



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.uhc.com/CalPERS or by calling 1-877-359-3714.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Participating: \$0 Individual / \$0 Family	See the Common Medical Events chart for your costs for services this plan covers.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services, but see the Common Medical Events chart for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, Participating: \$1,500 Individual / \$3,000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balance-billed charges, health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No, this policy has no overall annual limit on the amount it will pay each year.	The Common Medical Events chart describes any limits on what the plan will pay for <i>specific</i> covered services, such as office visits.
Does this plan use a network of providers?	Yes, see www.uhc.com/CalPERS or call 1-877-359-3714 for a list of participating providers.	If you use a participating doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your participating doctor or hospital may use a non-participating provider for some services. Plans use the term in-network , preferred , or participating to refer to providers in their network . See the Common Medical Events chart for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	Yes, written or oral approval is required, based upon medical policies.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1-877-359-3714 for Member Services or visit us at www.uhc.com/CalPERS. If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at www.cciio.cms.gov or call the telephone numbers above to request a copy.

HMO No Deductible



- **Co-payments (copays)** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Co-insurance (co-ins)** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **co-insurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a non-participating **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if a non-participating hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan only covers services if rendered by participating **providers**. Exceptions include emergency services as described in your policy.

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-participating Provider	
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$15 copay per visit	Not Covered	If you receive services in addition to office visit, additional copays or co-ins may apply.
	Specialist visit	\$15 copay per visit	Not Covered	Member is required to obtain a referral to specialist or other licensed health care practitioner, except for OB/GYN Physician services and Emergency / Urgently needed services. If you receive services in addition to office visit, additional copays or co-ins may apply.
	Other practitioner office visit	Not Covered	Not Covered	No Coverage for manipulative (chiropractic) services.
	Preventive care / screening / immunization	No Charge	Not Covered	Includes preventive health services specified in the health care reform law.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge	Not Covered	None
	Imaging (CT / PET scans, MRIs)	No Charge	Not Covered	None

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-participating Provider	
If you need drugs to treat your illness or condition Rx Coverage not provided by UHC.	Formulary Generic– Your Lowest-Cost Option	Not Covered	Not Covered	Pharmacy benefit through CVS/Caremark
	Formulary Brand– Your Midrange-Cost Option	Not Covered	Not Covered	
	Non-Formulary – Your Highest-Cost Option	Not Covered	Not Covered	
	Specialty Drugs – Additional High-Cost Options	Not Covered	Not Covered	
If you have outpatient surgery	Facility fee (example, ambulatory surgery center)	No Charge	Not Covered	None
	Physician / surgeon fees	No Charge	Not Covered	None
If you need immediate medical attention	Emergency room services	\$50 copay per visit	\$50 copay per visit	Copay waived if admitted.
	Emergency medical transportation	No Charge	No Charge	None
	Urgent care	\$15 copay per visit	\$15 copay per visit	Copay waived if admitted. If you receive services in addition to urgent care, additional copays or co-ins may apply.
If you have a hospital stay	Facility fee (example: hospital room)	No Charge	Not Covered	None
	Physician / surgeon fees	No Charge	Not Covered	None

Common Medical Event	Services You May Need	Your cost if you use a		Limitations & Exceptions
		Participating Provider	Non-participating Provider	
If you have mental health, behavioral health, or substance abuse needs	Mental / Behavioral health outpatient services	\$15 copay per visit	Not Covered	None
	Mental / Behavioral health inpatient services	No Charge	Not Covered	None
	Substance use disorder outpatient services	\$15 copay per visit	Not Covered	None
	Substance use disorder inpatient services	No Charge	Not Covered	None
If you are pregnant	Prenatal and postnatal care	No Charge	Not Covered	Additional copays or co-ins may apply depending on services rendered. Routine pre-natal care is covered at No Charge. Your cost in this category includes Physician Delivery Charges.
	Delivery and all inpatient services	No Charge	Not Covered	Additional copays or co-ins may apply. Your cost for inpatient services only. Delivery see above.
If you need help recovering or have other special health needs	Home health care	No Charge	Not Covered	Limited to 100 visits per calendar year.
	Rehabilitation services	\$15 copay per visit	Not Covered	Coverage includes physical, occupational, and speech therapy.
	Habilitation services	Not Covered	Not Covered	No coverage for Habilitation services.
	Skilled nursing care	No Charge	Not Covered	Limited to 100 consecutive calendar days from the first treatment per disability.
	Durable medical equipment	No Charge	Not Covered	None
	Hospice service	No Charge	Not Covered	Prognosis of life expectancy of one year or less.
If your child needs dental or eye care	Eye exam	No Charge	Not Covered	1 exam every 12 months.
	Glasses	Not Covered	Not Covered	None
	Dental check-up	Not Covered	Not Covered	No coverage for Dental check-ups.

Excluded Services & Other Covered Services**Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)**

• Acupuncture • Chiropractic care • Cosmetic Surgery • Dental Care (Adult/Child)	• Long-term care • Non-emergency care when traveling outside the U.S	• Private-duty nursing • Routine foot care • Weight loss programs
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Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

• Bariatric Surgery – may be covered with limitations	• Hearing Aids – may be covered with limitations • Infertility Treatment – may be covered with limitations	• Routine eye care (Adult) – may be covered with limitations
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What to Do if You Have a Problem

Sometimes you may have an unexpected problem. When this happens, your first step should be to call our Customer Service department. We will assist you and attempt to find a solution to your situation.

If you have a concern about your treatment or a decision regarding your medical care, you may be able to request a second medical opinion. You can read more about requesting, as well as the requirements for obtaining a second opinion, in Section 2. Seeing the Doctor.

If you feel that your problem is not resolved or that your situation requires additional action, you may also submit a Grievance requesting an Appeal or Quality Review. To learn more about this, read the following section: “Appealing a Health Care Decision or Requesting a Quality of Care Review.”

Appealing a Health Care Decision or Requesting a Quality of Care Review

Submitting a Grievance

United Healthcare’s Grievance system provides Members with a method for addressing Member dissatisfaction regarding coverage decisions, care or services. Our appeals and quality of care review procedures are designed to resolve your Grievance. This is done through a process that includes a thorough and appropriate investigation. To initiate an appeal or request a quality of care review, call our Customer Service department at 1-877-359-3714, where a Customer Service representative will document your oral appeal. You may also file an appeal using the Online Grievance form at www.uhc.com/calpers or write to the Appeals Department at:

Appeals & Grievances
United Healthcare
P.O. Box 6107
Mail Stop CA124-0160
Cypress, CA 90630-9972

This request will initiate the following Appeals Quality of Clinical Care and Quality of Service Review Process except in the case of “expedited reviews,” as discussed below. You may submit written comments, documents, records and any other information relating to your appeal regardless of whether this information was submitted or considered in the initial determination. You may obtain, upon request and free of charge, copies of all documents, records and other information relevant to your appeal. The appeal will be reviewed by an individual who is neither the individual who made the initial determination that is the subject of the appeal nor the subordinate of that person.

United Healthcare will review your complaint and if it involves a clinical issue, the necessity of treatment or the type of treatment or level of care proposed or utilized, the determination will be made by a medical reviewer, a health care professional who has the education, training and relevant expertise in the field of medicine necessary to evaluate the specific clinical issues that serve as the basis of your appeal.



About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



**This is
not a cost
estimator.**

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care also will be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- ☐ Amount owed to providers: \$7,540
- ☐ Plan pays \$7,340
- ☐ Patient pays \$200

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40

Total \$7,540

Patient pays:

Deductibles	\$0
Co-pays	\$0
Co-insurance	\$0
Limits or exclusions	\$200
Total	\$200

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- ☐ Amount owed to providers: \$5,400
- ☐ Plan pays \$1,000
- ☐ Patient pays \$4,400

Sample care costs:

Prescriptions	\$2,900
Medical Equipment & Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100

Total \$5,400

Patient pays:

Deductibles	\$0
Co-pays	\$200
Co-insurance	\$0
Limits or exclusions	\$4,200
Total	\$4,400

Questions and answers about Coverage Examples:

What are some of the assumptions behind the Coverage Examples? - Costs don't include premiums. - Sample care costs are based on national averages supplied to the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan. - The patient's condition was not an excluded or preexisting condition. - All services and treatments started and ended in the same coverage period. - There are no other medical expenses for any member covered under this plan. - Out-of-pocket expenses are based only on treating the condition in the example. - The patient received all care from in-participating providers. If the patient had received care from out-of-participating providers, costs would have been higher.	What does a Coverage Example show? For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited. Does the Coverage Example predict my own care needs? ✗ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors. Does the Coverage Example predict my future expenses? ✗ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.	Can I use Coverage Examples to compare plans? ✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides Are there other costs I should consider when comparing plans? ✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.
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