Express Scripts)	\$10 copay up to 30 day supply, \$20 copay for 31 to 100 day supply
Brand (Formulary/Preferred)	\$40 copay (administered by Express Scripts)	\$20 copay up to 30 day supply, \$40 copay for 31 to 100 day supply
Brand (Non-formulary)	\$80 copay (administered by Express Scripts)	
Number of Days Supply for Mail Order	90 days	90 days
Other Services and Supplies		
Durable Medical Equipment & Prosthetic Devices	100%	100%
Home Health Care	100% Limited to 100 days per calendar year	100% Limited to 100 days per calendar year
Skilled Nursing or Extended Care Facility	100% limited to 100 visits per calendar year	100% limited to 100 visits per calendar year
Hospice Care	100%	100%
Chiropractic Services	\$15 copay; 30 visits per calendar year	\$10 copay, 20 visits per calendar year
Acupuncture	\$30 copay per visit	not covered
Vision		
Examination	100% Evaluation only	100% Evaluation Only



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Eligible Class	Eligible Employees	Eligible Employees
Hearing		
Screening	100%	100%
Aid(s)	100% Hearing Aids benefit limited to one hearing aid per ear, every three years	100% Hearing Aids benefit limited to \$2,000 per aid every 36 months
Infertility		
Diagnosis/Treatment	See Plan Certificate	See Plan Certificate
Outpatient Rehabilitative Therapy Services		
Physical, Occupational and Speech	\$30 copay treatment over a 60-day consecutive period per incident or illness or injury beginning with the first day of treatment	\$30 copay

CONFIDENTIAL: The information contained in this chart is intended for the exclusive use of the recipient with the recipient's review of this proposal. It is not intended for any other purpose. The information described on this page is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description (SPD) for a complete summary of your benefits. If the information on this page conflicts in any way with the