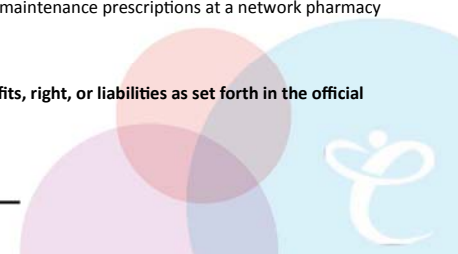




| Feature | Kaiser 0 \$5/\$10, 30 -Day What You Pay | UHC Performance HMO B Network 1 What You Pay | UHC Performance HMO B Network 2 What You Pay | UHC Performance HMO B Network 3 What You Pay | UHC Alliance \$500 What You Pay |
|--|---|--|--|--|---|
| Deductible (<i>individual/family</i>) | None | None | None | None | \$2,000/\$2,000 |
| Medical Out-of-Pocket Maximum (<i>individual/family</i>) | \$1,500/\$3,000 | \$3,000/\$6,000 | \$5,000/\$10,000 | \$5,000/\$10,000 | \$5,000/\$5,000 |
| RX Out-of-Pocket Maximum (<i>individual/family</i>) | N/A | \$3,000/\$6,000 | \$1,600/\$3,200 | \$1,600/\$3,200 | \$1,600/\$3,200 |
| Health Reimbursement Account | None | None | None | None | \$500 |
| PCP Office Visit | No charge | \$10 copay | \$20 copay | \$40 copay | \$35 copay |
| Specialist Office Visit | No charge | \$10 copay | \$20 copay | \$60 copay | \$50 copay |
| Preventive Care | No charge | No charge | No charge | No charge | No charge |
| Inpatient Hospital Care | No charge | No charge | \$500 admit copay | 20% Coinsurance | 20% coinsurance (after deductible) |
| Mental Health Services (<i>outpatient/inpatient</i>) | No charge/No charge | \$10 copay/ No charge | \$20 copay/ \$500 copay | \$40 copay/ 20% Coinsurance | \$40 copay/ 20% coinsurance (after deductible) |
| Substance Abuse Services (<i>outpatient/inpatient</i>) | No charge/No charge | No charge | No charge | No charge | No charge |
| Infertility | No charge | Not covered | Not covered | Not covered | 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) | No charge | No charge | No charge | \$200 copay | 20% coinsurance (after deductible) |
| Outpatient Surgery | No charge | No charge | \$250 copay | \$500 copay | 20% coinsurance (after deductible) |
| Outpatient Physical/Rehabilitation Therapy | No charge | \$10 copay | \$20 copay | \$40 copay | \$35 copay |
| Urgent Care (<i>your medical group/other medical group</i>) | No charge | \$10 copay/\$50 copay | \$20 copay/\$100 copay | \$40 copay/\$100 copay | \$35 copay/ 20% coinsurance (after deductible) |
| Emergency Room (<i>copay waived if admitted</i>) | \$50 copay | \$100 copay | \$200 copay | \$300 copay | \$300 Copay (after ded.) |
| Short-Term Prescription Drugs¹ <i>up to 30 day supply</i> G: Generic P: Preferred NP: Non-Preferred | G: \$5 P: \$10 | G: \$5 P: \$25 NP: 50% (\$40 minimum & \$175 maximum) | G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum) | G: \$15 P: \$30 NP: 50% (\$40 minimum & \$175 maximum)* | G: \$10 P: \$30 NP: 50% (\$40 minimum & \$175 maximum) |
| Maintenance Prescription Drugs² <i>up to 90 day supply for UHC members</i> <i>up to 100 day supply for Kaiser members</i> G: Generic P: Preferred NP: Non-Preferred | G: \$10 P: \$20 | G: \$10 P: \$50 NP: 50% (\$80 minimum & \$350 maximum) | G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum) | G: \$30 P: \$60 NP: 50% (\$80 minimum & \$350 maximum)* | G: \$20 P: \$60 NP: 50% (\$80 minimum & \$350 maximum) |
| Chiropractor & Acupuncture Service³ | \$10 copay | \$10 copay | \$20 copay | \$30 copay | \$30 copay |
| Available Medical Groups | Kaiser | Sharp Rees-Stealy, Sharp Community, Primary Care Associated, Arch Health Partners, Children's Physicians | Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Scripps Physicians Medical, Children's Physicians | UCSD, Scripps Coastal, Scripps Physicians Medical, Children's Physicians | Mercy Physicians, Primary Care Associates, Rady Children's Health Network, Scripps Clinic, Scripps Coastal Medical Center, Scripps Physicians Medical, UCSD Medical |

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 Services must be medically necessary and may be subject to prior authorization from OptumHealth
 *There is a \$250 brand deductible for individual and \$500 brand deductible for family
Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, right, or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.





| Feature | UHC CA Select Plus PPO 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 (PET, MRI) | 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% (\$40 minimum and \$175 maximum) | No coverage for non-network pharmacy |
| Maintenance Prescription Drugs² <i>up to 90 day supply for UHC 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 and \$350 maximum) | No coverage for non-network pharmacy |
| Chiropractor & Acupuncture Service³ | \$30 copay | 50% coinsurance (after deductible) |
| Available Medical Groups | Select Plus Contracted Physicians | All Others |

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

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, right, or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the

Certificate/Evidence of Coverage for details.

