

Feature	<b>NEW!</b> UHC Alliance HMO \$20/\$30 What You Pay	UHC Performance HMO A Network 1 What You Pay	UHC Performance HMO A Network 2 What You Pay	Kaiser 10 \$10/\$20, 30 -Day What You Pay	Cigna Select HMO What You Pay
<b>Deductible</b> (individual/family)	None	None	None	None	None
<b>Medical Out-of-Pocket Maximum</b> (individual/family)	\$3,000/\$6,000	<b>\$1,500/\$3,000</b>	\$3,000/\$6,000	\$1,500/\$3,000	\$1,000/\$3,000
<b>RX Out-of-Pocket Maximum</b> (individual/family)	\$1,600/\$3,200	\$3,000/\$6,000	\$3,000/\$6,000	N/A	N/A
<b>Health Reimbursement Account</b>	None	None	None	None	None
<b>PCP Office Visit</b>	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
<b>Specialist Office Visit</b>	\$30 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
<b>Preventive Care</b>	No charge	No charge	No charge	No charge	No charge
<b>Inpatient Hospital Care</b>	\$500 copay	No charge	No charge	No charge	No charge
<b>Mental Health Services</b> (outpatient/inpatient)	\$20 copay / \$500 copay	\$10 copay/ No charge	\$20 copay/ No charge	\$10 copay/No charge	\$10 copay/ No charge
<b>Substance Abuse Services</b> (outpatient/inpatient)	No charge / No charge	No charge	No charge	\$10 copay/No charge	\$10 copay/ No charge
<b>Infertility</b>	Not covered	Not covered	Not covered	\$10 copay	Not covered
<b>Outpatient Diagnostic Laboratory and Radiology</b> (standard procedures)	No charge	No charge	No charge	No charge	No charge
<b>Complex Radiology</b> (PET, MRI)	\$200 copay	No charge	No charge	No charge	No charge
<b>Outpatient Surgery</b>	\$250 copay	No charge	No charge	\$10 copay	No charge
<b>Outpatient Physical/Rehabilitation Therapy</b>	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
<b>Urgent Care</b> (your medical group/other medical group)	\$20 copay / \$75 copay	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$10 copay	\$10 copay
<b>Emergency Room</b> (copay waived if admitted)	\$150 copay	\$100 copay	\$100 copay	\$75 copay	\$100 copay
<b>Short-Term Prescription Drugs<sup>1</sup></b> up to 30 day supply G: Generic P: Preferred NP: Non-Preferred	\$10/\$30/50%* (\$5 extra if filled at non-EAN pharmacy)	G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	G: \$10 P: \$20	G: \$10 P: \$20 NP: \$35***
<b>Maintenance Prescription Drugs<sup>2</sup></b> up to 90 day supply for UHC <sup>3</sup> and Cigna members up to 100 day supply for Kaiser members G: Generic P: Preferred NP: Non-Preferred	\$20/\$60/50%**	G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	G: \$20 P: \$40	G: \$20 P: \$40 NP: \$70***
<b>Chiropractor &amp; Acupuncture Service<sup>4</sup></b>	\$20 copay	\$10 copay	\$20 copay	\$10 copay <sup>#</sup>	\$10 copay*** 20 days
<b>Available Medical Groups</b>	Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical	Sharp Rees-Stealy, Sharp Community, Primary Care Associated, Arch Health Partners, Encompass, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Scripps Physicians Medical, Children's Physicians	Kaiser	Scripps Clinic, Scripps Coastal Medical Center, Mercy Physicians Medical Group, Scripps Physicians Medical Group

1 UHC members pay standard copays plus \$5/prescription at a non-EAN pharmacy (non-EAN pharmacies include CVS, Target, Walgreens and certain independent pharmacies).

2 UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

3 **Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.**

4 Services must be medically necessary and may be subject to prior authorization from OptumHealth.

\*Subject to a \$40 minimum and \$175 maximum.

\*\* Subject to a \$80 minimum and \$350 maximum.

\*\*\* Prescription, chiropractic and acupuncture benefits are offered through Cigna.

# Chiropractic and acupuncture benefits available through Optum.

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.

Feature	UHC CA Select Plus PPO <sup>+</sup> 90/70 SD	
	In Network What You Pay	Out of Network What You Pay
<b>Deductible</b> ( <i>individual/family</i> )	\$500/\$1,000	\$500/\$1,000
<b>Medical Out-of-Pocket Maximum</b> ( <i>individual/family</i> )	\$2,000/\$4,000	\$4,000/\$8,000
<b>RX Out-of-Pocket Maximum</b> ( <i>individual/family</i> )	\$1,600/\$3,200	N/A
<b>Health Reimbursement Account</b>	None	None
<b>PCP Office Visit</b>	\$20 copay	30% coinsurance (after deductible)
<b>Specialist Office Visit</b>	\$20 copay	30% coinsurance (after deductible)
<b>Preventive Care</b>	No charge	No coverage for non-network services
<b>Inpatient Hospital Care</b>	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Mental Health Services</b> ( <i>outpatient/inpatient</i> )	\$20 copay/10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Substance Abuse Services</b> ( <i>outpatient/inpatient</i> )	\$20 copay/10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Infertility</b>	Not covered	Not covered
<b>Outpatient Diagnostic Laboratory and Radiology</b> ( <i>standard procedures</i> )	No charge	30% coinsurance (after deductible)
<b>Complex Radiology (PET, MRI)</b>	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Outpatient Surgery</b>	10% coinsurance (after deductible)	30% coinsurance (after deductible)
<b>Outpatient Physical/Rehabilitation Therapy</b>	\$20 copay	30% coinsurance (after deductible)
<b>Urgent Care</b> ( <i>your medical group/other medical group</i> )	\$50 copay	30% coinsurance (after deductible)
<b>Emergency Room</b> ( <i>copay waived if admitted</i> )	\$100 copay	\$100 copay
<b>Short-Term Prescription Drugs<sup>1</sup></b> <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)	No coverage for non-network services
<b>Maintenance Prescription Drugs<sup>2</sup></b> <i>up to 90 day supply for UHC<sup>3</sup> and Cigna members</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred	G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)	No coverage for non-network services
<b>Chiropractor &amp; Acupuncture Service<sup>4</sup></b>	\$20 copay	30% coinsurance (after deductible)
<b>Available Medical Groups</b>	Check umr.com to find a doctor near you.	All others

Surgeries for orthopedic, spinal and coronary artery bypass graft require pre-certification with Carrum Health or a \$1,000 penalty will apply for Select Plus PPO.

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<sup>2</sup> UHC members pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90.

<sup>3</sup> Copays waived for preferred generic hypertension and hypoglycemic purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

<sup>4</sup> Services must be medically necessary and may be subject to prior authorization from OptumHealth.

+ NexusACO administered by UMR.

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