2022 Benefits plan Year

Kaiser HMO

Benefit	AA Kaiser HMO\$10	AFT/CSEA/Confid/Gov. Bd Kaiser HMO \$15
Deductible (Ind/Fam)	None	None
Medical out-of-Pocket Max (Ind/Fam)	\$1,500/\$3,000	\$1,500/\$3,000
PCP Office Visit	\$10 copay	\$15 copay
Specialist Office Visit	\$10 copay	\$15 copay
Preventative Care	No Charge	No Charge
Inpatient Hospital Care	No Charge	No Charge
Mental Health Services (outpatient/inpatient)	\$10 copay/ No Charge	\$15 copay/ No Charge
Substance Abuse Services (outpatient/inpatient)	\$10 copay/ No Charge	\$15 copay/ No Charge
Diagnostic Laboratory Outpatient (standard)	No Charge	No Charge
Diagnostic and Complex Radiology (PET, MRI)	No Charge	No Charge
Outpatient Surgery	\$10 copay	\$15 copay
Outpatient Physical/rehabilitation Therapy	\$10 copay	\$15 copay
Urgent Care (your medical group/other)	\$10 copay (any Kaiser facility)	\$15 copay (any Kaiser facility)
Emergency Room (copay waived if admitted)	\$50 copay	\$50 copay
Short-Term Prescription Drugs	\$10 copay	\$10 copay/ \$20 copay
(generic/brand) Maintenance Prescription Drugs	up to a 30 day supply	up to a 30 day supply \$20 copay/ \$40 copay
(generic/Preferred/non-preferred)	\$10 copay up to a 100 day supply	up to 100 day supply
Chiropractor Services	\$10 copay	\$15 copay

2022 Benefits plan Year

Kaiser HMO

Monthly Employee Contribution	AA	AFT/CSEA Et Al.
Single	\$0.00	\$0.00
two party	\$0.00	\$0.00
Family	\$0.00	\$0.00

Monthly District Premium	AA	AFT/CSEA Et Al.
Single	\$682.00	\$659.00
two party	\$1,347.00	\$1,301.00
Family	\$1,899.00	\$1,834.00

Active Employees & Retirees as of June 2022 37		
	Active Employees & Retirees as of June 2022	37

2022 Benefits plan Year

None \$1,500/\$3,000 \$3,000/\$6,000 \$10 copay \$10 copay No charge	None \$1,500/\$3,000 \$3,000/\$6,000 \$20 copay \$20 copay	None \$1,500 / \$3,000 \$3,000 / \$6,000 \$10 copay \$10 copay
\$3,000/\$6,000 \$10 copay \$10 copay	\$3,000/\$6,000 \$20 copay \$20 copay	\$3,000 / \$6,000 \$10 copay
\$10 copay \$10 copay	\$20 copay \$20 copay	\$10 copay
\$10 copay	\$20 copay	
		\$10 copay
No charge		
	No Charge	No Charge
No Charge	\$250 copay per admit	No Charge
.0 copay / No Charge	\$20 copay/ \$250 copay per admit	\$10 copay/ No Charge
No Charge	No Charge	No Charge
No Charge	No Charge	No Charge
No charge	\$100 copay	No Charge
No Charge	No Charge	No Charge
10 copay/\$10 copay	\$20 copay / \$20 copay	\$10 copay / \$10 copay
.0 copay / \$50 copay	\$20 copay/ \$75 copay	\$10 copay / \$50 copay
\$100 copay	\$150 copay	\$100 copay
\$5 / \$25/ 50% \$5 an non EAN pharmacy	\$10 / \$25/ 50% *Extra \$5 an non EAN pharmacy	\$5 / \$25/ 50% *Extra \$5 an non EAN pharmacy
\$10/\$50/50%	<mark>\$20</mark> /\$50/50%	\$10/\$50/50%
\$10 copay	\$20 copay	\$10 copay
	No Charge No Charge No charge No Charge 10 copay/\$10 copay 0 copay/\$10 copay \$100 copay \$5 /\$25/50% \$5 an non EAN pharmacy \$10/\$50/50%	No ChargeNo ChargeNo ChargeNo ChargeNo charge\$100 copayNo ChargeNo ChargeNo ChargeNo Charge10 copay/\$10 copay\$20 copay / \$20 copay0 copay/\$10 copay\$20 copay / \$20 copay\$100 copay\$20 copay / \$20 copay\$100 copay\$150 copay\$100 copay\$150 copay\$100 copay\$150 copay\$100 copay\$10 / \$25 / 50%\$5 an non EAN pharmacy*Extra \$5 an non EAN pharmacy\$10/\$50/50%\$20 / \$50/50%

2022 Benefits plan Year

Monthly Employee Contribution	AA	AFT/CSEA Et Al.	UHC Harmony \$10 (New Plan)
Single	\$0.00	\$0.00	\$0.00
two party	\$0.00	\$0.00	\$0.00
Family	\$0.00	\$0.00	\$0.00

Monthly District Premium	АА	AFT/CSEA Et Al.	UHC Harmony \$10 (New Plan)
Single	\$760.00	\$731.00	\$688.00
two party	\$1,513.00	\$1,455.00	\$1,358.00
Family	\$2,123.00	\$2,041.00	\$1,905.00

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Provider Medical Groups	0	Primary Care Associated Medical Group	0	Primary Care Associated Medical Group
	0	SCMG Arch Health Partners (Sharp)	0	SCMG Arch Health Partners (Sharp)
	0	Sharp Community Medical Group	0	SHARP Community Medical Group
	0	Sharp Rees-Stealy Medical Group Inc.	0 Inc	Sharp Rees-Stealy Medical Group
	0	Rady Children's Health Network	0	UCSD Medical Group

2022 Benefits plan Year

Benefit	AA UHCHMO	AFT/CSEA Et. AI	
	2 Plan A	UHC HMO 2 Plan D	(New Plan for all employees)
Deductible (Ind/Fam)	None	None	None
Medical out-of-Pocket Max (Ind/Fam)	\$3,000 / \$6,000	\$5,000 / \$10,000	\$1,500/\$3,000
Prescription Out-of-Pocket (Ind/Fam)	\$3,000/\$6,000	\$3,000/\$6,000	\$1,600/\$3,200
PCP Office Visit	\$20 copay	\$30 copay	\$20 copay
Specialist Office Visit	\$20 copay	\$40 copay	\$20 copay
Preventative Care	No charge	No Charge	No charge
Inpatient Hospital Care	No Charge	\$500 copay per admit	\$250 copay per admit
Mental Health Services (outpatient/inpatient)	\$20 copay / No Charge	\$30 copay/ \$500 copay per admit	\$20 copay/ \$250 copay per admit
Substance Abuse Services (outpatient/inpatient)	No Charge	No Charge	No Charge
Diagnostic Laboratory Outpatient (standard)	No Charge	No Charge	No charge
Diagnostic and Complex Radiology (PET, MRI)	No charge	\$200 copay	\$100 copay
Outpatient Surgery	No Charge	\$250 copay per admit	No Charge
Outpatient Physical/rehabilitation Therapy (PCP/Specialist)	\$20 copay/ \$20 copay	\$30 copay / \$40 copay	\$20 copay/ \$20 copay
Urgent Care (your medical group/other)	\$20 copay / \$50 copay	\$30 copay/ \$100 copay	\$20 copay / <mark>\$75 copay</mark>
Emergency Room (copay waived if admitted)	\$100 copay	\$200 copay	\$150 copay
Short-Term Prescription Drugs (generic/preferred/non-prefred)	\$10 / \$30/ 50% *Extra \$5 an non EAN pharmacy	\$15 / \$35/ 50% *Extra \$5 an non EAN pharmacy	\$10 / \$30/ 50% *Extra \$5 an non EAN pharmacy
Maintenance Prescription Drugs (generic/preferred/non-prefe	\$20/\$60/50%	<mark>\$30 / \$70/</mark> 50%	\$20/\$60/50%
Chiropractor Services	\$20 copay	\$30 copay	\$20 copay

2022 Benefits plan Year

Monthly Employee Contribution	AA	AFT/CSEA Et Al.	UHC HMO 3
Single	\$0.00	\$141.00	\$0.00
two party	\$0.00	\$301.00	\$0.00
Family	\$0.00	\$430.00	\$0.00

Monthly District Premium	AA	AFT/CSEA Et Al.	UHC HMO 3
Single	\$1,032.00	\$930.00	\$798.00
two party	\$2,042.00	\$1,839.00	\$1,450.00
Family	\$2,868.00	\$2,582.00	\$2,034.00

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Provider Medical Groups	0	 Greater Tri-Cities IPA Medical Group 		Rady's Children's Health
	0	 Mercy Physicians Medical Group 		Scripps Clinic
	0	Rady Children's Health Network	0	Scripps Coastal Medical Center
	0	 SCMG Arch Health Partners (Sharp) 		
	 Scripps Physician Medical Group 			

2022 Benefits plan Year

UMR PPO

Benefit	AA UMR PPO - Tier 1 Nexus ACO	AFT/CSEA Et. Al
Deductible (Ind/Fam)	\$2,000 / \$4,000	N/A
Medical out-of-Pocket Max (Ind/Fam)	\$5,000 / \$10,000	N/A
Prescription Out-of-Pocket (Ind/Fam)	\$1,600 / \$3,200	N/A
PCP Office Visit	\$30 copay	N/A
Specialist Office Visit	\$50 copay	N/A
Preventative Care	No charge	N/A
Inpatient Hospital Care	20% after deductible	N/A
Mental Health Services (outpatient/inpatient)	\$30 copay/ 20% after deductible	N/A
Substance Abuse Services (outpatient/inpatient)	\$30 copay/ 20% after deductible	N/A
Diagnostic Laboratory Outpatient (standard)	No charge	N/A
Diagnostic and Complex Radiology (PET, MRI)	20% after deductible	N/A
Outpatient Surgery	20% after deductible	N/A
Outpatient Physical/rehabilitation Therapy (PCP/ Specialist)	\$30 copay / \$30 copay	N/A
Urgent Care (your medical group/other)	\$50 copay / \$50 copay	N/A
Emergency Room (copay waived if admitted)	\$100 copay	N/A
Short-Term Prescription Drugs (generic/preferred/non-prefred	\$10 / \$30/ 50% *Extra \$5 an non EAN pharmacy	N/A
Maintenance Prescription Drugs (generic/preferred/non-prefe	\$20/\$60/50%	N/A
Chiropractor Services	\$30 copay	N/A

2022 Benefits plan Year

UMR PPO

Monthly District Premium	AA	AFT/CSEA Et Al.
Single	\$1,498.00	\$0.00
two party	\$2,944.00	\$0.00
Family	\$4,125.00	\$0.00

Active Employees & Retirees as of June 2022	3
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2022 Benefits plan Year

Other Benefits Plan - No Proposed Changes

Benefit	UHC Alliance 20/30	UHC Alliance HRA 1200
Deductible (Ind/Fam)	None	\$2,000 / \$2,000
Medical out-of-Pocket Max (Ind/Fam)	\$3,000 / \$6,000	\$3,000 / \$6,000
Prescription Out-of-Pocket (Ind/Fam)	\$1,600 / \$3,200	\$1,600/\$3,200
PCP Office Visit	\$20 copay	\$35 copay
Specialist Office Visit	\$30 copay	\$50 copay
Preventative Care	No charge	No charge
Inpatient Hospital Care	\$500 per admit	20% after deductible
Mental Health Services (outpatient/inpatient)	\$20 copay/ \$500 copay per admit	\$40 copay/ 20% after deductible
Substance Abuse Services (outpatient/inpatient)	No Charge	No Charge
Diagnostic Laboratory Outpatient (standard)	No charge	No charge / 20% after deductible
Diagnostic and Complex Radiology (PET, MRI)	\$200	20% after deductible
Outpatient Surgery	\$250 copay	20% after deductible
Outpatient Physical/rehabilitation Therapy (PCP/ Specialist)	\$20 copay / \$20 copay	\$35 copay / \$35 copay
Urgent Care (your medical group/other)	\$20 copay / \$75 copay	\$35 copay / 20% after deductible
Emergency Room (copay waived if admitted)	\$150 copay	\$300 copay after deductible
Short-Term Prescription Drugs (generic/preferred/non-prefred)	\$10 / \$30/ 50% *Extra \$5 an non EAN pharmacy	\$10 / \$30/ 50% *Extra \$5 an non EAN pharmacy
Maintenance Prescription Drugs (generic/preferred/non-prefe	\$20/\$60/50%	\$20 / \$60/ 50%
Chiropractor Services	\$20 copay	\$30 copay

2022 Benefits plan Year

Other Benefit Plans - No Proposed Changes

Monthly Employee Contribution	UHC Alliance 20/30	UHC Alliance HRA 1200
Single	\$0.00	\$0.00
two party	\$0.00	\$0.00
Family	\$0.00	\$0.00

Monthly District Premium	UHC Alliance 20/30	UHC Alliance HRA 1200
Single	\$789.00	\$808.00
two party	\$1,538.00	\$1,518.00
Family	\$2,152.00	\$2,116.00

Active Employees & Retirees as of June 2022	1	3
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Provider Medical Groups	0	Mercy Physicians Medical Group
	0	Primary Care Associated Medical Group
	0	Rady Children's Health Network
	0	Scripps Clinic
	0	Scripps Coastal Medical Center
	0	Scripps Physician Medical Group
	0	UCSD Medical Group