



## REEP for Benefits JPA

### Summary of PPO 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	PPO 500		PPO 750	
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	\$500	\$1,000	\$750	\$1,500
Annual Deductible/Family	\$1,500	\$3,000	\$2,250	\$4,500
Coinsurance	90%	70%	80%	60%
Office Visit/Exam	\$30/Visit; Deductible waived	70%	\$40/Visit; Deductible waived	60%
Outpatient Specialist Visit	\$30/Visit; Deductible waived	70%	\$40/Visit; Deductible waived	60%
Annual Out-of-Pocket Limit/Individual	\$3,000 Rx not included	\$6,000 Rx not included	\$3,000 Rx not included	\$6,000 Rx not included
Annual Out-of-Pocket Limit/Family	\$9,000 Rx not included	\$18,000 Rx not included	\$9,000 Rx not included	\$18,000 Rx not included
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	80%	60% 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%	80%	60%
<b>Emergency Services</b>				
Emergency Room	90%	90%; pre-service notification required if inpatient stay	80%	80% 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 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>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

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	In-Network Benefits		Out-of-Network Benefits	
	Current		Current	
<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	N/A	N/A	N/A	N/A
Prescription Drug Annual Out-of-Pocket Limit/Individual	\$1,500	\$1,500	\$1,500	\$1,500
Prescription Drug Annual Out-of-Pocket Limit/Family	\$4,500	\$4,500	\$4,500	\$4,500
Generic	\$10 copay/Tier 1 Pharmacy; \$10 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy; \$10 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$15 copay/Tier 1 Pharmacy; \$15 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$15 copay/Tier 1 Pharmacy; \$15 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Formulary/Preferred)	\$30 copay/Tier 1 Pharmacy; \$30 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$30 copay/Tier 1 Pharmacy; \$30 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$50 copay/Tier 1 Pharmacy; \$50 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)	\$50 copay/Tier 1 Pharmacy; \$50 copay +\$15/Tier 2 Pharmacy provided by ESI (see www.express-scripts.com for a list of pharmacies)
Brand (Non-Formulary/Non-preferred)	\$10 copay/Tier 1 Pharmacy; \$10 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)	\$10 copay/Tier 1 Pharmacy; \$10 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)	\$15 copay/Tier 1 Pharmacy; \$15 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)	\$15 copay/Tier 1 Pharmacy; \$15 copay +\$15/Tier 2 Pharmacy + cost difference between generic and brand when generic equivalent is available; (see www.express-scripts.com for a list of pharmacies)
Number of Days Supply	30 days	30 days	30 days	30 days
<b>Mail Order</b>				
Mail Order Mandatory				
Generic	\$20 copay provided by Express Scripts	Not covered	\$30 copay provided by Express Scripts	Not covered
Brand (Formulary/Preferred)	\$60 copay provided by Express Scripts	Not covered	\$100 copay provided by Express Scripts	Not covered
Brand (Non-Formulary/Non-preferred)	\$20 copay plus cost difference between generic and brand when generic equivalent is available; provided by Express Scripts	Not covered	\$30 copay plus cost difference between generic and brand when generic equivalent is available; 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	80% limited to 24 visits/calendar year; in/out of network combined	60% 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.

**Keenan**

*Innovative Solutions. Enduring Principles.*

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