

Moraga School District

2026 UHC PPO Plans/Rates

Carrier	United HealthCare			
Plan Name	PPO Modified Select Plus - 80/60		PPO Modified Select Plus - 70/50	
General Plan Information	PPO Providers	Non-Network Providers	PPO Providers	Non-Network Providers
Annual Deductible - Single/Family	\$1,000	/\$2,000	\$1,500/\$2,500	\$2,500/\$4,500
Coinsurance	80%	60%	70%	50%
Office Visit PCP/Specialist	\$30 /\$30 copay	40% after deductible	\$25 / \$25 copay	50% after deductible
Annual OOP - Individual/Family	\$4,000/\$8,000	\$7,000/\$14,000	\$5,000/\$10,000	\$12,000/\$25,000
Outpatient Services	N. 1	400/ 6 1 1 311	N. 1	N . C . 1
Well-Child Care	No charge	40% after deductible	No charge	Not Covered
Adult Periodic Exam with Preventive Tests	No charge	40% after deductible	No charge	Not Covered
Pregnancy & Maternity Care (Pre-Natal				
Care)	No charge	40% after deductible	No charge	50% after deductible
Diagnostic X-ray and Lab	No charge	Lab- Not Covered, X-Ray- 40% after deductible	No charge	Lab- Not available X-Ray 50% after deductible
Outpatient Rehab Therapy Services	\$30 capay	Not Covered for physical therapy, occupational therapy, and manipulative treatments. 40% after deductible for all other therapies	\$25 copay	Not Covered for physical therapy, occupational therapy, and manipulative treatments. 50% after deductible for all other therapies
Outpatient Kenab Therapy Services	\$30 copay	40% after deductible, OON-	<i>\$23</i> сорау	50% after deductible, OON-
Outpatient Surgery	20% after deductible	Limits apply	30% after deductible	Limits apply
Inpatient Hospital Services		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0071 41101 4114141	
Semi-Private Room & Board; including				
services & supplies	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Emergency Services			811	l
	00.50		\$250 copay	\$250 copay
Emergency Room	\$250 copay per visit	\$250 copay per visit	(waived if admitted)	(waived if admitted)
Urgent Care	\$30 copay	40% after deductible	\$125 copay	50% after deductible
Mental Health & Substance Abuse Be				
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Inpatient Care	20% after deductible	40% after deductible	30% after deductible	50% after deductible
Outpatient Care	20% after deductible \$30 copay	40% after deductible 40% after deductible	30% after deductible \$25 copay	50% after deductible 50% after deductible
Outpatient Care Prescription Drug Benefits	\$30 copay	40% after deductible	\$25 copay	50% after deductible
Outpatient Care				
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred)	\$30 copay \$10 copay \$30 copay	\$10 copay \$30 copay	\$25 copay \$7 copay \$20 copay	50% after deductible \$7 copay \$20 copay
Outpatient Care Prescription Drug Benefits Generic	\$30 copay \$10 copay	40% after deductible \$10 copay	\$25 copay \$7 copay	50% after deductible \$7 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred)	\$30 copay \$10 copay \$30 copay	\$10 copay \$30 copay	\$25 copay \$7 copay \$20 copay	50% after deductible \$7 copay \$20 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred)	\$30 copay \$10 copay \$30 copay \$60 copay	\$10 copay \$30 copay \$60 copay	\$25 copay \$7 copay \$20 copay \$35 copay	\$7 copay \$20 copay \$35 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network	\$10 copay \$30 copay \$60 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network	\$7 copay \$20 copay \$35 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days	\$10 copay \$30 copay \$60 copay In-Network Only 31 days	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days	\$7 copay \$20 copay \$35 copay In-Network Only 31 days
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$120 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay Not available	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay Not available
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay	\$10 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$120 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay 90 days	\$10 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay Not available 40%, up to \$150 per visit	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay 90 days 30% after deductible	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay Not available 50%, up to \$150 per visit
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment Home Health Care Chiropractic	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay 90 days 20% after deductible 20% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of	\$10 copay \$30 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay \$120 copay \$120 copay \$120 copay \$120 copay \$120 copay \$20 copay \$120 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay 90 days 30% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay \$70 copay Not available 50%, up to \$150 per visit after deductible Not available \$25 copay, benefit is 12 visits combined in and out of
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment Home Health Care Chiropractic	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay 90 days 20% after deductible 20% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits	\$10 copay \$30 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay \$120 copay Podays Not available 40%, up to \$150 per visit after deductible Not Covered \$25 copay, benefit is 12 visits	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay 90 days 30% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay \$70 copay Not available 50%, up to \$150 per visit after deductible Not available \$25 copay, benefit is 12 visits
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment Home Health Care Chiropractic Acupuncture Services Premium Rates - Monthly	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay 90 days 20% after deductible 20% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of network	\$10 copay \$30 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay \$120 copay Provided the second of the second	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay 90 days 30% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of network	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay 90 days Not available 50%, up to \$150 per visit after deductible Not available \$25 copay, benefit is 12 visits combined in and out of network
Outpatient Care Prescription Drug Benefits Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Non-Preferred) Specialty Number of Days Supply Mail Order Generic Brand (Formulary/Preferred) Brand (Non-Formulary/Preferred) Number of Days Supply for Mail Order Other Services and Supplies Durable Medical Equipment Home Health Care Chiropractic	\$30 copay \$10 copay \$30 copay \$60 copay Matches Retail In-Network 31 days \$20 copay \$60 copay \$120 copay 90 days 20% after deductible 20% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of network	\$10 copay \$30 copay \$30 copay \$60 copay In-Network Only 31 days \$20 copay \$60 copay \$120 copay \$120 copay \$120 copay \$120 copay \$120 copay \$120 copay \$20 copay \$120 copay	\$25 copay \$7 copay \$20 copay \$35 copay Matches Retail In-Network 31 days \$0 copay \$40 copay \$70 copay 90 days 30% after deductible \$25 copay up to 24 visits \$25 copay, benefit is 12 visits combined in and out of network	\$7 copay \$20 copay \$35 copay In-Network Only 31 days \$0 copay \$40 copay \$70 copay \$70 copay 90 days Not available 50%, up to \$150 per visit after deductible Not available \$25 copay, benefit is 12 visits combined in and out of