

Medical Coverage Highlights for 2011 - High Deductible PPO

UnitedHealthcare High Deductible PPO		
Plan Description	Coverage with PPO Providers When you use a PacifiCare PPO doctor, hospital or laboratory, you pay less out-of-pocket because the provider charges are capped, and the plan covers a higher percentage of covered services.	Coverage with non-PPO Providers When you use providers outside the PacifiCare PPO network, the plan pays a percentage of their fees and charges up to the plan's "Reasonable and Customary" (R&C) payment limits. Provider charges in excess of R&C limits will be your responsibility.
Member Services	1-866-633-2474	
Internet Address	www.myuhc.com	
Annual Deductible	Individual: \$2000 Family: \$4000	Individual: \$4000 Family: \$8000
Coinsurance	Plan pays 80% of eligible expenses after deductible; you pay balance	Plan pays 60% of R&C after deductible; you pay balance
Annual Out-of-Pocket Maximum	\$4,000 individual; \$8,000 family	\$8,000 individual; \$16,000 family
Maximum Lifetime Benefit	\$5,000,000	
Physician Services		
Doctor's Office Visit	Primary: \$25 copay Specialist: \$50 Copay	Plan pays 60% of R&C after deductible
Annual Routine Physicals	Wellness covered at 100%	Non-Network Benefits are not available.
Well-Baby Care	100% after you pay a \$25 copay for Primary visits, \$50 copay for Specialists visits. Wellness covered at 100%.	Non-Network Benefits are not available.
Well-Woman Care	Wellness covered at 100%.	Non-Network Benefits are not available.
Pregnancy and Maternity	Depending upon where the Covered Health Service is provided. Benefits will be the same as those stated under each covered health service category. For services provided in the physician's office, a copayment will only apply to the initial office visit.	Depending upon where the Covered Health Service is provided. Benefits will be the same as those stated under each covered health service category.
Immunizations	Wellness covered at 100%.	Non-Network Benefits are not available.
Diagnostic Services		
X-ray and Lab	80% after deductible. Wellness covered at 100%.	Non-Network Benefits are not available for preventive tests and procedures. Lab, X-ray & Diagnostics for non preventive covered at 60% after deductible.
Allergy Tests and Treatment	80% after deductible	Non-Network Benefits are not available.
Infertility Testing and Treatment	Not covered	Not covered
Hospital Services		
Inpatient	80% after: Per occurrence Deductible of \$500 and Annual Deductible have been met.	60% after: Per occurrence Deductible of \$500 and Annual Deductible have been met.
Outpatient Surgery	80% after: Per occurrence Deductible of \$250 and Annual Deductible have been met.	60% after: Per occurrence Deductible of \$250 and Annual Deductible have been met.
Emergency Room	100% after you pay a \$250 copayment per visit.	100% after you pay a \$250 copayment per visit.
Ambulance	Plan pays 80% of eligible expenses after deductible	Plan pays 80% of R&C after deductible
Other Services		
Skilled Nursing Facility	After deductible, plan pays 80% of in-network expenses (60% of R&C out-of-network); maximum in-network and out-of-network combined benefit is 60 days per benefit period	
Home Health Care	After deductible, plan pays 80% of in-network expenses (60% of R&C out-of-network); maximum in-network and out-of-network combined benefit is 100 visits per benefit period	
Rehabilitation Therapy	In Network: 100% after you pay a \$25 copay per visit. Out of Network: 60% after deductible has been met. In/out Network visit limits: 24 Visits of Chiropractic Treatment; 20 visits of Physical, Occupational, Speech, & Pulmonary; 36 visits of Cardiac and 30 visits of post-cochlear implant aural therapy.	
Durable Medical Equipment	Plan pays 80% after deductible (limits are \$2,500 per year and single purchase of a type of equipment includes repair and replacement every three years)	Plan pays 60% of R&C after deductible (Pre-service Notifications is required for \$1,000 and above)
Acupuncture	No Coverage	
Chiropractic	\$25 Copay - 24 visits	Plan pays 60% of R&C after deductible

Medical Coverage Highlights for 2011 - High Deductible PPO

UnitedHealthcare High Deductible PPO		
Mental Health	Treatment of severe mental illness as described in California Assembly Bill 88 in 1999 will be covered as any other medical condition. All other mental health diagnoses will be covered as follows:	
<i>Inpatient</i>	<i>Unlimited Visits</i>	
Non-Severe Only	Plan pays 80% after deductible	Plan pays 60% after deductible
<i>Outpatient</i>	<i>Unlimited Visits</i>	
Non-Severe Only	\$25 Copay per visit	Plan pays 60% of R&C after deductible.
Substance Abuse		
<i>Inpatient</i>	<i>Unlimited Visits</i>	
	Plan pays 80% after deductible	Plan pays 60% after deductible
<i>Outpatient</i>	<i>Unlimited Visits</i>	
	\$25 Copay per visit	Plan pays 60% of R&C after deductible.
Prescription Drugs	<i>IN-NETWORK PHARMACIES</i>	<i>OUT-OF-NETWORK PHARMACIES</i>
Retail Pharmacy	For up to 31-day supply	For up to 31-day supply
Tier 1	100%, after \$10 copay	100%, after \$10 copay
Tier 2	100%, after \$30 copay	100%, after \$30 copay
Tier 3	100%, after \$50 copay	100%, after \$50 copay
Mail Order	For up to 90-day supply	Only Covered through Prescription Solutions
Tier 1	100%, after \$25 copay	
Tier 2	100%, after \$75 copay	
Tier 3	100%, after \$125 copay	

ARBITRATION: Enrollment in all County-sponsored health plans constitutes an agreement to have certain claims or controversy decided by neutral arbitration and member waives right to jury or court trial.

BENEFIT PERIOD: February 1 through January 31

This is only a brief summary. You should carefully review the plan's Evidence of Coverage Booklet for more details on these benefits. In case of conflict between this chart and your Plan's Evidence of coverage, the Evidence of Coverage Booklet determines the benefits that will be provided. These health plans require services to be preapproved and/or obtained from specific doctors, hospitals, pharmacies and other healthcare providers who contract with the Plan.