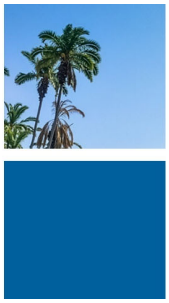
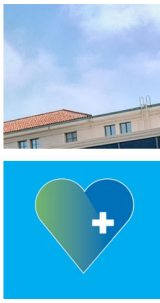
2027
PPO Medical Plan

January 1 – December 31, 2027





Benefit Features	UHC/UMR Select Plus Plan PPO	
	PPO Network Self-referred (within UHC PPO network)	**Out-of-Network** Self-referred (outside PPO network)
Choice of Provider	Your choice of physicians and providers, but receiving services from those who are members of the UHC PPO network will provide higher benefits and lower your costs.	
Annual* Deductible		
Employee Only Coverage (Annual Deductible includes Medical Care and copay Drug Benefits)	$300	$600
Employee + Family Coverage (Annual Deductible includes Medical Care and copay Drug Benefits)	$600	$1,200
Annual Out-of-Pocket Maximum (Includes Deductible)		
Individual	$2,300	$4,600
Family	$4,600	$9,200
Out-of-Hospital Services		
Office Visits	You pay $20 per visit (deductible waived)	You pay 40% after deductible
Specialist Visits	You pay $40 per visit (deductible waived)	You pay 40% after deductible
Urgent Care Facility	$75 copay (deductible waived)	You pay 40% after deductible
Preventive Care		
Well-Baby/Well-Child	No copay	You pay 40% after deductible
Adult Physical Exam		
Well-Woman Care		
Prostate Cancer Screening		
Colorectal Cancer Screenings		
Diagnostic X-Rays & Lab Tests	100% covered	You pay 40% after deductible
In-Hospital Services		
Semiprivate Room and Board (Precertification required)	You pay $150 copay per admission; then you pay 20% after deductible	You pay $300 copay per admission; then you pay 40% after deductible
Emergency Room	You pay $125 (waived if admitted); then you pay 20% after deductible	You pay $125 (waived if admitted); then you pay 20% after deductible

Benefit Features	UHC/UMR Select Plus Plan PPO	
	PPO Network Self-referred (within UHC PPO network)	**Out-of-Network** Self-referred (outside PPO network)
Other Services		
Outpatient Surgery	You pay 20% after deductible	You pay 40% after deductible
Durable Medical Equipment	You pay 20% after deductible	You pay 40% after deductible
Outpatient CT, PET, MRI, MRA, and Nuclear Medicine	You pay 20% after deductible	You pay 40% after deductible
Prosthetic Devices	You pay 20% after deductible	You pay 40% after deductible
Skilled Nursing Facility (Maximum 100 days per year)	You pay 20% after deductible; precertification required; maximum 100 days a year	You pay 50% after deductible; precertification required; maximum 100 days a year
Physical/ Occupational/ Speech Therapy	You pay $20 copay	You pay 40% after deductible
Chiropractic Care/Acupuncture	You pay $20 copay for chiropractic care You pay 20% after the deductible for acupuncture	You pay 40% after deductible
Mental Health & Substance Abuse		
Outpatient Physician Visits	You pay $20 per visit	You pay 40% after deductible
Inpatient Physician Visits	You pay 20% after deductible	You pay 40% after deductible
Prescription Drug Benefits	**All prescription drug benefits are subject to the plan deductible.**	
Retail (up to 30-day supply)		
Generic (Tier 1)	You pay $10 copay	
Brand (Tier 2)	You pay $20 copay	
Non-Formulary (Tier 3)	You pay $35 copay	
Specialty Rx (Tier 4)	Above applicable copays apply	
Mail-Order (up to 90-day supply)		
Generic (Tier 1)	You pay $20 copay	
Brand (Tier 2)	You pay $40 copay	
Non-Formulary (Tier 3)	You pay $60 copay	
Specialty Rx (Tier 4)	Above applicable copays apply	
Cost For Coverage Per Pay Period**		
Employee Only	$934.57	
Employee + 1 Dependent	$1,869.14	
Employee + 2 or more Dependents	$2,644.90	

* *All references to "annual" and "per year" on this chart refer to policy year of January 1 through December 31, 2027.*

** *Based on 24 pay periods in the year/twice-a-month deductions.*

THIS COMPARISON CHART IS NOT A CONTRACT

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, than the Evidence of Coverage (EOC) plan document shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.