Heluna Health®
EMPOWERING POPULATION HEALTH INITIATIVES SINCE 1969

Comprehensive Medical Coverage is an Important Part of Supporting Healthy Living

Heluna Health offers five medical plan options, all of which provide preventive care services at no cost to you to prevent healthcare problems before they arise. These are comprehensive medical plans to help you cover the costs when you are ill as well as to protect you from any catastrophic financial effects of a serious illness or injury.

You can choose from 3 HMO (Health Maintenance Organization) and 2 PPO (Preferred Provider Organization) plans. The medical plans are different in how they are designed. You decide which plan best meets your needs.

CA EMPLOYEES ONLY

UnitedHealthcare Harmony HMO

UnitedHealthcare SignatureValue HMO

Kaiser HMO

CA & & OUT-OF-STATE EMPLOYEES ONLY

UnitedHealthcare PPO

UnitedHealthcare HDHP/HSA PPO

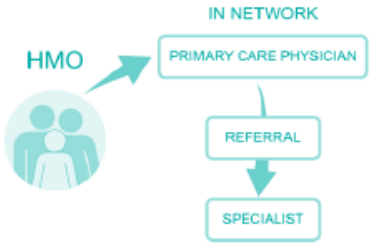
Transition of Care (TOC)

Transition of Care gives new UnitedHealthcare members the option to request extended coverage from their current, out-of-network health care professional at network rates for a limited time due to a specific medical condition until the safe transfer to a network health care professional can be arranged. You must apply for TOC no later than 30 days after the date your coverage begins. The TOC application can be located in UKG.

MEDICAL HMO OVERVIEW

HOW DO HMO PLANS WORK?

At the time of enrollment, you must select a primary care physician (PCP) and medical group. Your care is managed by the medical group and the assigned PCP. Your PCP will refer you to a specialist when it is needed and request pre-authorization for any medically necessary procedures. Most services are covered at 100% after you pay a copayment.



CAN I SELECT DIFFERENT PCPS FOR MYSELF AND MY DEPENDENTS?

Yes, you can select a different PCP for yourself and each of your dependents.

WHAT IF I NEED TO SEE A SPECIALIST?

When you want to see a specialist, like an orthopedic doctor or a cardiologist, you will need to visit your PCP first to get a referral. Your PCP will refer you to a specialist when it is needed and request pre-authorization for any medically necessary procedures.

WHEN CAN I CHANGE MY PCP OR MEDICAL GROUP?

You can change your PCP as often as you wish (even monthly); however, you must contact your plan carrier prior to the 15th of the month for a new provider to be assigned the 1st of the following month.

KAISER HMO PLAN

When enrolled in the Kaiser HMO plan, the physician, hospital, and pharmacy are contracted exclusively with Kaiser. Unlike a standard HMO plan which assigns you to a specific doctor and/or hospital, with Kaiser you are able to seek services with any Kaiser doctor and/or hospital at any time.

Urgent Care centers are contracted with your assigned Medical Group. To locate the nearest contracted Urgent Care center, you must visit the assigned Medical Group's website instead of UHC's provider search site.

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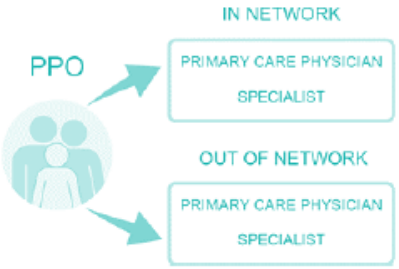
MEDICAL PPO OVERVIEW

HOW DO PPO PLANS WORK?

The PPO allows the member to self-refer to any provider. As a member, you can access care through an in-network (contracted) provider or through an out-of-network (non-contracted provider). You do not need to select a provider at the time of enrollment. However, you should always verify if your provider is contracted with UHC network prior to accessing care.



HIGH DEDUCTIBLE HEALTH PLAN (HDHP)/HEALTH SAVINGS ACCOUNT (HSA) PLAN

A HDHP plan is meant to give you more flexibility and control over your healthcare spending. It allows you to create a plan that meets your family's needs and comes with many of the same benefits as a traditional PPO plan. While your deductible will be higher, your premium will be lower. You can choose to contribute the difference in premium savings into a Health Savings Account. HSAs are like "medical" IRAs. It's a tax-deferred, private savings account designed to pay for certain current and future healthcare expenses with tax-free money. Because they are tax-advantaged and balances can accumulate over time, HSAs can also be used to accumulate savings.

WHAT IS THE DIFFERENCE BETWEEN IN-NETWORK VS OUT-OF-NETWORK PROVIDERS?

PPO plans offer a larger network of providers who have agreed to discount their fees for their services. You may choose to have your treatment provided by a PPO provider (in-network) and receive a higher level of benefit with a lower out-of-pocket cost to you. You may also choose to go outside the network; however, generally, benefits are reimbursed at a lower level and you may have higher out-of-pocket costs.

WHAT HAPPENS IF I RECEIVE CARE THROUGH OUT-OF-NETWORK PROVIDERS?

Using an out-of-network doctor, hospital, or other health care provider can significantly increase your out-of-pocket medical costs. That's because when a member sees an out-of-network provider, the member is responsible for the difference between what the provider charges and the amount UHC pays the provider. UHC uses established rates to pay for medical services for out-of-network doctors, hospitals, and other health care providers. However, out-of-network providers' actual charges are often much higher than UHC established rates, and they may charge members for the difference. This is called balance billing. When a member sees an in-network provider, they won't receive any additional charges from the provider.

EXAMPLE OF A MEMBER'S OFFICE VISIT WITH A SPECIALIST:

Cindy injured her knee and required a consultation with an orthopedic doctor. Cindy has a PPO plan, which gives her the option to seek services from a doctor in the **UHC** provider network, or one who does not participate in the network. The orthopedic doctor Cindy chose charges $450 for the consultation visit. If the doctor is in the **UHC** network, the plan would pay a negotiated rate for Cindy's visit. If the doctor is not in the network, the plan would pay the established rate for the out-of-network office visit. The chart shows how Cindy's out-of-pocket (OOP) costs will be lower if she chooses an in-network doctor.

	IN-NETWORK	OUT-OF-NETWORK
Provider's Actual Charge	$450	$450
UHC Pays	Provider Contracted Rate	Established Rate of $180
Balance Bill Amount (Cindy's OOP costs[1])	**$0**	**$270**

[1]All dollar amounts in this example and the table are hypothetical and for illustrative purposes only. Out-of-pocket (OOP) costs do not include deductible, copayment, or co-insurance.

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HEALTH CARE BASICS

WHAT IS A DEDUCTIBLE?

The amount you must pay each calendar year for covered health services **before** your health plan covers costs for medical or prescription expenses. The deductible can range from zero to several thousands of dollars. If you enroll in a health plan with an annual deductible, you will be responsible to pay for covered services until the deductible is satisfied. Some services such as preventive care are exempt from the plan deductible. The deductible resets every year on January 1st.

WHAT IS A COPAYMENT/COPAY?

A fixed dollar amount that you pay for a covered health service.

WHAT IS COINSURANCE?

After you meet your deductible, you pay coinsurance, which is your share of the costs of a covered health care service. Each health plan has it's own share of cost and it's identified in specified %.

WHAT IS OUT-OF-POCKET MAXIMUM (OOP MAX)?

The most you will pay for covered health services during the calendar year. All co-pay, deductible and coinsurance payments count toward the out-of-pocket maximum. Once you have met your out-of-pocket maximum, your insurance will pay 100% of covered health services.

WHAT IS AN EXPLANATION OF BENEFITS (EOB)?

An EOB is a statement from your health insurance plan describing what costs it will cover for medical care or products you have received. The EOB is generated when your provider submits a claim for the services you received. The insurance company sends you EOBs to help make clear:

- The cost of the care you received
- Any money you saved by visiting in-network providers
- Any out-of-pocket medical expenses you'll be responsible for

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HEALTH CARE BASICS

KNOW WHERE TO GO FOR CARE, BEFORE YOU NEED IT

Knowing where to go if you get sick or hurt can save you time, money, and help you get the right care when you need it. Below are some common examples, which don't include all possible symptoms and conditions.

WHAT IS ROUTINE CARE?

Routine care is the regular care you get from your primary care physician or specialists. This type of care can include physical exams, health screenings, allergy diagnosis and treatment, pediatric checkups, immunizations and care for chronic conditions such as diabetes, heart disease, asthma, etc.

WHAT IS URGENT CARE?

Urgent care is for a condition that requires prompt medical attention, usually within 24 or 48 hours, but is not an emergency medical condition.

Examples include:

- Minor injuries and cuts
- Backaches and earaches
- Upper-respiratory symptoms
- Sore throats
- Frequent or severe coughs
- Frequent urination or a burning sensation when urinating
- Sprains
- Cuts and scrapes

WHAT IS EMERGENCY CARE?

The emergency room (ER) shouldn't be your first stop—unless there's a true emergency. **Go to the nearest emergency room or call 911 if you experience severe symptoms.**

Examples include:

- There is a lot of pain or bleeding
- You think a bone is broken
- You are experiencing severe shortness of breath
- Chest pain or pressure
- Severe stomach pain that comes on suddenly
- You think the problem might get a lot worse if you don't get help right away
- Decrease in or loss of consciousness
- There was no warning before your symptoms started

If you need help but it isn't an emergency, here are your options:

- **CALL YOUR DOCTOR.** He or she can help you decide whether you should go to an urgent care or come into the office.
- **GO TO AN URGENT CARE CENTER.** These centers are typically open late at night, on weekends and holidays. Keep in mind that each location has it's own hours of operation.
- **VISIT A DOCTOR USING TELEHEALTH ONLINE SERVICES.** Board-certified doctors are available 24/7 to see you via video using your computer or mobile device. Use Telehealth services for common health issues like the cold, a flu, allergies, pink eye, etc.

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MEDICAL PREVENTIVE CARE

SCREENINGS	MALE	FEMALE	CHILD
Aortic aneurysm screening (men who have smoked)	•		
Behavioral counseling to promote a healthy diet	•	•	•
Blood pressure	•	•	•
Bone density test to screen for osteoporosis	•	•	
Breast cancer testing for BRCA 1 and BRCA 2 when certain criteria are met		•	
Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling		•	
Cervical dysplasia screening			•
Cholesterol and lipid (fat) level	•	•	•
Colorectal cancer	•	•	
Contraceptive (birth control) counseling and FDA-approved contraceptive services provided by a doctor		•	
Counseling related to chemoprevention for women with a high risk of breast cancer		•	
Counseling related to genetic testing for women with a family history of ovarian or breast cancer		•	
Depression screening	•	•	•
Developmental and behavior screening			•
Eye chart test for vision	•	•	
Hearing screening			•
Height, weight and body mass index (BMI)			•
Hemoglobin (blood count)			•
Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965	•	•	
HPV screening		•	
Lead testing			•
Newborn screening			•
Obesity	•	•	•
Oral (dental health) assessment			•
Pelvic exam and Pap test, including screening for cervical cancer		•	
Pregnancy screenings: Includes, gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression		•	
Prostate cancer	•		
Screening and counseling for STIs	•	•	•
Tobacco use: related screening and behavioral counseling	•	•	
Type 2 diabetes screening	•	•	•
Violence, interpersonal and domestic: related screening and counseling	•	•	•
Vision screening			•
Well-woman visits		•	
IMMUNIZATIONS			
Diphtheria, tetanus and pertussis (whooping cough)	•	•	•
Haemophilus influenza type b			•
Hepatitis A and Hepatitis B	•	•	•
Human papillomavirus (HPV)	•	•	•
Influenza	•	•	•
Measles, mumps and rubella	•	•	•
Meningococcal (meningitis)	•	•	•
Pneumococcal (pneumonia)	•	•	•
Polio			•
Rotavirus			•
Varicella (Chicken Pox)	•	•	•
Zoster (shingles)	•	•	•

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