

CALIFORNIA SCHOOLS VEBA

SignatureValue™ HMO
Offered by UnitedHealthcare of California

PERFORMANCE HMO SCHEDULE OF BENEFITS (NETWORK 1)

10/0%

Benefits Available While Hospitalized as an Inpatient

Bone Marrow Transplants	No charge
<p>Clinical Trials</p> <p>Clinical Trial services require prior authorization by UnitedHealthcare. If you participate in a Cancer Clinical Trial provided by an Out-of-Network Provider that does not agree to perform these services at the rate UnitedHealthcare negotiates with Participating Providers, you will be responsible for payment of the difference between the Out-of-Network Providers billed charges and the rate negotiated by UnitedHealthcare with Participating Providers, in addition to any applicable Co-payments, coinsurance or deductibles.</p>	<p>Paid at negotiated rate. Balance (if any) is the responsibility of the Member.</p>
Hospice Services (Prognosis of life expectancy of one year or less)	
Hospital Benefits	No charge

Benefits Available on an Outpatient Basis (Continued)

Mental Health Care Services

Outpatient Office Visits include:

Diagnostic evaluations, assessment, treatment planning, treatment and/or procedures, individual/ group counseling, individual/ group evaluations and treatment, referral services, and medication management

All Other Outpatient Treatment include:

Partial Hospitalization/ Day Treatment, Intensive Outpatient Treatment, crisis intervention, electro-convulsive therapy, psychological testing, facility charges for day treatment centers, Behavioral Health Treatment

Allowed Amounts

Allowed Amounts are the amount we determine that we will pay for Benefits.

- For Network Benefits for Covered Health Care Services provided by a Network Provider, except for your cost sharing obligations, you are not responsible for any difference between Allowed Amounts and the amount the provider bills.
- For Covered Health Care Services that are **Ancillary Services received at Network facilities on a non-Emergency basis at which, or as a result of which, services are received from out-of-Network Providers**, you are not responsible, and the out-of-Network provider may not bill you, for amounts in excess of your Co-payment, Co-insurance or deductible. You shall pay no more than the same cost sharing than you would pay for the same Covered Health Care Services received from a Network Provider.
- For Covered Health Care Services that are ***non-Ancillary Services received at certain Network facilities on a non-Emergency basis from out-of-***

IMPORTANT NOTICE: For Ancillary Services, non-Ancillary Services provided without notice and consent, and non-Ancillary Services for unforeseen or urgent medical needs that arise at the time a service is provided for which notice and consent has been satisfied, you are not responsible, and an out-of-Network Physician may not bill you, for amounts in excess of your applicable Co-payment, Co-insurance or deductible.

For Emergency Health Care Services 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.
- The amount determined by *Independent Dispute Resolution (IDR)*.

IMPORTANT NOTICE: You are not responsible, and an out-of-Network provider may not bill you, for amounts in excess of your applicable Co-payment, Co-insurance or deductible.

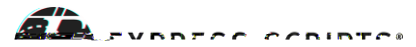
For Air Ambulance transportation provided by an out-of-Network provider(i)3.1 (o)-12.2 (n)-6.3 (l)-1.1Ogld(N)3.1.1 (an)-12

**P.O. Box 30968
Salt Lake City, UT 84130-0968**

**Customer Service:
800-624-8822
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www.myuhc.com**

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\$5/\$25/50%



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). Firsttime visitors, please take a moment to register using your member ID number.

Express

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