

SignatureValue™ Harmony HMO Offered by UnitedHealthcare of California

HMO Deductible Schedule of Benefits

HRA-QUALIFIED DEDUCTIBLE HEALTH PLAN

25-40/20%/2000DED

These services are covered as indicated when authorized through your Primary Care Physician in your Network Medical Group.

General Features

Calendar Year Deductible

On a Family plan, if one individual member meets the Individual

General Features (Continued)

Hospital Benefits

20% Co-

Benefits Available While Hospitalized as an Inpatient (Continued)

Reconstructive Surgery	20% Co-payment after Deductible
Rehabilitation and Habilitative Services (Including physical, occupational and speech therapy)	20% Co-payment after Deductible
Skilled Nursing Facility Care (Up to 100 days per benefit period)	20% Co-payment after Deductible
Substance-Related and Addictive Disorder including, but not limited to, Inpatient Medical Detoxification and Residential Treatment Centers Please refer to your UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form for a complete description of this coverage.	No charge
Termination of Pregnancy (Medical/medication and surgical)	No charge

Benefits Available on an Outpatient Basis

Allergy Testing/Treatment	
PCP Office Visit	\$25 Office Visit Co-payment
Specialist Office Visit	\$40 Office Visit Co-payment
Co-payments for Audiologist and Podiatrist visits will be the same as	

Benefits Available on an Outpatient Basis (Continued)

Injectable Drugs

(Co-payment/Co-insurance not applicable to injectable immunizations, birth control, infertility and insulin.)

Outpatient Injectable Medication

Self-Injectable Medication

Applies to dollar co-payments only: In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate. FDA-approved contraceptive methods and procedures recommended by the Health Resources and Services Administration as preventive care services will be 100% covered. Co-payment applies to contraceptive methods and procedures that are **NOT** defined as Covered Services under the Preventive Care Services and Family Planning benefit as specified in the Combined Evidence of Coverage and Disclosure Form.

Benefits Available on an Outpatient Basis (Continued)

- Physician Care
- PCP Office Visit
- Specialist Office Visit
- Co-

For Air Ambulance transportation provided by an out-of-Network provider, the Allowed Amount is based on one of the following in the order listed below as applicable:

The reimbursement rate as determined by a state *All Payer Model Agreement*.

The reimbursement rate as determined by state law.

The initial payment made by us or the amount subsequently agreed to by the out-of-Network provider and us.

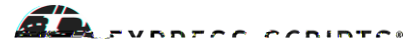
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**P.O. Box 30968
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**Customer Service:
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711 (TTY)
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VX1,VX3,VX5
Effective: 1/1/2025

\$10/\$30/50%



Your prescription plan at a glance

Show this summary to your doctor to discuss ways to pay less for your medication. To learn more about your plan, visit [expressscripts.com](https://www.expressscripts.com). First-time visitors, please take a moment to register using your member ID number.

Express Advantage Network®
(EAN) pharmacies*
(up to a 30-day supply)

Smart90® retail pharmacies

Drug conversion programs. medication
plan-preferred medication exists, we may contact your doctor to ask whether that medication would be appropriate for you. If your doctor agrees to use plan-preferred medication

Use generics and preferred medications. sk your doctor to
consider prescribing a lower cost generic or preferred brand name medication. To find out whether your medication is preferred, just log in at expressscripts.com and choose Price a Medication from the menu under Prescriptions. Enter your medication name and view cost and coverage information on the results page. You can also get pricing information from Member Services at 800.918.8011.

Prior authorization: When is a coverage review necessary?