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**IMPORTANT NOTICE:**

# Change in coverage for out-of-network doctors and facilities.

Using doctors and facilities outside of the UnitedHealthcare network may cost your employees more money, especially if the amount that we pay is less than the amount the doctor or facility bills. If this happens, your employees may be responsible for the remaining balance after our payment, even if UnitedHealthcare is applying the network benefit. More details about how UnitedHealthcare pays claims for out-of-network doctors and facilities are in the plan documents in the Schedule of Benefits under Accessing Benefits and Eligible Expenses.



Not for Consumer Use

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# Service Changes.

Payment for two kinds of services are changing:

## Services

### Non-Emergency

Non-emergency services by an out-of-network physician or other health care professional at a network hospital, facility or ambulatory surgery center.

## Services

### Emergency

Emergency services by an out-of-network provider at any hospital, facility or freestanding emergency room. For emergencies, the affected services could include all types of providers: physicians, other health care professionals and facilities.

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## Our Payment.

With this change, for non-emergencies, we pay what we would pay any other out-of-network provider. For emergencies, we pay an amount based on federal regulations. You may be aware of this way of paying out-of-network providers because UnitedHealthcare has used this kind of payment before, but only for a few specialists on select plans. Now, most plans include language that can expand this payment amount to all specialties and all types of providers.

## Network Benefits.

UnitedHealthcare will cover certain health care services at the preferred benefit level even if your employees use an out-of-network doctor or facility. This means that your employees' co-insurance, copay and/or deductible will be the lowest amount available on their benefit plan.

Even though we will cover these services at the preferred benefit level, out-of-network doctors and facilities may charge more than we pay. There may be times that the out-of-network doctor or facility bills your employees for the difference between what we have paid and what the doctor or facility would like to be paid. This is called balance-billing. The amount that your employees pay on a balance-bill would not go towards their out-of-pocket maximums.

# Example of non-emergency surgery, using an out-of-network anesthesiologist.

In this example, the member would owe \$780 more<sup>1</sup> for the services provided by an out-of-network anesthesiologist. The \$200 for out-of-network/ non-participating is the allowed amount for out-of-network.

Note: Allowed amount for non-participating providers is based on a percentage of Medicare.

	Participating Provider	Non Participating Provider
A. Billed charge amount.	\$1,000	\$1,000
B. Allowed amount.	\$300 <sup>2</sup>	\$200
C. Member responsibility <sub>3</sub> (Network coinsurance is 20% of row B).	\$60	\$40
D. Net paid by UnitedHealthcare.	\$240	\$160
E. Potential balance bill from the provider to member (difference between rows A and B for out-of-network).	N/A	\$800
<b>Total</b> Potential member responsibility rows (C+E)	<b>\$60</b>	<b>\$840</b>

<sup>1</sup> The potential member responsibility will vary based on the provider type, services rendered and where services are provided.

<sup>2</sup> The amount contracted between network providers and UnitedHealthcare for this service.

# Example of services provided by an out-of-network emergency room (ER) doctor.

In this example, the member would owe \$1,400 more<sup>1</sup> for the services provided by an out-of-network doctor in the emergency room. The member also could be billed by the out-of-network/non-participating emergency room, which would cost even more money.

Note: Allowed amount for non-participating providers is based on Federal regulations.

	Participating Provider	Non Participating Provider
A. Billed charge amount.	\$2,000	\$2,000
B. Allowed amount.	\$600 <sup>2</sup>	\$600
C. Member responsibility <sub>3</sub> (Network coinsurance is 20% of row B).	\$120	\$120
D. Net paid by UnitedHealthcare.	\$480	\$480
E. Potential balance bill from the provider to member (difference between rows A and B for out-of-network).	N/A	\$1,400
<b>Total</b> Potential member responsibility rows (C+E)	<b>\$120</b>	<b>\$1,520</b>

1. The potential member responsibility will vary based on the provider type, services rendered and where services are provided. 2. The amount contracted between network providers and UnitedHealthcare for this service. Cost scenarios are examples only. Be sure to check your health plan documents for your benefits and levels of coverage.



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# Answers to questions about out-of-network providers.

## **What is an out-of-network provider?**

An out-of-network provider is a doctor, health care professional or facility (like a hospital or ambulatory surgery center) that isn't under a contract with UnitedHealthcare.

## **What happens when a member uses an out-of-network hospital or provider?**

The provider may balance bill the member the difference between the billed charge and the eligible expense in states where regulations allow. Providers that participate in our network are not allowed to balance bill members. Any balance bill members may pay for services from an out-of-network provider does not apply to their out-of-pocket limit.

## **If a member goes to a network hospital, will all of the providers there be in the network?**

Not always. For example, if a member goes to a network hospital to get an X-ray, the doctor reading the X-ray may not be in the network. That doctor may charge more for the X-ray than a network provider.

## **What if a member has an emergency?**

In a true emergency, members should visit the nearest emergency room. If members receive emergency services from an out-of-network doctor or hospital, the charge for services may be greater than from a network provider. Members may be balance billed where regulations allow.

## **What is an eligible expense?**

An eligible expense (sometimes called the allowable charge or allowed amount) is a health care service that the health plan covers. The plan may pay for or reimburse members for the full cost or only part of it.

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# What can members do to help keep costs down?

## **Use in-network doctors and facilities.**

Members can use [myuhc.com](https://myuhc.com)<sup>®</sup> to find network doctors and facilities. The UnitedHealthcare national network has more than 1,000,000 doctors and health care professionals and more than 6,500 hospitals across the country.

Facilities in the UnitedHealthcare network may have out-of-network physicians or health professionals providing services. Members can visit **Find Physicians & Facilities** on [myuhc.com](https://myuhc.com) to determine whether the location being considered has network anesthesiologists, emergency room physicians, pathologists and radiologists.

## **Talk to their doctor.**

Before members have a health care procedure, they should ask their doctor about the facility and other specialists who may be involved so they can make sure they're all in network. If members are balance billed by an out-of-network doctor, they can contact that doctor directly to ask if they will lower the charges or if they can set up a payment plan.

## **Understand the benefits.**

Members should review health plan documents to fully understand their coverage and benefits. Most members can find coverage details online at [myuhc.com](https://myuhc.com). Click on the **Benefits & Coverage** menu, and then click on **Coverage Documents**. They can also get a free, printed copy by calling the phone number on their health plan ID card.

This document only applies to UnitedHealthcare plans on the 2011 Certificate of Coverage. It is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. This document may not be applicable to all benefit plan options. Some products vary by state or may not be available in all states. If this information is different than what is in your coverage documents, the coverage document is what will be used. Look at your health plan documents for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

