

Feature	NEW! UHC SignatureValue Alliance HMO \$20/\$30 What You Pay	NEW! UHC Journey Harmony What You Pay	UHC Performance HMO B Network 1 What You Pay	UHC Performance HMO B Network 2 What You Pay	Kaiser 0 \$5/\$10, 30 Day What You Pay
Deductible (individual/family)	None	\$2,000/\$4,000	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$3,500/\$7,000	\$1,500/\$3,000	\$5,000/\$10,000	\$1,500/\$3,000
RX Out-of-Pocket Maximum (individual/family)	\$1,600/\$3,200	\$1,600/\$3,200	\$3,000/\$6,000	\$1,600/\$3,200	N/A
Health Reimbursement Account	None	\$800/\$1,600/\$2,200	None	None	None
PCP Office Visit	\$20 copay	\$25 copay	\$10 copay	\$20 copay	No charge
Specialist Office Visit	\$30 copay	\$40 copay	\$10 copay	\$20 copay	No charge
Preventive Care	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	\$500 copay	20% coinsurance (after deductible)	No charge	\$500 admit copay	No charge
Mental Health Services (outpatient/inpatient)	\$20 copay/\$500 copay	\$25 copay / 20% coinsurance (after deductible)	\$10 copay/No charge	\$20 copay/\$500 copay	No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge	No charge
Infertility	Not covered	Not covered	Not covered	Not covered	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	\$200 copay	\$100 copay	No charge	No charge	No charge
Outpatient Surgery	\$250 copay	20% coinsurance (after deductible)	No charge	\$250 copay	No charge
Outpatient Physical/Rehabilitation Therapy	\$20 copay	\$25 copay	\$10 copay	\$20 copay	No charge
Urgent Care (your medical group/ other medical group)	\$20 copay/\$75 copay	\$25 copay / \$50 copay	\$10 copay/\$50 copay	\$20 copay/\$100 copay	No charge
Emergency Room (copay waived if admitted)	\$150 copay	20% coinsurance (after deductible)	\$100 copay	\$200 copay	\$50 copay
Short-Term Prescription Drugs¹ up to 30 day supply G: Generic P: Preferred NP: Non-Preferred	G: \$10 P: \$30 NP: 50%*	G: \$10 P: \$30 NP: 50%*	G: \$5 P: \$25 NP: 50%*	G: \$15 P: \$30 NP: 50%*	G: \$5 P: \$10
Maintenance Prescription Drugs² up to 90 day supply for UHC members ³ up to 100 day supply for Kaiser members G: Generic P: Preferred NP: Non-Preferred	G: \$20 P: \$60 NP: 50%**	G: \$20 P: \$60 NP: 50%**	G: \$10 P: \$50 NP: 50%**	G: \$30 P: \$60 NP: 50%**	G: \$10 P: \$20
Chiropractor & Acupuncture Service⁴	\$20 copay	\$30 copay	\$10 copay	\$20 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 Medical Group, 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

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.

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 ¹ 80/50 SD	
	In Network What You Pay	Out of Network What You Pay
Deductible (<i>individual/family</i>)	\$2,000/\$4,000	\$2,000/\$4,000
Medical Out-of-Pocket Maximum (<i>individual/family</i>)	\$5,000/\$10,000	\$5,000/\$10,000
RX Out-of-Pocket Maximum (<i>individual/family</i>)	\$1,600/\$3,200	N/A
Health Reimbursement Account	None	None
PCP Office Visit	Tier 1 Physician: \$30 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Specialist Office Visit	Tier 1 Physician: \$50 copay Other In-Network Physician: 20% coinsurance after deductible	50% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance with Prior Authorization (after deductible)
Mental Health Services (<i>outpatient/inpatient</i>)	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (<i>outpatient/inpatient</i>)	\$30 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Infertility	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (<i>standard procedures</i>)	Freestanding Facility or Physician: No charge Hospital-based Lab or Radiology: 20% coinsurance (deductible does not apply)	50% coinsurance (after deductible)
Complex Radiology (<i>PET, MRI</i>)	Freestanding Physician: 20% coinsurance (after deductible) Hospital-based or Radiology: 20% coinsurance plus \$100 copayment (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	Ambulatory Surgery Center or Physician's Office: 20% coinsurance (after deductible) Outpatient Hospital-based Surgical Center: 20% coinsurance (after deductible) and \$100 copayment	50% coinsurance (after deductible) Pre-authorization is required
Outpatient Physical/Rehabilitation Therapy	\$30 copay	50% coinsurance (after deductible)
Urgent Care (<i>your medical group/other medical group</i>)	\$50 copay	50% 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%*	No coverage for non-network pharmacy
Maintenance Prescription Drugs² <i>up to 90 day supply for UHC members³</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred	G: \$20 P: \$60 NP: 50%**	No coverage for non-network pharmacy
Chiropractor & Acupuncture Service⁴	\$30 copay	50% coinsurance (after deductible)
Available Medical Groups	Check umr.com to find Tier 1 physicians 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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