

# SignatureValue

When you enroll in a UnitedHealthcare SignatureValue™ Plan, you get a health plan that provides the quality of care you deserve, and the protection you need from major health care costs.



Your Evidence of Coverage contains the details of benefits covered by the health care coverage plan you select.

To get a copy, you can:

- Call the appropriate customer service number and request one.
- Ask your employer, human resources contact, the company that administers your health care coverage benefits or UnitedHealthcare for a copy.

## WHAT'S IN IT FOR YOU

### **You select a primary care physician from our participating/contracting network.**

You can choose any primary care physician in the participating/contracting network available with your health care coverage plan. Once you choose your primary care physician, he or she will provide most of your regular and routine care. This will include annual visits and preventive care as well as care for sickness or injury. You must get a referral from your primary care physician before you see another network physician or specialist.

### **Preset coverage and annual copayment maximum.**

The plan comes with pre-set coverage, copayments and other costs when you see your primary care physician, need specialist referral services or prescriptions so there are no surprises.

### **Your preventive care is covered.**

The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. As required by the law, UnitedHealthcare covers preventive services at 100 percent without charging a copayment, coinsurance or deductible, as long as they are received in the health plan's network. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible.

### **If you have pharmacy coverage as part of your plan, you have coverage for a wide range of prescriptions.**

You can fill your prescriptions through one of our 60,000+ retail network pharmacies across the U.S. If you have our mail-order service, you may save money with a three-month medication supply, which is mailed to you with standard shipping at no additional cost to you.

### **You have worldwide emergency coverage.**

Emergencies are covered anywhere in the world, including emergency care done at a non-network hospital.

### **You have health and wellness tools and resources.**

Take your first step toward a healthier life with 24-hour access to confidential health information at [www.uhcwest.com](http://www.uhcwest.com). Whether you want to learn to eat right, stop smoking or just relax – health information is available using our online tools and resources.

*Always refer to your plan documents for specific benefit coverage and limitations.*



## HOW THE PLAN WORKS

### 1 Selecting a primary care physician in our network.

You must select a primary care physician in the participating/contracting network, available with your health care coverage plan, once you enroll. Your primary care physician can be a general practice, family practice, pediatrician or internal medicine physician. You can select one physician for your entire family, or each covered family member can select their own. Some states will have different requirements for what qualifies as a primary care physician. **If you do not select a primary care physician**, we will assign a physician for you based on your location and physician availability.

Once you select your primary care physician, he or she will be your first point of contact when you need care. They will provide most of your regular and routine care. This will include annual well visits and preventive care, as well as care for sickness or injury. Your primary care physician will see that you receive the highest quality of care at the right time.

If your primary care physician feels that you need specialist care beyond what they can provide, they will help arrange it for you and will provide a referral to see a network physician or specialist.

### 2 Obtaining referrals to see another physician or specialist.

**If you enroll in a UnitedHealthcare SignatureValue plan**, you must obtain a referral from your primary care physician **before** you can see another network physician or specialist. Without a referral, you will have no coverage for that visit, which means you will be responsible for the entire cost.

Referrals are not needed for services from certain network providers and urgent care clinics, as long as the urgent care facility is in our contracted network. Emergency care does not require a referral and is covered anywhere in the world, including at non-network hospitals.

Some procedures or services will require that your primary care physician or specialist get approval, or prior authorization, from UnitedHealthcare before they can be performed. Always refer to your plan documents for specific benefit coverage and limitations.



### How to find a doctor

Wondering if your doctor is in our network? Or, are you looking for a different doctor? Click "Find a Doctor" on [www.uhcwest.com](http://www.uhcwest.com).

The easy-to-navigate online provider directory puts participating/contracting providers at your fingertips.

You can search by name, specialty or ZIP code. To view the list of participating/contracting providers in your area:

- Go to [www.uhcwest.com](http://www.uhcwest.com).
- Click on "Find a Doctor" in the right-side bar under "Tools".
- Select your state in the pull-down menu.
- In section 1, enter your search criteria.
- In section 2, select your plan or service type from the drop-down list and follow the directions on the screen.



## HOW THE PLAN HELPS YOU FIND YOUR WAY

### 1 You make an appointment.

You're not feeling well or you need preventive care. You make an appointment to see your primary care physician.

### 2 Your physician makes an evaluation.

Your primary care physician will ask questions to try to understand what may be causing the illness or to determine what preventive care services are right for you. This may include questions about your life and lifestyle habits. If necessary, your physician may order some tests.

### 3 Based on their findings, your physician may:



Provide a treatment plan and/or prescribe medications

Most of the time, your primary care physician will be able to provide the quality care you need. He or she will also educate you about your illness or injury and give you information to help you manage and improve your health.

OR



Refer you to a specialist who best meets your needs

Your primary care physician may feel you need treatment that they cannot provide. In this case, they will refer you to another network physician or specialist. And they will work with the specialist to make sure you get the right care.



If you require care that is an emergency, call 911 or go to the nearest emergency room immediately.

You do not need to see your primary care physician.



## **THESE SERVICES ARE INCLUDED AT NO EXTRA COST – VISIT [WWW.UHCWEST.COM](http://WWW.UHCWEST.COM) TO LEARN MORE**

### **NurseLine<sup>SM</sup>**

You can call a nurse for help anytime. They can help answer questions such as: “Should I see a doctor for this problem?”, “Does my medication have side effects?” and “What are my treatment options?”. They can help you determine the most appropriate treatment options and even help schedule appointments.

### **Healthy Pregnancy program**

We will help soon-to-be-mothers through every stage of their pregnancy and delivery. We will check for risks, share healthy baby tips and keep you informed by phone and newsletter.

### **Care management**

We'll work with you and your physician to help you understand your options if you need care. We'll also let you know about special programs to help you make informed health care decisions and help you access our disease management programs, if needed. These health care services may require referrals from your primary care physician. Without these referrals, you could be responsible for the cost of the care. Always refer to your plan documents for specific benefit coverage and limitations.

### **Online health coaches and wellness programs**

We can help you lose weight, stop smoking and manage stress – all in the privacy and comfort of your home.

### **Preventive care guidelines**

Get a detailed list of guidelines to help identify your specific life stage preventive guideline recommendations, health screenings, routine vaccinations and more by visiting [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com).

#### **Keep track of your health information**

Use the Online Health Record to track health, fitness and nutrition activities for the whole family, consolidated into one convenient place. When you have access to the right health care coverage information and people to support you, good things can happen.



#### **Sign up to receive our Healthy Mind Healthy Body<sup>®</sup> e-newsletter**

Members have the option of receiving our award-winning e-newsletter. You get to choose the topics you want. Plus, you get access to:

- Health and wellness videos from Dr. Mehmet Oz of “The Dr. Oz Show”
- Attend seminars hosted through **Source4Women.com**
- Take advantage of promotions to win health-related prizes



#### **UHC.TV<sup>SM</sup> for Health and Happiness**

UHC.TV is an online television network that presents educational and entertaining video programs about good health and living well. Get inspired by watching short motivational talks by well-known speakers “Today Show” nutritionist Joy Bauer and Olympic gold medalist Scott Hamilton. Get information from health experts, including Dr. Mehmet Oz and other health professionals, on a variety of topics. Simply type UHC.TV into your Internet browser to start watching for your health and happiness.



#### The plan is health-reform ready.

- Adult dependents can be covered to age 26.
- Lifetime and annual dollar limits have been removed.
- Certain preventive services are now covered 100 percent when provided by a network doctor.
- You don't need prior authorization for emergency care at any hospital.
- Mental health or substance use disorder coverage is like any other medical benefit — there are no benefit limitations.

Get all of the health care reform details at **healthcare.gov**.



#### Use these helpful tools at **www.uhctest.com**

**Find your primary care physician.**  
*Click on Find a Doctor/Hospital*

**Take the Health Assessment.**  
*Click on Health Assessment*

**Find a network pharmacy or look up a medication.**  
*Click on Prescription Benefits*

**Find online health information.**  
*Click on Health and Wellness*

## THE FAST AND EASY WAY TO GET THE INFORMATION YOU WANT IS WITH **WWW.UHCWEST.COM**

As a member, you get a private, personal website — **www.uhctest.com**. Log on to take advantage of features like these:

### Access online programs and tools

- View your benefit plan summary
- Request a replacement identification card
- Request an address change
- Find a doctor, specialist or hospital

### Improve your health

- Take a personal health assessment and receive information to help you reach your health and wellness goals
- Read trustworthy, objective health advice
- Use tools and resources to learn more on numerous health topics

### Learn about our health and wellness programs

- Find information about our NurseLine program and Audio Library
- Learn more about the Health Management programs that can help you live a healthier lifestyle
- Record your family's medical history

## HEALTH CARE PROGRAMS AND TOOLS THAT MEET THE NEEDS OF DIVERSE COMMUNITIES

To support our diverse membership, we have programs focused on the specific health and lifestyle needs of our ethnic populations and offer individual resources to support these members.

### **www.uhcgenerations.com**

A website providing education and resources that address health issues relevant to our African-American members. It's designed to raise awareness of common health concerns and provide new tools to help members enhance their quality of life.

### **www.uhclatino.com**

Provides valuable educational resources that focus on the common health issues facing our Hispanic/Latino members. It provides bilingual information to address specific health conditions, and offers tools that increase awareness and help promote a healthy lifestyle.

### **www.uhcasian.com**

Focused on helping our Asian members access culturally sensitive care and bilingual support resources in multiple Asian languages. We address specific health issues and offer in-language materials on health products, tools and services.

## Becoming a UnitedHealthcare® member

One of the important decisions you make in managing your health is choosing your personal Primary Care Physician (PCP). That's why it's important to find a qualified doctor who meets your needs in both cost and quality to help you stay healthy.

The UnitedHealthcare HMO/MCO plan provides you with the option of choosing your medical group and primary care physician from our extensive network of contracted participating providers.

Having a personal physician is an important advantage when it comes to maintaining your health. You and your doctor will work as a team, along with nurses, pharmacists, and other health care providers, to manage your overall health. The doctor you choose will get to know you and your current health status, and if your health changes, the doctor will be more likely to recognize it, as he or she will be familiar with you and your medical history. Your doctor can use this knowledge to advise you on appropriate treatments, and help you make medical decisions that suit your lifestyle and daily habits.

If you don't have a regular doctor, or you're not comfortable with the doctor you have, think about choosing a new one.

## Steps to consider when choosing your doctor

**Figure out what kind of doctor will best meet your needs.**

- ▶ Family and general practitioners care for a wide range of health concerns. They may be able to treat family members of any age.
- ▶ Internists treat adults and may have additional training in specialties such as cardiology.
- ▶ Pediatricians provide care to children and adolescents.
- ▶ Geriatricians specialize in the care of older adults.

The quickest way to find a physician, specialist or hospital in the UnitedHealthcare network is to visit **[www.uhcwest.com](http://www.uhcwest.com)**.



## Find your doctor using the online Provider Directory

Search for a doctor or other health care professional by name, specialty or ZIP Code. The easy-to-navigate online provider directory puts participating/contracting providers at your fingertips. You can even get driving directions and print a map to the doctor's office. To find the participating/contracting health care provider in your HMO/MCO network:

- ▶ Go to **[www.uhcwest.com](http://www.uhcwest.com)**.
- ▶ Click "Find a Doctor."
- ▶ Select your state in the pull-down menu.
- ▶ Select the Plan or Service Type for the HMO/MCO network, and follow the directions on the screen.

# Finding a Doctor is easy at [www.uhcwest.com](http://www.uhcwest.com)

## Step 1:

Go to [www.uhcwest.com](http://www.uhcwest.com) and click "Find a Doctor." Just fill in the highlighted information on each page.

UnitedHealthcare

Employment | Contact Us

Member/Visitor  
Provider  
Broker  
Employer  
Federal Employee  
Medicare/Retiree

VISIT OUR OTHER SITES  
[Choose]

OTHER LANGUAGES  
中文 한국어  
Tiếng Việt Español  
日本語

SPOTLIGHT  
PacifiCare Is UnitedHealthcare

Log In  
I am at:  
☐ Member ☐ Provider  
[Go to Log In]  
Need Insurance?  
REQUEST A QUOTE!  
[Go]

Find a Doctor  
Visit the Pharmacy  
CA HMO IPA/PMG  
Webinars & Urgent Care  
Info

Click on "Find a Doctor"

## Step 2:

Select your state.

UnitedHealthcare

[Return to Home Page]

Select your State of Residence:  
Choose a State [v] Select your state

Select a State to Search for Providers:  
Choose a State [v] Select your state

CONTINUE >>

## Step 3:

Fill in your search criteria and select one of the HMO/MCO networks from the dropdown list.

UnitedHealthcare

[Return to Home Page]

Search By Location Search By Name Search By Medical Group/Network

Find Providers Near a Location HELP

1 Enter Address  
Street Address  
City\* State\* Zip\*  
[v] CA [v]  
\*Minimum of City/State or State/ZipCode required

2 Select Plan or Service Type  
Choose a Plan or Service Type [v] Select your network from the dropdown list

3 Select Provider Type  
Choose a Provider Type [v] Select your physician type

Important Information and Disclosure About Your Plan  
Request Data Correction/Nominate A Provider for Participation With UnitedHealthcare

Start New Search GO Find Providers Now GO Refine Search GO

*continued*

## Step 4:

View and select a doctor from the list provided. Click on the doctor's name to view additional details.

UnitedHealthcare

Search By Location Search By Name Search By Medical Group/Network

Search Results

Begin Search > Refine Search > Search Results

300 providers meet the preferences you selected. The closest 100 have been returned.

Your selections:

Your Short List:

Sort Results By: Distance Jump to: Page 1 of 3 (100 items)

Click on the provider's name to view additional details

Short List	Provider	Address	Telephone	Specialty	Hours	Link
1	Chen, Tsung-Chang, MD	10430 S De Anza Blvd Ste 220 Cupertino, CA 95014 (408) 257-8880	(408) 257-8880	Internal Medicine	9-5 hours	View Details
2	Chen, Tsung-Chang, MD	10430 S De Anza Blvd Ste 220 Cupertino, CA 95014	(408) 257-8880	Internal Medicine	9-5 hours	View Details

## Step 5:

Once you have selected your PCP, you will need to enter the Provider Enrollment Identification (ID) number on your enrollment form.

UnitedHealthcare

Search By Location Search By Name Search By Medical Group/Network

Provider Detail

Begin Search > Refine Search > Search Results > Provider Detail

Chen, Tsung-Chang, MD  
10430 S De Anza Blvd Ste 220  
Cupertino, CA 95014  
(408) 257-8880

Gender: Male  
Other Languages: Mandarin, Tagalog  
Education: University of Texas, Galveston, TX  
Grad Year: 06/30/1987  
MD 123456

UnitedHealthcare SignatureValue (HMO)  
Specialty: Internal Medicine  
Santa Clara County IPS  
Enrollment ID#: 0104250117  
Enrollment Status: Open  
Specialties: Internal Medicine

View available information on your physician including gender, languages, and hospital affiliation

Doctor/Provider enrollment Identification (ID) number

## Step 6:

You can even get a map with driving directions to your doctor's office.

UnitedHealthcare

Search By Location Search By Name Search By Medical Group/Network

Map and Driving Directions

Benjamin, Aliecia C, MD  
2001 4th Ave  
San Diego, CA 92101

Important Information and Disclosure About Your Plan  
Request Data Correction/Nominate A Provider for Participation With PacificCare

Return to Results Start New Search

Route Summary

Start: 4355 executive drive, san diego, CA 92121  
End: 2001 4th Ave, San Diego, CA 92101  
Totals: Driving distance: 11.7 mile(s) Driving time: 21 minute(s)

Driving directions and map



Health plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Washington, Inc. Administrative services provided by PacifiCare Health Plan Administrators, Inc., Prescription Solutions or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

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PEX552316-000





# Your Health Care Benefits

## UnitedHealthcare SignatureValue™ (HMO)

### Welcome to the UnitedHealthcare Experience.

**T**hank you for considering UnitedHealthcare to provide you with health care coverage. At UnitedHealthcare, we're dedicated to offering programs designed to help you stay healthy and receive access to quality medical care when you need it. To assist you in making your selection, we have enclosed a *Schedule of Benefits*, along with some additional, important health plan information for you to review. The *Schedule of Benefits* outlines the coverage provided by your selected health plan and details any out-of-pocket expenses that you may incur when you see a doctor or use a service.

If you have any questions or need additional assistance, please call one of the Customer Service phone numbers located on the back page of the brochure or on the back of your ID card. Our Customer Service Associates are always happy to answer any of your health care coverage questions.

In addition to your medical benefits, UnitedHealthcare is proud to offer you a wide variety of related health care services, tools and tips. For information about these valuable resources, please visit our Web site at [www.uhcwest.com](http://www.uhcwest.com).

#### YOUR PLAN

##### The UnitedHealthcare SignatureValue Plan

The UnitedHealthcare SignatureValue Plan is a Health Maintenance Organization, or HMO plan. You select a contracting/participating Primary Care Physician (PCP) from UnitedHealthcare's broad contracting/participating network. Your contracting/participating PCP helps you manage your health care, referring you to specialists and other services when you may need them.

- You choose a physician from a broad network of contracting/participating providers.
- Your contracting/participating Primary Care Physician is your main source of contact for your health care needs.
- You may have to meet an annual deductible, depending on your selected plan design.
- You pay a copayment when you visit a doctor for non-preventive care services.
- After your copayment and/or deductible, many health care expenses are 100% covered.
- Preventive health care, including checkups, is covered.

# UnitedHealthcare SignatureValue™

## Offered by UnitedHealthcare of California

20-30/250d

### HMO Schedule of Benefits

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

#### General Features

Calendar Year Deductible	None
Maximum Benefits	Unlimited
Annual Copayment Maximum <sup>1</sup> (2 individual maximum per family <sup>6</sup> )	\$1,500/individual
PCP Office Visits	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visits <sup>2</sup> (Member required to obtain referral to specialist or nonphysician health care practitioner, except for OB/GYN Physician services and Emergency/Urgently Needed Services)	\$30 Office Visit Copayment
Hospital Benefits (Only one hospital Copayment per day is applicable. If a transfer to another facility is necessary, you are not responsible for the additional hospital admission Copayment for that day.)	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay
Emergency Services (Copayment waived if admitted)	\$150 Copayment
Urgently Needed Services (Medically Necessary services required outside geographic area served by your Participating Medical Group. Please consult your brochure for additional details. Copayment waived if admitted.)	\$75 Copayment
Pre-Existing Conditions	All conditions covered, provided they are covered benefits

#### Benefits Available While Hospitalized as an Inpatient

Bone Marrow Transplants	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay
Cancer Clinical Trials <sup>3</sup>	Paid at negotiated rate Balance (if any) is the responsibility of the Member
Hospice Services (Prognosis of life expectancy of one year or less)	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay
Hospital Benefits <sup>4</sup> (Only one hospital Copayment per day is applicable. If a transfer to another facility is necessary, you are not responsible for the additional hospital admission Copayment for that day)	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay
Mastectomy/Breast Reconstruction (After mastectomy and complications from mastectomy)	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay
Maternity Care <sup>8</sup>	\$250 Copayment per day Copayment applies to a maximum of 3 days per stay

## Benefits Available While Hospitalized as an Inpatient (Continued)

<b>Mental Health Services</b>		<b>\$250 Copayment per day</b>
Severe Mental Illness (SMI) and Serious Emotional Disturbance of Children (SED)	Copayment applies to a maximum of 3 days per stay	
(As required by state law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance of Children (SED). Please refer to your Supplement to the UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form for a description of this coverage.) (Only one hospital Copayment per day is applicable. If a transfer to another facility is necessary, you are not responsible for the additional hospital admission Copayment for that day)		
<b>Newborn Care<sup>4</sup></b>		<b>\$250 Copayment per day</b>
	Copayment applies to a maximum of 3 days per stay	
<b>Physician Care</b>		<b>Paid in full</b>
<b>Reconstructive Surgery</b>		<b>\$250 Copayment per day</b>
	Copayment applies to a maximum of 3 days per stay	
<b>Rehabilitation Care</b>		<b>\$250 Copayment per day</b>
(Including physical, occupational and speech therapy)	Copayment applies to a maximum of 3 days per stay	
<b>Skilled Nursing Facility Care</b>		<b>\$250 Copayment per day</b>
(Up to 100 consecutive calendar days from the first treatment per disability)		
<b>Voluntary Termination of Pregnancy</b>		
(Medical/medication and surgical)		
1 <sup>st</sup> trimester		<b>\$125 Copayment</b>
2 <sup>nd</sup> trimester (12-20 weeks)		<b>\$200 Copayment</b>
– After 20 weeks, not covered unless Medically Necessary, such as the mother's life is in jeopardy or fetus is not viable.		

## Benefits Available on an Outpatient Basis

<b>Allergy Testing/Treatment</b>		
(Serum is covered)		
PCP Office Visit		<b>\$20 Office Visit Copayment</b>
Specialist/Nonphysician Health Care Practitioner Office Visit		<b>\$30 Office Visit Copayment</b>
<b>Ambulance</b>		<b>\$100 Copayment</b>
<b>Cancer Clinical Trials<sup>3</sup></b>		<b>Paid at negotiated rate</b>
	Balance (if any) is the responsibility of the Member	
<b>Cochlear Implant Devices<sup>5</sup></b>		<b>\$30 Copayment per item</b>
(Additional Copayment for outpatient surgery or inpatient hospital benefits and outpatient rehabilitation therapy may apply)		
<b>Dental Treatment Anesthesia</b>		<b>\$30 Copayment</b>
(Additional Copayment for outpatient surgery or inpatient hospital benefits may apply)		
<b>Dialysis</b>		<b>\$30 Copayment per treatment</b>
(Physician office visit Copayment may apply)		
<b>Durable Medical Equipment<sup>5</sup></b>		<b>20% Copayment</b>
(\$5,000 annual benefit maximum per calendar year.) The annual DME benefit maximum does not apply to nebulizers, masks, tubing and peak flow meters for the treatment of asthma for Dependent children under the age of 19.		
<b>Durable Medical Equipment for the Treatment of Pediatric Asthma</b>		<b>20% Copayment</b>
(Includes nebulizers, peak flow meters, face masks and tubing for the Medically Necessary treatment of pediatric asthma of Dependent children under the age of 19.)		

## Benefits Available on an Outpatient Basis (Continued)

<b>Family Planning (Non-Preventive Care)<sup>9</sup></b>	
Vasectomy	\$50 Copayment
Depo-Provera Injection – (other than contraception) <sup>9</sup>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$30 Office Visit Copayment
Depo-Provera Medication – (other than contraception) <sup>9</sup> (Limited to one Depo-Provera injection every 90 days.)	\$35 Copayment
<b>Voluntary Termination of Pregnancy</b> (Medical/medication and surgical)	
1 <sup>st</sup> trimester	\$125 Copayment
2 <sup>nd</sup> trimester (12-20 weeks)	\$200 Copayment
– After 20 weeks, not covered unless Medically Necessary, such as the mother's life is in jeopardy or fetus is not viable.	
<b>Hearing Aid - Standard</b>	20% Copayment
\$5,000 annual benefit maximum per calendar year. Limited to one hearing aid (including repair/replacement) per hearing- impaired ear every three years.	
<b>Hearing Aid - Bone Anchored<sup>7</sup></b>	
Limited to a single hearing aid during the entire period of time the Member is enrolled in the Health Plan (per lifetime). Repairs and/or replacement are not covered, except for malfunctions. Deluxe model and upgrades that are not medically necessary are not covered.	Depending upon where the covered health service is provided, benefits for bone anchored hearing aid will be the same as those stated under each covered health service category in this Schedule of Benefits.
<b>Hearing Exam<sup>2,8</sup></b>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit <sup>2</sup>	\$30 Office Visit Copayment
<b>Home Health Care Visits</b> (Up to 100 visits per calendar year)	\$20 Copayment per visit
<b>Hospice Services</b> (Prognosis of life expectancy of one year or less)	Paid in full
<b>Infertility Services</b>	Not covered
<b>Infusion Therapy<sup>5</sup></b>	\$150 Copayment
(Infusion Therapy is a separate Copayment in addition to a home health care or an office visit Copayment. Copayment applies per 30 days or treatment plan, whichever is shorter)	
<b>Injectable Drugs (Outpatient Injectable Medications and Self- Injectable Medications)<sup>5,9</sup></b>	30% up to \$150 Copayment per visit
(Copayment not applicable to allergy serum, immunizations, birth control, Infertility and insulin. The Self-Injectable medications Copayment applies per 30 days or treatment plan, whichever is shorter. Please see the UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form for more information on these benefits, if any. Office visit Copayment may also apply)	
<b>Laboratory Services</b> (When available through or authorized by your Participating Medical Group)	Paid in full
<b>Maternity Care, Tests and Procedures<sup>8</sup></b>	
PCP Office Visit	Paid in full
Specialist/Nonphysician Health Care Practitioner Office Visit	Paid in full

## Benefits Available on an Outpatient Basis (Continued)

<b>Mental Health Services</b>	
Severe Mental Illness (SMI) and Serious Emotional Disturbance of Children (SED) (As required by state law, coverage includes treatment for Severe Mental Illness (SMI) of adults and children and the treatment of Serious Emotional Disturbance of Children (SED). <b>Please refer to your Supplement to the UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form for a description of this coverage.)</b>	\$30 Office Visit Copayment
<b>Outpatient Medical Rehabilitation Therapy at a Participating Free-Standing or Outpatient Facility</b> (Including physical, occupational and speech therapy)	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$30 Office Visit Copayment
<b>Oral Surgery Services<sup>5</sup></b>	\$100 Copayment
<b>Outpatient Surgery at a Participating Free-Standing or Outpatient Surgery Facility</b>	\$200 Copayment
<b>Preventive Care Services<sup>8,9</sup></b> (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 Participating Medical Group.) Covered Services will include, but are not limited to, the following: <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> <b>Please refer to your UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form.</b>	Paid in full
<b>Physician Care</b>	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$30 Office Visit Copayment
<b>Prosthetics and Corrective Appliances<sup>5</sup></b>	20% Copayment
<b>Radiation Therapy<sup>5</sup></b>	
Standard: (Photon beam radiation therapy)	Paid in full
Complex: (Examples include, but are not limited to, brachytherapy, radioactive implants and conformal photon beam; Copayment 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 Copayment amount if any)	\$50 Copayment

## Benefits Available on an Outpatient Basis (Continued)

Radiology Services <sup>5</sup>	
Standard:	Paid in full
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 Copayment will be charged for each part of the body scanned as part of an imaging procedure.	\$100 Copayment
Vision Refractions	
PCP Office Visit	\$20 Office Visit Copayment
Specialist/Nonphysician Health Care Practitioner Office Visit	\$30 Office Visit Copayment

**Note: Benefits with Percentage Copayment amounts are based upon the UnitedHealthcare negotiated rate.**

<sup>1</sup>Annual Copayment Maximum does not include Copayments for pharmacy and supplemental benefits, except Behavioral Health Supplemental Benefits.

<sup>2</sup>Copayments for audiologist and podiatrist visits will be the same as for the PCP.

<sup>3</sup>Cancer Clinical Trial services require preauthorization by UnitedHealthcare. If you participate in a Cancer Clinical Trial provided by a Non-Participating 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 Non-Participating Providers billed charges and the rate negotiated by UnitedHealthcare with Participating Providers, in addition to any applicable Copayments, coinsurance or deductibles.

<sup>4</sup>The inpatient hospital benefits Copayment does not apply to newborns 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.

<sup>5</sup>In instances where the negotiated rate is less than your Copayment, you will pay only the negotiated rate. (This footnote only applies to dollar copayments.)

<sup>6</sup>When an individual member meets the Annual Copayment Maximum no further copayments are required for the year for that individual.

<sup>7</sup>Bone anchored hearing aid will be subject to applicable medical/surgical categories (e.g. inpatient hospital, physician fees) only for members who meet the medical criteria specified in the *Combined Evidence of Coverage and Disclosure Form*. Limited to one (1) bone anchored hearing aid during the entire period of time the Member is enrolled in the Health Plan (per lifetime). Repairs and/or replacement for a bone anchored hearing aid are not covered, except for malfunctions. Deluxe model and upgrades that are not medically necessary are not covered.

<sup>8</sup>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 copayment for the office visit and other additional charges for services rendered. Please call the Customer Service number on your Health Plan ID card.

<sup>9</sup>FDA-approved contraceptive methods and procedures recommended by the Health Resources and Services Administration as preventive care services will be 100% covered. Copayment 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*.

**EXCEPT IN THE CASE OF A MEDICALLY NECESSARY EMERGENCY OR AN URGENTLY NEEDED SERVICE (OUTSIDE GEOGRAPHIC AREA SERVED BY YOUR PARTICIPATING MEDICAL GROUP), EACH OF THE ABOVE-NOTED BENEFITS IS COVERED WHEN AUTHORIZED BY YOUR PARTICIPATING MEDICAL GROUP OR UNITEDHEALTHCARE. A UTILIZATION REVIEW COMMITTEE MAY REVIEW THE REQUEST FOR SERVICES.**

**Note:** This is not a contract. This is a Schedule of Benefits and its enclosures constitute only a summary of the Health Plan.

The Medical and Hospital Group Subscriber Agreement and the UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form and additional benefit materials must be consulted to determine the exact terms and conditions of coverage. A specimen copy of the contract will be furnished upon request and is available at the UnitedHealthcare office and your employer's personnel office. UnitedHealthcare's most recent audited financial information is also available upon request.

# UnitedHealthcare SignatureValue™ Offered by UnitedHealthcare of California

## HMO Pharmacy Schedule of Benefits

Summary of Benefits	Generic Formulary	Brand-name Formulary	Non-Formulary
Retail Pharmacy Copayment (per Prescription Unit or up to 30 days)	\$15	\$30	\$45
Mail Service Pharmacy Copayment (three Prescription Units or up to a 90-day supply)	\$30	\$60	\$90

This *Schedule of Benefits* provides specific details about your prescription drug benefit, as well as the exclusions and limitations. Together, this document and the *Supplement to the Combined Evidence of Coverage and Disclosure Form* as well as the medical *Combined Evidence of Coverage and Disclosure Form* determine the exact terms and conditions of your prescription drug coverage.

### What do I pay when I fill a prescription?

You will pay only a Copayment when filling a prescription at a UnitedHealthcare Participating Pharmacy. You will pay a Copayment every time a prescription is filled. Your Copayments are as shown in the grid above.

There are selected brand-name medications where you will pay a generic Copayment of just \$15. A copy of the Selected Brands List is available upon request from UnitedHealthcare's Customer Service department and may be found on UnitedHealthcare's Web site at [www.uhcwest.com](http://www.uhcwest.com).

### Preauthorization

Selected generic Formulary, brand-name Formulary and non-Formulary medications require a Member to go through a Preauthorization process using criteria based upon Food and Drug Administration (FDA)-approved indications or medical findings, and the current availability of the medication. UnitedHealthcare reviews requests for these selected medications to ensure that they are Medically Necessary, being prescribed according to treatment guidelines consistent with standard professional practice and are not otherwise excluded from coverage.

Because UnitedHealthcare offers a comprehensive Formulary, selected non-Formulary medications will not be covered until one or more Formulary alternatives, or non-Formulary preferred drugs have been tried. UnitedHealthcare understands that situations arise when

it may be Medically Necessary for you to receive a certain medication without trying an alternative drug first. In these instances, your Participating Physicians will need to provide evidence to UnitedHealthcare in the form of documents, lab results, records or clinical trials that establish the use of the requested medications as Medically Necessary. Participating Physicians may call or fax Preauthorization requests to UnitedHealthcare. Applicable Copayments will be charged for prescriptions that require Preauthorization if approved.

For a list of the selected medications that require UnitedHealthcare's Preauthorization, please contact UnitedHealthcare's Customer Service department.

### Medication Covered by Your Benefit

When prescribed by your Participating Physician as Medically Necessary and filled at a Participating Pharmacy, subject to all the other terms and conditions of this outpatient prescription drug benefit, the following medications are covered:

- **Disposable all-in-one prefilled insulin pens**, insulin cartridges and needles for nondisposable pen devices are covered when Medically Necessary, in accordance with UnitedHealthcare's Preauthorization process.
- **Federal Legend Drugs:** Any medicinal substance which bears the legend: "Caution: Federal law prohibits dispensing without a prescription."
- **Generic Drugs:** Comparable generic drugs may be substituted for brand-name drugs unless they are on UnitedHealthcare's Selected Brands List. A copy of the Selected Brands List is available upon request from UnitedHealthcare's Customer Service department or may be found on UnitedHealthcare's Web site at [www.uhcwest.com](http://www.uhcwest.com).
- **Miscellaneous Prescription Drug Coverage:** For the purposes of determining coverage, the following items are considered prescription drug benefits and are covered when Medically Necessary: glucagons, insulin, insulin syringes, blood glucose test strips,

**Questions? Call the Customer Service Department at 1-800-624-8822.**

lancets, inhaler extender devices, urine test strips and anaphylaxis prevention kits (including, but not limited to, EpiPen®, Ana-Kits® and Ana-Guard®). See the medical *Combined Evidence of Coverage and Disclosure Form* for coverage of other injectable medications in Section Five under "Your Medical Benefits."

- **Oral Contraceptives:** Federal Legend oral contraceptives, prescription diaphragms and oral medications for emergency contraception.
- **State Restricted Drugs:** Any medicinal substance that may be dispensed by prescription only, according to state law.

## Exclusions and Limitations

While the prescription drug benefit covers most medications, there are some that are not covered or limited. These drugs are listed below. Some of the following excluded drugs may be covered under your medical benefit. Please refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* titled "Your Medical Benefits" for more information about medications covered by your medical benefit.

- **Administered Drugs:** Drugs or medicines delivered or administered to the Member by the prescriber or the prescriber's staff are not covered. Injectable drugs are covered under your medical benefit when administered during a Physician's office visit or self-administered pursuant to training by an appropriate health care professional. Refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* titled "Your Medical Benefits" for more information about medications covered under your medical benefit.
- **Compounded Medication:** Any medicinal substance that has at least one ingredient that is Federal Legend or State Restricted in a therapeutic amount. Compounded medications are not covered unless Preauthorized as Medically Necessary by UnitedHealthcare.
- **Diagnostic Drugs:** Drugs used for diagnostic purposes are not covered. Refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* for information about medications covered for diagnostic tests, services and treatment.
- **Dietary or nutritional** products and food supplements, whether prescription or nonprescription, including vitamins (except prenatal), minerals and fluoride supplements, health or beauty aids, herbal supplements and/or alternative medicine, are not covered. Phenylketonuria (PKU) testing and treatment is covered under your medical benefit including those formulas and special food products that are a part of a diet prescribed by a Participating Physician provided that the diet is Medically Necessary. For additional information, refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form*.
- **Drugs prescribed by a dentist** or drugs when prescribed for dental treatment are not covered.
- **Drugs when prescribed to shorten the duration of a common cold** are not covered.
- **Enhancement medications** when prescribed for the following nonmedical conditions are not covered: weight loss, hair growth, sexual performance, athletic performance, cosmetic purposes, anti-aging for cosmetic purposes, and mental performance. Examples of drugs that are excluded when prescribed for such conditions include, but are not limited to, Penlac®, Retin-A®, Renova®, Vaniqa®, Propecia®, Lustra®, Xenical® or Meridia®. This exclusion does not exclude coverage for drugs when Preauthorized as Medically Necessary to treat morbid obesity or diagnosed medical conditions affecting memory, including, but not limited to, Alzheimer's dementia.
- **Infertility:** All forms of prescription medication when prescribed for the treatment of infertility are not covered. If your Employer has purchased coverage for infertility treatment, prescription medications for the treatment of infertility may be covered under that benefit. Please refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* titled "Your Medical Benefits" for additional information.
- **Injectable Medications:** Except as described under the section "Medications Covered by Your Benefit," injectable medications, including, but not limited to, self-injectables, infusion therapy, allergy serum, immunization agents and blood products, are not covered as an outpatient prescription drug benefit. However, these medications are covered under your medical benefit as described in and according to the terms and conditions of your medical *Combined Evidence of Coverage and Disclosure Form*. Outpatient injectable medications administered in the Physician's office (except insulin) are covered as a medical benefit when part of a medical office visit. Injectable medications may be subject to UnitedHealthcare's Preauthorization requirements. For additional information, refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* under "Your Medical Benefits."
- **Inpatient Medications:** Medications administered to a Member while an inpatient in a Hospital or while receiving Skilled Nursing Care as an inpatient in a Skilled Nursing Facility are not covered under this *Pharmacy Schedule of Benefits*. Please refer to Section Five of your medical *Combined Evidence of Coverage and Disclosure Form* titled "Your Medical Benefits" for information on coverage of prescription medications while hospitalized or in a Skilled Nursing Facility. Outpatient prescription drugs are covered for Members receiving Custodial Care in a rest home,



nursing home, sanitarium, or similar facility if they are obtained from a Participating Pharmacy in accordance with all the terms and conditions of coverage set forth in this *Schedule of Benefits* and in the Pharmacy Supplement to the *Combined Evidence of Coverage and Disclosure Form*. When a Member is receiving Custodial Care in any facility, relatives, friends or caregivers may purchase the medication prescribed by a Participating Physician at a Participating Pharmacy and pay the applicable Copayment on behalf of the Member.

- **Investigational or Experimental Drugs:** Medication prescribed for experimental or investigational therapies are not covered, unless required by an external, independent review panel pursuant to California Health and Safety Code Section 1370.4. Further information about Investigational and Experimental procedures and external review by an independent panel can be found in the medical *Combined Evidence of Coverage and Disclosure Form* in Section Five, "Your Medical Benefits" and Section Eight, "Overseeing Your Health Care" for appeal rights.
- **Medications dispensed by a non-Participating Pharmacy** are not covered except for prescriptions required as a result of an Emergency or Urgently Needed Service.
- Medications prescribed by non-Participating Physicians are not covered except for prescriptions required as a result of an Emergency or Urgently Needed Service.
- **New medications that have not been reviewed for safety, efficacy and cost-effectiveness and approved** by UnitedHealthcare are not covered unless Preauthorized by UnitedHealthcare as Medically Necessary.
- **Non-Covered Medical Condition:** Prescription medications for the treatment of a non-covered medical condition are not covered. This exclusion does not exclude Medically Necessary medications directly related to non-Covered Services when complications exceed follow-up care, such as life-threatening complications of cosmetic surgery.
- **Off-Label Drug Use.** Off Label Drug Use means that the Provider has prescribed a drug approved by the Food and Drug Administration (FDA) for a use that is different than that for which the FDA approved the drug. UnitedHealthcare excludes coverage for Off Label Drug Use, including off label self-injectable drugs, except as described in the medical *Combined Evidence of Coverage and Disclosure Form* and any applicable Attachments. If a drug is prescribed for Off-Label Drug Use, the drug and its administration will be covered only if it satisfies the following criteria: (1) The drug is approved by the FDA. (2) The drug is prescribed by a participating licensed health care professional. (3) The drug is Medically Necessary to treat the medical condition. (4) The drug has been recognized for treatment of a medical condition by one of the following: (a) *The American Hospital Formulary Service Drug Information*, (b) One of the following compendia, if recognized by the federal Centers for Medicare and Medicaid Services as part of an anticancer chemotherapy regimen: (i) *The Elsevier Gold Standard's Clinical Pharmacology*; (ii) *The National Comprehensive Cancer Network Drug and Biologics Compendium*; (iii) *The Thompson Micromedex DRUGDEX*, or (c) Two articles from major peer reviewed medical journals that present data supporting the proposed Off-Label Drug Use or uses as generally safe and effective. Nothing in this section shall prohibit UnitedHealthcare from use of a Formulary, Copayment, technology assessment panel, or similar mechanism as a means for appropriately controlling the utilization of a drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the FDA. Denial of a drug as investigational or experimental will allow the Member to use the Independent Medical Review System as defined in the medical *Combined Evidence of Coverage and Disclosure Form*.
- **Over-the-Counter Drugs:** Medications (except insulin) available without a prescription (over-the-counter) or for which there is a nonprescription chemical and dosage equivalent available, even if ordered by a Physician, are not covered. All nonprescription (over-the-counter) contraceptive jellies, ointments, foams or devices are not covered.
- **Prior to Effective Date:** Drugs or medicines purchased and received prior to the Member's effective date or subsequent to the Member's termination are not covered.
- **Replacement** of lost, stolen or destroyed medications are not covered.
- **Saline and irrigation solutions** are not covered. Saline and irrigation solutions are covered when Medically Necessary, depending on the purpose for which they are prescribed, as part of the home health or Durable Medical Equipment benefit. Refer to your medical *Combined Evidence of Coverage and Disclosure Form* Section Five for additional information.
- **Sexual Dysfunction Medication:** All forms of medications when prescribed for the treatment of sexual dysfunction, which includes, but is not limited to, erectile dysfunction, impotence, anorgasm or hypogasm, are not covered. An example of such medications includes Viagra.

- **Smoking cessation products**, including, but not limited to, nicotine gum, nicotine patches and nicotine nasal spray, are not covered. However, smoking cessation products are covered when the Member is enrolled in a smoking cessation program approved by UnitedHealthcare. For information on UnitedHealthcare's smoking cessation program, refer to the medical *Combined Evidence of Coverage and Disclosure Form* in Section Five, "Your Medical Benefits", in the section titled "Outpatient Benefits", under "Health Education Services" or contact Customer Service or visit our Web site at [www.uhcwest.com](http://www.uhcwest.com).
- **Therapeutic devices or appliances**, including, but not limited to, support garments and other nonmedical substances, insulin pumps and related supplies (these services are provided as Durable Medical Equipment) and hypodermic needles and syringes not related to diabetic needs or cartridges are not covered. Birth control devices and supplies or preparations that do not require a Participating Physician's prescription by law are also not covered, even if prescribed by a Participating Physician. For further information on certain therapeutic devices and appliances that are covered under your medical benefit, refer to your medical *Combined Evidence of Coverage and Disclosure Form* in Section Five, titled "Your Medical Benefits" under "Outpatient Benefits" located, for example, in subsections titled "Diabetic Self Management", "Durable Medical Equipment," or "Home Health Care and Prosthetics and Corrective Appliances."
- **Workers' Compensation:** Medication for which the cost is recoverable under any workers' compensation or occupational disease law or any state or government agency, or medication furnished by any other drug or medical service for which no charge is made to the patient is not covered. Further information about workers' compensation can be found in the medical *Combined Evidence of Coverage and Disclosure Form* in Section Six under "Payment Responsibility."

UnitedHealthcare reserves the right to expand the Preauthorization requirement for any drug product.

Questions? Call the HMO Customer Service department at 1-800-624-8822 or TDHI 1-800-442-8833.



## **English**

### **IMPORTANT LANGUAGE INFORMATION:**

You may be entitled to the rights and services below. These rights apply only under California law. However, these rights do not apply to all California residents. These rights do not apply to all languages.

You can get an interpreter to help you talk with your doctor or health plan. To get help in your language, please call your health plan at:

UnitedHealthcare 1-800-624-8822 / TTY: 711

Language services are at no cost to the enrollee. Written information may be available in some languages. If you need more help, call HMO Help Line at 1-888-466-2219.

## **Spanish**

### **INFORMACIÓN IMPORTANTE SOBRE EL IDIOMA:**

Es posible que tenga derecho a los derechos y servicios que se indican a continuación. Estos derechos se aplican sólo conforme a la ley de California. No obstante, estos derechos no se aplican a todos los residentes de California. Estos derechos no se aplican a todos los idiomas.

Puede obtener la ayuda de un intérprete para hablar con su médico o plan de salud. Para obtener ayuda en su idioma, llame a su plan de salud al:

UnitedHealthcare 1-800-730-7270 / TTY 1-800-855-3000

Los servicios en otros idiomas son gratuitos para el afiliado. Es posible que haya información impresa disponible en otros idiomas. Si necesita más ayuda, llame a la Línea de Ayuda de la HMO al 1-888-466-2219.

## **Chinese**

### **重要語言資訊：**

您可能擁有權擁有以下權利並取得以下服務。這些權利僅按 California 法律規定而適用。然而這些權利並不適用於所有 California 居民。這些權利並不適用於所有語言。

您可以取得口譯員服務，協助您和醫師或健保計畫溝通。如需取得您語言的協助，請撥打以下電話與您的健保計畫聯絡：

UnitedHealthcare 1-800-938-2300

計畫參加者不須支付語言服務費用。部分語言備有書面資訊。若您需要更多協助，請撥打 HMO 協助專線 1-888-466-2219。

## Member/Enrollee Rights and Responsibilities

As a Member/Enrollee you have the right to receive information about, and make recommendations regarding, your rights and responsibilities.

### **You Have the Right to:**

- Be treated with respect and dignity by UnitedHealthcare personnel, network physicians and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan or the care provided to you.
- Receive timely responses to your concerns.
- Participate in a candid discussion with your physician about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Be provided with access to physicians, health care professionals and other health care facilities.
- Participate with your physician and other health care professionals in decisions about your care.
- Receive and make recommendations regarding the organization's member's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network physicians and other health care professionals.
- Be informed of, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you be unable to express your wishes

### **Your Responsibilities Are to:**

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your member ID card before receiving health care services.
- Pay any necessary Copayment at the time you receive treatment.
- Use emergency room services only for injury or illness that, in the judgment of a reasonable person, requires immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow agreed-upon instructions and guidelines of physicians and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer's human resource department of changes in your address or family status.
- Visit our Web site, [www.uhcwest.com](http://www.uhcwest.com), or call Customer Care at the phone number on the back of your
- member ID card when you have a question about your eligibility, benefits, claims and more.
- Access our Web site, [www.uhcwest.com](http://www.uhcwest.com), or call Customer Care at the phone number on the back of your member ID card to verify that your physician or health care professional is participating in the UnitedHealthcare network before receiving services.

If you have questions or concerns about your rights, please call Customer Service at the phone number listed on the back of your membership card. If you need help with communication, such as help from a language interpreter, Customer Service representatives can assist you.

# Health Plan Notices of Privacy Practices

## Medical Information Privacy Notice

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

We\* are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or “disclose” that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms “information” or “health information” in this notice include any information we maintain that reasonably can be used to identify you and that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices and the terms of this notice. If we make a material change to our privacy practices, we will provide to you a revised notice by direct mail or electronically as permitted by applicable law. In all cases, we will post the revised notice on our website [www.uhcwest.com](http://www.uhcwest.com). We reserve the right to make any revised or changed notice effective for information we already have and for information that we receive in the future.

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\*For purposes of this Notice of Privacy Practices, “we” or “us” refers to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Life Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Citrus Health Care, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Health Plan of Nevada, Inc.; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; Physicians Health Choice of Texas, LLC; Sierra Health & Life Insurance Co., Inc.; UHC of California; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Great Lakes Health Plan, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

## How We Use or Disclose Information

**We must use and disclose** your health information to provide that information:

- To you or someone who has the legal right to act for you (your personal representative) in order to administer your rights as described in this notice; and
- To the *Secretary of the Department of Health and Human Services*, if necessary, to make sure your privacy is protected.

**We have the right to use and disclose** health information for your treatment, to pay for your health care and to operate our business. For example, we may use or disclose your health information:

- **For Payment** of premiums due us, to determine your coverage, and to process claims for health care services you receive, including for subrogation or coordination of other benefits you may have. For example, we may tell a doctor whether you are eligible for coverage and what percentage of the bill may be covered.
- **For Treatment.** We may use or disclose health information to aid in your treatment or the coordination of your care. For example, we may disclose information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business activities related to providing and managing your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health or we may analyze data to determine how we can improve our services.
- **To Provide You Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services, subject to limits imposed by law.
- **For Plan Sponsors.** If your coverage is through an employer sponsored group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restrictions on its use and disclosure of the information in accordance with federal law.
- **For Reminders.** We may use or disclose health information to send you reminders about your benefits or care, such as appointment reminders with providers who provide medical care to you.

**We may use or disclose** your health information for the following purposes under limited circumstances:

- **As Required by Law.** We may disclose information when required to do so by law.
- **To Persons Involved With Your Care.** We may use or disclose your health information to a person involved in your care or who helps pay for your care, such as a family member, when you are incapacitated or in an emergency, or when you agree or fail to object when given the opportunity. If you are unavailable or unable to object, we will use our best judgment to decide if the disclosure is in your best interests.
- **For Public Health Activities** such as reporting or preventing disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities that are authorized by law to receive such information, including a social service or protective service agency.
- **For Health Oversight Activities** to a health oversight agency for activities authorized by law, such as licensure, governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes.** We may disclose your health information to a law enforcement official for purposes such as providing limited information to locate a missing person or report a crime.
- **To Avoid a Serious Threat to Health or Safety** to you, another person, or the public, by, for example, disclosing information to public health agencies or law enforcement authorities, or in the event of an emergency or natural disaster.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** as authorized by, or to the extent necessary to comply with, state workers compensation laws that govern job-related injuries or illness.

- **For Research Purposes** such as research related to the evaluation of certain treatments or the prevention of disease or disability, if the research study meets privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information to entities that handle procurement, banking or transplantation of organs, eyes or tissue to facilitate donation and transplantation.
- **To Correctional Institutions or Law Enforcement Officials** if you are an inmate of a correctional institution or under the custody of a law enforcement official, but only if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.
- **To Business Associates** that perform functions on our behalf or provide us with services if the information is necessary for such functions or services. Our business associates are required, under contract with us, to protect the privacy of your information and are not allowed to use or disclose any information other than as specified in our contract.
- **For Data Breach Notification Purposes.** We may use your contact information to provide legally-required notices of unauthorized acquisition, access, or disclosure of your health information. We may send notice directly to you or provide notice to the sponsor of your plan through which you receive coverage.

### Additional Restrictions on Use and Disclosure

Certain federal and state laws may require special privacy protections that restrict the use and disclosure of certain health information, including highly confidential information about you. "Highly confidential information" may include confidential information under Federal laws governing alcohol and drug abuse information and genetic information as well as state laws that often protect the following types of information:

- HIV/AIDS;
- Mental health;
- Genetic tests;
- Alcohol and drug abuse;
- Sexually transmitted diseases and reproductive health information; and
- Child or adult abuse or neglect, including sexual assault.

If a use or disclosure of health information described above in this notice is prohibited or materially limited by other laws that apply to us, it is our intent to meet the requirements of the more stringent law. Attached to this notice is a *Summary of Federal and State Laws on Use and Disclosure of Certain Types of Medical Information*.

Except for uses and disclosures described and limited as set forth in this notice, we will use and disclose your health information only with a written authorization from you. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization at anytime in writing, except if we have already acted based on your authorization. To find out where to mail your written authorization and how to revoke an authorization, contact the phone number listed on the back of your ID card.

### What Are Your Rights

The following are your rights with respect to your health information:

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that authorize your dependents to request certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with our policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address). We will accommodate reasonable requests where a disclosure of all or part of your health information otherwise could

endanger you. We will accept verbal requests to receive confidential communications, but requests to modify or cancel a previous confidential communication request must be made in writing. Mail your request to the address listed below.

- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you, such as claims and case or medical management records. You also may, in some cases, receive a summary of this health information. You must make a written request to inspect and copy your health information. Mail your request to the address listed below. In certain limited circumstances, we may deny your request to inspect and copy your health information. We may charge a reasonable fee for any copies. If we deny your request, you have the right to have the denial reviewed. If we maintain an electronic health record containing your health information, when and if we are required by law, you will have the right to request that we send a copy of your health information in an electronic format to you or to a third party that you identify. We may charge a reasonable fee for sending the electronic copy of your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. Your request must be in writing and provide the reasons for the requested amendment. Mail your request to the address listed below. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of certain disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information made: (i) prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures for which federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You also may also obtain a copy of this notice at our website, [www.uhcwest.com](http://www.uhcwest.com).

## Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free phone number on the back of your ID card or you may contact the *UnitedHealth Group Customer Call Center* at 866-633-2446.
- **Submitting a Written Request.** Mail to us your written requests for modifying or cancelling a confidential communication, for copies of your records, or for amendments to your record, at the following address:  
  
UnitedHealthcare  
Customer Service - Privacy Unit  
P.O. Box 740815  
Atlanta, GA 30374-0815
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the address listed above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.



## **FINANCIAL INFORMATION PRIVACY NOTICE**

***This notice describes how financial information about you may be used and disclosed and how you can get access to this information. Please review it carefully.***

We\* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

### **Information We Collect**

We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age, medical information and Social Security number.
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history.
- Information from consumer reports.

### **Disclosure of Information**

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors.
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations.
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

### **Confidentiality and Security**

We restrict access to personal financial information about you to our employees and service providers who are involved in administering your health care coverage and providing services to you. We maintain physical, electronic and procedural safeguards in compliance with state and federal standards to guard your personal financial information. We conduct regular audits to help ensure appropriate and secure handling and processing of our enrollees' information.

### **Questions About this Notice**

If you have any questions about this notice, please call the toll-free phone number on the back of your ID card or you may contact the *UnitedHealth Group Customer Call Center* at 866-633-2446.

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\*For purposes of this Financial Information Privacy Notice, "we" or "us" refers to the entities listed on the first page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; National Pacific Dental, Inc.; Nevada Pacific Dental; OneNet PPO, LLC; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; ProcessWorks, Inc.; Spectera, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

## UNITEDHEALTH GROUP

### Health Plan Notice of Privacy Practices: Federal and State Amendments

The first part of this Notice, which provides our privacy practices for Medical Information, describes how we may use and disclose your health information under federal privacy rules. There are other laws that may limit our rights to use and disclose your health information beyond what we are allowed to do under the federal privacy rules. The purpose of the charts below is to:

- Show the categories of health information that are subject to these more restrictive laws.
- Give you a general summary of when we can use and disclose your health information without your consent.

If your written consent is required under the more restrictive laws, the consent must meet the particular rules of the applicable federal or state law.

### Summary of Federal Laws

<b>Alcohol &amp; Drug Abuse Information</b>	
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.	
<b>Genetic Information</b>	
We are not allowed to use genetic information for underwriting purposes.	

### Summary of State Laws

<b>General Health Information</b>	
We are allowed to disclose general health information only (1) under certain limited circumstances, and /or (2) to specific recipients.	CA, NE, PR, RI, VT, WA, WI
HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.	KY
You may be able to restrict certain electronic disclosures of health information.	NV
We are not allowed to use health information for certain purposes.	CA
We will not use and/or disclose information regarding certain public assistance programs except for certain purposes.	MO, NJ, SD
<b>Prescriptions</b>	
We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and /or (2) to specific recipients.	ID, NH, NV
<b>Communicable Diseases</b>	
We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and /or (2) to specific recipients.	AZ, IN, KS, MI, NV, OK
<b>Sexually Transmitted Diseases and Reproductive Health</b>	
We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, FL, HI, IN, KS, MI, MT, NJ, NV, PR, WA, WY
<b>Alcohol and Drug Abuse</b>	
We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	CT, GA, HI, KY, IL, IN, IA, LA, NC, NH, WA, WI
Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information.	WA

## Summary of State Laws (Continued)

<b>Genetic Information</b>	
We are not allowed to disclose genetic information without your written consent.	CA, CO, HI, IL, KS, KY, LA, NY, RI, TN, WY
We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients.	AK, AZ, FL, GA, IA, MD, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT
Restrictions apply to (1) the use, and/or (2) the retention of genetic information.	FL, GA, IA, LA, MD, NM, OH, UT, VA, VT
<b>HIV / AIDS</b>	
We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.	AZ, AR, CA, CT, DE, FL, GA, HI, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY
Certain restrictions apply to oral disclosures of HIV/AIDS-related information.	CT, FL
<b>Mental Health</b>	
We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.	CA, CT, DC, HI, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI
Disclosures may be restricted by the individual who is the subject of the information.	WA
Certain restrictions apply to oral disclosures of mental health information.	CT
Certain restrictions apply to the use of mental health information.	ME
<b>Child or Adult Abuse</b>	
We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.	AL, CO, IL, LA, NE, NJ, NM, RI, TN, TX, UT, WI

CALIFORNIA



**UnitedHealthcare SignatureValue™**  
**Offered by U.S. Behavioral Health Plan, California**

Supplement to the Combined Evidence of Coverage and Disclosure Form  
*Plan BDX*

# UnitedHealthcare SignatureValue™

## Offered by U.S. Behavioral Health Plan, California

### Plan BDx

### USBHPC Schedule of Benefits

Pre-Authorization is required for all Mental Health Services, Substance Use Disorder Services and Severe Mental Illness Benefits. You do not need to go through your Primary Care Physician, but you must obtain prior authorization through U.S. Behavioral Health Plan, California (USBHPC). USBHPC is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-999-9585.

#### Mental Health Services

Inpatient, Residential and Day Treatment Medically Necessary Mental Health services provided at an Inpatient Treatment Center or a Day Treatment Center	Same as medical plan Inpatient Mental Health Services Copayment <sup>1</sup>
Outpatient Treatment When such Services are provided at the office of a Participating Practitioner or at an Outpatient Treatment Center.	Same as medical plan Outpatient Mental Health Services Copayment

#### Substance Use Disorder Services

Inpatient Treatment For Medically Necessary treatment of Substance Use Disorders, Including Medical Detoxification, when provided at a Participating Facility	Paid in full
Outpatient Treatment	Paid in full

#### Severe Mental Illness Benefit<sup>2</sup>

Inpatient and Day Treatment Unlimited days	Same as medical plan Inpatient Mental Health Services Copayment <sup>1</sup>
Outpatient Treatment Unlimited visits	Same as medical plan Outpatient Mental Health Services Copayment

<sup>1</sup> Each Hospital Admission may require an additional Copayment. Please refer to your UnitedHealthcare of California Medical Plan *Schedule of Benefits*.

<sup>2</sup> Severe Mental Illness diagnoses include: Anorexia Nervosa; Bipolar Disorder; Bulimia Nervosa; Major Depressive Disorders; Obsessive-Compulsive Disorder; Panic Disorder; Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism; Schizoaffective Disorder; Schizophrenia. In addition, the Severe Mental Illness Benefit includes coverage of Serious Emotional Disturbance of Children (SED). Please refer to the Supplement to the Combined Evidence of Coverage and Disclosure Form for detailed information on this benefit.

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## INTRODUCTION

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### WELCOME TO U.S. BEHAVIORAL HEALTH PLAN, CALIFORNIA

#### THIS IS A SUPPLEMENT TO THE UNITEDHEALTHCARE OF CALIFORNIA MEDICAL *COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM*

**Note:** U.S. Behavioral Health Plan, California is the formal legal name of the entity providing your Behavioral Health Care benefits. It operates using the brand name OptumHealth Behavioral Solutions of California. If you see documents labeled or referencing OptumHealth Behavioral Solutions of California, those refer to U.S. Behavioral Health Plan, California.

In July 2010, PacifiCare Behavioral Health of California, Inc. merged into U.S. Behavioral Health Plan, California. Any references you see to PacifiCare Behavioral Health of California now refer to U.S. Behavioral Health Plan, California.

Your UnitedHealthcare of California Medical Plan includes Mental Disorder and **Substance Use Disorder** coverage through U.S. Behavioral Health Plan, California (USBHPC). This coverage includes the treatment of Severe Mental Illness (SMI) for adults and children and treatment for children with Serious Emotional Disturbance (SED). As a USBHPC Member, you and your eligible Dependent always have direct, around-the-clock access to behavioral health benefits. You do not need to go through a Primary Care Physician (PCP) to access your behavioral health benefits, and all services are completely confidential.

This *Combined Evidence of Coverage and Disclosure Form* will help you become more familiar with your Behavioral Health Care benefits. This *Combined Evidence of Coverage and Disclosure Form* should be used in conjunction with your *UnitedHealthcare of California Combined Evidence of Coverage and Disclosure Form*. It is a legal document that explains your Behavioral Health Plan and should answer many important questions about your benefits. Many of the words and terms are capitalized because they have special meanings. To better understand these terms, please see **Section 7. Definitions**.

Whether you are the Subscriber of this coverage or enrolled as a Family Member, your *Combined Evidence of Coverage and Disclosure Form* is a key to making the most of your membership, and it should be read completely and carefully. All applicants have a right to view this document prior to enrollment. Individuals with special behavioral health needs should carefully read those sections that apply to them.

### What else should I read to understand my benefits?

Along with this Combined Evidence of Coverage and Disclosure Form, be sure to review your USBHPC Schedule of Benefits in this Combined Evidence of Coverage and Disclosure Form and your UnitedHealthcare of California Medical Schedule of Benefits for details of your particular Behavioral Health Plan, including any Copayments or coinsurance that you may have to pay when accessing Behavioral Health Services. Together, these documents explain your coverage.

### What if I still need help?

After you become familiar with your behavioral health benefits, you may still need assistance. Please do not hesitate to call our Customer Service Department at 1-800-999-9585 or for the hearing and speech impaired use 1-800-842-9489 (TTY).

You may write to USBHPC at the following address:

U.S. Behavioral Health Plan, California  
P.O. Box 2839  
San Francisco, CA 94126

Or visit USBHPC's Web site:  
[www.liveandworkwell.com](http://www.liveandworkwell.com)



## SECTION 1. UNDERSTANDING BEHAVIORAL HEALTH: YOUR BENEFITS

- What are Behavioral Health Services?
- What is a Severe Mental Illness?
- What is the Serious Emotional Disturbance of a Child?
- What does USBHPC do?

*This Section helps you understand what behavioral health services are and provides a general understanding of some of the services U.S. Behavioral Health Plan, California provides.*

### What are Behavioral Health Services?

Behavioral Health Services are those services provided or arranged by USBHPC for the Medically Necessary treatment of:

- Mental Disorders, including treatment for the Severe Mental Illness of an adult or child and/or the Serious Emotional Disturbance of a Child, and/or
- Alcohol and drug problems, also known as **Substance Use Disorder**, substance use or substance abuse.

### What is a Severe Mental Illness?

A Severe Mental Illness (SMI) includes the diagnosis and treatment of the following conditions:

- Anorexia Nervosa
- Bipolar Disorder
- Bulimia Nervosa
- Major Depressive Disorder
- Obsessive-Compulsive Disorder
- Panic Disorder
- Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism.
- Schizoaffective Disorder
- Schizophrenia

### What is the Serious Emotional Disturbance of a Child?

Serious Emotional Disturbance (SED) of a Child is defined as a condition of a child who:

1. Has one or more Mental Disorders as defined by the *Diagnostic and Statistical Manual (DSM-IV-TR)*, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms; and
2. Is under the age of eighteen (18) years old.
3. Furthermore, the child must meet one or more of the following criteria:
  - a. As a result of the Mental Disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships or ability to function in the community; and either of the following occur:
    - i. the child is at risk of removal from home or has already been removed from the home; or
    - ii. the Mental Disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
  - b. The child displays one of the following: psychotic features, risk of suicide, or risk of violence due to a Mental Disorder; or

**Questions? Call the Customer Service Department at 1-800-999-9585.**

- c. The child meets the special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code of the State of California.

## **What does U.S. Behavioral Health Plan, California do?**

USBHPC arranges for the provision of Behavioral Health Services to our Members:

- You have direct 24-hour phone access to our services.
- Your Medically Necessary Behavioral Health Services are coordinated and paid for as provided under your Behavioral Health Plan, so long as you use USBHPC Participating Providers.
- You may be responsible for payment of some Copayments or Coinsurance amounts, as set forth in the attached *Schedule of Benefits*.

All services covered under this Behavioral Health Plan will be provided by a USBHPC Participating Provider and must be preauthorized by USBHPC, except in the case of an Emergency. All Inpatient services must be preauthorized by USBHPC, except in the event of an Emergency. The following Outpatient treatments must be preauthorized by USBHPC, except in the event of an Emergency: Intensive Outpatient Program Treatment, Outpatient Electro-Convulsive Treatment, Outpatient Treatment extended beyond 50 minutes, and Psychological Testing. If you have questions about your benefits, simply call the USBHPC Customer Service Department at 1-800-999-9585 at any time. Our staff is always there to assist you 24 hours a day, with understanding your benefits, authorizing services, helping you select a Provider, or anything else related to your USBHPC Behavioral Health Plan.

Your USBHPC Behavioral Health Plan provides coverage for the Medically Necessary treatment of Mental Disorders and **Substance Use Disorder** on both an inpatient and outpatient basis. Details concerning your behavioral health benefits can be found in your *Schedule of Benefits* and in **Section 4** of this *Combined Evidence of Coverage and Disclosure Form*.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## SECTION 2. GETTING STARTED: YOUR PARTICIPATING PROVIDER

- Do I need a referral?
- How do I access Behavioral Health Services?
- Choice of Physicians and Providers
- Continuity of Care

*This Section explains how to obtain USBHPC Behavioral Health Services and the role of USBHPC's Participating Providers.*

### **Do I need a referral from my Primary Care Physician to get Behavioral Health Services?**

No. You can call USBHPC directly to obtain Behavioral Health Services. If you would like us to, we will help coordinate the care you receive from your USBHPC Participating Provider and the services provided by your Primary Care Physician (PCP). This may be very important when you have both medical and behavioral health conditions. USBHPC will obtain the appropriate consents before information is released to your PCP. You may call USBHPC Customer Service at any time to start this process.

### **How do I access Behavioral Health Services?**

#### **Step 1**

To access Behavioral Health Services, you should call USBHPC first, except in an Emergency. Just call USBHPC Customer Service at 1-800-999-9585. A USBHPC staff member will make sure you are an eligible Member of the USBHPC Behavioral Health Plan and answer any questions you may have about your benefits. The USBHPC staff member will conduct a brief telephone screening by asking you questions, such as:

- What are the problems or symptoms you are having?
- Are you already seeing a Provider?
- What kind of Provider do you prefer?

You will then be given the name and telephone number of one or more USBHPC Participating Providers near your home or work that meets your needs.

#### **Step 2**

You call the USBHPC Participating Provider's office to make an appointment. If your request for services is non-urgent, the Participating provider is expected to offer you an appointment within ten (10) working days.

#### **Step 3**

You do not need prior approval for routine outpatient services. However, all inpatient services must be pre-authorized. Also certain non-routine outpatient services<sup>1</sup> that you receive from your USBHPC Participating Provider may need pre-authorization from USBHPC, except in the event of an Emergency. After your first visit, your USBHPC Participating Provider will get any necessary approval from USBHPC before you receive these services.

### **Choice of Physicians and Providers**

USBHPC's Participating Providers include hospitals, group practices and licensed behavioral health professionals, which include psychiatrists, psychologists, social workers, and marriage and family therapists. All Participating Providers are carefully screened and must meet strict USBHPC licensing and program standards.

Call the USBHPC Customer Service Department for:

- Information on USBHPC Participating Providers,

<sup>1</sup> Non-routine outpatient services are: Intensive Outpatient Program Treatment; Outpatient Electro-Convulsive Treatment; Outpatient Treatment extended beyond 50 minutes; and Psychological Testing. Such services must be provided at the office of the Participating Practitioner or at a participating Outpatient Treatment Center.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

- Provider office hours,
- Background information such as their areas of specialization,
- A copy of our *Provider Directory*.

## **Facilities**

Along with listing our Participating Providers, your USBHPC Participating Provider Directory has detailed information about our Participating Providers. This includes a QUALITY INDEX® for helping you become familiar with our Participating Providers. If you need a copy or would like assistance picking your Participating Provider, please call our Customer Service Department. You can also find an online version of the USBHPC Participating Provider Directory at [www.liveandworkwell.com](http://www.liveandworkwell.com).

## **What if I want to change my Participating Provider?**

Simply call the USBHPC Customer Service toll-free number at 1-800-999-9585 to select another USBHPC Participating Provider.

## **If I see a Provider who is not part of USBHPC's Provider Network, will it cost me more?**

Yes. If you are enrolled in this USBHPC Behavioral Health Plan and choose to see a Provider who is not part of the USBHPC network, the services will be excluded; and you will have to pay for the entire cost of the treatment (except in an Emergency) with no reimbursement from USBHPC.

## **Can I call USBHPC in the evening or on weekends?**

Yes. If you need services after normal business hours, please call USBHPC's Customer Service Department at 1-800-999-9585. For the hearing and speech impaired, use 1-800-842-9489 (TTY). A staff member is always there to help.

## **Continuity of Care With a Terminated Provider**

In the event your Participating Provider is no longer a part of the USBHPC Provider network for reasons other than breach of contract, a medical disciplinary cause, fraud or other criminal activity, you may be eligible to continue receiving care from that Provider to ensure a smooth transition to a new Participating Provider and to complete a course of treatment with the same terminated Provider.

For a Member to continue receiving care from a terminated Provider, the following conditions must be met:

1. Continuity of Care services from a terminated Provider must be preauthorized by USBHPC;
2. The requested treatment must be a Covered Service under this Plan;
3. The terminated Provider must agree in writing to be subject to the same contractual terms and conditions that were imposed upon the Provider prior to termination, including, but not limited to, credentialing, hospital privileging, utilization review, peer review and quality assurance requirements, notwithstanding the provisions outlined in the Provider contract related to Continuity of Care;
4. The terminated Provider must agree in writing to be compensated at rates and methods of payment similar to those used by USBHPC for current Participating Providers providing similar services who are practicing in the same or a similar geographic area as the terminated Provider.

Covered Services for the Continuity of Care Condition under treatment by the Terminated or Non-Participating Mental Health Provider will be considered complete when:

- i. the Member's Continuity of Care Condition under treatment is medically stable, and
- ii. there are no clinical contraindications that would prevent a medically safe transfer to a Participating Mental Health Provider as determined by a USBHPC Medical Director (or designee) in consultation with the Member, the Terminated Mental Health Provider and, as applicable, the Member's receiving Participating Provider.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

All Continuity of Care requests will be reviewed on a case-by-case basis. Reasonable consideration will be given to the severity of the Member's condition and the potential clinical effect of a change in Provider regarding the Member's treatment and outcome of the condition under treatment.

If you are receiving treatment for any of the specified Continuity of Care Conditions as limited and described in **Section 7. Definitions**, and believe you qualify for continued care with the terminating Provider, please call the Customer Service Department and request the form "Request for Continuity of Care." Complete and return the form to USBHPC as soon as possible, but within thirty (30) calendar days of the Provider effective date of termination.

If you have any questions about this provision or would like a copy of our Continuity of Care Policy, you may call our Customer Service Department.

### **Continuity of Care for New Members**

Under certain circumstances, new Members of USBHPC may be able to temporarily continue receiving services from a Non-Participating Provider. This short-term transition assistance may be available for a new Member who:

1. Did not have the option to continue with his/her previous behavioral health plan at time of enrollment;
2. Had no other behavioral health plan choice other than through USBHPC;
3. Is under treatment by a Non-Participating Provider at the time of enrollment for an acute or serious chronic mental health condition;
4. Is receiving treatment that is a benefit under this USBHPC Benefit Plan; and
5. Was not offered a plan with an out-of-network option.
6. The Member must be new to USBHPC as a result of the Members' Employer Group changing health plans;

Behavioral Health Services provided by a Non-Participating Provider may be covered by USBHPC for the purpose of safely transitioning you or your Dependent to a USBHPC Participating Provider. If the Behavioral Health Services are preauthorized by USBHPC, USBHPC may cover such services to the extent they would be covered if provided by a USBHPC Participating Provider under the USBHPC Behavioral Health Plan. This means that you will only be responsible for your Copayment or coinsurance listed on the *Schedule of Benefits*. The Non-Participating Provider must agree in writing to the same contractual terms and conditions that are imposed upon USBHPC Participating Providers, including reimbursement methodologies and rates of payment.

**These Continuity of Care services, except for Emergency Services, must be approved by USBHPC.** If you would like to request continuing treatment from a Non-Participating Provider, call the USBHPC Customer Service Department within 30 days. If you have any questions or would like a copy of USBHPC's continuity-of-care policy, call or write the USBHPC Customer Service Department.

### **Outpatient Treatment**

For outpatient treatment, USBHPC will authorize an appropriate number of Visits for you to continue treatment with the existing Non-Participating Provider in order to transition you safely to a USBHPC Participating Provider.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## SECTION 3. EMERGENCY SERVICES AND URGENTLY NEEDED SERVICES

- What is an Emergency?
- What are Psychiatric Emergency Services?
- What To Do When You Require Psychiatric Emergency Services
- What To Do When You Require Urgently Needed Services
- Continuing or Follow-Up of Emergency Treatment
- If I am out of State or traveling, am I still covered?

*Worldwide, wherever you are, USBHPC provides coverage for Emergency Services and Urgently Needed Services. This section will explain how to obtain Emergency Services and Urgently Needed Services. It will also explain what you should do following receipt of these services.*

### IMPORTANT!

**If you believe you are experiencing an Emergency condition, call 911 or go directly to the nearest hospital emergency room or other facility for treatment.**

### What is an Emergency?

An Emergency is defined as a condition manifesting itself by acute symptoms of sufficient severity such that the absence of immediate Behavioral Health Services could reasonably be expected by the Member to result in any of the following:

- Immediate harm to self or others;
- Placing your health in serious jeopardy;
- Serious impairment of your functioning; or
- Serious dysfunction of any bodily organ or part.

A situation will be considered an Emergency if you or your Dependent are experiencing a situation which requires the immediate provision of Behavioral Health Services such that a delay caused by seeking treatment from a USBHPC Participating Provider would result in a serious deterioration to your mental health.

### What are Psychiatric Emergency Services?

Psychiatric Emergency Services are Medically Necessary ambulance or ambulance transport services provided through the 911 Emergency response system. It includes the medical screening, examination and evaluation by a Physician, or other licensed personnel – to the extent provided by law – to determine if a Psychiatric Emergency exists. If a Psychiatric Emergency condition exists, Psychiatric Emergency Services include the care and treatment by a Physician necessary to stabilize or eliminate the Emergency condition within the capabilities of the facility.

### What To Do When You Require Psychiatric Emergency Services

**Step 1:** In an Emergency, get help or treatment immediately.

**This means you should call 911 or go directly to the nearest medical facility for treatment.**

**Step 2:** Then, within 48 hours of your Emergency, or as soon as is reasonably possible after your condition is stable, you, or someone acting on your behalf, must call USBHPC at 1-800-999-9585.

**This is important.**

**Psychiatric Emergency Services are covered only as long as the condition continues to be an Emergency. Once the condition is under control and you can be safely transferred or discharged, additional charges incurred through the Emergency care facility will not be covered.**

**Questions? Call the Customer Service Department at 1-800-999-9585.**

**Step 3:** USBHPC will arrange follow up services for your condition after an Emergency. USBHPC may move you to a Participating Provider in our network, as long as the move would not harm your health.

It is appropriate for you to use the 911 Emergency response system, or alternative Emergency system in your area, for assistance in an Emergency situation when ambulance transport services are required and you reasonably believe that your condition is immediate, serious and requires Emergency transport services to take you to the appropriate facility.

## **What To Do When You Require Urgently Needed Services**

### **In-Area Urgently Needed Services**

If you need Urgently Needed Services when you are in the geographic area served by your Participating Provider, you should contact your Participating Provider. If you are calling during nonbusiness hours, and your Participating Provider is not immediately available, call USBHPC Customer Service Department for assistance in finding a provider near your area. If your Participating Provider or USBHPC is temporarily unavailable or inaccessible, you should seek Urgently Needed Services from a licensed behavioral health professional wherever you are located.

### **Out-of-Area Urgently Needed Services**

Urgently Needed Services are required in situations where a Member is temporarily outside the geographic area served by the Member's Participating Provider and the Member experiences a mental condition that, while less serious than an Emergency, could result in the serious deterioration of the Member's mental health if not treated before the Member returns to the geographic area serviced by his or her Participating Provider.

When you are temporarily outside the geographic area served by your Participating Provider, and you believe that you require Urgently Needed Services, you should, if possible, call (or have someone else call on your behalf) your Participating Provider. If you are calling during nonbusiness hours, and your Provider is not immediately available, call USBHPC Customer Service Department for assistance in finding a Provider near your area. If your Participating Provider or USBHPC is temporarily unavailable or inaccessible, you should seek Urgently Needed Services from a licensed behavioral health professional wherever you are located.

You, or someone else on your behalf, must notify USBHPC or your Participating Provider within 24 hours, or as soon as reasonably possible, after the initial receipt of Urgently Needed Services.

**It is very important that you follow the steps outlined above. If you do not, you may be financially responsible for services received.**

## **Continuing or Follow-up of Emergency Treatment or Urgently Needed Services**

If you require Behavioral Health Services following an Emergency or Urgently Needed Services and you desire that these services be covered, the Behavioral Health Services must be coordinated and authorized by USBHPC. In addition, if a transfer does not create an unreasonable risk to your health, USBHPC may require that you transfer to a USBHPC Participating Provider designated by USBHPC for any treatment following the Emergency or Urgently Needed Services.

Failure to transfer or to obtain approval from USBHPC for continued treatment may result in all further treatment being denied if the services were not Medically Necessary or did not meet the Emergency or Urgently Needed Services criteria outlined in this document.

### **If I am out of State or traveling, am I still covered?**

Yes, but only in an Emergency or Urgent situation. If you think you are experiencing an Emergency or require Urgently Needed Services, get treatment immediately. Then, as soon as reasonably possible, call USBHPC Customer Service Department to ensure your Emergency Treatment or Urgently Needed Services are covered. **This is important.**

If you are traveling outside of the United States, you can reach USBHPC by calling 1-877-447-5915 for additional instructions on what to do in the case of an Emergency or Urgent situation.

**Note:** Under certain circumstances, you may need to pay for your Emergency or Urgently Needed Services at the time of treatment. If this is necessary, please pay for such services and then contact USBHPC at the earliest opportunity. Be sure to keep all receipts and copies of relevant medical documentation. You will need these to be properly reimbursed. For more

**Questions? Call the Customer Service Department at 1-800-999-9585.**

information on submitting claims to USBHPC, please refer to **Section 5. Overseeing Your Behavioral Health Services** in this *Combined Evidence of Coverage and Disclosure Form*.

**Questions? Call the Customer Service Department at 1-800-999-9585.**



## SECTION 4. COVERED BEHAVIORAL HEALTH SERVICES

- What Behavioral Health Services are covered?
- Exclusions and Limitations

*This section explains your Behavioral Health Benefits, including what is and is not covered by USBHPC. You can find some helpful definitions in the back of this publication. For any Copayments that may be associated with a benefit, you need to refer to your Schedule of Benefits, a copy of which is included with this document.*

### What Behavioral Health Services are covered?

**Behavioral Health Services are covered only when they are:**

- Incurred while the Member is eligible for coverage under this Behavioral Health Plan;
- Medically Necessary;
- Preauthorized by USBHPC as required for Inpatient services and certain Outpatient Services -- Intensive Outpatient Program Treatment, Outpatient Electro-Convulsive Treatment, Outpatient Treatment extended beyond 50 minutes and Psychological Testing -- except in the event of an Emergency; and
- Rendered by a USBHPC, except in the case of an Emergency.

USBHPC will pay for the following Behavioral Health Services furnished in connection with the treatment of Mental Disorders and/or **Substance Use Disorder** as outlined in the *Schedule of Benefits*, provided the above criteria have been satisfied. You should refer to your *Schedule of Benefits* for further information about your particular Behavioral Health Plan.

#### I. Mental Health Services (including services for the diagnosis and treatment of SMI and SED conditions:

##### A. Inpatient

1. **Inpatient Mental Health Services** provided at an Inpatient Treatment Center or Day Treatment Center are covered when Medically Necessary, preauthorized by USBHPC, and provided at a Participating Facility.
2. **Inpatient Physician Care** -- Medically Necessary Mental Health Services provided by a Participating Practitioner while the Member is hospitalized as an inpatient at an Inpatient Treatment Center or is receiving services at a Participating Day Treatment Center and which have been preauthorized by USBHPC.

##### B. Outpatient

1. **Outpatient Physician Care** -- Medically Necessary Mental Health Services provided by a Participating Practitioner and preauthorized by USBHPC, when appropriate, i.e. Intensive Outpatient Program Treatment, Outpatient Electro-Convulsive Treatment, Outpatient Treatment extended beyond 50 minutes, and Psychological Testing. Such services must be provided at the office of the Participating Practitioner or at a Participating Outpatient Treatment Center.

#### II. Substance Use Disorder Services

##### A. Inpatient

1. **Inpatient Substance Use Disorder Services, including Medical Detoxification provided at an Inpatient Treatment Center** -- Medically Necessary **Substance Use Disorder** Services, including Medical Detoxification, which have been preauthorized by USBHPC and are provided by a Participating Practitioner while the Member is confined in a Participating Inpatient Treatment Center, or at a Participating Residential Treatment Center.
2. **Inpatient Physician Care** -- Medically Necessary **Substance Use Disorder** Services, including Medical Detoxification, provided by a Participating Practitioner while the Member is confined at an Inpatient Treatment Center or at a Residential Treatment Center, or is receiving services at a Participating Day Treatment Center and which have been preauthorized by USBHPC.

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3. **Medical Detoxification** – Medical Detoxification services are covered when provided by a Participating Practitioner at a Participating Inpatient Treatment Center or at a Residential Treatment Center when preauthorized by USBHPC.
4. **Substance Use Disorder Services Rendered at a Residential Treatment Center** – Medically Necessary **Substance Use Disorder** Services provided by a Participating Practitioner, provided to a Member during a confinement at a Residential Treatment Center are covered, if provided or prescribed by a Participating Practitioner and preauthorized by USBHPC.

#### B. Outpatient

1. **Medical Detoxification** – Medical Detoxification services are covered when provided by a Participating Practitioner at a Participating Outpatient Treatment Center or by a Participating Practitioner.
2. **Outpatient Physician Care** – Medically Necessary **Substance Use Disorder** Services provided by a Participating Practitioner. Such services must be provided at the office of the Participating Practitioner or at a Participating Outpatient Treatment Center.

### III. Other Behavioral Health Services

1. **Ambulance** – Use of an ambulance (land or air) for Emergencies, including, but not limited to, ambulance or ambulance transport services provided through the 911 Emergency response system is covered without prior authorization when the Member reasonably believes that the behavioral health condition requires Emergency Services that require ambulance transport services. Use of an ambulance for a non-Emergency is covered only when specifically authorized by USBHPC.
2. **Laboratory Services** – Diagnostic and therapeutic laboratory services are covered when ordered by a Participating Practitioner in connection with the Medically Necessary diagnosis and treatment of Mental Disorder and/or **Substance Use Disorder**.
3. **Inpatient Prescription Drugs** – Inpatient prescription drugs are covered only when prescribed by a USBHPC Participating Practitioner for treatment of a Mental Disorder or **Substance Use Disorder** while the Member is confined to an Inpatient Treatment Center or, in the case of treatment of **Substance Use Disorder** a Residential Treatment Center.
4. **Injectable Psychotropic Medications** – Injectable psychotropic medications are covered if prescribed by a USBHPC Participating Practitioner for treatment of a Mental Disorder.
5. **Psychological Testing** – Medically Necessary psychological testing is covered when preauthorized by USBHPC and provided by a Participating Practitioner who has the appropriate training and experience to administer such tests.

### Exclusions and Limitations

Unless described as a Covered Service in an attached supplement, all services and benefits described below are excluded from coverage under this Behavioral Health Plan. Any supplement must be an attachment to this *Combined Evidence of Coverage and Disclosure Form*.

1. Any Inpatient confinement, treatment, service or supply not authorized by USBHPC, except in the event of an Emergency.
2. The following Outpatient treatments require preauthorization by USBHPC, except in the event of an Emergency: Intensive Outpatient Program Treatment, Outpatient Electro-Convulsive Treatment, Outpatient Treatment extended beyond 50 minutes, and Psychological Testing.
3. All services not specifically included in the USBHPC *Schedule of Benefits* included with this *Combined Evidence of Coverage and Disclosure Form*.
4. Services received prior to the Member's effective date of coverage, after the time coverage ends, or at any time the Member is ineligible for coverage.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

5. Services or treatments which are not Medically Necessary, as determined by USBHPC.
6. Services or treatment provided to you which duplicate the benefits to which you are entitled under any applicable workers' compensation laws are not covered.
7. Any services that are provided by a local, state or federal governmental agency are not covered except when coverage under this Behavioral Health Plan is expressly required by federal or state law.
8. Speech therapy, physical therapy and occupational therapy services provided for Developmental Delays or Learning Disabilities are not covered. Developmental Delay is a delayed attainment of age appropriate milestones in the areas of speech-language, motor, cognitive and/or social development. A Learning Disability is a condition where there is a meaningful difference between a person's current level of learning ability and the level that would be expected for a person of that age. This exclusion does not apply to Medically Necessary speech therapy, physical therapy and occupational therapy services for Pervasive Developmental Disorders or Autism when authorized and are provided by a participating provider acting within the scope of his or her license under California law.
9. Treatments which do not meet national standards for mental health professional practice.
10. Routine custodial and convalescent care.
11. Any services provided by nonlicensed Providers.
12. Pastoral or spiritual counseling.
13. Dance, poetry, music or art therapy services except as part of a Behavioral Health Treatment Program.
14. School counseling and support services, household management training, peer-support services, recreation, tutor and mentor services, independent living services, supported work environments, job training and placement services, therapeutic foster care, Emergency aid to household items and expenses, and services to improve economic stability and interpretation services.
15. Genetic counseling services.
16. Community care facilities that provide 24-hour nonmedical residential care.
17. Weight control programs and treatment for addictions to tobacco, nicotine or food.
18. Counseling for adoption, custody, family planning or pregnancy in the absence of a *DSM-IV-TR* diagnosis.
19. Counseling, treatment or services associated with or in preparation for a sex (gender) reassignment operation are not covered.
20. Sexual therapy programs, including therapy for sexual addiction, the use of sexual surrogates, and sexual treatment for sexual offenders/perpetrators of sexual violence.
21. Personal or comfort items, and non-Medically Necessary private room and/or private-duty nursing during inpatient hospitalization are not covered.
22. With the exception of injectable psychotropic medication as set forth in **Section 4**, all nonprescription and prescription drugs, which are prescribed during the course of outpatient treatment, are not covered. Outpatient prescription drugs may be covered under your medical plan. Please refer to the Member disclosure materials describing the medical benefit. (Nonprescription and prescription drugs prescribed by a USBHPC Participating Practitioner while the Member is confined at an Inpatient Treatment Center and nonprescription and prescription drugs prescribed during the course of inpatient Emergency treatment whether provided by a Participating or Non-Participating Practitioner are covered under the inpatient benefit.)
23. Surgery or acupuncture.
24. Services that are required by a court order as a part of parole or probation, or instead of incarceration, which are not Medically Necessary.
25. Neurological services and tests, including, but not limited to, EEGs, PET scans, beam scans, MRIs, skull X-rays and lumbar punctures.

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26. Treatment sessions by telephone or computer Internet services.
27. Evaluation for professional training, employment investigations, fitness for duty evaluations or career counseling.
28. **Educational Services for Developmental Delays and Learning Disabilities** – Educational Services for Developmental Delays and Learning Disabilities are not health care services and are not covered. Educational skills related to or consisting of gaining academic knowledge for educational advancement to help students achieve passing marks and advance from grade to grade. The Plan does not cover tutoring, special education/instruction required to assist a child to make academic progress: academic coaching, teaching members how to read; educational testing or academic education during residential treatment. Teaching academic knowledge or skills that help you progress from your current levels of knowledge or learning ability to levels that would be expected from a person of your age are not covered.

We refer to *American Academy of Pediatrics, Policy Statement – Learning Disabilities, Dyslexia and Vision: A Subject Review* for a description of Educational Services.

For example, we do not cover:

- Items and services that increase academic knowledge or skills
- Special education (teaching to meet the educational needs of a person with mental retardation, Learning Disability, or Developmental Delay. (A Learning Disability is a condition where there is a meaningful difference between a person's current level of learning ability and the level that would be expected for a person of that age. A Developmental Delay is a delayed attainment of age appropriate milestones in the areas of speech-language, motor, cognitive, and social development.) This exclusion does not apply to covered services when they are authorized, part of a Medically Necessary treatment plan, provided by or rendered under the direct supervision of a licensed healthcare professional, and are provided by a Participating Provider acting within the scope of his or her license under California law for the treatment of Pervasive Developmental Disorder or Autism.
- Teaching and support services to increase academic performance
- Academic coaching or tutoring for skills such as grammar, math, and time management
- Speech training that is intended to address speech impediments, such as lisping and stuttering, that are not caused by an illness or injury. This exclusion does not apply to Speech Therapy when part of a Medically Necessary treatment plan for Pervasive Developmental Disorders or Autism, provided by or rendered under the direct supervision of a licensed therapist, and are provided by a Participating Provider acting within the scope of his or her license under California law.
- Teaching you how to read, whether or not you have dyslexia
- Educational testing
- Teaching (or any other items or services associated with) activities such as art, dance, horse riding, music, or swimming, or teaching you how to play.

29. Treatment of problems that are not Mental Disorders are not covered, except for diagnostic evaluation.
30. Experimental and/or Investigational Therapies, Items and Treatments are not covered, unless required by an external independent review panel as described in the Section of this *Combined Evidence of Coverage and Disclosure Form* captioned "Experimental and Investigational Therapies." Unless otherwise required by federal or state law, decisions as to whether a particular treatment is Experimental or Investigational and therefore not a covered benefit are determined by the USBHPC Medical Director or a designee. For the purpose of this *Combined Evidence of Coverage and Disclosure Form*, procedures, studies, tests, drugs or equipment will be considered Experimental and/or Investigational if any of the following criteria/ guidelines are met:
- It cannot lawfully be marketed without the approval of the Food and Drug Administration (FDA), and such approval has not been granted at the time of its use or proposed use.
  - It is a subject of a current investigation of new drug or new device (IND) applications on file with the FDA.
  - It is the subject of an ongoing clinical trial (Phase I, II, or the research arm of Phase III) as defined in regulations and other official publications issued by the FDA and the Department of Health and Human Services.

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- It is being provided pursuant to a written protocol that describes among its objectives the determination of safety, efficacy, toxicity, maximum tolerated dose or effectiveness in comparison to conventional treatments.
- It is being delivered or should be delivered subject to approval and supervision of an Institutional Review Board (IRB) as required and defined by federal regulations or other official actions (especially those of the FDA or DHHS).
- Other facilities studying substantially the same drug, device, medical treatment or procedures refer to it as experimental or as a research project, a study, an invention, a test, a trial or other words of similar effect.
- The predominant opinion among experts as expressed in published, authoritative medical literature is that usage should be confined to research settings.
- It is not Experimental or Investigational itself pursuant to the above criteria, but would not be Medically Necessary except for its use in conjunction with a drug, device or treatment that is Experimental or Investigational (e.g., lab test or imaging ordered to evaluate the effectiveness of the Experimental therapy.)
- The source of information to be relied upon by USBHPC in determining whether a particular treatment is Experimental or Investigational, and therefore not a covered benefit under this Behavioral Health Plan, include, but are not limited to the following:
  - The Member's Medical records;
  - The protocol(s) pursuant to which the drug, device, treatment or procedure is to be delivered;
  - Any informed consent document the Member, or his or her representative, has executed or will be asked to execute, in order to receive the drug, device, treatment or procedure;
  - The published authoritative medical and scientific literature regarding the drug, device, treatment or procedure;
  - Expert medical opinion;
  - Opinions of other agencies or review organizations (e.g., ECRI Health Technology Assessment Information Services or HAYES New Technology Summaries);
  - Regulations and other official actions and publications issued by agencies such as the FDA, DHHS and Agency for Healthcare Research and Quality (AHRQ);
  - USBHPC Technology Assessment Committee Guidelines.

A Member with a Life-Threatening or Seriously Debilitating condition may be entitled to an expedited external independent review of USBHPC's coverage determination regarding Experimental or Investigational therapies as described in the Section of this *Combined Evidence of Coverage and Disclosure Form* captioned "Experimental and Investigational Therapies."

31. All exclusions and limitations listed in the UnitedHealthcare of California Group *Subscriber Agreement* and EOC under the "Exclusions and Limitations" section.
32. Methadone maintenance treatment is not covered.
33. Services provided to the Member on an Out-of-Network basis.
34. Services rendered by a Non-Participating Provider are not covered, except for Emergency Services or services authorized by USBHPC.
35. Services rendered outside the Service Area are not covered, except for Emergency Services or Urgently Needed Services.
36. Services following discharge after receipt of Emergency Services or Urgently Needed Services are not covered without a Participating Provider's or USBHPC's authorization. The fact that the Member is outside the Service Area and that it is inconvenient for the Member to obtain the required services from a Participating Provider will not entitle the Member to coverage.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## SECTION 5. OVERSEEING YOUR BEHAVIORAL HEALTH SERVICES

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- **How USBHPC Makes Important Benefit Decisions**
- **Second Opinions**
- **New Treatment and Technologies**
- **Experimental and Investigational Therapies**
- **Appealing a Behavioral Health Benefit Decision**
- **Independent Medical Review**

*This section explains how USBHPC authorizes or makes changes to your Behavioral Health Services, how we evaluate new behavioral health technologies and how we reach decisions about your coverage.*

*You will also find out what to do if you are having a problem with your Behavioral Health Plan, including how to appeal a behavioral health benefit decision by USBHPC or one of our Participating Providers. You will learn the process that is available for filing a formal grievance, as well as how to request an expedited decision when your condition requires a quicker review.*

### **How USBHPC Makes Important Benefit Decisions**

#### **Authorization, Modification and Denial of Behavioral Health Services**

When a Member requests Mental Health Services or **Substance Use Disorder** Services, USBHPC uses established utilization management (UM) criteria to approve, deny, delay or modify authorization of benefits based on Medical Necessity. The criteria used for evaluating Mental Health Services are based on empirical research and industry standards. These are the *MCAP Behavioral Health Criteria*. For **Substance Use Disorder** Services USBHPC uses the *American Society of Addiction Medicine Placement Guidelines for Substance Related Disorder – Version II-Revised*. The UM criteria used to deny, delay or modify requested services in the Member's specific case will be provided free of charge to the Participating Provider and to the Member. The public is also able to receive specific criteria or guideline, based on a particular diagnosis, upon request.

If you or your Dependent(s) are receiving Behavioral Health Services from a school district or a regional center, USBHPC will coordinate with the school district or regional center to provide Case Management of your Behavioral Health Treatment Program. Upon USBHPC's request, you or your Dependent(s) may be required to provide a copy of the most recent Individual Education Plan (IEP) that you or your Dependent(s) received from the school district and or the most recent Individual Program Plan (IPP) or Individual Family Service Plan (IFSP) from the regional center to coordinate these services.

The USBHPC qualified Physician or other appropriate qualified licensed health care professional, and its Participating Providers make decisions to deny, delay or modify requests for authorization of Behavioral Health Services, based on Medical Necessity, within the following time frames as required by California state law:

- Decisions based on Medical Necessity will be made in a timely fashion appropriate for the nature of the Member's condition, not to exceed five (5) business days from USBHPC's receipt of information reasonably necessary to make the decision.
- If the Member's condition poses an imminent and serious threat to his/her health, including, but not limited to, severe pain, potential loss of life, limb or other major bodily functions, or lack of timeliness would be detrimental in regaining maximum functions, the decision would be rendered in a timely fashion appropriate for the nature of the Member's condition, not to exceed twenty-four (24) hours after USBHPC's receipt of the information reasonably necessary and requested by USBHPC to make the determination.

If the decision cannot be made within these time frames because (i) USBHPC is not in receipt of all the information reasonably necessary and requested, or (ii) USBHPC requires consultation by an expert reviewer, or (iii) USBHPC has asked that an additional examination or test be performed upon the Member, provided the examination or test is reasonable and consistent with good medical practice, USBHPC will notify the Participating Provider and the Member, in writing, that a decision cannot be made within the required time frame. The notification will specify the information requested but not

**Questions? Call the Customer Service Department at 1-800-999-9585.**

received or the additional examinations or tests required, and the anticipated date on which a decision may be rendered following receipt of all reasonably necessary requested information. Upon receipt of all information reasonably necessary and requested by USBHPC, then USBHPC shall approve or deny the request for authorization within the time frame specified above as applicable.

USBHPC notifies requesting Participating Providers of decisions to deny or modify request for authorization of Behavioral Health Services of Members within twenty-four (24) hours of the decision. Members are notified of decisions, in writing, within two (2) business days of the decision. The written decision will include the specific reason(s) for the decision, the clinical reason(s) for modifications or denials based on a lack of Medical Necessity, and information about how to file an appeal of the decision with USBHPC. In addition, the internal criteria or benefit interpretation policy, if any, relied upon in making this decision will be made available upon request by the Member.

If the Member requests an extension of a previously authorized and currently ongoing course of treatment, and the request is an "Urgent Request" as defined above, USBHPC will modify or deny the request as soon as possible, taking into account the Member's behavioral health condition, and will notify the Member of the decision within 24 hours of the request, provided the Member made the request to USBHPC at least 24 hours prior to the expiration of the previously authorized course of treatment. If the concurrent care request is not an Urgent Request as defined above, USBHPC will treat the request as a new request for a Covered Service under the Behavioral Health Plan and will follow the time frame for non-Urgent requests as discussed above.

**If you would like a copy of USBHPC's description of processes utilized for the authorization or denial of Behavioral Health Services, or the criteria or guidelines related to a particular condition, you may contact the USBHPC Customer Service Department or visit the USBHPC Web site at [www.liveandworkwell.com](http://www.liveandworkwell.com).**

## **Second Opinions**

A Member, or his or her treating USBHPC Participating Provider, may submit a request for a second opinion to USBHPC either in writing or verbally through the USBHPC Customer Service Department. Second opinions will be authorized for situations, including, but not limited to, when:

- the Member questions the reasonableness or necessity of recommended procedures;
- the Member questions a diagnosis or plan for care for a condition that threatens loss of life, loss of limb, loss of bodily functions, or substantial impairment, including but not limited to a chronic condition;
- the clinical indications are not clear or are complex and confusing, a diagnosis is in doubt due to conflicting test results, or the treating Provider is unable to diagnose the condition and the Member requests an additional diagnosis;
- the Treatment Plan in progress is not improving the medical condition of the Member within an appropriate period of time given the diagnosis and plan of care, and the Member requests a second opinion regarding the diagnosis or continuance of the treatment; or
- the Member has attempted to follow the plan of care or consulted with the initial Provider concerning serious concerns about the diagnosis or plan of care.

The request for a second opinion will be approved or denied by USBHPC's Medical Director (or designee) in a timely fashion appropriate for the nature of your or Dependent's condition. For circumstances other than an imminent or serious threat to your health, a second opinion request will be approved or denied within five business days after the Participating Provider or USBHPC receives the request. When there is an imminent and serious threat to your behavioral health, a decision about your second opinion will be made within 72 hours after receipt of the request by your Participating Provider or USBHPC.

If you are requesting a second opinion about care given by your Participating Provider, the second opinion will be provided by an appropriately qualified behavioral health professional of your choice within the same Participating Provider Network. If you request a second opinion about care received from a specialist the second opinion will be provided by any behavioral health care professional of your choice from within the same Participating Provider Network. The Participating Provider providing the second opinion will possess the clinical background, including training and expertise, related to the illness or condition associated with the request for a second opinion.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

If there is no qualified Participating Provider within the network, then USBHPC will authorize a second opinion by an appropriately qualified behavioral health professional outside the Participating Provider network. In approving a second opinion either inside or outside of the Participating Provider network, USBHPC will take into account the ability of the Member to travel to the Provider.

A second opinion will be documented by a consultation report which will be made available to you. If the Provider giving the second opinion recommends a particular treatment, diagnostic test or service covered by USBHPC, and it is determined to be Medically Necessary by your Participating Provider, the treatment, diagnostic test or service will be provided or arranged by the Member's Participating Provider. However, the fact that a Provider furnishing a second opinion recommends a particular treatment, diagnostic test or service does not necessarily mean that the treatment, diagnostic test or service is Medically Necessary or a Covered Service under your USBHPC Behavioral Health Plan. You will be responsible for paying any Copayment, as set forth in your *Schedule of Benefits*, to the USBHPC Provider who renders the second opinion. If you obtain a second opinion without preauthorization from your Participating Provider or USBHPC, you will be financially responsible for the cost of the opinion.

If you or your Dependent's request for a second opinion is denied, USBHPC will notify you in writing and provide the reason for the denial. You or your Dependent may appeal the denial by following the procedures outlined in the appeals section described below.

To receive a copy of the Second Opinion policy, you may call or write the USBHPC Customer Service Department at:

U.S. Behavioral Health Plan, California  
P.O. Box 2839  
San Francisco, CA 94126  
1-800-999-9585

## **How are new treatment and technologies evaluated?**

USBHPC is committed to evaluating new treatments and technologies in behavioral health care. A committee composed of USBHPC's Medical Director and people with subject matter expertise meet at least once a year to assess new advances and programs.

## **Experimental and Investigational Therapies**

USBHPC also provides an external independent review process to review its coverage decisions regarding experimental or investigational therapies for USBHPC Members who meet all of the following criteria:

1. You have a Life-Threatening or Seriously Debilitating condition, as defined below and it meets the criteria listed in items #2, #3, #4 and #5 below:
  - "Life-threatening" means either or both of the following: (i) diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted; (ii) diseases or conditions with potentially fatal outcomes, where the endpoint of clinical intervention is survival.
  - "Seriously Debilitating" means diseases or conditions that cause major irreversible morbidity.
2. Your USBHPC Participating Provider certifies that you have a Life-Threatening or Seriously Debilitating condition, as defined above, for which standard therapies have not been effective in improving your condition, or for which standard therapies would not be medically appropriate for you, or for which there is no more beneficial standard therapy covered by USBHPC than the therapy proposed pursuant to paragraph (3); and
3. Either (a) your USBHPC Participating Provider has recommended a treatment, drug, device, procedure or other therapy that he or she certifies in writing is likely to be more beneficial to you than any available standard therapies, and he or she included a statement of the evidence relied upon by the Participating Provider in certifying his or her recommendation; or (b) you, or your non-Contracting Physician who is a licensed, board-certified or board-eligible Physician or Provider qualified to practice in the area of practice appropriate to treat your condition, has requested a therapy that, based on two documents from medical and scientific evidence (as defined in California Health and Safety Code Section 1370.4(d)), is likely to be more beneficial for you than any available standard therapy.

**Questions? Call the Customer Service Department at 1-800-999-9585.**



Such certification must include a statement of the evidence relied upon by the Physician in certifying his or her recommendation. USBHPC is not responsible for the payment of services rendered by non-Contracting Providers that are not otherwise covered under the Member's USBHPC benefits; and

4. A USBHPC Medical Director (or designee) has denied your request for a drug, device, procedure or other therapy recommended or requested pursuant to paragraph (3); and
5. The treatment, drug, device, procedure or other therapy recommended pursuant to paragraph 3, above, would be a Covered Service, except for USBHPC's determination that the treatment, drug, device, procedure or other therapy is experimental or investigational. Independent Medical Review for coverage decisions regarding Experimental or Investigational therapies will be processed in accordance with the protocols outlined under "Independent Medical Review Involving a Disputed Health Care Service" Section of this *Evidence of Coverage*.

Please refer to the "Independent Medical Review of Grievances Involving a Disputed Health Care Service" Section found later in this *Combined Evidence of Coverage and Disclosure Form* for more information.

### **What to do if you have a problem?**

Our first priority is to meet your needs and that means providing responsive service. If you ever have a question or problem, your first step is to call the USBHPC Customer Service Department for resolution.

If you feel the situation has not been addressed to your satisfaction, you may submit a formal complaint within 180 days of your receipt of an initial determination over the telephone by calling the USBHPC toll-free number at 1-800-999-9585. You can also file a complaint in writing:

U.S. Behavioral Health Plan, California  
P.O. Box 2839  
San Francisco, CA 94126  
Attn: Appeals Department

Or at the USBHPC Web site: [www.liveandworkwell.com](http://www.liveandworkwell.com)

### **Appealing a Behavioral Health Benefit Decision**

The individual initiating the appeal may submit written comments, documents, records and any other information relating to the appeal regardless of whether this information was submitted or considered in the initial determination. The Member may obtain, upon request and free of charge, copies of all documents, records, and other information relevant to the Member's appeal. An individual who is neither the individual who made the initial determination that is the subject of the appeal nor the subordinate of that person will review the appeal.

The USBHPC Medical Director (or designee) will review your appeal and make a determination within a reasonable period of time appropriate to the circumstances but not later than thirty (30) days after USBHPC's receipt of the appeal, except in the case of "expedited reviews" discussed below. For appeals involving the delay, denial or modifications of Behavioral Health Services, USBHPC's written response will describe the criteria or guidelines used and the clinical reasons for its decision, including all criteria and clinical reasons related to Medical Necessity. For determinations delaying, denying or modifying Behavioral Health Services based on a finding that the services are not Covered Services, the response will specify the provisions in the plan contract that exclude that coverage. If the complaint is related to quality of care, the complaint will be reviewed through the procedure described in the section of this *Combined Evidence of Coverage and Disclosure Form* captioned USBHPC Quality Review Process.

### **Binding Arbitration and Voluntary Mediation**

If the Member is dissatisfied with the appeal, the Member may submit or request that USBHPC submit the appeal to voluntary mediation and/or binding arbitration before Judicial Arbitration and Mediation Service (JAMS). Such voluntary mediation or binding arbitration will be limited to claims that are not subject to the Employee Retirement Income Security Act of 1974 (ERISA).

**Questions? Call the Customer Service Department at 1-800-999-9585.**

**Voluntary Mediation** – In order to initiate mediation, the Member or agent acting on behalf of the Member shall submit a written request for voluntary mediation. If the parties mutually agree to mediation, the mediation will be administered by JAMS in accordance with JAMS Mediation Rules and Procedures, unless otherwise agreed to by the parties. Expenses for mediation shall be borne equally by the parties. The Department of Managed Health Care shall have no administrative or enforcement responsibilities in connection with the voluntary mediation process.

**Binding Arbitration** – Any and all disputes of any kind whatsoever, including, but not limited to, claims for medical malpractice (that is, as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered) between Member (including any heirs, successors or assigns of Member) and USBHPC, except for claims subject to ERISA, shall be submitted to Binding Arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except to the extent the Federal Arbitration Act provides for judicial review of arbitration proceedings. Member and USBHPC further agree that neither the Court nor any arbitrator shall have the power to delay arbitration of any dispute or to refuse to order any dispute to arbitration, under any provision of section 1281 et seq. of the California Code of Civil Procedure (including, but not limited to, 1281.2(c)), or any successor or replacement provision thereto, of any comparable provision of any other state law. Member and USBHPC further specifically agree that any disputes about the scope of any arbitration or about the arbitration or about the arbitrability of any dispute shall be determined by the arbitrator. Member and USBHPC are giving up their constitutional rights to have any such dispute decided in a court of law before a jury and are instead accepting the use of Binding Arbitration by a single arbitrator in accordance with the Comprehensive Rules of JAMS in effect at the time of the arbitration, and administration of the arbitration shall be performed by JAMS or such other arbitration service as the parties may agree in writing. The parties will endeavor to mutually agree to the appointment of the arbitrator, but if such agreement cannot be reached within 30 days following the date demand for arbitration is made, the arbitrator appointment procedures in the Comprehensive Rules of JAMS will be utilized.

Arbitration hearings shall be held in Orange County, California, or at such other location as the parties may agree in writing. Civil discovery may be taken in such arbitration as provided by California law and the Code of Civil Procedure. The arbitrator selected shall have the power to control the timing, scope and manner of the taking of discovery and shall further have the same powers to enforce the parties' respective duties concerning discovery as would a Superior Court of California, including, but not limited to, the imposition of sanctions. The arbitrator shall have the power to grant all remedies provided by California law. The parties shall divide equally the expenses of JAMS and the arbitrator. In cases of extreme hardship and to prevent any such hardship or unconscionability, USBHPC may assume all or part of the Member's share of the fees and expenses of JAMS and the arbitrator, provided the Member submits a hardship application to JAMS and provided JAMS approves such application. The approval or denial of the hardship application will be determined solely by JAMS. The arbitrator shall prepare in writing an award that includes the legal and factual reasons for the decision.

The requirement of Binding Arbitration shall not preclude a party from seeking a temporary restraining order or preliminary injunction or other provisional remedies from a court with jurisdiction; however, any and all other claims or causes of action, including, but not limited to, those seeking damages, restitution, or other monetary relief, shall be subject to Binding Arbitration as provided herein and any claim for permanent injunctive relief shall be stayed pending completion of the arbitration. The Federal Arbitration Act, 9 U.S.C. Sections 1-16, shall also apply to the arbitration.

**ALL PARTIES EXPRESSLY AGREE TO WAIVE THEIR CONSTITUTIONAL RIGHT TO HAVE DISPUTES BETWEEN THEM RESOLVED IN COURT BEFORE A JURY AND ARE INSTEAD ACCEPTING THE USE OF BINDING ARBITRATION.**

### **Expedited Review Process**

Appeals involving an imminent or serious threat to the health of the Member, including, but not limited to, severe pain, potential loss of life, limb or other major bodily functions will be immediately referred to the USBHPC Medical Director for expedited review, regardless of whether such appeal is received orally or in writing. If an appeal has been sent to the USBHPC Medical Director for immediate expedited review, USBHPC will immediately inform the Member, in writing, of his or her right to notify the Department of Managed Health Care with a written statement of the disposition or pending status of the expedited review no later than three (3) days from receipt of complaint. The Department of Managed Health Care may waive the requirement that you complete the appeals process or participate in the appeals process for at least 30 days if the Department of Managed Health Care determines that an earlier review is necessary.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## **Independent Medical Review of Grievances Involving a Disputed Behavioral Health Service**

A Member may request an Independent Medical Review (IMR) of disputed Behavioral Health Services from the Department of Managed Health Care (DMHC) if the Member believes that Behavioral Health Services have been improperly denied, modified or delayed by USBHPC. A "disputed Behavioral Health Service" is any Behavioral Health Service eligible for coverage under the *Evidence of Coverage* that has been denied, modified or delayed by USBHPC, in whole or in part because the service requested by you or your Provider based on a finding that the requested service is experimental or investigational or is not Medically Necessary. The Member must meet the criteria described in the "Eligibility" section to see if his or her grievance qualifies for an IMR. The IMR process is in addition to the procedures and remedies that are available to the Member under the USBHPC Appeal Process described above. If your complaint or appeal pertains to a disputed Behavioral Health Service subject to IMR (as discussed below), you should file your complaint or appeal within 180 days of receiving a denial notice.

Completed applications for IMR should be submitted to the DMHC. The Member pays no fee to apply for IMR. The Member has the right to include any additional information or evidence not previously provided to USBHPC in support of the request for IMR. USBHPC will provide the Member with an IMR application form with any grievance disposition letter that denies, modifies or delays Behavioral Health Services. The Member may also reach the DMHC by calling 1-888-HMO-2219. The DMHC fax number is 1-916-255-5241.

A decision not to participate in the IMR process may cause the Member to forfeit any statutory right to pursue legal action against USBHPC regarding the disputed behavioral health service.

### **IMR Eligibility for Independent Medical Review: Experimental or Investigational Treatment Decisions**

If you suffer from a Life-Threatening or Seriously Debilitating condition, you may have the opportunity to seek IMR of USBHPC's coverage decision regarding Experimental or Investigational therapies under California's Independent Medical Review System pursuant to Health and Safety Code Section 1370.4. Life-Threatening means either or both of the following: (a) conditions where the likelihood of death is high unless the course of the condition is interrupted; (b) conditions with potentially fatal outcomes, where the endpoint of clinical intervention is survival. Seriously Debilitating means conditions that cause major irreversible morbidity.

To be eligible for IMR of Experimental or Investigational treatment, your case must meet all of the following criteria:

1. Your Provider certifies that you have a Life-Threatening or Seriously Debilitating condition for which:
  - a. Standard therapies have not been effective in improving your condition, or
  - b. Standard therapies would not be medically appropriate for you, or
  - c. There is no more beneficial standard therapy covered by USBHPC than the proposed Experimental or Investigational therapy proposed by your Provider under the following paragraph.
2. Either (a) your USBHPC Provider has recommended a treatment, drug, device, procedure or other therapy that he or she certifies in writing is likely to be more beneficial to you than any available standard therapies, and he or she has included a statement of the evidence relied upon by the Provider in certifying his or her recommendation; or (b) you or your non-Contracting Provider – who is a licensed, board certified or board-eligible Provider qualified to practice in the specialty appropriate to treating your condition – has requested a therapy that, based on two documents of medical and scientific evidence identified in California Health and Safety Code Section 1370.4(d), is likely to be more beneficial than any available standard therapy. To satisfy this requirement, the Provider certification must include a statement detailing the evidence relied upon by the Provider in certifying his or her recommendation. (Please note that USBHPC is not responsible for the payment of services rendered by non-Contracting Providers who are not otherwise covered under your USBHPC benefits.)
3. A USBHPC Medical Director has denied your request for a treatment or therapy recommended or requested pursuant to the above paragraph.
4. The treatment or therapy recommended pursuant to Paragraph 2 above would be a Covered Service, except for USBHPC's determination that the treatment, drug, device, procedure or other therapy is Experimental or Investigational.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

If you have a Life-Threatening or Seriously Debilitating condition and USBHPC denies your request for Experimental or Investigational therapy, USBHPC will send a written notice of the denial within five business days of the decision. The notice will advise you of your right to request IMR, and include a Provider certification form and an application form with a preaddressed envelope to be used to request IMR from the DMHC. (Please note that you may request an IMR, if USBHPC denied your request for Experimental or Investigational therapy, without going through the USBHPC grievance process.)

### **Disputed Behavioral Health Services Regarding Medical Necessity**

You may also request IMR when any Behavioral Health Service has been denied, modified or delayed by USBHPC or one of its Providers, in whole or in part, due to a finding that the service is not Medically Necessary. (Note: Disputed Behavioral Health Services do not encompass coverage decisions. Coverage decisions are decisions that approve or deny services substantially based on whether or not a particular service is included or excluded as a covered benefit under the terms and conditions of your coverage.)

You are eligible to submit an application to the DMHC for IMR of a Disputed Behavioral Health Service if you meet all of the following criteria:

- The Member's Provider has recommended a Behavioral Health Service as Medically Necessary; or
- The Member has received Urgently Needed Services or Emergency Services that a Provider determined was Medically Necessary; or
- The Member has been seen by a USBHPC Participating Provider for diagnosis or treatment of the medical condition for which the Member sought independent review;
- The disputed Behavioral Health Service has been denied, modified or delayed by USBHPC, based in whole or in part on a decision that the Behavioral Health Service is not Medically Necessary; and
- The Member has filed a grievance with USBHPC and the disputed decision is upheld or the grievance remains unresolved after thirty (30) days. If the grievance requires expedited review, the Member may bring it immediately to the DMHC's attention. The DMHC may waive the preceding requirement that the Member follow USBHPC's grievance process in extraordinary and compelling cases.

### **Accepted Applications for the Independent Medical Review**

Upon receiving a Member's application for IMR, the DMHC will review the request and notify the Member whether the Member's case has been accepted. If the Member's case is eligible for IMR, the dispute will be submitted to an independent medical review organization (IRO) contracted with the DMHC for review by one or more expert reviewers, independent of USBHPC, who will make an independent determination of whether or not the care should be provided. The IRO selects an independent panel of behavioral health professionals knowledgeable in the treatment of the Member's conditions, the proposed treatment and the guidelines and protocols in the area of treatment under review. Neither the Member nor USBHPC will control the choice of expert reviews.

USBHPC must provide the following documents to the IRO within three business days of receiving notice from the DMHC that the Member has successfully applied for an IMR:

- The relevant medical records in the possession of USBHPC or its Participating Providers;
- All information provided to the Member by USBHPC and any of its Participating Providers concerning USBHPC and Participating Provider decision regarding the Member's condition and care (including a copy of USBHPC's denial notice sent to the Member).
- Any materials that the Member or Provider submitted to USBHPC and its Participating Providers in support of the request for the Behavioral Health Services.
- Any other relevant documents or information used by USBHPC or its Participating Providers in determining whether the Behavioral Health Services should have been provided and any statement by USBHPC or its Participating Providers explaining the reason for the decision. USBHPC will provide copies of these documents to the Member and the Member's Provider unless any information in them is found by the DMHC to be privileged.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

If there is an imminent and serious threat to the Member's health, USBHPC will deliver the necessary information and documents listed above to the IRO within 24 hours of approval of the request for IMR.

After submitting all of the required materials to the IRO, USBHPC will promptly issue the Member a notification that includes an annotated list of the documents submitted and offer the Member the opportunity to request copies of those documents from USBHPC.

If there is any information or evidence the Member or the Member's Provider wish to submit to the DMHC in support of IMR that was not previously provided to USBHPC, the Member may include this information with the IMR application to the DMHC. Also as required, the Member or the Member's Provider must provide to the DMHC or the IRO copies of any relevant behavioral health records, and any newly developed or discovered relevant records after the initial documents are provided, and respond to any requests for additional records or other relevant information from the expert reviewers.

### **The Independent Medical Review Decision**

The independent review panel will render its analysis and recommendations on the Member's IMR case in writing, and in layperson terms to the maximum extent practical, within 30 days of receiving the Member's request for IMR and supporting information. The time may be adjusted under any of the following circumstances:

- In the case of a review of Experimental or Investigational determination, if the Member's Provider determines that the proposed treatment or therapy would be significantly less effective if not promptly initiated. In this instance, the analysis and recommendations will be rendered within seven days of the request for expedited review. The review period can be extended up to three days for a delay in providing required documents at the request of the expert.
- If the Behavioral Health Services has not been provided and the Member's Provider or the DMHC certifies in writing that an imminent and serious threat to the Member's life exist, including, but not limited to, serious pain, the potential loss of life, limb or major bodily function or the immediate and serious deterioration of the Member's health. In this instance, any analyses and recommendation of the experts must be expedited and rendered within three days of the receipt of the Member's application and supporting information.
- If approved by the DMHC, the deadlines for the expert reviewers' analyses and recommendations involving both regular and expedited reviews may be extended for up to three days in extraordinary circumstances or for good cause.
- The IRO will provide the DMHC, USBHPC, the Member and the Member's Provider with each of the experts' analyses and recommendations, and a description of the qualifications of each expert. The IRO will keep the names of the expert reviewers confidential, except in cases where the reviewer is called to testify and in response to court orders. In the case of an Experimental or Investigational determination, the experts' analyses will state the reasons the requested Experimental or Investigational therapy is or is not likely to be more beneficial to the Member than any available standard therapy and the reasons for recommending why the therapy should or should not be provided by USBHPC, citing the Member's specific medical condition, the relevant documents provided and the relevant medical and scientific evidence supporting the expert's recommendation.

The recommendation of the majority of the experts on the panel will prevail. If the experts on the panel are evenly divided as to whether the Behavioral Health Services should be provided, the panel's decision will be deemed to be in favor of coverage. If the majority of the experts on the panel does not recommend providing the Behavioral Health Services, USBHPC will not be required to provide the service.

### **When a Decision is Made**

The DMHC will immediately adopt the decision of the IRO upon receipt and will promptly issue a written decision to the parties that will be binding on USBHPC. USBHPC will promptly implement the decision when received from the DMHC. In the case of an IRO determination requiring reimbursement for services already rendered, USBHPC will reimburse either the Member or the Member's Provider, whichever applies, within five working days. In the case of services not yet rendered to the Member, USBHPC will authorize the services within five working days of receiving the written decision from the DMHC, or sooner if appropriate for the nature of the Member's medical condition and will inform the Member and the Member's Provider of the authorization.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

USBHPC will promptly reimburse the Member for reasonable costs associated with Urgently Needed Services or Emergency Services outside of USBHPC Participating Provider network, if:

- The services are found by the IRO to have been Medically Necessary;
- The DMHC finds the Member's decision to secure services outside of USBHPC's Participating Provider network prior to completing the USBHPC grievance process or seeking IMR was reasonable under the circumstances; and
- The DMHC finds that the disputed health care services were a covered benefit under the USBHPC Group Subscriber Agreement.

Behavioral Health Services required by IMR will be provided subject to the terms and conditions generally applicable to all other benefits under USBHPC Plan.

For more information regarding the IMR process, or to request an application, the Member should contact the USBHPC Customer Service Department at 1-800-999-9585.

### **The USBHPC Quality Review Process**

The quality review process is a Member-initiated internal review process that addresses Member concerns regarding the quality or appropriateness of services provided by USBHPC Participating Providers that has the potential for an adverse effect on the Member. Upon receipt of the Member's concern, the concern is referred to the Quality Improvement Department for investigation.

USBHPC takes great pride in the quality of our Participating Providers. That is why complaints specifically about the quality of the care you receive from your Participating Provider are handled in an expedited fashion. Quality of care complaints that affect a Member's current treatment will be immediately evaluated and if necessary, other appropriate USBHPC personnel and the USBHPC Participating Provider will be consulted.

The Quality Improvement Manager (or designee) will be responsible for responding to questions the Member may have about his or her complaint and about the Quality Review process. In appropriate instances, a meeting may be arranged between the Member and the Participating Provider.

The relevant medical records will be obtained from the appropriate Providers and reviewed by the USBHPC Quality Improvement Manager (or designee). If necessary, a letter is sent to the Participating Provider, as appropriate, requesting further information. Additional information will be received and reviewed by the Quality Improvement Manager (or designee). After reviewing the medical records, the case may be referred to the Peer Review Committee for review and recommendation of corrective action against the USBHPC Participating Provider involved, if appropriate.

If the Member has submitted a written complaint, the Member will be notified of the completion in writing within thirty (30) days. The oral and written communications involving the Quality Review Process and the results of the review are confidential and cannot be shared with the Member. The outcome of the Quality Review Process cannot be submitted to voluntary mediation or binding arbitration as described above under the USBHPC Appeals Process. The Quality Improvement Manager will follow-up to ensure that any corrective actions against a Participating Provider are carried out.

### **Review by the Department of Managed Health Care**

The California Department of Managed Health Care is responsible for regulating health care services plans. If you have a grievance against your health plan, you should first telephone your health plan at **1-800-999-9585** or **1-800-842-9489 (TTY)** and use your health plan's grievance process before contacting the Department. Utilizing this grievance procedure does not prohibit any potential legal right or remedies that may be available to you. If you need help with a grievance involving an Emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the Medical Necessity of a proposed service or treatment, coverage decisions for treatment that are experimental or investigational in nature and payment disputes for Emergency or Urgent medical services. The Department also has a toll-free telephone number **(1-888-HMO-2219)** and a TDHI line **(1-877-688-9891)** for the hearing and speech impaired. The Department's Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## SECTION 6. GENERAL INFORMATION

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- What if I get a Bill?
- Your Financial Responsibilities
- Termination of Benefits
- Confidentiality of Information
- Translation Assistance
- Coverage in Extraordinary Situations
- Compensation for Providers
- Suspected Health Care Fraud
- Public Policy Participation

*What follows are answers to some questions about your coverage. If you have any questions of your own that have not been answered, please call our Customer Service Department.*

### **What if I get a bill?**

You should not get a bill from you USBHPC Participating Provider because USBHPC's Participating Providers have been instructed to send all their bills to us for payment. You may, however, have to pay a Copayment to the Participating Provider each time you receive services. You could get a bill from an emergency room Provider if you use Emergency care. If this happens, send USBHPC the original bill or claim as soon as possible and keep a copy for yourself. You are responsible only for the amount of your Copayment, as described in the *Schedule of Benefits* in this *Evidence of Coverage and Disclosure Form*.

Forward the bill to:

U.S. Behavioral Health Plan, California  
Claims Department  
P.O. Box 30602  
Salt Lake City, UT 84130-0602

### **Your Financial Responsibility**

Please refer to the "Payment Responsibility" section of your UnitedHealthcare of California Medical *Combined Evidence of Coverage and Disclosure Form*.

### **Termination of Benefits**

Please refer to the "Termination of Benefits" section of your UnitedHealthcare of California Medical *Combined Evidence of Coverage and Disclosure Form*.

### **Confidentiality of Information**

USBHPC takes the subject of Member confidentiality very seriously and takes great measures to protect the confidentiality of all Member information in its possession, including the protection of treatment records and personal information. USBHPC provides information only to the professionals delivering your treatment or as otherwise required by law.

Confidentiality is built into the operations of USBHPC through a system of control and security that protects both written and computer-based information.

A statement describing USBHPC's policies and procedures for preserving the confidentiality of medical records is available and will be furnished to you upon request. If you would like a copy of USBHPC's confidentiality policies and procedures, you may call our Customer Service Department at 1-800-999-9585.

### **Does USBHPC offer a translation service?**

USBHPC uses a telephone translation service for almost 140 languages and dialects. That is in addition to the selection of Customer Service representatives who are fluent in a language other than English.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

## **Does USBHPC offer hearing and speech-impaired telephone lines?**

USBHPC has a dedicated telephone number for the hearing and speech impaired. This phone number is 1-800-842-9489 (TTY).

## **How is my coverage provided under extraordinary circumstances?**

In the unfortunate event of a major disaster, epidemic, war, riot, civil insurrection or complete or partial destruction of facilities, our Participating Providers will do their best to provide the services you need. Under these extreme conditions, go to the nearest doctor or hospital for Emergency Services. USBHPC will later provide appropriate reimbursement.

## **How does USBHPC compensate its Participating Providers?**

USBHPC itself is not a Provider of Behavioral Health Services. USBHPC typically contracts with independent Providers to provide Behavioral Health Services to its Members and with hospitals to provide hospital services. Once they are contracted, they become USBHPC Participating Providers. USBHPC's network of Participating Providers includes individuals practitioners, group practices and facilities.

USBHPC Participating Providers who are groups, or facilities may in turn employ or contract with individual psychiatrists, psychologists or other licensed behavioral health professionals. None of the Participating Providers or their employees are employees or agents of USBHPC. Likewise, neither USBHPC nor any employee of USBHPC is an employee or agent of any Participating Provider.

Our USBHPC Participating Providers are paid on a discounted fee-for-service basis for the services they provide. They have agreed to provide services to you at the normal fee they charge, minus a discount. USBHPC does not compensate nor does it provide any financial bonuses or any other incentives to its Providers based on their utilization patterns.

If you would like to know more about fee-for-service reimbursement, you may request additional information from the USBHPC Customer Service Department or your USBHPC Participating Provider.

## **What do you do if you suspect health care fraud?**

USBHPC takes health care fraud by its Participating Providers or by its employees very seriously and has taken great measures to prevent, detect and investigate health care fraud. USBHPC has put in place policies and procedures to address fraud and report fraud to the appropriate law enforcement and regulatory entities in the investigation and prosecution of health care fraud. If you suspect fraud by any USBHPC Participating Provider or any USBHPC employee, please call the USBHPC anti-fraud hotline at 800-455-4521.

## **How can I participate in USBHPC'S Public Policy Participation?**

USBHPC affords its Members the opportunity to participate in establishing its public policy. For the purpose of this paragraph, "public policy" means acts performed by USBHPC and its employees to assure the comfort, dignity and convenience of Members who rely on Participating Providers to provide Covered Services. USBHPC members comprise at least 51% of USBHPC's Public Policy Committee. If you are interested in participating in the establishment of USBHPC's public policy, please call the USBHPC Customer Service Department for more details.

**Questions? Call the Customer Service Department at 1-800-999-9585.**



## SECTION 7. DEFINITIONS

U.S. Behavioral Health Plan, California is dedicated to making its services easily accessible and understandable. To help you understand the precise meaning of many terms used to explain your benefits, we have provided the following definitions. These definitions apply to the capitalized terms used in your Combined Evidence of Coverage and Disclosure Form, as well as the Schedule of Benefits. Please refer to the Schedules of Benefits to determine which of the definitions below apply to your benefit plan.

**Behavioral Health Services.** Services for the Medically Necessary diagnosis and treatment of Mental Disorders and **Substance Use Disorder**, which are provided to Members pursuant to the terms and conditions of the USBHPC Behavioral Health Plan.

**Behavioral Health Plan.** The USBHPC Behavioral Health Plan that includes coverage for the Medically Necessary diagnosis and treatment of Mental Disorders and **Substance Use Disorder**, as described in the Behavioral Health Group Subscriber Agreement, this *Combined Evidence of Coverage and Disclosure Form*, and the *Schedule of Benefits*.

**Behavioral Health Treatment Plan.** A written clinical presentation of the USBHPC Participating Provider's diagnostic impressions and therapeutic intervention plans. The Behavioral Health Treatment Plan is submitted routinely to a USBHPC for review as part of the concurrent review monitoring process.

**Behavioral Health Treatment Program.** A structured treatment program aimed at the treatment and alleviation of **Substance Use Disorder** and/or Mental Disorders.

**Benefit Plan Design.** The specific behavioral health Benefit Plan Design for a Behavioral Health Plan which describes the benefit coverage, pertinent terms and conditions for rendering Behavioral Health Services, and the exclusions or limitations applicable to the Covered Behavioral Health Services.

**Calendar Year.** The period of time commencing 12 a.m. on January 1 through 11:59 p.m. on December 31.

**Case Management.** A collaborative process that assesses, plans, implements, coordinates, monitors and evaluates options to meet an individual's behavioral health needs based on Medical Necessity, behavioral health covered services in order to promote a quality outcome for the individual Member.

**Continuity of Care Condition(s).** The completion of Covered Services will be provided by a terminated Participating Provider to a Member who at all time of the Participating Provider's contract termination was receiving any of the following Covered Services from that Participating Provider:

1. **An Acute Condition:** An acute condition is a behavioral health condition that involves a sudden onset of symptoms due to an illness, or other behavioral health problems that requires prompt medical attention and that has a limited duration. Completion of Covered Services will be provided for the duration of the acute condition.
2. **A Serious Chronic Condition:** A serious chronic condition is a behavioral health condition due to illness or other behavioral health conditions that is serious in nature, and that persists without full cure or worsens over an extended period of time, or requires ongoing treatment to maintain remission or prevent deterioration. Completion of Covered Services will be provided for the period of time reasonably necessary to complete the active course of treatment and to arrange for a clinically safe transfer to a Provider, as determined by the USBHPC Medical Director (or designee) in consultation with the Member, the terminated Participating Provider and as applicable, the receiving Participating Provider, consistent with good professional practice. Completion of Covered Services for this condition will not exceed twelve (12) months from the agreement's termination.
3. **Other Procedure:** Other procedure that has been authorized by USBHPC or the Member's assigned Participating Provider as part of a documented course of treatment and had been recommended and documented by the terminated Participating Provider to occur within 180 calendar days of the Agreement's termination date.

**Copayments.** Costs payable by the Member at the time Covered Services are received. Copayments may be a specific dollar amount or a percentage of covered charges as specified in this *Combined Evidence of Coverage and Disclosure Form* and are shown on the USBHPC *Schedule of Benefits*.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

**Covered Services.** Medically Necessary Behavioral Health Services provided pursuant to the Group Subscriber Agreement, this *Combined Evidence of Coverage and Disclosure Form* and *Schedule of Benefits* for Emergencies or those Behavioral Health Services.

**Custodial Care.** Personal services required to assist the Member in meeting the requirements of daily living. Custodial Care is not covered under this USBHPC Behavioral Health Plan. Such services include, without limitation, assistance in walking, getting in or out of bed, bathing, dressing, feeding or using the lavatory, preparation of special diets and supervision of medication schedules. Custodial Care does not require the continuing attention of trained medical or paramedical personnel.

**Customer Service Department.** The department designated by USBHPC to whom oral or written Member issues may be addressed. The Customer Service Department may be contacted by telephone at 1-800-999-9585 or in writing at:

U.S. Behavioral Health Plan, California  
Post Office Box 2839  
San Francisco, CA 94126

**Day Treatment Center.** A Participating Facility which provides a specific Behavioral Health Treatment Program on a full- or part-day basis pursuant to a written Behavioral Health Treatment Plan approved and monitored by a USBHPC Participating Practitioner and which is also licensed, certified or approved to provide such services by the appropriate state agency.

**Dependent.** Any Member of a Subscriber's family who meets all the eligibility requirements set forth by the Employer Group under this USBHPC Behavioral Health Plan and for whom applicable Plan Premiums are received by USBHPC.

**Developmental Delay.** A delayed attainment of the age appropriate milestones in the areas of speech-language, motor, cognitive and social development.

**Diagnostic and Statistical Manual (or DSM-IV-TR).** The fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*, which is published by the American Psychiatric Association and which contains the criteria for diagnosis of **Substance Use Disorder** and Mental Disorders.

**Domestic Partner** is a person who meets the eligibility requirements, as defined by your Employer Group, and the following:

- i. Is eighteen (18) years of age or older;
- ii. Is mentally competent to consent to contract;
- iii. Resides with the Subscriber and intends to do so indefinitely;
  - Is jointly responsible with the Subscriber for their common welfare and financial obligations;
  - Is unmarried or not a member of another domestic partnership; and
- vi. Is not related by blood to the Subscriber to a degree of closeness that would prohibit marriage in the state of residence.

**Emergency or Emergency Services.** A behavioral health condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the Prudent Layperson would expect the absence of immediate Behavioral Health Services to result in any of the following:

- Immediate harm to self or others;
- Placing one's health in serious jeopardy;
- Serious impairment of one's functioning; or
- Serious dysfunction of any bodily organ or part.

**Emergency Treatment.** Medically Necessary ambulance and ambulance transport services provided through the 911 Emergency response system and medical screening, examination and evaluation by a Practitioner, to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if an Emergency for a Behavioral Health condition exists, and if it does, the care and treatment by a Practitioner necessary to relieve or eliminate the Emergency within the capabilities of the facility.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

**Experimental and Investigational.** Please refer to the "Experimental and Investigational Therapies" section of this *Combined Evidence of Coverage and Disclosure Form*.

**Employer Group.** An employer, labor union, trust, organization, association or other entity to which the USBHPC Group Subscriber Agreement has been issued.

**Family Member.** The Subscriber's Spouse or Domestic Partner and any person related to the Subscriber, Spouse or Domestic Partner by blood, marriage, adoption or guardianship. An enrolled Family Member is a Family Member who is enrolled with USBHPC, meets all the eligibility requirements of the Subscriber's Employer Group and USBHPC, and for whom Premiums have been received by USBHPC. An eligible Family Member is a Family Member who meets all the eligibility requirements of the Subscriber's Employer Group and USBHPC.

**Group Subscriber Agreement.** The Agreement for the provision of Behavioral Health Services between the Group and USBHPC.

**Group Therapy.** Goal-oriented Behavioral Health Services provided in a group setting (usually about six to 12 participants) by a USBHPC Participating Practitioner. Group Therapy can be made available to the Member in lieu of individual outpatient therapy.

**Inpatient Treatment Center.** An acute care Participating Facility which provides Behavioral Health Services in an acute, inpatient setting, pursuant to a written Behavioral Health Treatment Plan approved and monitored by a USBHPC Participating Practitioner, and which also:

- provides 24-hour nursing and medical supervision; and
- is licensed, certified, or approved as such by the appropriate state agency.

**Learning Disability.** A condition where there is a meaningful difference between a person's current level of learning ability and the level that would be expected for a person of that age.

**Limiting Age.** The age established by the Employer Group when a Dependent is no longer eligible to be an enrolled Family Member under the Subscriber's coverage.

**Medical Detoxification.** The medical treatment of withdrawal from alcohol, drug or other substance addiction is covered. In most cases of alcohol, drug or other substance abuse or toxicity, outpatient treatment is appropriate unless another medical condition requires treatment at an Inpatient Treatment Center.

**Medically Necessary (or Medical Necessity)** refers to an intervention, if, as recommended by the treating Practitioner and determined by the Medical Director of USBHPC to be all of the following:

- a. A health intervention for the purpose of treating a Mental Disorder or **Substance Use Disorder**;
- b. The most appropriate level of service or item, considering potential benefits and harms to the Member;
- c. Known to be effective in improving health outcomes. For existing interventions, effectiveness is determined first by scientific evidence, then by professional standards, then by expert opinion. For new interventions, effectiveness is determined by scientific evidence; and
- d. If more than one health intervention meets the requirements of (a) through (c) above, furnished in the most cost-effective manner that may be provided safely and effectively to the Member. "Cost-effective" does not necessarily mean lowest price.

A service or item will be covered under the USBHPC Health Plan if it is an intervention that is an otherwise covered category of service or item, not specifically excluded and Medically Necessary. An intervention may be medically indicated yet not be a covered benefit or meet the definition of Medical Necessity.

In applying the above definition of Medical Necessity, the following terms shall have the following meaning:

- i. *Treating Practitioner* means a Practitioner who has personally evaluated the patient.
- ii. A *health intervention* is an item or service delivered or undertaken primarily to treat (that is, prevent, diagnosis, detect, treat or palliate) a Mental Disorder or **Substance Use Disorder** or to maintain or restore functional ability. A health

**Questions? Call the Customer Service Department at 1-800-999-9585.**

intervention is defined not only by the intervention itself, but also by the Mental Disorder and **Substance Use Disorder** condition and the patient indications for which it is being applied.

- iii. *Effective* means that the intervention can reasonably be expected to produce the intended result and to have expected benefits that outweigh potential harmful effects.
- iv. *Health outcomes* are outcomes that affect health status as measured by the length or quality (primarily as perceived by the patient) of a person's life.
- v. *Scientific evidence* consists primarily of controlled clinical trials that either directly or indirectly demonstrate the effect of the intervention on health outcomes. If controlled clinical trials are not available, observational studies that suggest a causal relationship between the intervention and health outcomes can be used. Partially controlled observational studies and uncontrolled clinical series may be suggestive but do not by themselves demonstrate a causal relationship unless the magnitude of the effect observed exceeds anything that could be explained either by the natural history of the Mental Disorder or **Substance Use Disorder** condition or potential Experimental biases. For existing interventions, the scientific evidence should be considered first and, to the greatest extent possible, should be the basis for determinations of medical necessity. If no scientific evidence is available, professional standards of care should be considered. If professional standards of care do not exist, or are outdated or contradictory, decisions about existing interventions should be based on expert opinion. Giving priority to scientific evidence does not mean that coverage of existing interventions should be denied in the absence of conclusive scientific evidence. Existing interventions can meet the definition of Medical Necessity in the absence of scientific evidence if there is a strong conviction of effectiveness and benefit expressed through up-to-date and consistent professional standards of care or, in the absence of such standards, convincing expert opinion.
- vi. A *new intervention* is one that is not yet in widespread use for the Mental Disorder or **Substance Use Disorder** and patient indications being considered. New interventions for which clinical trials have not been conducted because of epidemiological reasons (i.e., rare or new diseases or orphan populations) shall be evaluated on the basis of professional standards of care. If professional standards of care do not exist, or are outdated or contradictory, decisions about such new interventions should be based on convincing expert opinion.
- vii. An intervention is considered *cost-effective* if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. The application of this criterion is to be on an individual case and the characteristics of the individual patient shall be determinative.

**Member.** The Subscriber or any Dependent who is enrolled, covered and eligible for USBHPC Behavioral Health Care coverage.

**Mental Disorder.** A mental or nervous condition diagnosed by a licensed practitioner according to the criteria in the *DSM-IV-TR* resulting in the impairment of a Member's mental, emotional or behavioral functioning. Mental Disorders include the Severe Mental Illness of a person of any age and the Serious Emotional Disturbance of a Child.

**Mental Health Services.** Medically Necessary Behavioral Health Services for the treatment of Mental Disorders.

**Non-Participating Providers.** Licensed psychiatrists, psychologists, marriage and family therapists, licensed clinical social workers, and other behavioral health professionals, hospitals and other licensed behavioral health facilities which provide Behavioral Health Services to eligible Members, but have not entered into a written agreement with USBHPC to provide such services to Members.

**Outpatient Treatment Center.** A licensed or certified Participating Facility which provides a Behavioral Health Treatment Program in an outpatient setting.

**Participating Facility.** An Inpatient Treatment Center, Day Treatment Center, Outpatient Treatment Center or Residential Treatment Center which is duly licensed in the State of California to provide either acute inpatient treatment, day treatment or outpatient care for the diagnosis and/or treatment of Mental Disorders and/or **Substance Use Disorder**, and which has entered into a written agreement with USBHPC.

**Questions? Call the Customer Service Department at 1-800-999-9585.**

**Participating Practitioner.** A psychiatrist, psychologist or other allied behavioral health care professional who is qualified and duly licensed or certified to practice his or her profession under the laws of the State of California and who has entered into a written agreement with USBHPC to provide Behavioral Health Services to Members.

**Participating Providers.** Participating Practitioners, Participating Preferred Group Practices and Participating Facilities, collectively, each of which has entered into a written agreement with USBHPC to provide Behavioral Health Services to Members.

**Participating Preferred Group Practice.** A Provider group or independent practice association duly organized and licensed under the laws of the State of California to provide Behavioral Health Services through agreements with individual behavioral health care Providers, each of whom is qualified and appropriately licensed to practice his or her profession in the State of California.

**Practitioner.** A psychiatrist, psychologist or other allied behavioral health care professional who is qualified and duly licensed or certified to practice his or her profession under the laws of the State of California.

**Premiums.** The periodic, fixed-dollar amount payable to USBHPC by the Employer Group for or on behalf of the Subscriber and the Subscriber's eligible Dependents in consideration of Behavioral Health Services provided under this Plan.

**Residential Treatment Center.** A residential facility that provides services in connection with the diagnosis and treatment of behavioral health conditions and which is licensed, certified or approved as such by the appropriate state agency.

**Schedule of Benefits.** The schedule of Behavioral Health Services which is provided to a Members under this Behavioral Health Plan. The *Schedule of Benefits* is attached and incorporated in full and made a part of this document.

**Serious Emotional Disturbances of a Child (SED).** A Serious Emotional Disturbance of a Child is defined as a condition of a child who:

1. Has one or more Mental Disorders as defined by the *Diagnostic and Statistical Manual (DSM-IV-TR)*, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms; and
2. Is under the age of eighteen (18) years old.
3. Furthermore, the child must meet one or more of the following criteria:
  - As a result of the Mental Disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur: (i) the child is at risk of removal from home or has already been removed from the home; (ii) the Mental Disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or
  - The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a Mental Disorder; or
  - The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the California Government Code.

**Service Area.** The geographic area in which USBHPC is licensed to arrange for Behavioral Health Services in the State of California by the California Department of Managed Health Care.

**Severe Mental Illness (SMI).** Severe Mental Illness includes the diagnosis and treatment of the following conditions:

- Anorexia Nervosa
- Bipolar Disorder
- Bulimia Nervosa
- Major Depressive Disorder
- Obsessive-Compulsive Disorder

**Questions? Call the Customer Service Department at 1-800-999-9585.**

- Panic Disorder
- Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism.
- Schizoaffective Disorder
- Schizophrenia

**Spouse.** The Subscriber's legally recognized husband or wife under the laws of the State of California.

**Subscriber.** The person whose employment or other status except for being a Family Member, is the basis for eligibility to enroll in the USBHPC Behavioral Health Plan and who meets all the applicable eligibility requirements of the Group and USBHPC and for whom Plan Premiums have been received by USBHPC.

**Substance Use Disorder.** An addictive relationship between a Member and any drug, alcohol or chemical substance that can be documented according to the criteria in the *DSM-IV-TR*. **Substance Use Disorder** does not include addiction to or dependency on (1) tobacco in any form or (2) food substances in any form.

**Substance Use Disorder Inpatient Treatment Program.** A structured medical and behavioral inpatient program aimed at the treatment and alleviation of **Substance Use Disorder**.

**Substance Use Disorder Services.** Medically Necessary services provided for the diagnosis and treatment of **Substance Use Disorder**.

**Totally Disabled or Total Disability.** The persistent inability to engage reliably in any substantially gainful activity by reason of any determinable physical or mental impairment resulting from an injury or illness. Totally Disabled is the persistent inability to perform activities essential to the daily living of a person of the same age and sex by reason of a medically determinable physical or mental impairment resulting from an injury or illness. The disability must be related to a Behavioral Health condition, as defined in the *DSM-IV-TR*, in order to qualify for coverage under this USBHPC Plan. Determination of Total Disability shall be made by a USBHPC Participating Provider based upon a comprehensive psychiatric examination of the Member or upon the concurrence by a USBHPC Medical Director, if on the basis of a comprehensive psychiatric examination by a non-USBHPC Participating Provider.

**Treatment Plan.** A structured course of treatment authorized by a USBHPC Clinician, when appropriate and for which a Member has been admitted to a Participating Facility, received Behavioral Health Services, and been discharged.

**Urgent or Urgently Needed Services.** Medically Necessary Behavioral Health Services received in an urgent care facility or in a Provider's office for an unforeseen condition to prevent serious deterioration of a Member's health resulting from an unforeseen illness or complication of an existing condition manifesting itself by acute symptoms of sufficient severity, such that treatment cannot be delayed.

**USBHPC Clinician.** A person licensed as a psychiatrist, psychologist, clinical social worker, marriage, family and child therapist, nurse or other licensed health care professional with appropriate training and experience in Behavioral Health Services who is employed or under contract with USBHPC to perform case management services.

**Visit.** An outpatient session with a USBHPC Participating Practitioner conducted on an individual or group basis during which Behavioral Health Services are delivered.

**NOTE: IN ORDER TO FULLY UNDERSTAND YOUR BENEFIT PLAN, THIS USBHPC COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM IS TO BE USED IN CONJUNCTION WITH YOUR UNITEDHEALTHCARE OF CALIFORNIA MEDICAL PLAN COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM. PLEASE READ BOTH DOCUMENTS CAREFULLY.**

**Questions? Call the Customer Service Department at 1-800-999-9585.**

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Get the information you need 24/7



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Health information and program features are available at your fingertips. Visit [www.uhcwest.com](http://www.uhcwest.com) to view a wealth of information designed to help you get the most from your health care coverage. And, if you're already a member, you can log in to the member site to obtain details about your health care coverage and access interactive tools and resources designed to promote your health and well-being.

## Visit [www.uhcwest.com](http://www.uhcwest.com) to:

### Find a doctor in our network<sup>1</sup> or change your Primary Care Physician

Access our regularly updated participating/contracting doctor directory. Our provider directory contains information on medical, dental, vision and behavioral health providers.

### Locate a retail pharmacy, learn about our Pharmacy Mail Service program and view the Formulary of prescription drugs<sup>2</sup>

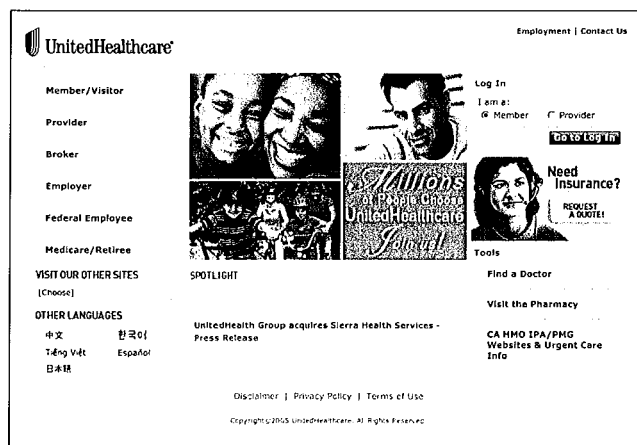
If your plan includes pharmacy coverage, you can find participating/contracting pharmacies that are convenient for you. Learn about the Pharmacy Mail Service program and see your coverage plan's most up-to-date list of prescription drugs. You can also shop through our online pharmacy for over-the-counter medications, such as vitamins, cough and cold remedies and personal care products.

### Learn about our health and wellness programs

Find information about the many health programs available to UnitedHealthcare plan members, such as the online health trackers, tools and information library, 24-hour Health Information Program, and Health Management programs, by clicking on the Health & Wellness tab.

### NEW Healthy Pregnancy Program

We want to help ensure you have a smooth pregnancy, delivery and a healthy baby. That's why we created the Healthy Pregnancy Program. By seeing your doctor regularly, and by enrolling in our Healthy Pregnancy



Program, at [www.healthy-pregnancy.com](http://www.healthy-pregnancy.com), provided at no additional cost for UnitedHealthcare<sup>®</sup> plan members, you'll have built-in support through every stage of your pregnancy.

### Take the online Health Assessment and access online health coaching tools to help identify your health risks and improve your health

This online health assessment questionnaire provides secure and confidential results about your overall health, plus information to help you identify your health risks. The assessment takes approximately 15 minutes to complete and you will be provided with immediate feedback on your results.

Our online programs are designed to help you achieve your health and wellness goals. With programs that provide information and health activities to help you lower your blood pressure, reduce your cholesterol or lose weight, we can help you live a healthier life.

### Comprehensive library of health and wellness information

Our vast library of health and wellness articles includes information on topics including family, fitness and nutrition, healthy aging, healthy pregnancy, preventive medicine, relationships and more.



## Resources to help you manage your health

From taking care of sick kids to staying healthy yourself, managing your family's health and wellness is a big responsibility. We can help you make confident health care decisions. Get real answers – in plain language – to your health and wellness questions. And each month, we offer online seminars covering health care topics that are important to women, at no additional cost. **Learn more at [www.uhc.com/source4women](http://www.uhc.com/source4women).**

## Health Discount Program

Our health discount program helps you and your family save typically 10 percent to 25 percent on many health and wellness purchases not included in your standard health benefit plan. Even if you already have medical, dental and vision coverage, as an enrolled health plan member, you can save even more money by using your health discount program.

## Culturally sensitive health information

We understand that our enrollees come from different backgrounds and cultures. That's why we offer bilingual and culturally sensitive health information and resources to meet the diverse needs and preferences of our members.

- Latino Health Solutions® provides Spanish language resources to the Hispanic/Latino population. Visit [www.uhclatino.com](http://www.uhclatino.com).
- Generations of Wellness® provides in-depth information about health care coverage plans, services and health resources for African Americans. Visit [www.uhcgenerations.com](http://www.uhcgenerations.com).
- Health Solutions for Asian Americans provides educational materials and resources in multiple Asian languages to the Asian American community. Visit [www.uhcasian.com](http://www.uhcasian.com).



- 1 If you do not have Internet access, please contact us at 1-800-624-8822 (English), 1-800-730-7270 (Spanish), 1-800-938-2300 (Chinese) for a hard copy directory.
- 2 Outpatient drugs and prescription medications may be available as a supplemental benefit. Please refer to your *Schedule of Benefits*.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all inclusive.

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Disclosure: The UnitedHealth Allies® discount plan is administered by HealthAllies®, Inc., a discount medical plan organization. **The UnitedHealth Allies discount plan is NOT insurance.** The discount plan provides discounts at certain health care providers for medical services. The discount plan does not make payments directly to the providers of medical services. The discount plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-377-0263.

The 24-Hour Health Information Program is provided by PacifiCare Health Plan Administrators, Inc. The 24-Hour Health Information Program's intent is to provide general information regarding common health questions or conditions. If you have a specific question relating to a condition or medical course of treatment for yourself or others, please consult your physician. If you believe you need emergency services, call 911, or its local equivalent, or go to the nearest medical facility for treatment.

Health plan coverage provided by or through UnitedHealthcare Insurance Company and UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Washington, Inc. Administrative services provided by PacifiCare Health Plan Administrators, Inc., Prescription Solutions or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

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## Sign up today for your personal monthly e-newsletter

- ▶ Go to [www.uhc.com/myhealthnews](http://www.uhc.com/myhealthnews)
- ▶ Enter your group ID number found on your health plan ID card
- ▶ Select **UnitedHealthcare SignatureValue™** from the dropdown menu
- ▶ Enter your email address
- ▶ Choose how you want to receive the e-newsletter (monthly email and/or spring and fall print issues)
- ▶ Personalize your e-newsletter by picking topics of interest to you, including:
  - Asthma • Diabetes
  - Healthy back • Heart health
  - Men's health • Women's health
  - Family health/pediatric health
  - Fitness/nutrition/healthy weight
  - Healthy living and well-being



## Frequently Asked Questions.

**1 Can mail service help me save money compared to a retail pharmacy?**

Yes, most plans entitle members to a discounted copay when they receive their medications through the mail service pharmacy.

**2 Does OptumRx Mail Service Pharmacy have other ways to help me keep costs down?**

Yes. One way is by recommending less expensive alternatives to brand-name medications whenever appropriate.

**3 Can OptumRx Mail Service Pharmacy ship medications that need refrigeration?**

Yes. We ship perishable medications overnight at no charge in a temperature-controlled package.

**4 Is it safe to send medications through the mail?**

Yes, all medications are sealed and shipped in a discreet, tamper-evident package, ensuring that your order arrives safely.

## Questions?

Our Customer Service Advocates and licensed pharmacists are available at **1-800-562-6223**, 24 hours a day, 7 days a week, to assist you with any questions or concerns.

Health plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., and UnitedHealthcare of Washington, Inc. Administrative services provided by the following affiliates: United HealthCare Services, Inc., OptumRx, Inc. or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

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Benefits of the  
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 **UnitedHealthcare®**

**OptumRx Mail Service  
Pharmacy can deliver 90-day  
supplies of your medications  
right to your mailbox, often  
for less than you would pay  
at a retail pharmacy.**

**Here's how our process works:**

- 1 When your order arrives, it enters our automated system. A licensed pharmacist reviews your order for drug interactions, allergies and dosage.
- 2 After your medication is dispensed, another pharmacist reviews it a final time to ensure accuracy.
- 3 Your medication is sealed in a discreet, tamper-evident package. We then mail it directly to you and let you know when it has been shipped.
- 4 New orders should arrive approximately 10 days after your completed order is received, unless we need additional information from your prescribing physician.
- 5 We'll notify you when it is time to refill your prescription. You can reorder by mail, phone or online by registering on [uhcwest.com](http://uhcwest.com).

**Step 1**

**Tell your physician you would like to start mail service.**

Once you and your physician are confident you will continue taking a medication on an ongoing basis, your physician will write you a prescription for a 90-day supply, plus three refills.

**Step 2**

**Contact OptumRx.**

**You can mail the order form**

Include the original prescription(s). Write the member ID and date of birth on each prescription and mail with the completed order form(s). Please fill out one order form per member.

**Or you can call 1-800-562-6223 (TTY 711)**

OptumRx is available 24 hours a day, 7 days a week. Please have your medication name and physician's telephone number ready when you call.



## New Prescription Mail-In Form

**1** Please use black or blue ink and mail this completed order form with your new prescription(s).  
DO NOT STAPLE OR TAPE PRESCRIPTIONS TO THE ORDER FORM.

Primary Member ID Number: Plan Name:		(Additional coverage, if applicable) Secondary Member ID Number:	
Last Name		First Name	MI
Delivery Address			Apt. #
City	State	ZIP	Phone Number with Area Code
Date of Birth (mm/dd/yyyy) / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Email	
Physician's Name			Physician's Phone Number with Area Code

**2** Health history

<b>Medication Allergies:</b> <input type="checkbox"/> None Known <input type="checkbox"/> Amoxil/Ampicillin <input type="checkbox"/> Erythromycin <input type="checkbox"/> Sulfa <input type="checkbox"/> Aspirin <input type="checkbox"/> NSAIDs <input type="checkbox"/> Tetracyclines <input type="checkbox"/> Cephalosporins <input type="checkbox"/> Penicillin <input type="checkbox"/> Others: <input type="checkbox"/> Codeine <input type="checkbox"/> Quinolones			<b>Health Conditions:</b> <input type="checkbox"/> None Known <input type="checkbox"/> Arthritis <input type="checkbox"/> Glaucoma <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Condition <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Cancer <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Others: <input type="checkbox"/> Diabetes <input type="checkbox"/> High Cholesterol		
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Over-the-counter/Herbal medications taken regularly:

**3** "Pharmacy processing

**Generic substitution.** FDA-approved generic equivalents will be dispensed for brand-name drugs whenever possible, unless you or your physician indicate otherwise. Brand-name medications may be subject to a higher cost.  
**If you require brand-name medications, please list those medications here:**

**Keep on file.** If you are including any prescriptions that you want to keep on file for shipment at a later date, please list them here:

**Notes to Pharmacy:**

4

**Payment and Shipping Information — do not send cash.**

Standard delivery is at no charge. Most orders arrive about 7 days from the date your new prescription order is received. If clarification of your order is required, delivery may take longer. If you would like overnight shipping, please indicate below. Please note that expedited shipping only affects shipping time, not the processing time of your order.

You may log on to **www.optumrx.com** to see if drug pricing information is available before enclosing payment. Once shipped, medications may not be returned for a refund or adjustment.

- ☐ **Ship overnight.** Add \$12.50 to order amount (subject to change).  
☐ **Check enclosed.** All checks must be signed and made payable to OptumRx.  
☐ **Charge to my credit card on file.**  
☐ **Charge to my NEW credit card.** Visa, MasterCard, AMEX and Discover are accepted.

New Credit Card Number

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Expiration Date (Month/Year)

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Signature:

Date:

For new prescription orders and maintenance refills, this credit card will be billed for copay/coinsurance, and other such expenses related to prescription orders. By supplying my credit card number, **I authorize OptumRx to maintain my credit card on file as payment method for any future charges.** To modify payment selection, Customer Service can be contacted at any time.

Detach and fold at the dotted lines.

Mail with the original prescription(s) to OptumRx using the attached envelope.

UHCEX610450\_000 10/12  
ORX5634M-UHCEIW\_120926

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HERE

OPTUMRX  
PO BOX 509075  
SAN DIEGO CA 92150-9075



AE de die 20<sup>to</sup> of April

— lit. al. — nec