

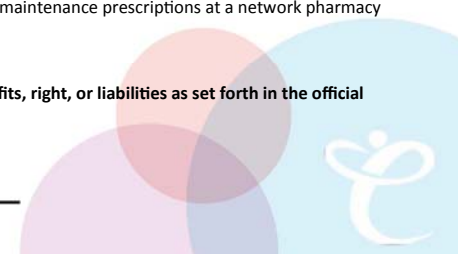


2018 HMO PLANS

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/\$10 copay	\$20 copay/\$20 copay	\$40 copay/\$60 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
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 Associates, Arch Health Partners, Encompass, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, 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 plus \$100 copayment (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

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