Getting the Most From Your Health Care Coverage

This guide is designed to help you get the most from your health plan benefits.[1] We work with the National Committee for Quality Assurance® (NCQA®) and state and federal regulators to ensure members receive this information on an annual basis.

Important note: Not all information provided in this document is applicable to all enrollees. Some information may not apply if your plan does not provide certain coverage, products and/or services referenced herein. Your plan document (Combined Evidence of Coverage and Disclosure Form, Evidence of Coverage or Certificate of Coverage), including all of its Riders, amendments or summary of material modifications, contains a complete listing of the terms and conditions of your coverage and prevails in the event of any conflict between this document and your plan document.

In addition, information in this document is current as of the date of issue and may be subject to change at any time due to employer-directed plan changes, state mandates and federal laws. Please refer to your plan document for specific information on your benefits or refer to your member website for the most up-to-date information.

Getting Answers to Your Questions

Information about your health care benefits is just a click or phone call away.



Sign in to **myuhc.com®** for personalized information and helpful tools to help you manage your health and your health care dollars.

- ***Coverage & Benefits*:** Learn whether a service is included or excluded from coverage and if notification is required, the coverage levels for different types and places of care, and your copayment, coinsurance and deductible amounts (as applicable).
- ***Claims & Accounts*:** Check your claims status and find out what has been paid and the amount you are responsible for paying. If you use our network of providers, you won't have to submit a claim. There's also information on how to submit an appeal if you disagree with our payment decision.
- ***Find Care & Costs*:** Find a network facility, doctor or other healthcare provider. You can also view average costs of health care services in your area.
- ***Pharmacies & Prescriptions*:** Get pharmacy benefit information including notification requirements, supply limits or step therapy requirements, if applicable. You can also price medications, look for lower-cost alternatives, locate a network pharmacy, refill prescriptions, or check the status of your order at our Mail Service Pharmacy.[2]

[1]Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health Plan coverage provided by or through a UnitedHealthcare company, Neighborhood Health Partnership, Inc., UnitedHealthcare of Alabama, Inc., UnitedHealthcare of Arizona, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare of Kentucky, Ltd., United HealthCare of Louisiana, Inc., UnitedHealthcare of the Mid- Atlantic, Inc., UnitedHealthcare of the Midlands, Inc., UnitedHealthcare of the Midwest, Inc., United HealthCare of Mississippi, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of North Carolina, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare of South Carolina, Inc., UnitedHealthcare of Tennessee, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Utah, Inc., UnitedHealthcare of Washington, Inc., UnitedHealthcare of Wisconsin, Inc., or UnitedHealthcare Plan of the River Valley, Inc.

[2]For plans that include pharmacy benefits provided by UnitedHealthcare or OptumRx.

- ***ID cards*:** Print a temporary health plan ID card or order a replacement.



If you do not have access to the Internet or need to contact us, call the toll-free member phone number on your health plan ID card, or message us on **myuhc.com**. TTY/RTT users can dial 711.[3]



The UnitedHealthcare® app makes it easy to find nearby doctors, check the status of a claim, see your account balance or view your ID card. You may even be able to video chat with a doctor—all from your smartphone or tablet.[4]

Clinical Services

Clinical Services is a department that includes our notification unit and inpatient and outpatient care programs. If you have questions about a preauthorization (coverage approval) or your use of medical services, call the toll-free phone number on your health plan ID card, TTY/RTT 711. Language assistance is also available at this same toll-free number.

Questions or concerns about benefit determinations

If you have questions or concerns about how a benefit coverage decision was determined, call the member phone number on your health plan ID card or log into **myuhc.com.** If we cannot resolve the issue to your satisfaction over the phone, or if you disagree with the determination and you wish to appeal the determination, ask for the appropriate address to which you can submit your written appeal request.

How to submit an appeal

The appeal process is outlined in your COC/Member Handbook and on every Explanation of Benefits (EOB)/Health Statement you receive from UnitedHealthcare for services provided by network and non-network providers.

When requesting an appeal of a benefit determination, include the following information:

- Patient's name and identification number from the health plan ID card
- The date(s) of medical service(s)
- The physician's/health care professional's/facility's name
- The reason you believe the claim or benefit should be paid
- Any documentation or other written information to support your request for claim payment or benefit coverage

Your appeal request must be submitted to UnitedHealthcare within 180 days (or longer where required by state law) after you receive the coverage denial or an adverse determination. You or your authorized representative may submit any written comments, documents, records, or other information you feel is relevant. You have the right, upon request and free of charge, to receive reasonable access to and copies of all documents, records and other information relevant to your claim benefits. If someone submits an appeal on your behalf, we may require written authorization from you allowing that person to act as your authorized representative.

[3]Phone number services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

[4]The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC. 24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, in all locations or for all members. Check your plan benefits to determine if these services are available. Data rates may apply.

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External review program

If following completion of the internal appeal process, you remain dissatisfied with the outcome of a clinical review (see your specific COC for any administrative review cases), you may have the right to an independent external review or IER.[5] This is when the appeal decision is made by an independent review organization—not by UnitedHealthcare.

For appeal decisions that are based on clinical factors, an independent medical expert will review the plan's decision within the framework of your benefits as stated in your COC/Member Handbook and applicable law, using documents provided during the internal review process while incorporating published, peer-reviewed clinical evidence.[6] UnitedHealthcare will use the decisions made by the independent review organization as the final coverage determination. This process provides you with a timely, fair and objective response to your health care coverage concerns without incurring unnecessary costs, lengthy delays, and consumption of resources. Please review your COC/Member Handbook, or appeal determination letters, for information about eligibility to appeal to an independent review organization.

How to submit a complaint

If you are dissatisfied with any experience with UnitedHealthcare, you may file a complaint by calling the member phone number on your health plan ID card. UnitedHealthcare will investigate the issue and, in the case of a written complaint, provide a response in writing, including any corrective actions that may be taken to resolve the issue.

Getting the Right Care at the Right Place

UnitedHealthcare has one of the nation's largest single proprietary networks with over 1.2 million doctors and health care professionals and over 6,300 hospitals. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

You get the highest level of plan benefit coverage when you choose facilities, doctors and other health care professionals that participate in your plan's provider network. **Services from nonnetwork providers may result in higher out-of-pocket cost for you—or may not be covered at all—depending on your plan.**

Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a physician or hospital.

For plans that include out-of-network coverage, in addition to your cost share, you may be required to pay any difference between the covered amount and the amount charged by the out-of-network provider.

If you need covered health care services that are not available from a network provider—or access to a network provider would require unreasonable delay or travel—you, your doctor or a representative acting on your behalf can ask for an exception or referral to an out-of-network provider. To request a referral to an out-of-network provider, call the toll-free member phone number on your health plan ID card. For mental health and substance use disorder services, call the Mental Health phone number on your ID card. If we confirm that care is not available from a network provider due to the reasons above, we will work with you and/or your network provider to coordinate care through an out-of-network provider.

[5]In Texas, Oklahoma, Oregon and Washington, this process is called an IRO – Independent Review Organization. In California, this process is called IMR – Independent Medical Review. In Arizona, this process is called EIR – External Independent Review. In Idaho and Nevada, this process is called External Review.
[6]For members in Arizona, the Arizona Department of Insurance may conduct the external review or make arrangements for independent physicians to conduct the external review.

Finding a network health care provider

Sign in to **myuhc.com** to find information on network doctors and other health care professionals who can meet your need for primary care, specialty care or behavioral health care, if applicable. You can search and filter by name, specialty, location and other options. Information on network hospitals and other health care facilities can also be found here. Always confirm the network participation of both the health care professional and the facility before receiving health care services.

If you are not able to view our online directory, or for more information on the professional qualifications of a network provider, call the member phone number on your health plan ID card. A customer service representative will help you or have a printed copy of the network directory sent to you.

Choosing a doctor is one of the most important health care decisions you'll make. The UnitedHealth Premium® designation makes it easier for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency.[7] Visit **myuhc.com** to find the doctor that is right for you.

Where to go for medical care

Your plan includes coverage for different types of care. Where to go for medical services depends on your health care needs. If you are not sure what type of care you need, use the guidelines below or call the member phone number on your health plan ID card.

For routine or primary/preventive care, it is best to go to your own doctor's office. It's important to establish a relationship with a primary care doctor who knows your health history and that you can call when you need care. Some plans may require members to designate a primary care physician and to get referrals before seeing other network providers. For help finding a primary care physician, search our online provider directory or call the member phone number on your health plan ID card.

Another option to consider for non-emergency health conditions is a virtual visit. A virtual visit lets you see and talk to a doctor from your computer or mobile device, without an appointment.[8]

Sign in to **myuhc.com** or the UnitedHealthcare app to learn more.

For **hospital care**, work with your physician to determine which hospital is best for your medical/surgical needs. Your benefit plan may require you or your physician to notify us of a hospital admission.

For **care after hours**, first call your primary care doctor. Network doctors and clinics provide either an answering service or a detailed voice-mail message with instructions for how to get care after hours.

[7]For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please visit myuhc.com®.
[8] 24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, in all locations or for all members. Check your plan benefits to determine if these services are available. Data rates may apply.

Is it urgent? If you need care quickly—but it's not an emergency—and your primary doctor is not available, consider going to an urgent care center. A visit to urgent care typically costs less than going to a hospital emergency room. Urgent care centers offer treatment for non-life threatening injuries or illnesses such as:

- Sprains and strains
- Minor infections
- Sore throats
- Minor broken bones
- Small cuts
- Rashes

In an emergency, call 911, or its local equivalent, or go to the nearest emergency room, whether at home or out of town. Typically, an emergency is when injuries or symptoms are life-threatening or severe enough that immediate medical attention is needed. This includes, for example:

- Heavy bleeding
- Sudden change in vision
- Sudden weakness or trouble talking
- Spinal injuries
- Difficulty breathing
- Large open wounds
- Chest pain
- Major burns
- Severe head injuries

Finding care if you are out of town or state

Call the member phone number on your health plan ID card to find doctors and other health care providers near your location, and to learn if any restrictions apply.

For plans that require selection of a Primary Care Physician

Some plans may require members to select a primary care physician (PCP) and get referrals before seeing other network doctors or specialists. A PCP usually specializes in family practice, general practice, internal medicine or pediatrics. Your PCP must be available 24 hours a day, seven days a week or arrange for another physician to be available.

For maximum benefit coverage, all non-emergency services must be provided by or coordinated by your PCP. Depending on your plan type, visits to network doctors other than your PCP—without a referral—may cost you more or may not be covered at all. Check your plan coverage documents for more information on referrals.

If you need urgent care, you should contact your PCP. If your PCP cannot accommodate you, ask for approval to visit a participating urgent care center or emergency room (ER). Without PCP approval, your health plan may not pay for the services you received and you may be responsible for the payment.

In the event of a medical emergency where you are unable to call your PCP prior to going to the ER, contact your PCP within 48 hours of receiving treatment to request an authorization for the visit and follow up with your PCP for continuity of care.