HealthSCOPE BENEFITS

Remember to call ahead

Make sure you're covered before receiving care

Any time you or a family member is admitted to the hospital or receives certain outpatient services, it is important to let HealthSCOPE Benefits know. We want to make sure you receive the appropriate care and that you understand whether your benefit plan will pay for any portion of the treatment cost.

You or your health care provider can call the number on your medical ID card to verify the level of benefits available. Our decisions are for payment purposes only. All decisions about the types of care you receive remain between you and your providers.

There are two reasons you or your provider should call HealthSCOPE Benefits before a medical service or procedure:

1 Prior authorization of care

Some types of care require a review to determine if they are medically necessary. This means they meet generally accepted standards of care and are considered effective in treating your illness or injury. We also review if the length of your inpatient stay and type of facility are clinically appropriate. Failure to obtain prior authorization may result in a penalty or increased out-of-pocket costs.

2 Predetermination of benefits

We recommend you and your health care provider also call ahead regarding treatments that do not require a review. This is to verify the amount, if any, your health plan will pay toward the cost of care you plan to receive.

Any payment for an expense that is not covered under the plan is the patient's responsibility.

We will send a letter to you and your provider, notifying you whether the treatment is covered.

Procedures that we commonly review[1]:

- Hospitalizations & Inpatient Surgeries [2]
- Advanced Imaging
- Advanced Radiation Treatment
- Bariatric Surgery
- Behavioral Health Stays
- Cardiology Procedures
- Chemotherapy
- Cosmetic & Reconstructive Services
- Durable Medical Equipment
- Genetic Testing
- Implantable Spinal Cord & Nerve Stimulators
- Joint Procedures
- Medical specialty Drugs & Injectables
- Non-Emergent Air Transportation
- Pain Management
- Partial Hospitalization Programs
- Skilled Nursing Facility
- Sleep Apnea Treatment
- Sleep Studies
- Spine Surgery
- Surgical Treatment for Gender Dysphoria
- Transplant & Transplant Related Services

1 This list is not all-inclusive. Please refer to your summary plan description (SPD) for a full list of services requiring prior authorization. HealthSCOPE Benefits pays providers according to the coverage terms, benefits, limitations and exclusions of your benefit plan documents.

2 Except stays of 48 hours or less following a normal vaginal delivery or 96 hours or less following a Cesarean section.

© 2025 United HealthCare Services, Inc. UM0984-HSB 0126 UA

No part of this document may be reproduced without permission. This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the health plan ID card.