



2023 Benefits: Effective Date: Jan. 1, 2023 - Dec. 31, 2023

Plan design changes highlighted in red

Benefit Summary	UHC Harmony HMO \$10	UHC SignatureValue Alliance HMO \$10	UHC Journey Harmony HMO with HRA	UHC SignatureValue Alliance HMO - Low Option
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	\$2,000 / \$4,000	\$2,000 / \$4,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$3,500 / \$7,000	\$3,500 / \$7,000
Health Reimbursement Account	None	None	HealthInvest HRA \$500	None
PCP Office Visit	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Specialist Office Visit	\$10 copay	\$10 copay	\$40 copay	\$40 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$10 copay / No charge	\$25 copay / 20% coinsurance (after deductible)	\$40 copay / 20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$100 copay	\$100 copay
Outpatient Surgery	No charge	No charge	20% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Chiropractic Services*	\$10 copay	\$10 copay	\$30 copay	\$30 copay
Urgent Care (office visit only)	\$10 copay	\$10 copay	\$25 copay	\$25 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)	No charge (after deductible)
Rx Deductible (individual/family)	None	None	None	\$250 / \$500 (Brand Rx only)
Rx Out-of-Pocket Maximum (individual/family)	\$3,000 / \$6,000	\$1,600 / \$3,200	\$3,000 / \$6,000	\$1,600 / \$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	\$5 Generic \$25 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$10 Generic \$30 PB 50% \$40 min \$175 max NPB	\$15 Generic \$40 PB 50% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$50 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$20 Generic \$60 PB 50% \$80 min \$350 max NPB	\$30 Generic \$80 PB 50% \$80 min \$350 max NPB
Available Medical Groups¹	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, Regal Medical Group, ADOC, MemorialCare, Scripps	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, MemorialCare Medical Group, Sharp	OptumCare (formerly HealthCare Partners), Optum Care Network—Monarch, Regal Medical Group, ADOC, MemorialCare, Scripps

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

**Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans.

*CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Rite Aid, Costco, Ralphs, Kmart, Vons, Haggen, 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, hypoglycemic, and cholesterol medications 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

¹ Check whyuhc.com/csveba for a full list of available UHC medical groups.



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Benefit Summary	Cigna Select HMO \$10	Kaiser HMO \$15, Rx: \$10/\$20 30-day	Kaiser HMO \$25/\$40, Rx: \$15/\$35 30-day - Low Option	UHC Performance HMO Plan A, Network 2 (no new enrollments—current enrollees only)
	What You Pay	What You Pay	What You Pay	What You Pay
Medical Deductible (individual/family)	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,000 / \$3,000	\$1,500 / \$3,000	\$3,000 / \$6,000	\$3,000 / \$6,000
Health Reimbursement Account	None	None	None	None
PCP Office Visit	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Specialist Office Visit	\$10 copay	\$15 copay	\$40 copay	\$20 copay
Preventive Care	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	10% coinsurance	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance	\$20 copay / No charge
Substance Abuse Services (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	\$25 copay / 10% coinsurance	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	No charge	No charge
Outpatient Surgery	No charge	\$15 copay	10% coinsurance	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Chiropractic and Acupuncture (only through Cigna HMO) Services*	\$10 copay (20 visits per year)	\$15 copay (ASH) (30 visits per year)	\$15 copay (ASH) (30 visits per year)	\$20 copay
Urgent Care (office visit only)	\$10 copay	\$15 copay	\$25 copay	\$20 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$150 copay	\$100 copay
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	N/A	\$3,000 / \$6,000
Rx Pharmacy Network	Cigna	Kaiser	Kaiser	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	G: \$10 P: \$25 NP: 50% (Up to \$100 maximum)	G: \$10 copay B: \$20 copay (up to a 30-day supply)	G: \$15 copay B: \$35 copay (up to a 30-day supply)	\$15 Generic \$30 PB 50% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	G: \$20 P: \$50 NP: 50% (Up to \$200 maximum)	G: \$20 copay B: \$40 copay (up to a 100-day supply)	G: \$30 copay B: \$70 copay (up to a 100-day supply)	\$30 Generic \$60 PB 50% \$80 min \$350 max NPB
Available Medical Groups¹	St Joseph Hospital/Heritage, St Jude Affl Phys/Heritage, Hoag Med Grp/Affl Phys, Mission Hospital/Heritage	Kaiser	Kaiser	Edinger Med Grp, GNP Hoag/Orange Coast, Optum Care Network, Monarch/Orange County

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

* Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans.

* CIGNA: Chiropractic and Acupuncture services each have an annual 20 visit maximums, must be medically necessary and may be subject to prior authorization from Cigna.

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**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.

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Benefit Summary	Kaiser Colorado HMO Plan	Kaiser Hawaii HMO Plan	UMR Hawaii PPO Plan	
	What You Pay	What You Pay	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	None	\$100/\$300	\$100/\$300
Medical Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$2,500/\$7,500	\$2,500/\$7,500	\$2,500/\$7,500
PCP Office Visit	\$30 copay	\$15 copay for adults 18+; \$0 for children through age 17	10% coinsurance	30% coinsurance (after deductible)
Specialist Office Visit	\$40 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Preventive Care	No charge	No charge	No charge	30% coinsurance (after deductible)
Inpatient Hospital Care	\$500 copay	10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$30 copay/\$500 copay	\$15 copay/ 10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$30 copay/\$500 copay	\$15 copay/ 10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Complex Radiology (PET & MRI)	\$50 copay	20% coinsurance	10% coinsurance	30% coinsurance (after deductible)
Outpatient Surgery	Ambulatory Surgery Center (ASC): \$100 copay Hospital: \$400 copay	10% of applicable charges	10% coinsurance	30% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	Office Visit (outpatient): \$30 copay Hospital Care (inpatient): \$500 copay	\$15 copay	10% coinsurance	30% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$40 copay/not covered	Kaiser Facility: \$15 copay Non Kaiser Facility: 20% of applicable charges	10% coinsurance (after deductible)	30% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$150 copay	\$100 copay	10% coinsurance	10% coinsurance
Chiropractic and Acupuncture (PPO only) Services*	Not covered	Not covered	10% coinsurance	30% coinsurance (after deductible)
Rx Out-of-Pocket Maximum (individual/family)	N/A	N/A	\$1,600/\$3,200	\$1,600/\$3,200
Rx Pharmacy Network	Kaiser	Kaiser	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	G: \$15 copay P: \$30 copay (up to 30-day supply)	GM: \$3 copay OG: \$10 copay B: \$35 copay S: \$200 copay (up to 30-day supply)	G: \$10 P: \$25 NP: 50% (subject to \$40 minimum and \$175 maximum)	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in-network pharmacy less the member's copay.
Long-Term Prescription Drugs*** (up to 90-day supply)	G: \$30 copay P: \$60 copay (up to 90-day supply)	GM: \$6 copay OG: \$20 copay B: \$70 copay S: \$400 copay (up to 90-day supply)	G: \$20 P: \$50 NP: 50% (subject to \$80 minimum and \$350 maximum)	No coverage for non-network services
Available Medical Groups	Kaiser	Kaiser	Visit umr.com to locate a physician near you.	Visit umr.com to locate a physician near you.

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*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 ASH for Kaiser.

**Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans.

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Benefit Summary	UMR CA Select Plus PPO 80/50, \$2,000		UMR Non-Differential PPO
	In Network What You Pay	Out of Network What You Pay	What You Pay
Medical Deductible (individual/family)	\$2,000 / \$4,000	\$2,000 / \$4,000	\$250/\$500
Medical Out-of-Pocket Maximum (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000	\$5,000/\$10,000
Health Reimbursement Account	None	None	None
PCP Office Visit	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Specialist Office Visit	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Preventive Care	No charge	No coverage for non-network services	No charge
Inpatient Hospital Care	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	\$30 copay / 20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Complex Radiology (PET & MRI)	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Surgery	20% coinsurance (after deductible)	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Chiropractic and Acupuncture Services*	\$30 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Urgent Care (office visit only)	\$50 copay	50% coinsurance (after deductible)	20% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	20% coinsurance (after deductible)
Rx Out-of-Pocket Maximum (individual/family)	\$1,600 / \$3,200	\$1,600 / \$3,200	\$1,600/\$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	\$15 Generic \$30 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in- network pharmacy less the member's copay.	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	\$30 Generic \$60 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy	\$25 Generic \$50 PB 50% \$80 min \$350 max NPB
Available Medical Groups	Visit umr.com to locate a physician near you	Visit umr.com to locate a physician near you	Visit umr.com to locate a physician near you.

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* Acupuncture benefits are available only through the UMR Select Plus PPO and CIGNA Select HMO plans.

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Benefit Summary	UHC Out-of-Area SignatureValue HMO 10	UMR Out-of-Area Choice Plus PPO 80/50	
	What You Pay	In Network What You Pay	Out of Network What You Pay
Medical Deductible (individual/family)	None	\$500/\$1,000	\$1,000/\$2,000
Medical Out-of-Pocket Maximum (individual/family)	\$1,000/\$3,000	\$5,000/\$10,000	\$6,000/\$12,000
Health Reimbursement Account	None	None	None
PCP Office Visit	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Specialist Office Visit	\$10 copay	\$40 copay	50% coinsurance (after deductible)
Preventive Care	No charge	No charge	No coverage for non-network services
Inpatient Hospital Care	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Mental Health Services (outpatient/inpatient)	\$10 copay/ No charge	\$20 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Substance Abuse Services (outpatient/inpatient)	No charge	\$20 copay/ 20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	50% coinsurance (after deductible)
Complex Radiology (PET & MRI)	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Surgery	No charge	20% coinsurance (after deductible)	50% coinsurance (after deductible)
Outpatient Physical/ Rehabilitation Therapy (Office Visit)	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Urgent Care (your medical group/other medical group)	\$10 copay/ \$50 copay	\$50 copay	50% coinsurance (after deductible)
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$100 copay
Chiropractic and Acupuncture (PPO only) Services*	\$10 copay	\$20 copay	50% coinsurance (after deductible)
Rx Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200
Rx Pharmacy Network	Express Scripts EAN**	Express Scripts EAN**	Express Scripts EAN**
Short-Term Prescription Drugs*** (up to 30-day supply)	\$10 Generic \$25 PB 50% \$30 min \$125 max NPB	\$10 Generic \$25 PB 50% \$40 min \$175 max NPB	Retail: with submission of a paper claim, member will be reimbursed at the rate the Plan would have paid had the member used an in- network pharmacy less the member's copay.
Long-Term Prescription Drugs*** (up to 90-day supply)	\$20 Generic \$50 PB 50% \$60 min \$250 max NPB	\$20 Generic \$50 PB 50% \$80 min \$350 max NPB	No coverage for non-network pharmacy
Available Medical Groups	All UHC contracted medical groups	Visit umr.com to locate a physician near you.	Visit umr.com to locate a physician near you.

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