

Benefit Summary Effective Period: January 1, 2021 - December 31, 2021 Plan changes in red	UHC Journey Harmony HMO What You Pay	UHC Harmony HMO \$10 What You Pay	UHC Alliance HMO \$20/\$30 What You Pay	UHC Performance HMO Plan B, Network 1 What You Pay	UHC Performance HMO Plan B, Network 2 What You Pay	Kaiser HMO \$10 Rx: \$10/ \$10 100-day What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	None	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,500 / \$7,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$1,500 / \$3,000	\$5,000 / \$10,000	\$1,500 / \$3,000
Health Account	HealthInvest HRA \$1,000 / \$1,600 / \$2,200	None	None	None	None	None
PCP Office Visit	\$25 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$40 copay	\$10 copay	\$30 copay	\$10 copay	\$20 copay	\$10 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	No charge	\$500 admit copay	No charge	\$500 admit copay	No charge
Mental Health Services (outpatient/inpatient)	\$25 copay / 20% coinsurance (after deductible)	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge	\$20 copay / \$500 admit copay	\$10 copay / No charge
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge	No charge	\$10 copay / No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET, MRI)	\$100 copay	No charge	\$200 copay	No charge	No charge	No charge
Outpatient Surgery	20% coinsurance (after deductible)	No charge	\$250 copay	No charge	\$250 copay	\$10 copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$25 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Chiropractic and Acupuncture Services*	\$30 copay	\$10 copay	\$20 copay	\$10 copay	\$20 copay	\$10 copay
Urgent Care (your medical group/other medical group)	\$25 copay / \$50 copay	\$10 copay / \$50 copay	\$20 copay / \$75 copay	\$10 copay / \$50 copay	\$20 copay / \$100 copay	\$10 copay
Emergency Room (copay waived if admitted)	20% coinsurance (after deductible)	\$100 copay	\$150 copay	\$100 copay	\$200 copay	\$50 copay
Rx Deductible (individual/family)	None	None	None	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200	N/A
Rx Formulary List	Performance	Performance	Performance	Performance	Performance	Kaiser
Rx Pharmacy Network	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Express Advantage Network**	Kaiser
Short-Term Prescription Drugs*** (up to 30 day supply)	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$15 Generic \$30 PB 50% \$40 min \$175 max NPB	G: \$10 copay B: \$10 copay (up to a 30-day supply)
Long-Term Prescription Drugs*** (up to 90 day supply)	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$30 Generic \$60 PB 50% \$80 min \$350 max NPB	G: \$10 copay B: \$10 copay (up to a 100-day supply)
Available Medical Groups	Sharp Rees-Stealy, Sharp Community, UCSD Medical	Sharp Rees-Stealy, Sharp Community, UCSD Medical	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 Associates, Arch Health Partners, Children's Physicians	Mercy Physicians, Greater Tri-Cities, Mid-County Physicians, Multi-Cultural, Scripps Physicians Medical, Children's Physicians	Kaiser

Infertility services are excluded/not covered under non-Kaiser HMO plans and are included/covered under Kaiser HMO (excluding Kaiser Bronze) plans, please see your policies for details.

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth for HMO, UMR for PPO, and Kaiser.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralpins, Kmart, Vons, Hegggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies).

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

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

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty