



COUNTY OF SAN DIEGO

Benefit Summary Effective January 1, 2021	UHC SignatureValue Performance HMO Network 1	UHC SignatureValue Performance HMO Network 2	UHC SignatureValue Alliance
Deductible			
Single	\$0	\$0	\$0
Family	\$0	\$0	\$0
Office Visit			
PCP	\$25	\$30	\$25
Specialist	\$25	\$40	\$40
Out-of-Pocket			
Single	\$2,000	\$5,000	\$2,000
Family	\$6,000	\$10,000	\$6,000
Preventive			
Well-child/Immunizations	No Charge	No Charge	No Charge
Well-women	No Charge	No Charge	No Charge
Adult Periodic Exams	No Charge	No Charge	No Charge
Preventive Diagnostic X-ray/Lab	No Charge	No Charge	No Charge
Hospital			
Inpatient	\$200 per admit	\$500 per admit	\$200 per admit
Outpatient Surgical	No Charge	\$250 Copay	\$100 Copay
Urgent/Emergent Care			
Urgent Care	\$25 within area served by medical group \$40 outside area served by medical group	\$30 within area served by medical group \$100 outside area served by medical group	\$25 within area served by medical group \$40 outside area served by medical group
Emergency Room	\$125 (waived if admitted)	\$200 (waived if admitted)	\$125 (waived if admitted)
Mental Health			
Inpatient	\$200 per admit	\$500 per admit	\$200 per admit
Outpatient	\$25	\$30	\$25
Substance Abuse			
Inpatient	No charge	No charge	No charge
Outpatient	No charge	No charge	No charge
Outpatient Rehabilitative			
Phys, Occup, Speech Therapies PCP/Specialist	\$25	\$30 / \$40	\$25/\$40
Chiropractic/Acupuncture	\$20 unlimited	\$30 unlimited	\$20 unlimited
Prescription Drugs			
Retail			
Generic	\$10	\$10	\$10
Brand	\$20	\$20	\$20
Non-Formulary	\$35	\$35	\$35
Mail-order			
Generic	\$20	\$20	\$20
Brand	\$40	\$40	\$40
Non-Formulary	\$60	\$60	\$60

Disclaimer: Prepared by Gallagher Benefit Services, Inc. on behalf of 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.

MEDICAL GROUPS*

Performance HMO Network 1	Performance HMO Network 2	Alliance
Borrego Springs Direct Contracting Network	Greater Tri-Cities IPA Medical	Mercy PMG/ Scripps Care Affiliate
Cassidy Medical Group/ PCAMG	Mercy Physicians Medical Group	PCAMG/Scripps Care Affiliate
Imperial County Physicians Medical Group	Rady Children's Health Network	Rady Children's Health Network
Primary Care Associated Medical Group	Scripps Physician Medical Group	Scripps Coastal Medical Center
Primary Care Associated Medical Group/ Encinitas		Scripps Physician Medical Group
Rady Children's Hospital Network		UCSD Medical Group
Sharp Community Medical Group/ Chula Vista		
SCMG Arch Health Partners		
Sharp Community Medical Group/ Coronado		
Sharp Community Medical Group/ Metro		
Sharp Community/Graybill		
Sharp Community Medical Group/Graybill North Costal		
Sharp Community Medical Group/ Grossmont		
Sharp Community/Inland North		
Sharp Rees Stealy Medical Group Inc.		

For a full list of medical providers and medical groups:

1. Go to <http://cosd.welcometouhc.com/>
2. Scroll down to "Select Your Plan"
3. Click the specific plan
4. Click "Okay"
5. Click "Continue" Search by Name, Specialty, or Medical Groups

*Visit <https://cosd.welcometouhc.com> for the latest network listings.