

HMO BENEFIT COMPARISON

Benefit Summary	PROPOSED		CURRENT
	Western Health Advantage HMO \$10/100% What You Pay	UHC CS VEBA Alliance HMO \$15/100% What You Pay	HealthNet Full HMO \$15 / 100% What You Pay
Medical Deductible (individual/family)	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$1,000 / \$2,500
Health Account	None	None	None
PCP Office Visit	\$10 copay	\$15 copay	\$15 copay
Specialist Office Visit	\$10 copay	\$15 copay	\$15 copay
Preventive Care	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	No charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No charge	\$15 copay / No charge	No charge
Substance Abuse Services (outpatient/inpatient)	No charge / No charge	No charge / No charge	No charge
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	No charge
Outpatient Surgery	No charge	No charge	No charge
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$10 copay	\$15 copay	\$5 copay
Chiropractic and Acupuncture Services*	\$10 copay (unlimited visits)	\$15 copay (unlimited visits)	\$10 copay (Chiro Only, 30 visits)
Urgent Care (Office Visit only)	\$10 copay	\$15 copay	\$20 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$75 copay
Hearing Aid (every 36 months)	\$5,000 allowance	\$5,000 allowance	Not covered
Rx Deductible (individual/family)	None	None	None
Rx Out-of-Pocket Maximum (individual/family)	Combined with medical	Combined with medical	\$2,000 / \$4,000
Rx Formulary List	National Preferred	National Preferred	HealthNet Formulary
Rx Pharmacy Network	Express Advantage Network (EAN)**	Express Advantage Network (EAN)**	HealthNet
Short-Term Prescription Drugs*** (up to 30-day supply)	\$5 Generic \$15 PB \$30 NPB 50% coinsurance Weight Loss GLP-1	\$5 Generic \$15 PB \$30 NPB 50% coinsurance Weight Loss GLP-1	\$10 Generic \$20 PB \$35 NPB 50% coinsurance Weight Loss GLP-1
Long-Term Prescription Drugs*** (up to 90-day supply)	\$10 Generic \$30 PB \$60 NPB	\$10 Generic \$30 PB \$60 NPB	\$20 Generic \$40 PB \$70 NPB

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

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, 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 (Costco and Sharp Rees-Stealy pharmacies).

**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

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.