Benefits Available While Hospitalized as an Inpatient

Bone Marrow Transplants	$500 Co-payment per admit

Clinical Trials
Clinical

Benefits Available on an Outpatient Basis

Allergy Testing/Treatment
(Serum is covered)
PCP Office Visit
Specialist Office Visit

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 for pervasive developmental Disorder or Autism Spectrum Disorders, laboratory charges, or other medical Partial Hospitalization/ Day Treatment and Intensive Outpatient Treatment, and psychiatric observation.

(Please refer to your Supplement to the UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form for a complete

Benefits Available on an Outpatient Basis (Continued)

Prosthetics and Corrective Appliances In instances where the negotiated rate is less than your Co-payment, you will pay only the negotiated rate.	No charge
Radiation Therapy	
Standard: (Photon beam radiation therapy)	No charge
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.	No charge
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.	$200 Co-payment
Substance Related and Addictive Disorder Services	
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	
All Other Outpatient Treatment includes, but are not limited to: Partial Hospitalization/ Day Treatment, Intensive Outpatient Trentll Otherentt O, but arpatimitPariP (ar)-15e(ent)-1 BT/P /AMCID 91 2 (	

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-

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

Customer Service:
800-624-8822
711 (TTY)
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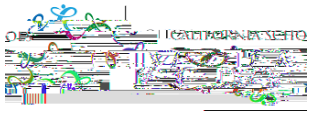

Your prescription plan at a glance

Show this summary to your doctor to discuss ways to pay less for your medications. To learn more about your plan, visit express-scripts.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., I \RX·UH SUHVFULEHG D medication that LVQ·W RQ \RXU KHDOWK SODQ·V SU
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 \RX·OO XVXDOO\ SD\ OHVV

Use generics and preferred medications., I \RX·UH WDNLQJ D PHGLFDWLRQ WKDW·V QRW RQ W ask 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 express-scripts.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? 6RPH PHGLFDWLRQV DUHQ·W FRYHUHG XQO