

2018 SOUTHERN CALIFORNIA NETWORK PLAN COSTS AND HIGHLIGHTS

i TOBACCO USER RATES ARE \$60 HIGHER PER PAY PERIOD

CAREER BANDS 1 & 2

| Biweekly for full-time employees | S. California Network Plan |
|----------------------------------|----------------------------|
| Employee only | \$32.90 |
| Employee & spouse/partner | \$84.98 |
| Employee & child(ren) | \$39.99 |
| Employee & Family | \$90.54 |

CAREER BANDS 3+

| Biweekly for full-time employees | S. California Network Plan |
|----------------------------------|----------------------------|
| Employee only | \$39.82 |
| Employee & spouse/partner | \$94.21 |
| Employee & child(ren) | \$49.22 |
| Employee & Family | \$99.77 |

| DESCRIPTION | St. Joseph Hoag Health Select Plan | Scripps Select Plan | HealthCare Partners Select Plan |
|-------------------------|------------------------------------|---|---------------------------------|
| Deductible | | \$1,600/\$3,200 ¹ | |
| Out of Pocket | | \$3,750/\$7,500 | |
| Lifetime Maximum | | Unlimited | |
| PCP Selection | | Required | |
| Specialists Visits | | Referral Required (except OB-GYN or emergency care) | |
| Out-of-Network Benefits | | No out-of-network coverage | |
| Emergency Care | | In- and out-of-network coverage ² | |
| Preventive Care | | 100% | |
| PCP | | \$25 copay | |

| DESCRIPTION | St. Joseph Hoag Health Select Plan | Scripps Select Plan | HealthCare Partners Select Plan |
|-------------------------------|--|---|---|
| Specialist | \$50 copay | | |
| Independent Lab & X-ray | 100% | | |
| Urgent Care | \$100 copay | | |
| Emergency Room | \$200 copay (copay waived if admitted) | | |
| Physician Network Composition | Hoag Affiliated Physicians (includes Hoag Medical Group), Mission Heritage Medical Group, Mission Hospital Affiliated Physicians, St. Joseph Heritage Medical Group, St. Joseph Hospital Affiliated Physicians, St. Jude Affiliated Physicians, St. Jude Heritage Medical Group ³ | Scripps Clinic, Scripps Coastal Medical Center, Mercy Physicians Medical Group, Scripps Physicians Medical Group ³ | HealthCare Partners Physicians in San Fernando, San Gabriel Valleys, South Bay, Downtown L.A. and Long Beach ³ |
| Hospital Network Composition | Children's Hospital at Mission, Children's Hospital of Orange County (CHOC), Hoag Hospital Irvine, Hoag Memorial Hospital Presbyterian, Hoag Orthopedic Institute, Mission Hospital Laguna, Mission Hospital Regional Medical Center, St. Joseph Hospital of Orange, St. Jude Medical Center | Scripps Green Hospital, Scripps Memorial Hospital – La Jolla, Scripps Memorial Hospital – Encinitas, Scripps Mercy Hospital – Chula Vista, Scripps Mercy Hospital – San Diego, Rady Children's Hospital | Beverly Hospital, Children's Hospital of Los Angeles, Citrus Valley Med Center – Queen of the Valley, Dignity Health California Hospital, Medical Center, Foothill Presbyterian Hospital, Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, Good Samaritan Hospital, Huntington Hospital, Keck Hospital of USC, Lakewood Regional Medical Center, Long Beach Memorial Medical Center, Methodist Hospital, Miller Children's Hospital, Monterey Park Hospital, Northridge Hospital Medical Center, Providence Holy Cross Medical Center, Providence Little Company of Mary – San Pedro, Providence Little Company of Mary – Torrance, Providence St. John's Health Center, Providence Saint Joseph Medical Center, Providence Tarzana Medical Center, San Dimas Community Hospital, Southern California Hospital at Culver City, St. Mary Medical Center, Torrance Memorial Medical Center, UCLA Ronald Reagan, UCLA Mattel Children's, USC Verdugo Hills Hospital, Valley Presbyterian Hospital, White Memorial Medical Center |
| Healthy Life Incentives | \$800 per Employee/\$500 Spouse/Domestic Partner | | |

For details on coverage- consult the Charts-at-a-Glance and SPDs

1. The following are examples of services that are subject to the deductible: Outpatient Facilities, Inpatient Facilities including Hospital, Skilled Nursing Facility, Rehab Hospital, Sub-Acute Facilities, Hospice Facilities and Prescriptions.
2. Plan pays 100% of emergency services as defined by the plan after copay (if applicable).
3. Important note: Not all providers in the network composition may be in the Select Network. Call **888.992.4462** to confirm that providers are in-network.