## United Healthcare of the River Valley

**Muscatine Community School District**  
July 1, 2015 through June 30, 2016

<table>
<thead>
<tr>
<th></th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefit Overview</strong></td>
<td><strong>$250 Heritage Select Advantage</strong></td>
<td><strong>$500 Heritage Select Advantage</strong></td>
<td><strong>$2,750 High Deductible Health Plan</strong></td>
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<tr>
<td>Deductible</td>
<td>In-Network</td>
<td>Out-of-Network</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$250</td>
<td>$1,000</td>
<td>$2,750</td>
</tr>
<tr>
<td>Family</td>
<td>$500</td>
<td>$2,000</td>
<td>$4,750</td>
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<tr>
<td>Coinsurance</td>
<td>20%</td>
<td>30%</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Deductible Waived</td>
<td>Deductible Gaived</td>
<td>Deductible Waived</td>
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<td>Out-of-Network</td>
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<td></td>
<td>Deductible Waived</td>
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<td>Deductible Waived</td>
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<tr>
<td><strong>Benefit Highlights</strong></td>
<td>$25,000</td>
<td>$25,000</td>
<td>$25,000</td>
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<tr>
<td>Physician Visit</td>
<td>$10 Copayment</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
</tr>
<tr>
<td>Preventive Services</td>
<td>20% Copayment</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible</td>
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<tr>
<td>Emergency Facility</td>
<td>Deductible Waived</td>
<td>Deductible Waived</td>
<td>Deductible</td>
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<tr>
<td>Emergency Physician</td>
<td>Deductible Waived</td>
<td>Deductible Waived</td>
<td>Deductible</td>
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<tr>
<td>Inpatient Services</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
</tr>
<tr>
<td>Outpatient Services</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
</tr>
<tr>
<td>Physician Charges</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
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<tr>
<td>Hospital Services</td>
<td>Deductible, 20% Coinsurance</td>
<td>Deductible, 30% Coinsurance</td>
<td>Deductible</td>
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</tbody>
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### Preventive Services

1) Preventive Care refers to examinations and services recommended by the U.S. Preventive Services Task Force or preventive care services mandated by state or federal law or regulation.

### Benefit highlights

- **Physician Visit:**
  - $10 copayment
  - Deductible, 30% coinsurance

- **Emergency Services:**
  - Covered at 100%
  - Not covered

- **Hospital Services:**
  - Deductible, 20% coinsurance
  - Deductible, 20% coinsurance

- **Inpatient Services:**
  - Deductible, 20% coinsurance
  - Deductible, 30% coinsurance

- **Outpatient Services:**
  - Deductible, 20% coinsurance
  - Deductible, 30% coinsurance

- **Preventive Services:**
  - Covered at 100%
  - Not covered

### Prescription Drugs

- **30-day supply:**
  - $10 Tier 1 / $30 Tier 2 / $45 Tier 3
  - $2,250 single / $4,500 family

- **Out-of-Pocket Max:**
  - 2 copayments

### Mail Order Rx (90-day supply)

- **Prescription Drugs:**
  - $10 Tier 1 / $30 Tier 2 / $45 Tier 3
  - $1,750 single / $3,500 family
  - 2 copayments

### Rates

- **Plan A**
  - Employee
    - $1,474.87
  - Employee + 1
    - $1,982.87
  - Family
    - $2,750

- **Plan B**
  - Employee
    - $1,207.13
  - Employee + 1
    - $1,924.31
  - Family
    - $2,750

- **Plan C**
  - Employee
    - $1,096.49
  - Employee + 1
    - $1,747.94
  - Family
    - $2,750

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This is a general description of coverage. It is not a statement of contract. Actual coverage is subject to terms and conditions specified in the Benefits Certificate you will receive after you enroll and the enrollment regulations in force when the certificate becomes effective. Certain exclusions and limitations apply.