

Stanford – Los Olivos (UHA) Health Insurance Plans

UHA - Managed Care Contracts

University HealthCare Alliance (UHA) contracts with various Health Maintenance Organizations (HMO) and Preferred Provider Organizations (PPO).

Always check with your health plan to confirm participation. For assistance choosing a physician, please call the UHA Call Center at 1-888-924-1036.

Active for Calendar Year 2016 (Group Plans)

Aetna

HMO, PPO, POS, and EPO

Anthem Blue Cross

HMO, PPO, and EPO

(UHA is not in network with Anthem Blue Cross Covered California plans)

Blue Shield of California

HMO, PPO, and POS

CIGNA

HMO, PPO, POS, and OAP

Health Net

HMO, PPO, POS, EPO, and Medicare Advantage

HealthSmart (formerly Interplan)

PPO, EPO, and POS

Humana

PPO, HMO, and Medicare Advantage

Multiplan/PHCS/Beech Street

PPO

Stanford Health Care Alliance (SHCA)

Group Plan

United Health Care

HMO, Medicare Advantage, POS, PPO, and EPO

Stanford Health Care Advantage (SHCA)

Medicare Advantage

HMO members will need to obtain a referral from their primary care providers in order to see specialty doctors.

Individual Policies and Covered California Plans (IFP and SHOP) Active for Calendar Year 2016

We are contracted and in-network with the following individual plans available for purchase directly from health plans or through the Covered California Exchange.

Cigna (Not available for purchase through Covered California)
PPO

Health Net
PPO, EPO, and HMO/HSP (HMO/HSP members can only select PCPs located in Santa Clara County)

Please contact your health plan directly to confirm your eligibility.

UHA also participates in government programs such as Medicare, Medicare Advantage, Medi-Cal, and TriCare.

If you have any other questions, please call 1-888-924-1036.

Health Insurance Glossary

EPO (Exclusive Provider Network)

A type of health insurance plan that, like an HMO, limits health coverage to doctors and hospitals within the network. However, EPOs also provide options for patients to see specialists outside of the network.

HMO (Health Maintenance Organization)

A type of health insurance plan that limits health coverage to doctors and specialists who work for the organization. HMOs provide an integrated approach to health care, often with an emphasis on prevention.

OAP (Open Access Point of Service Plan)

A type of flexible health insurance plan that offers in-network referrals from your primary care doctor, as with an HMO. Additionally, patients can self-refer to specialists and facilities within the network at a discount, or receive care at out-of-network providers at a higher cost.

POS (Point of Service)

A type of health insurance plan that charges less if you use doctors, hospitals, or providers within the plan's network. These plans require a referral from your primary care doctor to see a medical specialist.

PPO (Preferred Provider Organization)

A type of health insurance plan consisting of a network of hospitals and doctors. Health care received outside of the network can be covered at an additional cost.