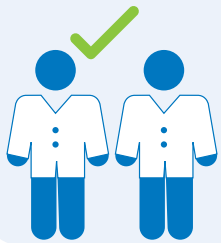




UHC Performance HMO Plan



Plan Overview

This plan helps you make informed decisions about the Primary Care Provider (PCP) you choose.

- Your PCP's medical group is placed in either Network 1, 2, or 3.
- Medical groups are ranked on quality scores from the California Office of the Patient Advocate (visit opa.ca.gov) and what they charge for services.
- Copays vary by network. PCPs in Network 1 have the highest performance ratings and lowest copays.



How to Enroll

You and any eligible dependents must choose the same Network—but your PCP's medical group can be different.

- **Choose Network 1, 2, or 3**
- **Choose your Network carefully** (you can't change Networks during the year)



Your PCP

Find a PCP at myuhc.com ▶ Find Physician ▶ All UHC Plans ▶ SignatureValue Plans ▶ Medical Directory ▶ California ▶ No ▶ Select CS VEBA Performance HMO (either network 1, 2, or 3) ▶ Enter Zip Code ▶ Click the X on top right ▶ Search Doctor Name

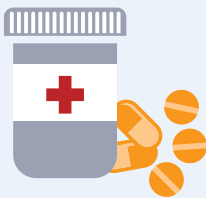
- **Your PCP is your health care partner**
- **See your PCP for all medical concerns**
- **Your PCP must refer you to a Specialist** (otherwise you may have to pay the specialist's cost)



Chiropractic Benefits

The plan includes Chiropractic benefits (and Acupuncture if your district offers it) through Optum Health.

- **You do NOT need a referral from your PCP**
- **Treatment must be medically necessary**
- **For ongoing treatment, you may be required to get a referral from Optum Health**



Prescription Drug Benefits

Your prescription drug benefits come through

Express Scripts. When you use an Express Scripts Advantage Network (EAN) pharmacy, you pay lower copays.

For network 3, there is a \$250 individual deductible and \$500 family deductible for brand name prescriptions.

Short-Term Drugs

- ▶ Get up to a 30-day supply
- ▶ You pay 1 copay
- ▶ Use EAN or non-EAN pharmacy



Maintenance Drugs

- ▶ Get up to a 90-day supply
- ▶ You pay 2 copays
- ▶ Use Smart90 or Express Scripts Home Delivery



Important Note: You must fill the 4th and following prescription of a maintenance drug at a Smart90 pharmacy or through Express Scripts Home Delivery to avoid paying a penalty.



Performance HMO Plan E

Benefits Summary

	Network 1 What You Pay	Network 2 What You Pay	Network 3 What You Pay
Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
Rx Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200
PCP Office Visit	\$20 copay	\$30 copay	\$40 copay
Specialist Office Visit	\$30 copay	\$40 copay	\$60 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	\$500 admit copay	20% copay	50% copay
Mental Health Services (outpatient/inpatient)	\$20 copay/\$500 copay	\$30 copay/20% copay	\$40 copay/50% copay
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge
Infertility Services (such as IVF, GIFT, ZIFT, ICSI)	Not covered	Not covered	Not covered
Outpatient Diagnostic Lab and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	\$200 copay	\$200 copay	\$200 copay
Outpatient Surgery	\$250 copay	\$250 copay	50% copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$20 copay/\$30 copay	\$30 copay/\$40 copay	\$40 copay/\$60 copay
Urgent Care (your medical group/other medical group)	\$20 copay/\$75 copay	\$30 copay/\$100 copay	\$40 copay/\$100 copay
Emergency Room (copay waived if admitted)	\$150 copay	\$200 copay	\$300 copay
Short-Term Prescription Drugs (generic/preferred/non-preferred) ^{1&2}			
• Filled at EAN Pharmacy (up to a 30-day supply)	\$10/\$25/50%* (\$5 more if you fill at Non-EAN pharmacy)	\$15/\$40/50%* (\$5 more if you fill at Non-EAN pharmacy)	\$15/\$40/50%*# (\$5 more if you fill at Non-EAN pharmacy)
Maintenance Prescription Drugs (generic/preferred/non-preferred) ³			
• Filled at Smart90 or Express Scripts Home Delivery (up to 90-day supply)	\$20/\$50/50%**	\$30/\$80/50%**	\$30/\$80/50%**#
Chiropractic Services (and acupuncture if your district offers it) ⁴	\$20 copay	\$30 copay	\$30 copay

* Subject to a \$40 minimum and \$175 maximum

** Subject to an \$80 minimum and \$350 maximum

Subject to a \$250 brand deductible for individual and \$500 brand deductible for family

Network 1

High Quality, Reasonable Price

Medical Group

Sharp Rees-Stealy Medical Centers

Sharp Community Medical Group (Includes Chula Vista, Coronado, Graybill, Grossmont, Inland North, Metro San Diego)

Primary Care Associated MG (Includes Cassidy and Encinitas)

Arch Health Partners

Encompass MG

Children's Physician MG

Network 2

Lower Quality Measures or Higher Costs

Medical Group

Mercy Physicians

Greater Tri-Cities IPA

Mid-County Physicians

Multi-Cultural MG

San Diego Physicians (All Facilities)

Children's Physician MG

Network 3

Lower Quality Measures or Higher Costs

Medical Group

UCSD

Scripps Coastal (Formerly known as Scripps Mercy)

San Diego Physicians (All Facilities)

Children's Physician MG

¹ Pay standard copays if you fill your prescription at an Express Scripts Advantage (EAN) Pharmacy (EAN Pharmacies include Costco, Ralphps, RiteAid, Vons, Haggen, Kmart, Kroger, Safeway, SuperValue, Walmart, and many independent pharmacies) visit www.express-scripts.com for a complete list of EAN pharmacies.

² Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, Target and certain independent pharmacies)

³ You must fill the 4th and following prescription of a maintenance drug at a Smart90 pharmacy or through Express Scripts Home Delivery to avoid paying a penalty (equal to 2 times the short-term drug copay for up to a 30-day supply).

⁴ Services must be medically necessary and may be subject to prior authorization from Optum Health.

How the Performance HMO Plan Networks Work (Performance = Quality of Care + Reasonable Cost)

To help you get the highest quality care at the lowest possible cost, the Performance HMO Plan ranks medical groups in three Networks based on quality and cost as described below. Medical Groups in Network 1 have the highest quality and lowest costs.

Quality. The Office of the Patient Advocate (OPA's) scores show how well medical groups meet nationally recognized standards for providing their patients with good care. Visit the OPA at opa.ca.gov for details.

Cost. Cost information is based on actual costs paid by the insurance company for VEBA members.

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, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.



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