

*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
	Services provided by facility based RAPLEs (i.e., radiologists, anesthesiologists, pathologists, labs, emergency room physicians) are covered as part of the facility benefit as described under <b>Hospital Inpatient Stay, Emergency Health Services - Outpatient</b> or <b>Surgery – Outpatient</b> categories. RAPL services associated with outpatient lab/diagnostics are described under the <b><i>Lab, X-ray and Diagnostics – Outpatient</i></b> benefit.	Services provided by facility based RAPLEs (i.e., radiologists, anesthesiologists, pathologists, labs, emergency room physicians) are covered as part of the facility benefit as described under <b>Hospital Inpatient Stay, Emergency Health Services - Outpatient</b> or <b>Surgery – Outpatient</b> categories. RAPL services associated with outpatient lab/diagnostics are described under the <b><i>Lab, X-ray and Diagnostics – Outpatient</i></b> benefit.
	<b>Pharmacy benefit administration is through: OptumRX, Call 1-844-562-6280</b>  Please contact your Pharmacy Benefit Manager (PBM) to confirm benefit coverage and sourcing of Hemophilia Factor medications.	
Nutritional education provided in a Physician's office by an appropriately licensed or healthcare professional when required for a disease in which patient self-management is an important component of treatment or there exists a knowledge	<b>80%</b> of eligible expenses after satisfying the deductible.  When nutritional counseling services are billed as a preventive care service, these	<b>60%</b> of eligible expenses after satisfying the deductible.

deficit regarding the disease which requires the intervention of a trained health professional.

Some examples of such medical conditions include:

- Coronary artery disease;
- Congestive heart failure;
- Severe obstructive airway disease;
- Gout;
- Renal failure;
- Phenylketonuria; and
- Hyperlipidemias.

The following services are not covered:

- Nutritional counseling for either individuals or groups, except as identified under Diabetes Services and except as defined in this category;
- Nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition based therapy,
  - Food of any kind. Foods that are not covered include:
    - Enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk; unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU) – infant formula available over the counter is always excluded
    - Foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes;
    - Oral vitamins and minerals;
    - Meals you can order

services will be paid as described under **Preventive Care Services**.

<p>from a menu, for an additional charge, during an Inpatient Stay; and</p> <ul style="list-style-type: none"> <li>• Other dietary and electrolyte supplements; and</li> <li>• Health education classes unless offered by UnitedHealthcare or its affiliates, including but not limited to asthma, smoking cessation, and weight control classes.</li> </ul>		
<p>Services provided in a Physician's office for the diagnosis and treatment of a Sickness or Injury. Benefits are provided under this section regardless of whether the Physician's office is free-standing, located in a clinic or located in a Hospital.</p> <p>Benefits under this section include allergy injections and hearing exams in case of Injury or Sickness.</p> <p>Travel specific vaccines are covered.</p> <p>Covered Health Services include genetic counseling. Benefits are available for Genetic Testing which is determined to be Medically Necessary following genetic counseling when ordered by the Physician and authorized in advance.</p> <p><b>Specialist Physician - a Physician who has a majority of his or her practice in areas other than general pediatrics, internal medicine, obstetrics/gynecology, family practice or general medicine.</b></p> <p>Covered Health Services for Preventive Care provided in a Physician's office are described under <b><i>Preventive Care Services.</i></b></p>	<p><b>Office Visit</b> <b>80%</b> of eligible expenses after satisfying the deductible.</p> <p><b>Home Visit</b> <b>80%</b> of eligible expenses after satisfying the deductible.</p> <p><b>100%</b> of eligible expenses.</p>	<p><b>Office Visit</b> <b>60%</b> of eligible expenses after satisfying the deductible.</p> <p><b>Home Visit</b> <b>60%</b> of eligible expenses after satisfying the deductible.</p> <p><b>Travel Immunizations</b> <b>60%</b> of eligible expenses after satisfying the deductible.</p> <p><b>Prior Authorization Required</b> Please remember for Non-Network Benefits you must obtain prior authorization for Genetic Testing - BRCA.</p>

<p>If you receive services in addition to an office visit, additional co-pays, deductibles, or co-insurances may apply.</p> <p>Refer to <b>Rehabilitation Therapy</b> for a description of benefit coverage.</p>		
<p>Preventive care services provided on an outpatient basis at a Physician's office, an Alternate Facility or a Hospital encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, have been proven to have a beneficial effect on health outcomes and include the following as required under applicable law:</p> <ul style="list-style-type: none"><li>· evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force;</li><li>· immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;</li><li>· with respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration; and</li><li>· with respect to women, such additional preventive care and screenings as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.</li></ul>	<p><b>100%</b> of eligible expenses.</p>	<p><b>60%</b> of eligible expenses after satisfying the deductible.</p>

	<b>80%</b> of eligible expenses after satisfying the deductible.	<b>60%</b> of eligible expenses after satisfying the deductible.
This is not a required service to obtain benefits.	<b>Physician Office Services:</b> <b>80%</b> of eligible expenses after satisfying the deductible.  <b>Specialist Office Services:</b> <b>80%</b> of eligible expenses after satisfying the deductible.	<b>60%</b> of eligible expenses after satisfying the deductible.
<b>What is a virtual visit?</b> Virtual visits are medical visits delivered to you outside of medical facilities by virtual provider clinics that use online technology and live audio/video capabilities. You must pay with a major credit card or debit card at the time of your virtual visit.  Not all medical conditions can be treated through virtual visits. The virtual visit doctor will identify if you need to see an in-person doctor for treatment.  <b>When is virtual visit care available?</b> Virtual visit is available 24 hours a day, 7 days a week.	<b>80%</b> of eligible expenses after satisfying the deductible.	Not Covered -
The Plan pays Benefits for: · vision screenings, which could be performed as part of an annual physical examination in a provider's office (vision screenings do not include refractive examinations to detect vision impairment)	<b>80%</b> of eligible expenses after satisfying the deductible.	<b>60%</b> of eligible expenses after satisfying the deductible.