

UHC MEDICAL HMO

FOR CA MEMBERS ONLY

UHC HARMONY DED. HMO + NSH (MERP) PLAN		
WHAT YOU PAY	Base Plan	You Pay ^A Using your Nonstop Health (NSH) Visa Card
Nonstop Health (NSH) Medical Expense Reimbursement Plan (Individual/Family)	\$4,500/\$9,000 NSH Visa Card (paid for by Heluna Health)	
Calendar Year Deductible (Single)	\$2,000	\$0 with NSH Visa Card
Calendar Year Deductible (Family)	\$4,000	\$0 with NSH Visa Card
Calendar Year OOP Maximum (Single)	\$5,000	\$500
Calendar Year OOP Maximum (Family)	\$10,000	\$1,000
Preventive Services	No Charge	No Charge
Office Visits (Primary/Specialist/Telehealth)	\$30 (PCP)/\$60 (SPC)/\$0 (TEL) ¹	\$0 Co-pay with NSH Visa Card (Thereafter \$30/\$60 Co-insurance up to \$500 OOP Max)
Lab & X-ray	20% ¹	\$0 Co-pay with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
Complex Radiology (includes CT, PET and MRI)	20% ¹	\$0 Co-pay with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
Inpatient Hospital Services (includes maternity)	20% ¹	\$0 Co-pay with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
Outpatient Surgery	20% ¹	\$0 Co-pay with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
Urgent Care	\$30/visit ¹ (within service area) 20%/visit ¹ (out of service area)	\$0 Co-pay with NSH Visa Card (Thereafter \$30/20% Co-insurance up to \$500 OOP Max)
Emergency Room	20% ¹	\$100 Co-pay , then \$0 cost with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
Ambulance (Emergency only)	20% ¹	\$0 Co-pay with NSH Visa Card (Thereafter 20% Co-insurance up to \$500 OOP Max)
PRESCRIPTION DRUGS		
Prescription Deductible	\$0 Rx Deductible	\$0 Rx Deductible
Retail Rx (up to 30 day supply)		
Tier 1	\$10 ¹	\$0 Co-pay with NSH Visa Card
Tier 2	\$35 ¹	(Thereafter Rx Tier Co-pay \$10/\$35/\$60 up to \$500 OOP Max)
Tier 3	\$60 ¹	


EMPLOYEE SEMI-MONTHLY CONTRIBUTIONS

Employee	\$0.00
Employee + Spouse	\$147.71
Employee + Child(ren)	\$0.00
Employee + Family	\$157.34

The first \$4,500 of in-network medical expenses for Employee Only (\$9,000 for Family) is paid using your Nonstop Health (NSH) Visa Card. The member responsibility after this limit is shown in the You Pay column.

^AThese amounts apply after all your Nonstop Health (NSH) funds have been used.

¹Calendar deductible must be satisfied first before any benefits are paid (unless specified otherwise).

 Sign up as a member online to print ID cards, locate providers, and view benefits, claims and member resources.

myuhc.com

UHC MEDICAL HMO

FOR CA MEMBERS ONLY

	UHC ALLIANCE (Sacramento County only) HMO PLAN		UHC SIGNATURE VALUE HMO PLAN
WHAT YOU PAY	IN NETWORK	WHAT YOU PAY	IN NETWORK
Calendar Year Deductible (Single)	None	Calendar Year Deductible (Single)	None
Calendar Year Deductible (Family)	None	Calendar Year Deductible (Family)	None
Calendar Year OOP Maximum (Single)	\$1,500	Calendar Year OOP Maximum (Single)	\$1,500
Calendar Year OOP Maximum (Family)	\$3,000	Calendar Year OOP Maximum (Family)	\$3,000
Preventive Services	No Charge	Preventive Services	No Charge
Office Visits (Primary/Specialist/Telehealth)	\$20 (PCP)/\$35 (SPC)/\$0 (TEL)	Office Visits (Primary/Specialist/Telehealth)	\$25 (PCP)/\$40 (SPC)/\$0 (TEL)
Chiropractic/Acupuncture (20 visits combined)	\$15/visit ¹	Chiropractic/Acupuncture (20 visits combined)	\$15/visit ¹
Lab & X-ray	\$20 (lab/X-ray)	Lab & X-ray	\$20 (lab)//\$25 (X-ray)
Complex Radiology (includes CT, PET and MRI)	\$150/test	Complex Radiology (includes CT, PET and MRI)	\$150/test
Inpatient Hospital Services (includes maternity)	\$500/admission	Inpatient Hospital Services (includes maternity)	\$500/admission
Outpatient Surgery	\$125/procedure	Outpatient Surgery	\$125/procedure
Urgent Care*	\$20/visit (within service area) \$50/visit (outside service area)	Urgent Care*	\$25/visit (within service area) \$50/visit (outside service area)
Emergency Room	\$150/visit	Emergency Room	\$150/visit
Ambulance (Emergency only)	\$150/trip	Ambulance (Emergency only)	\$150/trip
PRESCRIPTION DRUGS		PRESCRIPTION DRUGS	
Prescription Deductible	\$0 Rx Deductible	Prescription Deductible	\$0 Rx Deductible
Retail Rx (up to 30 day supply)		Retail Rx (up to 30 day supply)	
Tier 1	\$10	Generic Rx	\$10
Tier 2	\$20	Brand Rx	\$20
Tier 3	\$40	Specialty Rx	\$40
Mail Order Rx (up to 90 day supply)		Mail Order Rx (up to 90 day supply)	
Tier 1/Tier 2/Tier 3	\$25/\$50/\$100	Tier 1/Tier 2/Tier 3	\$25/\$50/\$100

EMPLOYEE SEMI-MONTHLY CONTRIBUTIONS

Employee
Employee + Spouse
Employee + Child(ren)
Employee + Family

UHC ALLIANCE HMO PLAN

\$0.00
\$147.71
\$0.00
\$157.34

UHC SIGNATURE VALUE HMO PLAN

\$25.00
\$271.48
\$25.00
\$271.48

¹ Benefits include acupuncture and chiropractic services that are medically necessary services rendered by a participating provider. You may lookup contracted providers online or by calling OptumHealth Customer Service at (800) 428-6337, weekdays from 8am—5pm PST.



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myuhc.com

UHC MEDICAL PROVIDER SEARCH

UHC Plan Members

- 1 Visit www.myuhc.com and click to “Find a Provider”. A new window will open.
- 2 Select “Medical Directory” to locate doctors, hospitals, or labs. Select “Behavioral Health Directory” to locate mental and substance abuse providers and facilities.
- 3 On the next page click “Employer and Individual Plans”.
- 4 Scroll down to choose the network you want to search in:
 - **Harmony HMO**: choose “SignatureValue Plans”, select “California”, then “SignatureValue Harmony HMO”
 - **Alliance HMO**: choose “SignatureValue Plans”, select “California”, then “SignatureValue Alliance HMO”
 - **SignatureValue HMO**: choose “SignatureValue Plans”, “California”, then “SignatureValue HMO”
 - **PPO/HSA**: choose “Select Plus”
- 5 Enter your Zip Code, Address, City, or State.
- 6 If you already have a doctor in mind you can enter their name in the search box to verify if they are in network. If you are uncertain then click on “People”. Otherwise choose what type of doctor you would like to search for. If you are searching for a Primary Care Provider, click on “Primary Care”.
- 7 You will see a listing of doctors and facilities. You can refine your search results to show you providers accepting new patients, or who specialize in specific areas.

Remember: if you choose the HMO plan, make sure to check that any provider or facility you visit is both in-network with UHC and part of your Medical Group. Medical Group information will be displayed on the website. Provider contracts are always changing with the carriers. Please call your provider to ensure that they are still in-network before going to see them. Contact UHC before the 15th of the month to change your assigned Primary Care Doctor or Medical Group.

UHC Plan Networks

Looking for your Medication?

Visit <https://www.uhc.com/member-resources/pharmacy-benefits/prescription-drug-lists> and select “California Plans”, “Large Group - Access”, and then the “Tier 3 Formulary” link.

Getting Precertification

When receiving care through one of the PPO plans, you should always make sure the services requested by your provider are medically necessary and cost effective.

Some services—such as outpatient surgeries, scheduled hospitalizations, and complex lab and radiology procedures—require precertification.

This is an important step.

Failure to obtain precertification will result in a reduction of benefits.



New Members enrolling in one of UHC’s HMO plans, must enter the provider ID number in UKG for the PCP and/or Medical Group of choice to be assigned to you and your dependents. If you skip this step, UHC will auto assign a provider for you. You can always contact UHC’s member services department to change your provider and/or Medical Group assignment. Provider ID # begins with a “0”. Please do not reference the NPI number.