Benefit Highlights

Association of California Water Agencies Joint Powers Insurance Authority 15467
Effective January 1, 2024 to December 31, 2024

This is a short summary of your plan benefits and costs. See your Summary of Benefits for more information. Or review the Evidence of Coverage for a complete description of benefits, limitations, exclusions and restrictions. Benefit limits and restrictions are combined in- and out-of-network.

Plan costs

	In-network and out-of-network
Annual medical deductible	No deductible
Annual medical out-of-pocket maximum (the most you pay in a plan year for covered medical care)	Your plan has an annual combined in-network and out-of-network out-of-pocket maximum of $200 for this plan year.

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Doctor's office visit	
Primary care provider (PCP)	$0 copay
Specialist	$0 copay
Virtual visits	$0 copay
Preventive services Medicare-covered	$0 copay
Inpatient hospital care	$0 copay per stay
Skilled nursing facility (SNF)	$0 copay per day: days 1-20 $0 copay per additional day up to 100 days
Outpatient surgery	$0 copay
Outpatient rehabilitation Physical, occupational, or speech/ language therapy	$0 copay
Outpatient mental health	
Group therapy	$0 copay
Individual therapy	$0 copay
Virtual visits	$0 copay
Diagnostic radiology services such as MRIs, CT scans	$0 copay
Lab services	$0 copay

Medical benefits

Medical benefits covered by the plan and Original Medicare

	In-network and out-of-network
Outpatient X-rays	$0 copay
Therapeutic radiology services such as radiation treatment for cancer	$0 copay
Ambulance	$0 copay
Emergency care	$50 copay (worldwide)
Urgently needed services	$0 copay (worldwide)

Additional benefits and programs not covered by Original Medicare

	In-network and out-of-network
Routine physical	$0 copay; 1 per plan year*
Acupuncture – routine	$0 copay, and 20 visits per plan year*
Chiropractic – routine	$0 copay, 30 visits per plan year*
Foot care – routine	$0 copay, 6 visits per plan year*
Over-the-counter (OTC) card Healthy Benefits Plus	$0 copay $40 credit each quarter to purchase approved OTC items from network retail locations or through the OTC catalog.
UnitedHealthcare Healthy at Home post-discharge program	$0 copay for 28 meals, 12 rides, and 6 hours of non-medical personal care up to 30 days following all inpatient and SNF discharges. Referral required.
Hearing – routine exam	$0 copay, 1 exam per plan year*
Hearing aids UnitedHealthcare Hearing	Plan pays a $2,500 allowance for hearing aids (combined for both ears) every 3 years. Hearing aids purchased outside of UnitedHealthcare Hearing's nationwide network are not covered.
Vision – routine eye exam	$0 copay, 1 exam every 12 months*
Fitness program Renew Active® by UnitedHealthcare	$0 copay for a standard gym membership at participating locations
24/7 Nurse Support	Receive access to nurse consultations and additional clinical resources at no additional cost.
Personal emergency response system (PERS) Lifeline	$0 copay for a personal emergency response system.