



UnitedHealthcare Performance HMO
Performance HMO Plan Summaries: 2019
Performance Network
 Effective Date January 1, 2019 - December 31, 2019
 • No Changes from 2018

We are deciding between Network A and D

Benefit Summary	Performance HMO Plan A Network 1 What You Pay	Performance HMO Plan A Network 2 What You Pay	Performance HMO Plan A Network 3 What You Pay	Performance HMO Plan B Network 1 What You Pay	Performance HMO Plan B Network 2 What You Pay	Performance HMO Plan B Network 3 What You Pay	Performance HMO Plan D Network 1 What You Pay	Performance HMO Plan D Network 2 What You Pay	Performance HMO Plan D Network 3 What You Pay	Performance HMO Plan E Network 1 What You Pay	Performance HMO Plan E Network 2 What You Pay	Performance HMO Plan E Network 3 What You Pay
Deductible (individual/family)	None	None	None	None	None	None	None	None	None	None	None	None
Medical Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000	\$3,000/\$6,000	\$5,000/\$10,000	\$5,000/\$10,000
RX Out-of-Pocket Maximum (individual/family)	\$3,000/\$6,000	\$3,000/\$6,000	\$1,600/\$3,200	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200	\$3,000/\$6,000	\$1,600/\$3,200	\$1,600/\$3,200
Health Reimbursement Account	None	None	None	None	None	None	None	None	None	None	None	None
PCP Office Visit	\$10 copay	\$20 copay	\$40 copay	\$10 copay	\$20 copay	\$40 copay	\$20 copay	\$30 copay	\$40 copay	\$20 copay	\$30 copay	\$40 copay
Specialist Office Visit	\$10 copay	\$20 copay	\$60 copay	\$10 copay	\$20 copay	\$60 copay	\$20 copay	\$40 copay	\$60 copay	\$30 copay	\$40 copay	\$60 copay
Preventive Care	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Inpatient Hospital Care	No charge	No charge	20% copay	No charge	\$500 admit copay	20% Coinsurance	\$250 admit copay	\$500 admit copay	50% copay	\$500 admit copay	20% copay	50% copay
Mental Health Services (outpatient/inpatient)	\$10 copay/ No charge	\$20 copay/ No charge	\$40 copay/ 20% copay	\$10 copay/ No charge	\$20 copay/ \$500 copay	\$40 copay/ 20% Copay	\$20 copay/ \$250 copay	\$30 copay/ \$500 copay	\$40 copay/ 50% copay	\$20 copay/ \$500 copay	\$30 copay/ 20% copay	\$40 copay/ 50% copay
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Infertility	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge	No charge
Complex Radiology (PET & MRI)	No charge	No charge	\$200 copay	No charge	No charge	\$200 copay	\$100 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay	\$200 copay
Outpatient Surgery	No charge	No charge	\$500 copay	No charge	\$250 copay	\$500 copay	No charge	\$250 copay	50% copay	\$250 copay	\$250 copay	50% copay
Outpatient Physical/Rehabilitation Therapy (PCP/Specialist)	\$10 copay	\$20 copay	\$40 copay	\$10 copay	\$20 copay	\$40 copay	\$20 copay	\$30 copay	\$40 copay	\$20 copay	\$30 copay	\$40 copay
Urgent Care (your medical group/other medical group)	\$10 copay/\$50 copay	\$20 copay/\$50 copay	\$40 copay/\$50 copay	\$10 copay/\$50 copay	\$20 copay/\$100 copay	\$40 copay/\$100 copay	\$20 copay/\$75 copay	\$30 copay/\$100 copay	\$40 copay/\$100 copay	\$20 copay/\$75 copay	\$30 copay/\$100 copay	\$40 copay/\$100 copay
Emergency Room (Copay waived if admitted)	\$100 copay	\$100 copay	\$300 copay	\$100 copay	\$200 copay	\$300 copay	\$150 copay	\$200 copay	\$300 copay	\$150 copay	\$200 copay	\$300 copay
Short-Term Prescription Drugs ^{1&2} (up to 3 refills and up to 30 days supply) generic/preferred/non-preferred drugs Filled at EAN Pharmacy	\$5/\$25/50%* (\$5 extra if filled at non-EAN pharmacy)	\$10/\$30/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$30/50%*# (\$5 extra if filled at non-EAN pharmacy)	\$5/\$25/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$30/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$30/50%*# (\$5 extra if filled at non-EAN pharmacy)	\$10/\$25/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$35/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$35/50%*# (\$5 extra if filled at non-EAN pharmacy)	\$10/\$25/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$40/50%* (\$5 extra if filled at non-EAN pharmacy)	\$15/\$40/50%*# (\$5 extra if filled at non-EAN pharmacy)
Maintenance Prescription Drugs ³ (4th and following fills for up to 90 day supply) generic/preferred/non-preferred drugs Filled at Smart90 Pharmacy (Costco or RiteAid) or Express Scripts Mail Order	\$10/\$50/50%**	\$20/\$60/50%**	\$30/\$60/50%***#	\$10/\$50/50%**	\$30/\$60/50%**	\$30/\$60/50%**#	\$20/\$50/50%**	\$30/\$70/50%**	\$30/\$70/50%**#	\$20/\$50/50%**	\$30/\$80/50%**	\$30/\$80/50%**#
Chiropractor Services ⁴	\$10 copay	\$20 copay	\$30 copay	\$10 copay	\$20 copay	\$30 copay	\$20 copay	\$30 copay	\$30 copay	\$20 copay	\$30 copay	\$30 copay

¹Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Ralphs, Kmart, Vons, Hegggen, Safeway, Super-Value, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies
²Pay standard copays plus \$5/prescription if you fill your prescription at a non-EAN Pharmacy (Non-EAN Pharmacies include CVS, Walgreens, and certain independent pharmacies)
³You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill maintenance prescriptions at a network pharmacy other than Smart90 or Express Scripts Mail Order.
⁴Services must be medically necessary and may be subject to prior authorization from OptumHealth
 *Subject to a \$40 minimum and \$175 maximum
 **Subject to a \$80 minimum and \$350 maximum
 # \$250 brand deductible for individual and 500 brand deductible for family

Disclaimer: This summary is merely a brief description of the major benefits of the plan(s) and is not intended to alter or expand benefits, rights or liabilities as set forth in the official plan documents and contracts. Limitations may apply. See the Certificate/Evidence of Coverage for details.