



UHC MEDICAL PPO

FOR CA & OUT OF STATE MEMBERS

| UHC 1000/30/20% PPO PLAN | | | UHC HDHP/HSA PPO | | |
|---|---|---|---|------------------------------------|---|
| WHAT YOU PAY | IN NETWORK ¹ | OUT OF NETWORK ¹ | WHAT YOU PAY | IN NETWORK ¹ | OUT OF NETWORK ¹ |
| Calendar Year Deductible (Single) | \$1,000 | \$2,000 | Calendar Year Deductible (Single) | \$2,800 | \$5,400 |
| Calendar Year Deductible (Family) | \$3,000 | \$6,000 | Calendar Year Deductible (Family) | \$5,600 | \$11,200 |
| Calendar Year OOP Maximum (Single) | \$4,000 | \$8,000 | Calendar Year OOP Maximum (Single) | \$4,000 | \$8,000 |
| Calendar Year OOP Maximum (Family) | \$8,000 | \$16,000 | Calendar Year OOP Maximum (Family) | \$8,000 | \$16,000 |
| Preventive Services | No Charge (deductible waived) | Not Covered ¹ | Preventive Services | No Charge (deductible waived) | Not Covered ¹ |
| Office Visits (Primary/Specialist/Telehealth) | \$30(PCP/SPC)/\$0(TEL) (deductible waived) | 40% ¹ | Office Visits (Primary/Specialist/Telehealth) | 20%(PCP/SPC)/\$0(TEL) ¹ | 50% ¹ |
| Acupuncture /Chiropractic (20 visits/24 visits) | \$30/visit (deductible waived) | Not Covered (Acu) 40% ¹ (Chiro) | Acupuncture/Chiropractic (20 visits/24 visits) | 20% ¹ | Not Covered (Acu) 50% ¹ (Chiro) |
| Lab & X-ray | 20% | 40% ¹ | Lab & X-ray | 20% ¹ | 50% ¹ |
| Complex Radiology (includes CT, PET and MRI) | 20% ¹ | 40% ¹ | Complex Radiology (includes CT, PET and MRI) | 20% ¹ | 50% ¹ |
| Inpatient Hospital Services (includes maternity) | 20% ¹ | 40% ¹ | Inpatient Hospital Services (includes maternity) | 20% ¹ | 50% ¹ |
| Outpatient Surgery | 20% ¹ | 40% ¹ | Outpatient Surgery | 20% ¹ | 50% ¹ |
| Urgent Care* | \$30/visit (deductible waived) | 40% ¹ | Urgent Care* | 20% ¹ | 50% ¹ |
| Emergency Room | | 20% ¹ | Emergency Room | | 20% ¹ |
| Ambulance (Emergency only) | | 20% ¹ | Ambulance (Emergency only) | | 20% ¹ |
| PRESCRIPTION DRUGS | | | PRESCRIPTION DRUGS | | |
| Prescription Deductible | \$0 Rx Deductible | | Prescription Deductible | Combined with Medical Deductible | |
| Retail Rx (up to 30 day supply) | | | Retail Rx (up to 30 day supply) | | |
| Tier 1 | \$15 | \$15 | Generic Rx | \$15 ¹ | \$15 ¹ |
| Tier 2 | \$40 | \$40 | Preferred Brand Rx | \$40 ¹ | \$40 ¹ |
| Tier 3 | \$60 | \$60 | Non-Preferred Brand Rx | \$60 ¹ | \$60 ¹ |
| Specialty Rx | | | Specialty Rx | | |
| Mail Order Rx (up to 90 day supply) | | Not Covered | Mail Order Rx (up to 90 day supply) | | Not Covered |
| Tier 1/Tier 2/Tier 3 | \$37.50/\$100/\$150 | | Tier 1/Tier 2/Tier 3 | \$37.50/\$100/\$150 ¹ | |

EMPLOYEE SEMI-MONTHLY CONTRIBUTIONS²

Employee
Employee + Spouse
Employee + Child(ren)
Employee + Family

UHC PPO PLAN

\$90.00
\$601.69
\$276.07
\$787.76

UHC HDHP/HSA²

\$20.00
\$469.08
\$183.30
\$632.38

¹ The deductible applies to all in network and out of network services before coinsurance and co-pay coverage begins. Routine adult physical exam is not covered through out of network provider. Out of Network services are subject to limited daily benefit and balance billing. Members are responsible for the difference between provider charges and UHC's allowed charges/reimbursement amount. Precertification is required for certain services. Please refer to the Summary of Benefits or Evidence of Coverage for additional details.

² Heluna Health will contribute \$58.33 per pay period, totaling \$1,400 per plan year towards your Health Savings Account. The contributions will be pro-rated for new employees hired after August 1st.

Visit myuhc.com online to get details on PPO benefits, UHC local and national network, how to access covered care, how to obtain precertification for procedures, when you need to file a claim, how to submit claims, AND MORE!

myuhc.com



UHC MEDICAL PROVIDER SEARCH

UHC Plan Members

- 1 Visit www.myuhc.com and click to "Find a Provider". A new window will open.
- 2 Select "Medical Directory" to locate doctors, hospitals, or labs. Select "Behavioral Health Directory" to locate mental and substance abuse providers and facilities.
- 3 On the next page click "Employer and Individual Plans".

Scroll down to choose the network you want to search in:
 - **Harmony HMO**: choose "SignatureValue Plans", select "California", then "SignatureValue Harmony HMO"
 - **Alliance HMO**: choose "SignatureValue Plans", select "California", then "SignatureValue Alliance HMO"
 - **SignatureValue HMO**: choose "SignatureValue Plans", "California", then "SignatureValue HMO"
 - **PPO/HSA**: choose "Select Plus"
- 5 Enter your Zip Code, Address, City, or State.

If you already have a doctor in mind you can enter their name in the search box to verify if they are in network. If you are uncertain then click on "People". Otherwise choose what type of doctor you would like to search for. If you are searching for a Primary Care Provider, click on "Primary Care".
- 7 You will see a listing of doctors and facilities. You can refine your search results to show you providers accepting new patients, or who specialize in specific areas.

Remember: if you choose the HMO plan, make sure to check that any provider or facility you visit is both in-network with UHC and part of your Medical Group. Medical Group information will be displayed on the website. Provider contracts are always changing with the carriers. Please call your provider to ensure that they are still in-network before going to see them. Contact UHC before the 15th of the month to change your assigned Primary Care Doctor or Medical Group.

UHC Plan Networks

Looking for your Medication?

Visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists> and select "California Plans", "Large Group - Access", and then the "Tier 3 Formulary" link.

Getting Precertification

When receiving care through one of the PPO plans, you should always make sure the services requested by your provider are medically necessary and cost effective.

Some services—such as outpatient surgeries, scheduled hospitalizations, and complex lab and radiology procedures—require precertification.

This is an important step.

Failure to obtain precertification will result in a reduction of benefits.



New Members enrolling in one of UHC's HMO plans, must enter the provider ID number in UKG for the PCP and/or Medical Group of choice to be assigned to you and your dependents. If you skip this step, UHC will auto assign a provider for you. You can always contact UHC's member services department to change your provider and/or Medical Group assignment. **Provider ID #** begins with a "0". Please do not reference the NPI number.