This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in your medical policy. If there is a difference between this summary and your policy, the terms of your policy will apply.

Providers, this summary is for members, to review the terms of your participation agreement, please visit

SITUATION	CHOICE PLUS HSA NETWORK	CHOICE PLUS HSA NON-NETWORK
	You can choose to receive Network Benefits or Non-Network Benefits. Network Benefits apply to Covered Health Services that are provided by a Network Physician or other Network provider. For facility services, these are Benefits for Covered Health Services that are provided at a Network facility under the direction of either a Network or non-Network Physician or other provider. Network Benefits include Physician services provided in a Network facility by a Network or a non-Network anesthesiologist, Emergency room Physician, consulting Physician, pathologist and radiologist. Emergency Health Services are always paid as Network Benefits. Non-Network Benefits apply to Covered Health Services that are provided by a non-Network Physician or other non-Network provider, or Covered Health Services that are provided at a non-Network facility. You must show your identification card (ID card) every time you request health care services from a Network provider. If you do not show your ID card, Network providers have no way of knowing that you are enrolled under a UnitedHealthcare Policy. As a result, they may bill you for the entire cost of the services you receive. **Health Services from Non-Network Providers Paid as Network Benefits** If specific Covered Health Services are not available from a Network provider, you may be eligible for Network Benefits when Covered Health Services are received from non-Network providers. In this situation, your Network Physician will notify us and, if we confirm that care is not available from a Network provider, we will work with you and your Network Physician to coordinate care through a non-Network provider.	

	Services for which you must provide Prior Authorization are identified within each Covered Health Service category. To obtain prior authorization, call the toll-free telephone number on the back of your ID card. When you call us, we will provide you with information about additional services that are available to you, such as disease management programs, health education, and patient advocacy. Special Note Regarding Medicare If you are enrolled in Medicare and Medicare pays benefits before the Plan, you are not required to obtain prior authorization before receiving Covered Health Services.	
Emergency ambulance transportation by a licensed ambulance service to the nearest Hospital where Emergency Health Services can be performed. Air transportation is covered if ground transportation is impossible or would put your life or health in serious jeopardy.	**Ground Transportation:** **80%** of eligible expenses after satisfying the deductible**.** **Air Transportation:** **80%** of eligible expenses after satisfying the deductible**.**	**Ground Transportation:** **80%** of eligible expenses after satisfying the Network deductible**.** **Air Transportation:** **80%** of eligible expenses after satisfying the Network deductible**.**
Ambulance Services - Non-Emergency The Plan also covers transportation provided by licensed professional ambulance (either ground or air ambulance, as UnitedHealthcare determines appropriate) between facilities when the transport is: · From a non-Network Hospital to a Network Hospital; · To a Hospital that provides a higher level of care that was not available at the original	**Ground Transportation:** **80%** of eligible expenses after satisfying the deductible**.** **Air Transportation:** **80%** of eligible expenses after satisfying the deductible**.**	**Ground Transportation:** **60%** of eligible expenses after satisfying the deductible**.** **Air Transportation:** **60%** of eligible expenses after satisfying the deductible.

not available at the original Hospital; · To a more cost-effective acute care facility; or · From an acute facility to a sub-acute setting.	Pre-service **Authorization Requirement** In most cases, we will initiate and direct non-Emergency ambulance transportation. If you are requesting non-Emergency ambulance services, you must obtain prior authorization as soon as possible prior to transport.	Pre-service **Authorization Requirement** In most cases, we will initiate and direct non-Emergency ambulance transportation. If you are requesting non-Emergency ambulance services, you must obtain prior authorization as soon as possible prior to transport.
	Refer to **Surgery Outpatient** benefit below for a description of Covered Health Services.	Refer to **Surgery Outpatient** benefit below for a description of Covered Health Services.
Services that are required to stabilize or initiate treatment in an Emergency. Emergency Health Services must be received on an outpatient basis at a Hospital or Alternate Facility.	**80%** of eligible expenses after satisfying the deductible. Benefits under this section are not available for services to treat a condition that does not meet the definition of an Emergency.	**80%** of eligible expenses after satisfying the Network deductible Benefits under this section are not available for services to treat a condition that does not meet the definition of an Emergency. **Prior Authorization Required** Please remember that if you are admitted to a Hospital as a result of an Emergency, you must obtain prior authorization within **48** hours of the admission or on the same day of admission if reasonably possible after you are admitted to a non-Network Hospital or Alternate Facility.
If a Covered Person is confined in a private Hospital room, the difference between the cost of a Semi-private Room in the Hospital and the private room is not an allowable expense (unless the patient's stay in a private Hospital	**80%** of eligible expenses after satisfying the deductible**.** You are required to participate in the Surgery Decision Support (SDS) Program, provided by	**60%** of eligible expenses after satisfying the deductible. You are required to participate in the Surgery Decision Support (SDS) Program, provided by

patient's stay in a private Hospital room is necessary in terms of generally accepted medical practice.) Benefits for an Inpatient Stay in a Hospital are available only when the Inpatient Stay is necessary to prevent, diagnose or treat a Sickness or Injury. Benefits for other Hospital-based Physician services are described under *Physician Fees for Surgical and Medical Services.* Inpatient Stay in a Hospital. Benefits are available for: ● Services and supplies received during the Inpatient Stay. ● Room and board in a Semi-private Room (a room with two or more beds). ● Physician services for anesthesiologists, Emergency room Physicians, consulting Physicians, pathologists and radiologists. Benefits for Emergency admissions and admissions of less than **24** hours are described under *Emergency Health Services-Outpatient*, *Surgery – Outpatient*, *Scopic Procedures – Diagnostic* and *Therapeutic Treatments – Outpatient*, respectively.	Consumer Medical, if your physician recommends any of the following surgeries: · Bariatric (weight loss) Surgery, · Hysterectomy, · Knee Replacement, · Hip Replacement, · Low Back Surgery Failure to complete the program will result in a **$1,000** penalty. Call **1-888-361-3944** to enroll and speak with an SDS program specialist.	Consumer Medical, if your physician recommends any of the following surgeries: · Bariatric (weight loss) Surgery, · Hysterectomy, · Knee Replacement, · Hip Replacement, · Low Back Surgery Failure to complete the program will result in a **$1,000** penalty. Call **1-888-361-3944** to enroll and speak with an SDS program specialist. **Prior Authorization Required** Please remember that for Benefits you must obtain prior authorization as follows: ● For elective admissions: **5** business days before admission. ● For Emergency admissions (also termed non-elective admissions): within **48** hours or as soon as is reasonably possible.
- Benefits under this section include:	**Lab Testing** **80%** of eligible expenses after satisfying the deductible.	**Lab Testing** **60%** of eligible expenses after satisfying the deductible.

· the facility charge and the charge for supplies and equipment; and · Physician services for anesthesiologists, pathologists and radiologists. Benefits for other Physician services are described in this section under *Physician Fees for Surgical and Medical Services*. Lab, X-ray and diagnostic services for preventive care are described under Preventive Care Services. CT scans, PET scans, MRI, MRA, nuclear medicine and major diagnostic services are described under *Lab, X-Ray and Major Diagnostics - CT, PET Scans, MRI, MRA and Nuclear Medicine - Outpatient*. If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may apply.	**X-Ray and Other Diagnostic Testing** **80%** of eligible expenses after satisfying the deductible.	**X-Ray and Other Diagnostic Testing** **60%** of eligible expenses after satisfying the deductible. **Prior Authorization Required** Please remember for Benefits you must obtain prior authorization for sleep studies **5** business days before scheduled services are received or, for non-scheduled services, within **1** business day or as soon as is reasonably possible.
Services for CT scans, PET scans, MRI, MRA, nuclear medicine, and major diagnostic services received on an outpatient basis at a Hospital or Alternate Facility. Benefits under this section include: · the facility charge and the charge for supplies and equipment; and · Physician services for anesthesiologists, pathologists and radiologists	**80%** of eligible expenses after satisfying the deductible.	**60%** of eligible expenses after satisfying the deductible.

If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may apply.		
The Plan pays for diagnostic and therapeutic scopic procedures and related services received on an outpatient basis at a Hospital or Alternate Facility. Diagnostic scopic procedures are those for visualization, biopsy and polyp removal. Examples of diagnostic scopic procedures include colonoscopy, sigmoidoscopy, and endoscopy. Benefits under this section include: · The facility charge and the charge for supplies and equipment; and · Physician services for anesthesiologists, pathologists and radiologists. Benefits for other Physician services are described under *Physician Fees for Surgical and Medical Services.* Please note that Benefits under this section do not include surgical scopic procedures, which are for the purpose of performing surgery. Benefits for surgical scopic procedures are described under *Surgery - Outpatient*. Examples of surgical scopic	**80%** of eligible expenses after satisfying the deductible**.**	**60%** of eligible expenses after satisfying the deductible.

procedures include arthroscopy, laparoscopy, bronchoscopy, hysteroscopy. If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may apply.		
The Plan pays for surgery and related services received on an outpatient basis at a Hospital or Alternate Facility. Benefits under this section include: · The facility charge and the charge for supplies and equipment; and · Certain surgical scopic procedures (examples of surgical scopic procedures include arthroscopy, laparoscopy, bronchoscopy, hysteroscopy) · Physician services for anesthesiologists, pathologists and radiologists. Benefits for other Physician services are described under *Physician Fees for Surgical and Medical Services.* If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may apply.	**80%** of eligible expenses after satisfying the deductible**.** You are required to participate in the Surgery Decision Support (SDS) Program, provided by Consumer Medical, if your physician recommends any of the following surgeries: · Bariatric (weight loss) Surgery, · Hysterectomy, · Knee Replacement, · Hip Replacement, · Low Back Surgery Failure to complete the program will result in a **$1,000** penalty. Call **1-888-361-3944** to enroll and speak with an SDS program specialist.	**60%** of eligible expenses after satisfying the deductible**.** You are required to participate in the Surgery Decision Support (SDS) Program, provided by Consumer Medical, if your physician recommends any of the following surgeries: · Bariatric (weight loss) Surgery, · Hysterectomy, · Knee Replacement, · Hip Replacement, · Low Back Surgery Failure to complete the program will result in a **$1,000** penalty. Call **1-888-361-3944** to enroll and speak with an SDS program specialist. **Prior Authorization Required** Please remember for Benefits you must obtain prior authorization for sleep apnea surgeries **5** business days before scheduled services are received or, for non-scheduled services, within **1** business day or as soon as is reasonably possible.
	80% of eligible expenses after satisfying the deductible	**60%** of eligible expenses after satisfying the deductible

satisfying the deductible.	satisfying the deductible.
The Plan pays Benefits for therapeutic treatments received on an outpatient basis at a Hospital or Alternate Facility, including but not limited to dialysis (both hemodialysis and peritoneal dialysis), intravenous chemotherapy or other intravenous infusion therapy and radiation oncology. Covered Health Services include medical education services that are provided on an outpatient basis at a Hospital or Alternate Facility by appropriately licensed or registered healthcare professionals when: · education is required for a disease in which patient self-management is an important component of treatment; and · there exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional **Benefits under this section include:** · the facility charge and the charge for related supplies and equipment; and · Physician services for anesthesiologists, pathologists and radiologists. Benefits for other Physician services are described in this section under *Physician Fees for Surgical and Medical Services* If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may		**Prior Authorization Required** For Benefits you must obtain prior authorization **5** business days before services are received or as soon as is reasonably possible.

deductible or co-insurance may apply.		
Covered Health Services received at an Urgent Care Center. - If the service is provided in a doctor's office, additional co-pays, deductible or co-insurance may apply.	**80%** of eligible expenses after satisfying the deductible.	**80%** of eligible expenses after satisfying the Network deductible.