

SignatureValue[™] HMO Offered by UnitedHealthcare of California

CS VEBA Alliance HMO Deductible Schedule of Benefits HRA

 When an individual member of a family unit has paid an amount of
Deductible and Co-pa -of-Pocket Limit.
 Individual: \$3,500
Family: \$7,000

 PCP Office Visits
 \$25 Office Visit Co-payment

 Specialist Office Visits
 \$40 Office Visit Co-payment

 Specialist Office Visits
 \$40 Office Visit Co-payment

 Co-payments for Audiologist and Podiatrist visits will be the same as for the PCP.
 \$40 Office Visit Co-payment

20% Co-

Benefits Available on an Outpatient Basis (Continued)

Benefits Available on an Outpatient Basis (Continued)

Injectable Drugs (Co-payment/Co-insurance not applicable to injectable i45d()TjEMC ET/AMCID 2 **p** 0.001 T21 (C)

For Air Ambulance transportation provided by an out-of-Network provider, the Allowed Amount is based on one of the following in the order listed below as applicable:

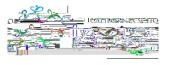
- x The reimbursement rate as determined by a state All Payer Model Agreement.
- x The reimbursement rate as determined by state law.
- x The initial payment made by us or the amount subsequently agreed to by the out-of-Network provider and us.
- x The amount determined by lou

P.O. Box 30968 Salt Lake City, UT 84130-0968

LG-NG-SOB CA Ded (Eff. 7-1-2023)

Customer Service: 800-624-8822 711 (TTY) www.myuhc.com

©2024 United HealthCare Services, Inc. PCA864257_004 VJ1,VJ3,VJ5 Effective: 1/1/2025





Your prescriptionplan at a glance

Show this summary to your doctor to discuss ways to pay less for your medication bear more about youplan, visit expresses cripts.com. First time visitors, please take a moment to register sing your member ID number.

ExpressAdvantageNetwork [®]	Smart90 [®] retail pharmacies
	Sinariao - retair pharmacies
(EAN)pharmacies*	
(up to a 30-day supply)	
(up to a so-day supply)	

Drug conversion programs., I $\ X \cdot U H S Unhete dictation EVHKOD VD L V Q \cdot W R Q R X U K H D O W K S O D Q \cdot V S U plan-preferred medication exists, we may contact your doctor to ask whether that edication would be appropriate for you. If your doctor agrees to use plan-preferred medication <math>\ X \cdot O O X V X D O O S D O H V V$

Use generics and preferred medications, I \RX.UH WDNLQJ D PHGLFDWLRQ **%K** for ODRW RQ W consider prescribing a lowecost generic or preferred branchame medication. To find out whether your medication is preferred, just log in at express scripts.com and choose Price a Medication from the menu under Prescriptions Enter your medication name and view cost and coverage information on the results page ou can also get pricing information from Member Services at 800.918.8011.

Prior authorization: When is a coverage review necessary ORPH PHGLFDWLRQV DUHQ·W FRYHUHG XQO