

## Performance HMO Deductible Schedule of Benefits (Network 3)

### 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.

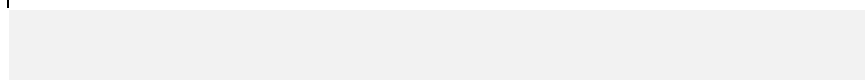
#### Calendar Year Deductible

On a Family plan, if one individual member meets the Individual deductible amount, his/her deductible is met, and the Family deductible must be met by one or more of the family members. Certain Covered Health Care Services will not be covered until you meet the Calendar Year Deductible. Only amounts incurred for Covered Health Care Services that are subject to the Deductible will count toward the Deductible. The Deductible applies to the Annual Out-of-Pocket Limit. The amounts applied to the Deductible are based upon UnitedHealthcare's contracted rates.

Coupons: We may not permit certain coupons or offers from pharmaceutical manufacturers or an affiliate to apply to F6 ( )0.5 o/P AMCl0,H(t)9.5 (o)0.6oo69.5 (o)0.6 (Fa12 )0.uc2 46.92 420

Hospital Benefits	20% Co-payment after Deductible
Emergency Health Care Services	20% Co-payment after Deductible Co-payment waived if admitted
Urgently Needed Services	
Urgent care services – services provided the geographic area served by your medical group	\$25 Co-payment
Urgent care services – services provided of the geographic area served by your medical group	\$25 Co-payment
Please consult your EOC for additional details. Consult your physician website or office for available urgent care facilities within the area served by your medical group.	

Bone Marrow Transplants	20% Co-payment after Deductible
Clinical Trials	Paid at negotiated rate after Deductible. Balance (if any) is the responsibility of the Member.
Clinical Trial Services require prior authorization by UnitedHealthcare. If you participate in a clinical trial provided by an Out-of-Network Provider that does not agree to perform these services at the rate UnitedHealthcare negotiates with Network Providers, you will be responsible for payment of the difference between the Out-of-Network Provider's billed charges and the rate negotiated by UnitedHealthcare with Network Providers, in addition to any applicable Co-payments, Co-insurance or Deductibles.	
Hospice Services (Prognosis of life expectancy of one year or less)	20% Co-payment after Deductible
Hospital Benefits	20% Co-payment after Deductible
Mastectomy/Breast Reconstruction (After mastectomy and complications from mastectomy)	20% Co-payment after Deductible
Maternity Care	20% Co-payment after Deductible
Preventive tests/screenings/counseling as recommended by the U.S. Preventive Services Task Force, AAP (Bright Futures Recommendations for pediatric preventive health care) and the Health Resources and Services Administration as preventive care services will be covered as paid in full. There may be a separate Co-payment for the office visit and other additional charges for services rendered. Please call UnitedHealthcare at the number on your ID card	
Mental Health Care Services including, but not limited to, Residential Treatment Centers	20% Co-payment after Deductible
Newborn Care	20% Co-payment after Deductible
(The newborn care Deductible and/or Co-payment does not apply when the newborn is discharged with the mother within 48 hours of the normal vaginal delivery or 96 hours of the cesarean delivery. Please see the Combined Evidence of Coverage and Disclosure Form for more details.)	





---

Durable Medical Equipment

20% Co-payment after Deductible

In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.

<p><b>Injectable Drugs</b>  (Co-payment/Co-insurance not applicable to injectable immunizations, birth control, infertility and insulin.)  <b>Outpatient Injectable Medication</b>  <b>Self-Injectable Medication</b>  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 _____ defined as Covered Services under the Preventive Care Services and Family Planning benefit as specified in the Combined Evidence of Coverage and Disclosure Form.</p>	30% up to \$250 Co-payment per medication
<p><b>Laboratory Services</b>  (When available through and authorized by your Network Medical Group) (Additional Co-payment for office visits may apply)</p>	No charge
<p><b>Maternity Care, Tests and Procedures</b>  <b>PCP Office Visit</b>  <b>Specialist Office Visit</b>  Preventive tests/screenings/counseling as recommended by the U.S. Preventive Services Task Force, AAP (Bright Futures Recommendations for pediatric preventive health care) and the Health Resources and Services Administration as preventive care services will be covered as paid in full. There may be a separate Co-payment for the office visit and other additional charges for services rendered. Please call UnitedHealthcare at the telephone number on your ID card.</p>	\$25 Co-payment \$25 Co-payment
<p><b>Mental Health Care Services</b>  <b>Outpatient Office Visits include:</b>  Diagnostic evaluations, assessment, treatment planning, treatment and/or procedures, individual/group counseling, individual/group evaluations and treatment, referral services, and medication management  <b>All Other Outpatient Treatment include:</b>  Partial Hospitalization/Day Treatment Intensive Outpatient Treatment, crisis intervention, electro-convulsive therapy, psychological testing, facility charges for day treatment centers, Behavioral Health Treatment for Autism Spectrum Disorders, laboratory charges, or other medical Partial Hospitalization/Day Treatment and Intensive Outpatient Treatment, and psychiatric observation</p>	\$25 Office Visit Co-payment  No charge after Deductible
<p><b>Oral Surgery Services</b></p>	20% Co-payment after Deductible
<p><b>Outpatient Habilitative Services and Outpatient Therapy</b></p>	\$25 Office Visit Co-payment
<p><b>Outpatient Medical Rehabilitation Therapy at a Network Free-Standing or Outpatient Facility</b>  (Including physical, occupational and speech therapy)</p>	\$25 Office Visit Co-payment
<p><b>Outpatient Surgery at a Network Free-Standing or Outpatient Surgery Facility</b></p>	20% Co-payment after Deductible

<p>Physician Care</p> <p>PCP Office Visit</p> <p>Specialist Office Visit</p> <p>Co-payments for Audiologist and Podiatrist visits will be the same as for the PCP.</p>	<p>\$25 Office Visit Co-payment</p> <p>\$40 Office Visit Co-payment</p>
<p>Preventive Care Services</p> <p>(Services as recommended by the American Academy of Pediatrics (AAP) including the Bright Futures Recommendations for pediatric preventive health care, the U.S. Preventive Services Task Force with an “A” or “B” recommended rating, the Advisory Committee on Immunization Practices and the Health Resources and Services Administration (HRSA), and HRSA-supported preventive care guidelines for women, and as authorized by your Primary Care Physician in your Network Medical Group.) Covered Health Care Services will include, but are not limited to, the following:</p> <ul style="list-style-type: none"> <li>• Colorectal Screening</li> <li>• Hearing Screening</li> <li>• Human Immunodeficiency Virus (HIV) Screening</li> <li>• Immunizations</li> <li>• Newborn Testing</li> <li>• Prostate Screening</li> <li>• Vision Screening</li> <li>• Well-Baby/Child/Adolescent care</li> <li>• Well-Woman, including routine prenatal obstetrical office visits</li> </ul> <p>Please refer to your UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form.</p> <p>Preventive tests/screenings/counseling as recommended by the U.S. Preventive Services Task Force, AAP (Bright Futures Recommendations for pediatric preventive health care) and the Health Resources and Services Administration as preventive care services will be covered as paid in full. There may be a separate Co-payment for the office visit and other additional charges for services rendered. Please call us at the telephone number on your ID card.</p> <p>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 ____ defined as Covered Services under the Preventive Care Services and Family Planning benefit as specified in the Combined Evidence of Coverage and Disclosure Form.</p>	<p>No charge</p>
<p>Prosthetics and Corrective Appliances</p> <p>In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.</p>	<p>20% Co-payment after Deductible</p>
<p>Radiation Therapy</p> <p>Standard: (Photon beam radiation therapy)</p> <p>Complex: (Examples include, but are not limited to, brachytherapy, radioactive implants, and conformal photon beam; Co-payment applies per 30 days or treatment plan, whichever is shorter. Gamma Knife and Stereotactic procedures are covered as outpatient surgery. Please refer to outpatient surgery for Co-payment amount, if any.) In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.</p>	<p>20% Co-payment after Deductible</p> <p>20% Co-payment after Deductible</p>

Radiology Services Standard: (Additional Co-payment for office visits may apply)	No charge
Specialized Scanning and Imaging Procedures: (Examples include, but are not limited to, CT, SPECT, PET, MRA and MRI – with or without contrast media) A separate Co-payment will be charged for each part of the body scanned as part of an imaging procedure. In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.	\$100 Co-payment
Substance Related and Addictive Disorder Outpatient Office Visits include, but are not limited to: Diagnostic evaluations, assessment, treatment planning, treatment and/or procedures, individual/group evaluations and treatment, individual/group counseling and detoxifications, referral services, and medication management	No charge
All Other Outpatient Treatment includes, but are not limited to: Partial Hospitalization/ Day Treatment, Intensive Outpatient Treatment, crisis intervention, facility charges for day treatment centers, laboratory charges. and methadone maintenance treatment	No charge

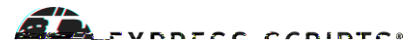








\$10/\$30/50% HMO \$1600



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](http://expressscripts.com)

Drug conversion programs. If a 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 a plan-preferred medication, you will usually pay less.

Use generics and preferred medications. 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](http://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 through a coverage review (prior authorization). This review uses rules based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

There are other medications that may be covered, but with limits (for example, only for a certain amount or for certain uses) unless you receive approval through a coverage review. During this review, Express Scripts asks your doctor for more information. If a medication requires a coverage review, log in at [expressscripts.com](http://expressscripts.com) and select Price a Medication from the menu under Prescriptions. Enter your medication name and view coverage information on the results page.

Specialty medications: Get individualized service through Accredited Express Scripts specialty pharmacy. Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, and hepatitis C. Accredited is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs.

Whether they're administered by a healthcare professional, injected, or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medications through Accredited, you can receive:

- x Toll-free access to specialty-trained pharmacists and nurses 24 hours a day, 7 days a week
- x Delivery of your medications within the United States, on a scheduled day, Monday through Friday, at no additional charge
- x Most supplies, such as needles and syringes, provided with your specialty medications
- x Safety checks to help prevent potential drug interactions
- x Refill reminders

Automatic refills: A convenient service to help you avoid running out of your long-term medications. Most prescriptions you order from Express Scripts will be automatically refilled. You have the option to change the next processing date or cancel the prescription from the service before processing begins.

There are three easy ways to enroll in automatic refills:

- x Log in at [expressscripts.com](http://expressscripts.com) and choose Automatic Refills from the menu under Prescriptions
- x When refilling a prescription, Express Scripts will automatically refill your prescription on all future refills.