



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



United Healthcare of the River Valley						
	Plan A		Plan B		Plan C	
	\$250 Heritage Select Advantage		\$500 Heritage Select Advantage		\$2,750 High Deductible Health Plan	
BENEFIT OVERVIEW	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Single	\$250	\$500	\$500	\$1,000	\$2,750	\$4,750
Family	\$500	\$1,000	\$1,000	\$2,000	\$5,500	\$9,500
Coinsurance	20%	30%	20%	30%	0%	0%
Out-of-Pocket Maximum						
Single	\$750	\$1,500	\$1,250	\$2,500	\$2,750	\$4,750
Family	\$1,500	\$3,000	\$2,500	\$5,000	\$5,500	\$9,500
Lifetime Maximum	Unlimited		Unlimited		Unlimited	
Lifetime Infertility Maximum	\$25,000		\$25,000		\$25,000	
BENEFIT HIGHLIGHTS						
Physician Visit	\$10 Copayment	Deductible, 30% Coinsurance	\$10 Copayment	Deductible, 30% Coinsurance	Deductible	Deductible
Preventive Services ⁽¹⁾	Covered at 100%	Not Covered	Covered at 100%	Not Covered	Covered at 100%	Not Covered
Emergency Facility	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	20% Coinsurance, Deductible Waived	Deductible	Deductible
Emergency Physician Hospital Services	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible, 20% Coinsurance	Deductible	Deductible
Inpatient	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Outpatient	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Physician Charges	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Maternity Care	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible, 20% Coinsurance	Deductible, 30% Coinsurance	Deductible	Deductible
Prescription Drugs (30 day supply)	\$10 Tier 1 / \$30 Tier 2 / \$45 Tier 3		\$10 Tier 1 / \$30 Tier 2 / \$45 Tier 3		Deductible	
Rx Out-of-Pocket Maximum	\$2,250 Single / \$4,500 Family		\$1,750 Single / \$3,500 Family		Deductible	
Mail Order Rx (90 day supply)	2 Copayments		2 Copayments		Deductible	
RATES	Plan A		Plan B		Plan C	
Employee	\$652.25		\$633.00		\$574.98	
Employee + 1	\$1,243.87		\$1,207.13		\$1,096.49	
Family	\$1,982.87		\$1,924.31		\$1,747.94	

⁽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.

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.