2022 Benefits plan Year

Kaiser HMO

Benefit	CSEA Kaiser HMO \$10	AFT/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 (generic/brand)	\$10 copay up to a 30 day supply	\$10 copay/ \$20 copay up to a 30 day supply
Maintenance Prescription Drugs	\$10 copay	\$20 copay/ \$40 copay
(generic/Preferred/non-preferred)	up to a 100 day supply	up to 100 day supply
Chiropractor Services	\$10 copay	\$15 copay

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2022 Benefits plan Year

Kaiser HMO

Monthly Cost to Enroll	CSEA	AFT Et Al.
Single	\$0.00	\$0.00
two party	\$0.00	\$0.00
Family	\$0.00	\$0.00

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2022 Benefits plan Year

United Healthcare HMO 1

Benefit	CSEA	AFT Et. Al	UHC Harmony 10
benent	UHC HMO 1 Plan A	UHC HMO 1 Plan D	(New Plan for all employees)
Deductible (Ind/Fam)	None	None	None
Medical out-of-Pocket Max (Ind/Fam)	\$1,500/ \$3,000	\$1,500/ \$3,000	\$1,500 / \$3,000
Prescription Out-of-Pocket (Ind/Fam)	\$3,000/ \$6,000	\$3,000/ \$6,000	\$3,000 / \$6,000
PCP Office Visit	\$10 copay	\$20 copay	\$10 copay
Specialist Office Visit	\$10 copay	\$20 copay	\$10 copay
Preventative Care	No charge	No Charge	No Charge
Inpatient Hospital Care	No Charge	\$250 copay per admit	No Charge
Mental Health Services (outpatient/inpatient)	\$10 copay / No Charge	\$20 copay/ \$250 copay per admit	\$10 copay/ No Charge
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	\$100 copay	No Charge
Outpatient Surgery	No Charge	No Charge	No Charge
Outpatient Physical/rehabilitation Therapy (PCP/ Specialist)	\$10 copay/ \$10 copay	\$20 copay / \$20 copay	\$10 copay / \$10 copay
Urgent Care (your medical group/other)	\$10 copay / \$50 copay	\$20 copay/ \$75 copay	\$10 copay / \$50 copay
Emergency Room (copay waived if admitted)	\$100 copay	\$150 copay	\$100 copay
Short-Term Prescription Drugs (generic/preferred/non-prefred)	\$5 / \$25/ 50% *Extra \$5 an non EAN pharmacy	\$10 / \$25/ 50% *Extra \$5 an non EAN pharmacy	\$5 / \$25/ 50% *Extra \$5 an non EAN pharmacy
Maintenance Prescription Drugs (generic/preferred/non-prefe	\$10/ \$50/ 50%	\$20 / \$50/ 50%	\$10 / \$50/ 50%
Chiropractor Services	\$10 copay	\$20 copay	\$10 copay

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2022 Benefits plan Year

United Healthcare HMO 1

Monthly Cost to Enroll	CSEA	AFT 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

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

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2022 Benefits plan Year

United Healthcare HMO 2

Benefit	CSEA UHC HMO 2 Plan A	AFT Et. Al UHC HMO 2 Plan D	UHC HMO 3 (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 / \$75 copay
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%	\$30 / \$70/ 50%	\$20 / \$60/ 50%
Chiropractor Services	\$20 copay	\$30 copay	\$20 copay

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2022 Benefits plan Year

United Healthcare HMO 2

Monthly Cost to Enroll	CSEA	AFT 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

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

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2022 Benefits plan Year

UMR PPO

Benefit	CSEA UMR PPO - Tier 1 Nexus ACO	AFT 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

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2022 Benefits plan Year

UMR PPO

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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

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2022 Benefits plan Year

Other Benefit Plans - No Proposed Changes

Monthly Cost to Enroll	UHC Alliance 20/30	UHC Alliance HRA 1200
Single	\$0.00	\$0.00
two party	\$0.00	\$0.00
Family	\$0.00	\$0.00

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Provider Medical Groups

- Mercy Physicians Medical Group
- Primary Care Associated Medical Group
- o Rady Children's Health Network
- Scripps Clinic
- Scripps Coastal Medical Center
- Scripps Physician Medical Group
- UCSD Medical Group

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