



# UCLA/MPTF Health Centers

Quality Services at a Reduced Cost to You

As a Health Plan participant in the Los Angeles area, in addition to the Plan’s already robust medical benefits, you also enjoy access to six UCLA/MPTF Health Centers exclusively serving the entertainment community.

By coordinating your care through the UCLA/MPTF Health Centers, you get quality services at a reduced cost.‡

## UCLA/MPTF Network Benefits and Co-payments

Primary Care Visits	\$10	Hospitalization*	10%
Specialist Visits*	\$10	Surgery*	\$100
Labs/Radiology*	\$0	Anesthesiology*	\$0
Physical Therapy*	\$10	Comprehensive Physical Exam	\$0
Pediatric Visits	\$10		

\*Benefit with written referral from the UCLA/MPTF network

Refer to the March 2020 Health Plan Summary Plan Description beginning on page 53 for full description.

‡These benefits are not available under the Bronze Plan coverage.

# \$10 Co-pays that follow you



All services received at a UCLA/MPTF Health Center require only a \$10/per visit co-pay, regardless of whether you have met your annual deductible.

As long as your care is coordinated through one of the Centers' primary care physicians, the \$10 co-pay follows you when you are referred to a specialist. For each visit to that specialist, you pay the \$10 co-pay for the duration of the referral. (A written referral is required.)

Read below for how to save on additional services and surgery

## Additional Services Ordered by an Outside Specialist

When you have a written referral from a primary care physician at one of the five Health Centers, the \$10 co-payment for specialist visits covers all services rendered in the specialist's office, including x-rays and labs. For services rendered at an outside facility, such as MRI's or outpatient procedures, the specialist needs to request a referral from one of the UCLA/MPTF Health Centers in order to guarantee you pay those services at the applicable rate, as listed on the opposite page.

To avoid any surprise out-of-pocket expenses, it is important to ask your specialist to request the referral. Additional services without a referral from the UCLA/MPTF Health Centers are subject to your deductible and co-insurance. If the services are provided by a non-network provider or facility, you are responsible for charges in excess of the amount allowed by the Health Plan, including your deductible and co-insurance.

## How NOT to miss on savings

The simplest way to ensure you take maximum advantage of the UCLA/MPTF benefit is to talk with your doctors.

When you are referred for services outside the UCLA/MPTF Health Centers, always tell any specialist to whom you have been referred that you would like to remain within the UCLA/MPTF arrangement and only want to be referred to providers and/or facilities participating in the UCLA/MPTF network.

### Questions?

For a listing of the Health Center locations and hours, visit [www.dgaplans.org/mptf](http://www.dgaplans.org/mptf).

For questions regarding your UCLA/MPTF benefits, contact the Health Plan's Participant Services Department at (877) 866-2200, ext. 402.

## Surgery

With a referral from a UCLA/MPTF Health Center's primary care physician, you are subject to a \$100 co-pay that covers your portion of professional fees for surgery, including those for the assistant surgeon and anesthesiologist. With a separate Health Center referral to the hospital/facility where the surgery will take place (obtained by you or the referring provider), you will be charged the network 10% co-insurance rate for hospitalization fees.

OUT-OF-POCKET COSTS FOR OUTPATIENT SURGERY	With UCLA/MPTF Referral	Without UCLA/MPTF Referral Under the Premier Choice Plan		Without UCLA/MPTF Referral Under the Choice Plan	
		Network	Non-network	Network	Non-network
Professional Fees (including assistant surgeon and anesthesiologist)	\$100 co-pay	10% co-insurance + Deductible (if not met)	30% co-insurance + Deductible (if not met) + Charges in excess of the amount allowed by the Health Plan	10% co-insurance + Deductible (if not met)	40% co-insurance + Deductible (if not met) + Charges in excess of the amount allowed by the Health Plan
Hospitalization fees	10% co-insurance	10% co-insurance + Deductible (if not met)	30% co-insurance + Deductible (if not met) + Charges in excess of the amount allowed by the Health Plan	10% co-insurance + Deductible (if not met)	40% co-insurance + Deductible (if not met) + Charges in excess of the amount allowed by the Health Plan