

Feature	NEW! 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
Deductible (<i>individual/family</i>)	None	None	None	None	None
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$3,000/\$6,000	\$1,500/\$3,000	\$3,000/\$6,000	\$1,500/\$3,000	\$1,000/\$3,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	\$3,000/\$6,000	\$3,000/\$6,000	N/A	N/A
Health Reimbursement Account	None	None	None	None	None
PCP Office Visit	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Specialist Office Visit	\$30 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	\$500 copay	No charge	No charge	No charge	No charge
Mental Health Services (<i>outpatient/inpatient</i>)	\$20 copay / \$500 copay	\$10 copay/ No charge	\$20 copay/ No charge	\$10 copay/No charge	\$10 copay/ No charge
Substance Abuse Services (<i>outpatient/inpatient</i>)	No charge / No charge	No charge	No charge	\$10 copay/No charge	\$10 copay/ No charge
Infertility	Not covered	Not covered	Not covered	\$10 copay	Not covered
Outpatient Diagnostic Laboratory and Radiology (<i>standard procedures</i>)	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	\$200 copay	No charge	No charge	No charge	No charge
Outpatient Surgery	\$250 copay	No charge	No charge	\$10 copay	No charge
Outpatient Physical/Rehabilitation Therapy	\$20 copay	\$10 copay	\$20 copay	\$10 copay	\$10 copay
Urgent Care (<i>your medical group/other medical group</i>)	\$20 copay / \$75 copay	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$10 copay	\$10 copay
Emergency Room (<i>copay waived if admitted</i>)	\$150 copay	\$100 copay	\$100 copay	\$50 copay	\$100 copay
Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> 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***
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC³ and Cigna members</i> <i>up to 100 day supply for Kaiser members</i> 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***
Chiropractor & Acupuncture Service⁴	\$20 copay [#]	\$10 copay	\$20 copay	\$10 copay	\$10 copay***
Available Medical Groups	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 ⁺ 90/70 SD	
	In Network What You Pay	Out of Network What You Pay
Deductible (<i>individual/family</i>)	\$500/\$1,000	\$500/\$1,000
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$2,000/\$4,000	\$4,000/\$8,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	N/A
Health Reimbursement Account	None	None
PCP Office Visit	\$20 copay	30% coinsurance (after deductible)
Specialist Office Visit	\$20 copay	30% coinsurance
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Mental Health Services (<i>outpatient/inpatient</i>)	\$20 copay/10% coinsurance (after deductible)	30% coinsurance (after deductible)
Substance Abuse Services (<i>outpatient/inpatient</i>)	\$20 copay/10% coinsurance (after deductible)	30% coinsurance (after deductible)
Infertility	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (<i>standard procedures</i>)	No charge	30% coinsurance (after deductible)
Complex Radiology (PET, MRI)	10% coinsurance	30% coinsurance
Outpatient Surgery	10% coinsurance	30% coinsurance
Outpatient Physical/Rehabilitation Therapy	\$20 copay	30% coinsurance
Urgent Care (<i>your medical group/other medical group</i>)	\$50 copay	30% coinsurance (after deductible)
Emergency Room (<i>copay waived if admitted</i>)	\$100 copay	\$100 copay
Short-Term Prescription Drugs¹ <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
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC³ 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
Chiropractor & Acupuncture Service⁴	\$20 copay	30% coinsurance
Available Medical Groups	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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+ NexusACO administered by UMR.

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