

**Redlands Unified School District
2015-16 Employee Benefit Package Costs
REEP for Benefits UnitedHealthCare (UHC) & Anthem Blue Cross (ABC) Options**

Benefit Package Options	UHC/ABC HMO 15	UHC/ABC HMO 30	UHC/ABC HMO 40	UHC PPO 500/1500	UHC PPO 750/2250	UHC H.S.A. 1500/3000	UHC H.S.A. 3000/6000
Annual Medical	\$16,069.68	\$14,885.28	\$13,509.60	\$21,926.16	\$19,750.68	\$13,815.36	\$12,531.84
KPPC Pharmacy	Included	Included	Included	Included	Included	Included	Included
Behavioral Health (MHN)	Included	Included	Included	Included	Included	Included	Included
Delta Dental	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96
EyeMed (Changing to MES)	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60
Prudential	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00
Total Health & Welfare Premium Cost	\$17,862.24	\$16,677.84	\$15,302.16	\$23,718.72	\$21,543.24	\$15,607.92	\$14,324.40
Maximum District Contribution	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00
Employee Pay Annually	\$5,946.24	\$4,761.84	\$3,386.16	\$11,802.72	\$9,627.24	\$3,691.92	\$2,408.40
Proposed 2015-16 EE 10thly	\$594.62	\$476.18	\$338.62	\$1,180.27	\$962.72	\$369.19	\$240.84
Current 2014-2015 EE 10thly	na	\$538.21	\$231.01	\$733.02	na	na	na

NOTES:

RUSD Married couples choosing UHC/ABC HMO15 - will have no employee contribution and a reimbursement pool of \$5,856.48
RUSD Married couples choosing UHC/ABC HMO30 - will have no employee contribution and a reimbursement pool of \$7,040.88
RUSD Married couples choosing UHC/ABC HMO40 - will have no employee contribution and a reimbursement pool of \$8,416.56
RUSD Married couples choosing UHC PPO500 - will have no employee contribution and NO reimbursement pool.
RUSD Married couples choosing UHC PPO750 - will have no employee contribution and a reimbursement pool of \$2,175.48
RUSD Married couples choosing UHC HSA1 - will have no employee contribution and a reimbursement pool of \$8,110.80
RUSD Married couples choosing UHC HSA2 - will have no employee contribution and a reimbursement pool of \$9,394.32
RUSD Married couples choosing Kaiser HMO - will have no employee contribution and a reimbursement pool of \$9,226.08
RUSD Married couples choosing Kaiser DHMO - will have no employee contribution and a reimbursement pool of \$9,956.52

Redlands Unified School District
 2015-16 Employee Benefit Package Costs
 REEP for Benefit Kaiser HMO Options

Benefit Package Options	Kaiser HMO	Kaiser DHMO
Annual Medical Premium	\$12,700.08	\$11,969.64
Pharmacy	Included	Included
Behavioral Health	Included	Included
Annual Delta Dental	\$1,494.96	\$1,494.96
EyeMed (Changing to MES)	\$141.60	\$141.60
Annual Prudential	\$156.00	\$156.00
Total Health & Welfare Premium	\$14,492.64	\$13,762.20
Maximum District Contribution	\$11,916.00	\$11,916.00
2015-16 Employee Pay Annually	\$2,576.64	\$1,846.20
2015-16 Employee Pay - 10thly	\$257.66	\$184.62
Current 2014-2015 Contributions	\$98.41	NA

Redlands Unified School District
 2015-16 Employee Benefit Package Costs
 REEP for Benefits Anthem Blue Cross (ABC) & Kaiser - Minimum Value Plan Options

The Minimum Value Plans (MVP) have been offered for Affordable Care Act compliance. These benefits are significantly different from the Redlands traditional HMO & PPO plans offered. Please carefully review the benefits including deductible and out-of-pocket maximums to ensure you understand the employee cost share for medical care prior to enrolling.

Benefit Package Options	Anthem MVP Minimum Value Plan	Anthem MVP Minimum Value Plan	Anthem MVP Minimum Value Plan	Anthem MVP Minimum Value Plan	Kaiser MVP Minimum Value Plan	Kaiser MVP Minimum Value Plan	Kaiser MVP Minimum Value Plan	Kaiser MVP Minimum Value Plan
	\$5,900 member/\$11,8000 Family deductible in- network \$11,800 member/\$23,600 Family deductible out of network				\$4,500 member/\$9,000 Family deductible			
	\$35 Office Visit, deductible waived for the first 3 visits				\$50 Office Visit after deductible			
	100% after deductible				\$250 ER Copay after deductible			
	100% after deductible				40% Hospitalization after deductible			
	EE Only	EE + Spouse	EE+Child or Children	EE + Spouse + Children	EE Only	EE + Spouse	EE + Child or Children	EE + Spouse + Children
Annual Medical	\$4,017.84	\$8,437.44	\$7,232.16	\$11,852.63	\$4,187.76	\$9,213.12	\$8,375.52	\$12,563.40
Pharmacy	Included	Included	Included	Included	Included	Included	Included	Included
Behavioral Health (MHN)	Included	Included	Included	Included	Included	Included	Included	Included
Delta Dental	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96	\$1,494.96
EyeMed (Changing to MES)	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60	\$141.60
Prudential	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00	\$156.00
Total Health & Welfare Premium Cost	\$5,810.40	\$10,230.00	\$9,024.72	\$13,645.19	\$5,980.32	\$11,005.68	\$10,168.08	\$14,355.96
Maximum District Contribution	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00	\$11,916.00
Employee Pay Annually				\$1,729.19	\$0.00	\$0.00	\$0.00	\$2,439.96
Proposed 2015-16 EE 10thly	\$0.00	\$0.00	\$0.00	\$172.92	\$0.00	\$0.00	\$0.00	\$244.00