

COUNTY MEDICAL PLANS COMPARISON CHART FOR SEIU, LIUNA AND RESIDENTS (CONTINUED)

These benefit summaries only highlight your benefits. They are not Summary Plan Descriptions (SPDs). If any discrepancy exists between these benefit summaries and the official plan documents, the official plan documents will prevail.

UHC Select Plus PPO		
	PPO Network	Out-of-Network
Choice of physician	Any network provider	Any licensed provider
Annual Deductible		\$500/person \$1,000/family
Calendar year out-of-pocket maximum		\$3,000/person \$6,000/family
Lifetime maximum benefit		Unlimited
Office Visit Benefits		
Physician office visits	100% after \$20 copayment	40% after deductible has been met
Diagnostic X-ray and lab	100%; deductible does not apply	40% after deductible has been met
Adult preventive care (includes mammography, Pap smear, sigmoidoscopy, and prostate exam)	100%	100%; copayments and deductibles do not apply
Well-baby care	100%	40% after deductible
Well-woman care	100%	40% after deductible
Vision exams	100% after \$20 copayment	40% after deductible
Prescription Drugs		
Network retail pharmacies (up to a 31-day supply)	Generic: \$5 copayment Preferred brand: \$15 copayment Nonpreferred brand: \$45 copayment	Generic: \$5 copayment Preferred brand: \$15 copayment Nonpreferred brand: \$45 copayment
Network mail order (up to a 90-day supply)	Generic: \$10 copayment Preferred brand: \$30 copayment Nonpreferred brand: \$90 copayment	Not covered
Hospital and Emergency Room Services		
Inpatient hospital services	20% after deductible	40% after deductible
Physician hospital visits	20% after deductible	40% after deductible
Ambulatory surgical center	20% after deductible	40% after deductible
Ambulance (medically necessary)	20% after deductible	20% after deductible
Hospital emergency room	\$50 copayment waived if admitted	\$50 copayment waived if admitted
Urgent care facility	100% after \$20 copayment/visit	40% after deductible
Mental Health Treatment		
Inpatient services	20% after deductible	40% after deductible
Outpatient services	100% after \$20 copayment	40% after deductible
Substance Abuse Treatment		
Inpatient program	20% after deductible	40% after deductible
Outpatient office visits	100% after \$20 copayment	40% after deductible
Other Benefits		
Chiropractic	100% after \$20 copayment/visit; benefits limited to 24 visits per calendar year	40% after deductible
Durable medical equipment	20% after deductible	40% after deductible
Family planning	20% after deductible	40% after deductible
Home health care	20% after deductible	40% after deductible
<i>Benefits limited to 100 visits per year</i>		
Hospice services	20% after deductible	40% after deductible
Infertility services	20% after deductible	40% after deductible
<i>Benefits subject to a separate \$500 lifetime deductible and a lifetime maximum benefit of \$2,000; GIFT, ZIFT, in vitro fertilization, intrafallopian transfers, and artificial insemination not covered</i>		
Rehabilitation therapy (includes outpatient physical, speech, occupational, respiratory, and cardiac therapy)	100% after you pay \$20 copayment per visit	40% after deductible
Skilled nursing facility	20% after deductible	40% after deductible
<i>Benefits limited to 60 days per year</i>		