



Sacramento City Unified School District: SCTA

UHC Alliance HMO Plan

HMO Network Comparison by Provider Medical Group

If you'd like to keep your current primary care physician (PCP), choose the plan that includes your PCP's medical group. Provider network availability is often the primary factor to consider when selecting between available plan options.

Provider Medical Groups (PMGs)	Local Area: Sacramento & Surrounding Areas	
	Current 2026 Plan	Effective January 1, 2027
	HealthNet Full	UHC CS VEBA Alliance HMO
Brown & Toland Medical Group	Y	Y
Palo Alto Medical Foundation	Y	Y
Sutter East Bay	Y	Y
Sutter Gould Medical Foundation	Y	Y
Sutter Independent Physicians	Y	Y
Sutter Medical Group	Y	Y
UC Davis Medical Group	Y	Y

UHC Alliance HMO Benefit Comparison

This comparison highlights key cost differences between plans. For a complete overview of coverage, benefits, limitations, and additional plan features, please review your group's customized Benefits Guide and the applicable plan summary.

Benefit Summary	Current 2026 Plan	Effective January 1, 2027
	HealthNet Full HMO \$15 / 100% What You Pay	UHC CS VEBA Alliance HMO \$15/100% What You Pay
PCP Office Visit	\$15 copay	\$15 copay
Specialist Office Visit	\$15 copay	\$15 copay
Inpatient Hospital Care	No charge	No charge
Outpatient Surgery	No charge	No charge
Urgent Care (Office Visit only)	\$20 copay	\$15 copay
Emergency Room (Copay waived if admitted)	\$75 copay	\$100 copay
Short-Term Prescription Drugs*** (up to 30-day supply)	\$10 G	\$10 G
	\$20 PB	\$20 PB
	\$35 NPB	\$35 NPB

***Members can reduce their out-of-pocket prescription costs by \$5 per copay when filling prescriptions at an Express Scripts EAN Network provider pharmacy (EAN Pharmacies include Costco, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies). Visit www.Express-scripts.com for a complete list of EAN pharmacies.

***G = Generic, P = Preferred, B = Brand, PB = Preferred Brand, NPB = Non-preferred Brand, S = Specialty

Disclaimer: Prepared by RPA San Diego on behalf of CS VEBA.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. The policies themselves must be read for those details. The intent of this document is to provide you with general information about your employee benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be directed to your Human Resources/Benefits Department.



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UHC Alliance HMO Benefit Comparison

	Current 2026 Plan	Effective January 1, 2027	
Benefit Summary	HealthNet Full HMO \$15 / 100% What You Pay	UHC CS VEBA Alliance HMO \$15/100% What You Pay	
Medical Deductible (individual/family)	None	None	
Medical Out-of-Pocket Maximum (individual/family)	\$1,000 / \$2,500	\$1,500 / \$3,000	
PCP Office Visit	\$15 copay	\$15 copay	
Specialist Office Visit	\$15 copay	\$15 copay	
Preventive Care	No charge	No charge	
Inpatient Hospital Care	No charge	No charge	
Mental Health Services (outpatient/inpatient)	No charge	\$15 copay / No charge	
Substance Abuse Services (outpatient/inpatient)	No charge	No charge	
Outpatient Diagnostic Laboratory and Radiology (standard procedures)	No charge	No charge	
Complex Radiology (PET & MRI)	No charge	No charge	
Outpatient Surgery	No charge	No charge	
Outpatient Physical/Rehabilitation Therapy (Office Visit)	\$5 copay	\$15 copay	
Chiropractic and Acupuncture Services*	\$10 copay (Chiro Only, 30 visits)	\$15 copay (unlimited visits)	
Urgent Care (Office Visit only)	\$20 copay	\$15 copay	
Emergency Room (Copay waived if admitted)	\$75 copay	\$100 copay	
Hearing Aid (every 36 months)	Not covered	\$5,000 allowance	
Rx Deductible (individual/family)	None	None	
Rx Out-of-Pocket Maximum (individual/family)	\$2,000 / \$4,000	Combined with medical	
Rx Formulary List	HealthNet Formulary	National Preferred	National Preferred
Rx Pharmacy Network	HealthNet	Express Advantage Network (EAN)**	National Plus Network
Short-Term Prescription Drugs*** (up to 30-day supply)	\$10 G	\$5 G	\$10 G
	\$20 PB	\$15 PB	\$20 PB
	\$35 NPB	\$30 NPB	\$35 NPB
Long-Term Prescription Drugs*** (up to 90-day supply)	\$20 G	\$10 Generic	\$20 G
	\$40 PB	\$30 PB	\$40 PB
	\$70 NPB	\$60 NPB	\$70 NPB

*Chiropractic and Acupuncture services have no annual visit maximums, must be medically necessary and may be subject to prior authorization from OptumHealth.

**Pay standard copays if you fill your prescription at an EAN Pharmacy (EAN Pharmacies include Costco, Vons, Haggen, Safeway, SuperValue, WinnDixie, Walmart, and many independent pharmacies) visit www.Express-scripts.com for a complete list of EAN pharmacies.

**You will pay the Retail Refill Allowance (RRA) penalty (equal to 2 times short-term medication copay for 30-day supply) if you fill long-term prescriptions at a network pharmacy other than Smart90 (Costco and Sharp Rees-Stealy pharmacies).

**Copays waived for preferred generic hypertension, hypoglycemic, and cholesterol medications purchased at mail or Smart 90. This does not include normal retail use or brand drugs.

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