



# Health Plans

For Individuals and Families

California Personal Select<sup>SM</sup>  
HIPAA

 UnitedHealthcare<sup>®</sup>

*PacifiCare*<sup>®</sup>



# Health Insurance Plans Designed With You in Mind...

**Deductible:**

*The amount of covered expenses you pay before benefits are paid under the policy.*

**Preferred Network:  
(Network)**

*A group of health-care providers contracted to provide medical services at negotiated rates.*

**Copayment (Copay):**

*A fixed fee that you pay toward charges.*

**Coinsurance:**

*The insurance plan's level of coverage after the calendar-year deductible is satisfied. After the coinsurance maximum is met, the insurer pays 100% of most covered expenses for the remainder of the calendar year.*

***PacifiCare places its focus on you.*** We not only want to provide you with a quality health insurance plan, but we want to anchor it with the resources you can use to help maintain a healthy lifestyle.

For more than 25 years, individuals like you have placed their insurance needs with PacifiCare Life and Health Insurance Company (PacifiCare). Over that time we've listened to the concerns of our customers. We understand the issues you face when purchasing insurance.

And because your well-being is as important to us as it is to you, we give you the tools that may help you manage your health (for example, accessing medical information from a registered nurse, researching a diagnosis, or ordering prescriptions at your convenience).

***At PacifiCare it's health insurance designed with you in mind.***

Because you want a health insurance plan that works for you, PacifiCare offers Health Insurance Portability and Accountability Act (HIPAA) plan designs that may meet your individual needs. If you don't qualify for an individually underwritten health insurance plan, a HIPAA plan may be an option for you.

This comparative benefit summary is intended to help you compare coverage and benefits and is a summary only. For a more detailed description of coverage, benefits, and

limitations, please contact the health care service plan or health insurer.

This summary is updated annually, or more often if necessary to be accurate.

## Individuals & Families

## Plan Information

### Eligibility

If you'd like to apply for an individual health insurance plan, you must be age 19 or over and not eligible for Medicare. All applicants must meet the insurer's underwriting requirements. Your dependents who wish to have coverage must be a lawful spouse/domestic partner or child under age 26.

### Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA requires various changes to individual health insurance plans. In California, the insurer must guarantee issue insurance plans to eligible persons who lose coverage under a prior group health plan. Such persons are not required to satisfy another pre-existing condition limitation. The new insurer may require copies of a Certificate of Creditable Coverage to determine how to apply the pre-existing condition limitation.

An eligible individual means a person who meets all of the following requirements:

- Has a total of 18 or more months of continuous creditable coverage.
- Most recent prior creditable coverage was under a group health plan, government plan or church plan and the group health plan was not terminated for fraud or intentional misrepresentation of material fact.
- Most recent prior creditable coverage was not terminated for nonpayment of premium by the individual.
- Is not eligible for coverage under Medicare, Medicaid, Medi-Cal, or any successor program.
- Has elected continuation coverage under Consolidated Omnibus Budget Reconciliation Act (COBRA), Cal-COBRA, or a similar state program, and has exhausted or will soon exhaust this coverage.
- Is not covered by another plan.
- Has had less than a 63-day break in coverage from the most recent group plan.

Creditable coverage includes health insurance coverage and other health coverage, such as coverage under other group health plans, individual short-term medical coverage, Medicaid, Medicare, public health plans, military-sponsored

health care, and similar plans. Creditable coverage does not include accident-only coverage, long-term care coverage, liability or workers' compensation insurance, automobile medical payment insurance, or other similar insurance.

### Plan Administration

As part of our corporate affiliations, PacifiCare Life and Health Insurance Company (PLHIC) works directly with American Medical Security Life Insurance Company (AMS) in the administrative functions for PacifiCare health insurance plans. The AMS functions include processing claims and applications for coverage, issuing policies, collecting premiums, and providing customer service.

### Value-Added Services and Features

*Some noninsurance services are provided through a contractual agreement with third parties and are not administered or underwritten by AMS or PacifiCare. Unless indicated, these services are available to most PacifiCare customers.*

#### Helpful Customer Service

When you call AMS, you can expect prompt, friendly service and accurate information about claims, general coverage, and benefits.

#### 24-hour NurseLine and Audio Library\*

From rashes to headaches, allergies to stomach pain, the 24-hour information program is a great source of general health information to supplement your physician's care. Simply call the 24-hour NurseLine toll-free at any time to speak with an experienced, registered nurse about your health concerns. You also have the option of listening to recorded information on many health topics in the Audio Library.

#### Preferred Network

A network of credentialed doctors, clinics, hospitals, and other health-care providers\*\* are contracted to provide medical services at negotiated fees. Network providers are compensated for services covered under the policy at predetermined rates, which are usually less than the provider's customary rates. Network provider charges for covered services are considered usual and customary.

\* The 24-Hour Nurseline and Audio Library'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.

\*\* Contracted networks may change during your policy term.

## Personal Select Plans

Features	40/70-50/3000 (without maternity)	40/70-50/2000 (without maternity)
<b>Network Deductible (Ded.)</b> <i>The amount of covered expenses a covered person must pay per calendar year before benefits become payable under the policy. Family deductible is twice the individual amount.</i>	\$3,000	\$2,000
<b>Network Coinsurance (Coins.)</b> <i>The level of coverage for covered expenses provided by the insurance plan after the deductible is satisfied.</i>	70% coins.	70% coins.
<b>Network Coinsurance Maximum (Out of Pocket)</b> <i>The amount you pay per calendar year (after deductible) for covered expenses. Family coinsurance maximum is twice the individual amount.</i>	\$5,000	\$5,000
<b>Network Physician Office Visits</b>	Office Visit \$40 copay, then 100%	Office Visit \$40 copay, then 100%
<b>Network Preventive Care Benefit</b> <i>(No waiting period, not subject to deductible or coinsurance) See page 5 for details.</i>		
<b>Network Radiology (X-ray) Test/Pathology (Lab*)</b>		Ded., then coins.
<b>Network Surgery and Anesthesiology</b> <i>Surgical services and anesthesia services</i>		Ded., then coins.
<b>Network Inpatient/Outpatient Facility Charges</b> <i>Daily hospital room and board, miscellaneous hospital services, in-hospital medical services, out-of-hospital care</i>		Ded., then coins.
<b>Network Inpatient Physician Hospital Visit</b>		Ded., then coins.
<b>Network Maternity Care</b> <i>(prenatal, postnatal, and childbirth expenses)</i>		Not covered
<b>Emergency Room Charges</b> <i>(additional deductible is waived if admitted)</i>		\$100 additional ded. per occurrence, then ded., then coins.
<b>Durable Medical Equipment</b> <i>\$2,000 maximum per calendar year</i>		Ded., then coins.
<b>Mental Health Services</b>		Ded., then coins.
<b>Chemical Dependency</b>		Ded., then coins.
<b>Ambulance</b>		Ded., then coins.
<b>Home Health</b> <i>100 visits per calendar year</i>		Ded., then coins.
<b>Skilled Nursing**</b> <i>Maximum of 90 days per calendar year</i>		Ded., then coins.
<b>Prescription Drug</b>	<b>Participating Pharmacy</b> Generic Formulary: \$20 copay Brand-name Formulary: \$250 ded., then \$35 copay <b>Mail Order:</b> Generic Formulary: \$40 copay Brand-name Formulary: \$250 ded., then \$70 copay	

\* If lab procedures are needed, network benefits will be available only when the lab work is done in a LabCorp facility or another UnitedHealthcare contracted lab. Visit [www.uhc.com](http://www.uhc.com) for a lab list.  
 \*\* Skilled Nursing includes Residential Treatment.

*Insurance plans provide only limited benefits for services provided by non-network providers. Services received from non-network providers are subject to a separate non-network coinsurance (which is 50%) and deductible (which is twice the individual network amount). Expenses incurred at network providers count toward satisfaction of the network deductible amount. Expenses incurred at non-network providers count toward satisfaction of both network and non-network deductible amounts. Specific network and non-network benefits may be limited to maximum per day, per calendar year, per occurrence, or while insured. Certain non-network coinsurance amounts do not apply to the coinsurance maximum. To be considered for reimbursement, expenses must qualify as covered expenses.*

## Covered Expenses

Benefits are subject to any applicable copayment, deductible, coinsurance, usual and customary charges, benefit maximums, and limited fee schedules. All benefits for services are subject to policy provisions.

Benefits for services provided by non-network providers are limited or excluded.

### Physician Visit Charges

Covered services include physician office visits.

### Other Medical Professional Charges

Covered services include physician hospital\* visits; nonroutine injections and injectable drugs; and physical, speech, and occupational therapy.

### Preventive Care Benefit

Benefits include coverage for the following (depending on the covered person's age):

- Routine vaccines for diseases
- Flu and pneumonia shots
- Routine physical exams, including well-baby and well-child doctor visits
- Screening for high blood pressure, cholesterol, diabetes
- Screening for detection of breast and other cancers through mammogram, pap smear, prostate cancer screening and colorectal screening

Preventive Care benefits are exempt from your plan deductible, coinsurance and copayments when services are provided by a network provider. Preventive health services must be appropriate for the covered person and follow these recommendations and guidelines:

- (A) In general - Those of the U.S. Preventive Services Task Force that have an A or B rating;
- (B) For immunizations - Those of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- (C) For preventive care and screenings for infants, children and adolescents - Those of the Health Resources and Services Administration; and
- (D) For preventive care and screenings for women - Those of the Health Resources and Services Administration that are not included in section (A).

As new recommendations and guidelines are issued, those services will be considered covered expenses when required by the United States Secretary of Health and Human Services, but not earlier than one year after the recommendation or guideline is issued.

### Prosthetic Appliances

Covered services include prosthetics (except for bionic, myoelectric) when medically necessary. Services are provided to a \$2,000 calendar-year maximum. The \$2,000 calendar-year maximum is not applicable to essential benefits.

### Other Covered Expenses

Covered services include radiology and pathology tests and prescription drug benefits.

### Surgery and Anesthesiology Charges

Covered services include surgery, anesthesiology, postoperative care, and oral surgery performed in a physician's office or in a hospital\* as an inpatient or outpatient.

### Hospital\* and Other Facility Charges

Covered services include semiprivate room, intensive care, and other facility charges, such as inpatient and outpatient care and emergency room fees.\*\*

### Complications of Pregnancy

Complications of pregnancy are covered the same as any sickness for any female covered person. Complications do not include expenses for normal pregnancy and childbirth.

### Newborn Care

Coverage is included for a newborn or sick baby for 31 days from birth. To continue coverage, an application form must be received by AMS within 31 days from the date of birth. An additional premium may be required.

### Skilled Nursing

Includes coverage for inpatient facility, room and board, and skilled nursing care for 90 days per calendar year.

### Residential Treatment

Covered outpatient services include skilled nursing services, skilled rehabilitation care and facility room and board for those who require skilled care, but do not require hospitalization.

### Home Health Care

Covered services include physical, respiratory, occupational and speech therapy, and skilled home care and health aide services. Covered to 100 visits per person per calendar year.

\* Hospital does not include a nursing home, convalescent home, or extended care facility.

\*\* Separate Deductible may apply.

## **Organ Transplant and Transplant Services**

Nonexperimental and noninvestigational bone marrow, stem cell, and organ transplants and transplant services are covered the same as any illness when the recipient is a covered person and the transplant is performed at a company-authorized transplant facility. Bone marrow, stem cell, and organ transplants are covered subject to network deductible and coinsurance levels.

Transportation, food, and housing allowances are available to the transplant recipient, who is a covered person, and one escort to the maximums outlined in the policy when the company-authorized transplant facility is greater than 60 miles from the recipient's primary residence. Transportation, food, and housing expenses of a living donor are excluded and are the responsibility of the covered person who is the recipient of the transplant.

## **Durable Medical Equipment (Rental, Purchase or Repair)**

Covered devices include wheelchairs, hospital beds, standard oxygen-delivery systems and other medically necessary devices that are designed to assist in treatment and are primarily for use in the home.

## **Chemical Dependency Services**

Covered services include inpatient and outpatient alcohol, drug and other substance abuse detoxification.

## **State Coverages — California**

### **Severe Mental Illness and Serious Emotional Disturbance**

Coverage for the diagnosis and medically necessary treatment of severe mental illness of a person of any age and of serious emotional disturbances of a child is covered, under the same terms and conditions applied to other medical conditions.

### **Temporal Mandibular Joint Disorder-TMJ (Jawbone Surgery)**

Coverage for the surgical procedure for those covered conditions directly affecting the upper or lower jawbone or associated bone joints; if each procedure being considered for reimbursement is deemed medically necessary by the insurer pursuant to the policy's definition of medical necessity.

### **Phenylketonuria (PKU)**

Coverage for the testing and treatment of PKU including formulas and special food products that are part of a medically necessary diet prescribed by a licensed physician and made by a health-care professional in consultation with a metabolic disease specialist.

### **Contraceptives**

Coverage for a variety of federal Food and Drug Administration (FDA) approved prescription contraceptive methods as designated by the insurer.

## **Billing Options**

With individual insurance plans, you have the option of annual, semiannual, quarterly, or monthly direct billing. Monthly and other mode of payments can be made by automatic bank draft withdrawals. Credit cards (VISA® or MasterCard®) will also be accepted for the first month premium only.

## **Usual and Customary Charge**

We use a number of national standards to determine usual and customary amounts payable for medical services. If services are received from a non-network provider, the covered person will be responsible for any charges above these usual and customary amounts (not including copays and coinsurance) or the limited fee schedule.

## **Out-Of-Pocket Maximum**

The out-of-pocket maximum is a specific limit on the amount of covered expenses you pay per calendar year. When an individual or family out-of-pocket maximum level has been reached, you no longer pay medical deductible or coinsurance for that individual or family member for the remainder of that calendar year. The family out-of-pocket maximum is twice the individual amount. Covered out-of-pocket expenses for all family members contribute to meeting the family out-of-pocket maximum.

Copays and additional medical deductibles and some coinsurance amounts do not apply toward the out-of-pocket maximums.

## **Insurance Plan Provisions**

### **Preexisting Condition Limitation**

A preexisting condition means a condition for which a person received medical care, treatment, services, medication, diagnosis, or consultation six months before the insured person's effective date of coverage. Preexisting conditions are not covered until the person has been continuously covered under the policy for six months, during which time the person has been continuously covered under the policy.

The length of the exclusionary period for preexisting conditions will be reduced by the number of days of your creditable coverage and if you have not experienced a break in coverage of more than 63 days.

The preexisting condition limitation does not apply to HIPAA eligible individuals or dependent children under age 19.

**Rating and Renewability**

Premium rates are calculated based on a variety of factors. As allowed by state law, these factors may include geographic location, age, classes, health status of you and your insured dependents, health status of the entire pool of insureds in which you are included, and other factors. The premium rates charged for your coverage under the policy may be adjusted periodically. We will provide you with advance written notice a minimum of 30 days prior to the effective date of a premium change, unless state law requires additional notice.

Premiums may also change with the next premium due after the date when:

- A higher age is attained;
- A dependent is added to or terminated from the insurance plan; or
- Any benefit is changed, including but not limited to increases or decreases in a benefit or the addition or removal of a benefit from the insurance plan.

If a premium change is for one of the reasons stated, we will notify you as soon as possible about the change. If we find that premiums are incorrect, we will:

- Make a refund to you for any amount of overpaid premiums; or
- Request payment from you for any amount of underpaid premiums.

We reserve the right to adjust administrative and/or service fees. We will notify you prior to any change.

Termination:

- The Policy is terminated.
- You request termination.
- You or a dependent are no longer eligible for coverage under the Policy.
- A benefit terminates.

Coverage is guaranteed renewable except when:

- Premium was due and not paid.
- We determine fraud or material misrepresentation under the terms of the contract.
- PacifiCare does not renew all insurance plans with the same type and level of benefits in the state.
- PacifiCare no longer sells similar health coverage in a given state.
- You move to a state where, by law, PacifiCare is not licensed to do business.

You may terminate insurance at any time by providing AMS written notice prior to the requested termination date. The termination date will be the first of the month. Insurance will terminate at 12:01 a.m. on the termination date.

**Premiums**

*Refer to PacifiCare HIPAA Rate Guide (Form Number: 36635-P for Personal Select without maternity plans) for new business premium rates. You may also refer to your proposal. Rates are subject to change.*

**Reinstatement of Coverage**

If your coverage has lapsed for nonpayment of premium, you may apply for reinstatement of coverage. If your coverage lapses and you would like to apply for reinstatement, a written request, along with a completed application is required. Depositing payment for reinstatement does not mean acceptance and does not guarantee approval of reinstatement. Reinstatement is not guaranteed.

**Third Party Liability/Nonduplication of Benefits**

We do not pay benefits when other insurance also pays for the same medical expenses. We subrogate to the extent of our payment when a party causes or is liable to pay for a covered person's injury or sickness. Insureds are required to repay us from any settlement, judgment, or any other payment received from any other source.

**Notification/Authorization**

Certain non-formulary medications and/or services require notification by the covered person. Failure to comply with notification/authorization requirements may result in a reduction of the benefits payable for covered services.

**HIPAA Plan Checklist**

Please refer to the following checklist should you decide to apply for a HIPAA plan:

- Review the eligibility requirements on page 3. An applicant must meet all eligibility requirements to be eligible for a HIPAA plan.
- Select your health plan by choosing from two available plan designs. Refer to the benefit outline on page 4 and rate guide for additional information.
- Complete the California Individual Application for Health Insurance. Be sure to sign and date the completed form.
- Include a Certificate of Creditable Coverage from your prior plan.
- Submit completed application along with payment.

## Limitations And Exclusions

*Please read carefully.*

### General Exclusions

No medical insurance coverage is provided for any of the following unless specified elsewhere as a covered benefit:

- Services that are not medically necessary
- Services not specifically included in the policy
- Services rendered prior to the effective date of insurance or after the termination date of insurance
- Services or costs associated with a service that is not a covered service, including but not limited to cosmetic surgery, bariatric surgery, and experimental and investigational procedures
- Services performed by immediate relatives or members of the covered person's household

### Other Exclusions and Limitations

- Acupuncture and acupressure
- Air conditioners, air purifiers and other environmental equipment
- Alcoholism, drug, or other substance abuse rehabilitation
- Ambulance services provided due to the absence of another medically appropriate form of transportation or for convenience
- Artificial hearts and ventricular assist devices (VADs)
- Behavior modification and non-crisis mental health counseling and treatment
- Biofeedback except for urinary incontinence, fecal incontinence, or constipation for covered persons with organic neuromuscular impairment when part of a medically necessary treatment plan
- Blood and blood products
- Chiropractic services
- Communication devices
- Complementary and alternative medicine
- Cosmetic surgery and services
- Custodial care
- Dental care, dental services, dental appliances and orthodontics
- Dental treatment anesthesia provided or administered in a dentist's office
- Developmental and neuroeducational testing
- Diabetic self-management items without a prescription
- Diagnostic admissions
- Disabilities connected to military services
- Drugs and prescription medication (outpatient) unless the supplemental benefit rider is attached
- Educational services for developmental delays and learning disabilities
- Elective enhancements
- Exercise equipment and services
- Experimental and/or investigational bone marrow and stem cell transplants
- Experimental and/

- or investigational procedures, items, and treatments
- Eyewear and corrective refractive procedures
- Family planning
- Foot care
- Genetic testing and counseling
- Government services and treatment
- Hearing aids and hearing devices
- Hospice services for covered persons who do not meet the definition of terminally ill and are not reasonable and necessary for the management of a terminal illness
- Implants
- Infertility reversal
- Infertility services
- Institutional services and supplies except for skilled nursing services provided in a skilled nursing facility
- Maternity care, tests, and procedures
- Mental illness services except for diagnosis and treatment of severe mental illness for adults and children and for diagnosis and treatment of serious emotional disturbances of a child
- Morbid obesity
- Nurse midwife services
- Nursing services, private duty
- Nutritional supplements or formulas
- Off-label drug use
- Organ donor evaluation and services
- Pain management
- Phenylketonuria (PKU) testing and treatment - food products naturally low in protein are not covered
- Physical or psychological examinations for non-preventive health reasons
- Preexisting conditions
- Private rooms and comfort items
- Pulmonary rehabilitation programs
- Reconstructive surgery
- Recreational, lifestyle, educational or hypnotic therapy
- Rehabilitation services and therapy
- Replacement of lost or stolen durable medical equipment or optional attachments and modifications
- Replacement of prosthetics and corrective appliances
- Respite care
- Services incurred as a result of active military duty
- Services incurred as a result of declared or undeclared war
- Services provided at no charge
- Services provided outside the United States except emergency or urgent care
- Services while confined or incarcerated
- Sex transformations
- Sexual dysfunction or inadequacy medications
- Skin reduction surgery
- Specialized footwear
- Surrogacy
- Telehealth and telemedicine
- Transplant services not authorized by the company
- Transportation
- Travel and/or work related immunizations
- Veterans' Administration services
- Vision training
- Weight alteration programs
- Workers' compensation

**You may contact the Department of Insurance at (800) 927-HELP (4357)  
or (213) 897-8921 Out-of-State Caller for further assistance.**

This is an outline only and not intended to serve as a legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy CA IPLAN PPO.05 (Rev. 2). Applicable law will apply with respect to preexisting condition limitations, eligibility, rating, and other terms of conditions and coverage.



American Medical Security Life Insurance Company, 3100 AMS Boulevard, Green Bay, WI, 54313, (Wisconsin domiciled, CA certification of authority number 0809) provides administrative services for insurance products underwritten by PacifiCare Life and Health Insurance Company, 5995 Plaza Drive, Cypress, CA, 90630 (Indiana, domiciled, CA certification of authority number 5813).