

# UnitedHealthcare SignatureValue™ Offered by UnitedHealthcare Benefits of Texas, Inc.

## Written Plan Description

### Health Maintenance Organization Plans (TX HMO Plans)

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This coverage is provided by UnitedHealthcare Benefits of Texas, Inc., a Health Maintenance Organization health care plan. This coverage provides benefits only when a Network Provider is used, except as otherwise noted.

If you have questions or need additional information, you may contact us at:

P.O. Box 400046  
San Antonio, TX 78229  
1-800-925-9355  
[www.uhcwest.com](http://www.uhcwest.com)

### Benefits

After enrolling, you will receive an Evidence of Coverage (EOC) which contains specific information regarding your health care benefits. Refer to the EOC to understand exact coverage for certain conditions, services, and supplies. All services and supplies must be Medically Necessary as defined in the EOC.

#### General Features

- Primary Care Physician Office Visits
- Specialist Physician Office Visits
- Inpatient Hospitalization
- Outpatient Surgery
- Emergency Room Services

#### Inpatient Benefits

- **Acquired Brain Injury** - The following inpatient services are covered when determined Medically Necessary: Cognitive Rehabilitation Therapy, Cognitive Communication Therapy, Community Reintegration Services, Neurocognitive Therapy and Rehabilitation, Neurobehavioral testing and treatment, Neurophysiological, Neuropsychological, and Psychophysiological Testing and Treatment, Neurofeedback Therapy, and Remediation.
- **Amino Acid Based Elemental Formulas** - Benefits are provided for amino acid-based elemental formulas, regardless of the formula delivery method, that are used for the diagnosis and treatment of: immunoglobulin E and non-immunoglobulin E mediated allergies to multiple food proteins, severe food protein-induced enterocolitis syndrome, eosinophilic disorders, impaired absorption of nutrients caused by disorders affecting the absorptive surface, functional length and motility of the gastrointestinal tract.
- **Hospice Services** - Benefits are covered for Members with a terminal illness, defined as a medical condition resulting in a prognosis of life expectancy of six months or less, if the disease follows its natural course.
- **Inpatient Hospital Benefits/Acute Care** - Benefits include: semi-private room, nursing and other licensed health professionals, intensive care, operating room, recovery room, laboratory, anesthesia and oxygen services, meals and special diets when Medically

Necessary, and professional charges by the hospital pathologist or radiologist and other miscellaneous hospital charges for Medically Necessary care and treatment.

- **Inpatient Physician and Specialist Care** - Services from Physicians, including specialists and other licensed health professionals are covered while the Member is hospitalized as inpatient.
- **Mastectomy/Breast Reconstruction** - Medically Necessary mastectomy and lymph node dissection are covered, including prosthetic devices and/or reconstructive surgery to restore and achieve symmetry for the Member incident to the mastectomy.
- **Maternity Care, including newborn care** - Prenatal and maternity care services are covered, including labor, delivery and recovery room charges, delivery by Caesarian section, treatment of miscarriage, and complications of pregnancy or childbirth.
- **Mental Health Services** - This benefit provides Mental Health Services for the treatment and/or procedures of mental and nervous disorders for adults and children.
- **Organ Procurement, Transplant and Transplant Services** - Non-experimental and non-investigational organ transplants and transplant services are covered when the recipient is a Member and the transplant is authorized and performed at a Designated Facility, or other transplant facility approved by UnitedHealthcare.
- **Reconstructive Surgery** - Covered to improve the function of, or attempt to create a normal appearance of, an abnormal structure of the body or craniofacial abnormalities caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.
- **Serious Mental Illness** - Psychiatric illness as defined by the *American Psychiatric Association* and any other psychiatric illness as defined by law as "Serious Mental Illness" is covered. These include schizophrenia, paranoid and other psychotic disorders, bipolar disorders (hypomanic, manic, depressive and mixed), major depressive disorders (single episode or recurrent), schizo-affective disorders (bipolar or depressive), obsessive – compulsive disorders, and depression in childhood and adolescence.
- **Skilled Nursing/Subacute/Rehabilitation Care** - Medically Necessary Skilled Nursing Services and Skilled Rehabilitation Care are covered. Subacute and Transitional Care are levels of care provided by a Skilled Nursing Facility to a Member who does not require Hospital acute care, but who requires more intensive licensed Skilled Nursing Facility care than is provided to the majority of the patients in a Skilled Nursing Facility.
- **Substance Use Disorder** - Benefits are provided for treatment that is a planned, structured, and organized program to promote chemical-free status which may include different facilities or modalities, and is complete when the covered individual is discharged on medical advice from inpatient detoxification, inpatient rehabilitation/treatment, partial hospitalization or intensive outpatient or a series of these levels of treatments without a lapse in treatment or when a person fails to materially comply with the treatment program.

### Outpatient Benefits

- **Allergy Testing and Treatment** - Services and supplies are covered, including provocative antigen testing, to determine appropriate allergy treatment. Services and supplies for the treatment of allergies, including allergen/antigen immunotherapy, are covered according to an established treatment plan.
- **Ambulance** - The use of an ambulance (land or air) is covered when the Member reasonably believes there is an emergency medical or psychiatric condition that requires ambulance transport to access Emergency Services. Ambulance transportation is limited to the nearest available emergency facility to stabilize the Member's emergency medical condition. Benefits also include Non-Emergency ambulance transportation by a licensed ambulance service (either ground or air, as we determine appropriate), that is Medically Necessary between facilities.
- **Acquired Brain Injury** - The following outpatient services are covered when determined

Medically Necessary: Cognitive Rehabilitation Therapy, Cognitive Communication Therapy, Neurocognitive Therapy and Rehabilitation, Neurobehavioral, Neurophysiological, Neuropsychological, and Psychophysiological Testing and Treatment, Neurofeedback Therapy, and Remediation.

- **Autism Spectrum Disorder** - Covered Services include all Generally Recognized Services including evaluation and assessment services, applied behavior analysis; behavior training and behavior management, speech therapy, occupational therapy, physical therapy; or medications or nutritional supplements used to address symptoms of Autism Spectrum Disorder.
- **Clinical Trials** - Routine patient care costs incurred during participation in a phase I, II, III or IV qualifying clinical trial for the prevention, detection or treatment of cancer or other life-threatening disease or condition, cardiovascular disease (cardiac/stroke), surgical musculoskeletal disorders of the spine, hip, and knees, and other life-threatening diseases or conditions.
- **Diabetic Management, Treatment, and Self-Management Items** - Coverage includes outpatient self-management training, education and medical nutrition therapy services and equipment and supplies for the management and treatment of diabetes including blood glucose monitors, non-invasive blood glucose monitors and blood glucose monitors designed to assist the visually impaired; strips; lancets and lancet puncture devices; pen delivery systems (for the administration of insulin); insulin pumps and all related necessary supplies; ketone urine testing strips; insulin syringes, podiatry services and devices to prevent or treat diabetes-related complications, or any other supplies as required by state law.
- **Dialysis** - Acute and chronic hemodialysis and peritoneal dialysis services and supplies are covered.
- **Durable Medical Equipment** - Benefits are available when the equipment is designed to assist in the treatment of an injury or illness of the Member, and the equipment is primarily for use in the home. Examples include wheelchairs, hospital beds and standard oxygen-delivery systems.
- **Emergency Room Services** - Health care services to evaluate and stabilize medical conditions of a recent onset and severity, including, but not limited to, severe pain, that would lead a Prudent Layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, sickness, or injury is of such a nature that failure to get immediate medical care could result in: (1) placing the patient's health in serious jeopardy; (2) serious impairment to bodily functions; (3) serious dysfunction of any bodily organ or part; (4) serious disfigurement; or (5) in the case of a pregnant woman, serious jeopardy to the health of the fetus.
- **Gender Dysphoria** - Benefits are available for treatment provided by or under the direction of a Physician.
- **Hearing Aids, Cochlear Implants** - Benefits are available for the correction of a hearing impairment. Benefits include the associated fitting, testing and dispensing services, habilitation and rehabilitation as necessary for educational gain, and an external speech processor and controller for cochlear implants.
- **Home Health Care** - Benefits for eligible Members include skilled nursing visits, home health aide services, physical, occupational, or speech therapy, medical supplies, and infusion therapy medications and supplies.
- **Hospice Services** - Benefits are covered for Members with a terminal illness, defined as a medical condition resulting in a prognosis of life expectancy of six months or less, if the disease follows its natural course.
- **Infusion Therapy** - Benefits are covered when furnished as part of a treatment plan authorized by the Member's Contracting Primary Care Physician
- **Injectable Drugs** - Outpatient injectable medications (except insulin) include those drugs or

preparations which are not usually self-administered and are given by the Intramuscular or Subcutaneous route. Self-injectable medications (except insulin) are defined as those drugs which are either generally self-administered by the Subcutaneous route regardless of the frequency of administration, or by the Intramuscular route at a frequency of one or more times per week.

- **Laboratory Services** - Medically Necessary diagnostic and therapeutic laboratory services are covered.
- **Maternity Care, Tests, and Procedures** - Physician visits, laboratory services and radiology services are covered for prenatal and postpartum maternity care.
- **Mental Health Services** - This benefit provides Mental Health Services for adults and children. Covered Services must be obtained at a Contracting facility except for Emergency Services.
- **Oral Surgery and Dental Services-including Temporomandibular Joint Syndrome** - Benefits include emergency services for stabilizing an acute injury to sound natural teeth, the jawbone or the surrounding structures, biopsy and excision of cysts or tumors of the jaw, or treatment of malignant neoplastic disease and diagnostic and surgical treatment of temporomandibular joint syndrome (TMJ), tooth extraction prior to a major organ transplant or radiation therapy to the head or neck, preventive fluoride treatment prior to an aggressive chemotherapeutic or radiation therapy protocol, and anesthesia and associated facility charges for dental procedures provided in a hospital or outpatient surgery center.
- **Outpatient Surgery** - Short-stay, same-day or other similar outpatient surgery facilities and professional services are covered when provided as a substitute for inpatient care.
- **Phenylketonuria (PKU) Testing and Treatment** - Testing is covered to prevent the development of serious physical or mental disabilities or to promote normal development or function as a consequence of PKU enzyme deficiency. PKU includes those formulas and special food products that are part of a diet prescribed by a Contracting Physician.
- **Physician Care** - Diagnostic and treatment services provided by the Member's Primary Care Physician are covered. Services of a specialist are covered upon referral by Member's Primary Care Physician.
- **Preventive Care Services** - Benefits include Covered Services provided on an outpatient basis at a Contracting Physician's office or a Contracting Hospital that encompass medical services that have been demonstrated by clinical evidence to be safe and effective in either the early detection of disease or in the prevention of disease, and have been proven to be associated with beneficial health outcomes.
- **Prosthetics and Corrective Appliances** - Medically Necessary durable, custom-made devices designed to replace all or part of a permanently inoperative or malfunctioning body part or organ, or devices that are designed to support a weakened body part are covered.
- **Radiation Therapy** - Standard photon beam radiation therapy and complex radiation therapy are covered.
- **Reconstructive Surgery** - Coverage to improve the function of, or attempt to create a normal appearance of, an abnormal structure of the body or craniofacial abnormalities caused by congenital defects, developmental abnormalities, trauma, infection, tumors or disease.
- **Rehabilitation Therapy** - Services provided by a registered physical, speech, hearing or occupational therapist for the treatment of an illness, disease or injury are covered.
- **Serious Mental Illness** - Psychiatric illness as defined by the *American Psychiatric Association* and any other psychiatric illness as defined by law as "Serious Mental Illness" is covered. These include schizophrenia, paranoid and other psychotic disorders, bipolar disorders (hypomanic, manic, depressive and mixed), major depressive disorders (single episode or recurrent), schizo-affective disorders (bipolar or depressive), obsessive – compulsive disorders, and depression in childhood and adolescence.
- **Substance Use Disorder** - Benefits are provided for treatment that is a planned, structured,

and organized program to promote chemical-free status which may include different facilities or modalities, and is complete when the covered individual is discharged on medical advice from inpatient detoxification, inpatient rehabilitation/treatment, partial hospitalization or intensive outpatient or a series of these levels of treatments without a lapse in treatment or when a person fails to materially comply with the treatment program.

### **Pharmacy Benefits**

When prescribed by your Contracting Physician as Medically Necessary and filled at a Contracting Pharmacy, subject to all the other terms and conditions of the outpatient prescription drug benefit, the following medications are covered.

- Diabetic supplies: Insulin; insulin syringes; insulin analog preparation; injection aids, including devices used to assist with insulin injection and needleless systems; blood glucose test strips; visual reading strips and urine test strips and tablets which test for glucose; ketones and protein; glucagon emergency kits; injectable glucagon; lancets and lancet devices; and prescriptive and nonprescriptive oral agents for controlling blood sugar levels, or any other supplies as required by state law.
- U.S. Food and Drug Administration-approved drug products.
- Federal Legend Drugs.
- Inhaler extended devices.
- Miscellaneous Prescription Drug Coverage.
- Oral contraceptives.
- Special dietary formulas.
- State Restricted Drugs.

### **Emergency, After Hours or Urgent Medical Services**

#### **Emergency Medical Services**

Emergency Services are Medically Necessary ambulance or ambulance transport services provided through the 911 emergency response system. It is also the medical screening, examination and evaluation by a Physician, or other personnel – to the extent provided by law – to determine if an emergency medical condition or psychiatric emergency medical condition exists. If this condition exists, Emergency Services include the care, treatment and/or surgery by a Physician necessary to stabilize or eliminate the Emergency Medical Condition or psychiatric medical condition within the capabilities of the facility.

The State of Texas defines Emergency Services as health care services provided in a hospital emergency facility, freestanding emergency medical care facility, or comparable emergency facility to evaluate and stabilize medical conditions of a recent onset and severity, including severe pain, that would lead a prudent layperson, possessing an average knowledge of medicine and health, to believe that the person's condition, sickness or injury is of such a nature that failure to get immediate medical care could result in: placing the individual's health in serious jeopardy; serious impairment to bodily functions; serious dysfunction of a bodily organ or part; serious disfigurement; or for a pregnant woman, serious jeopardy to the health of the fetus.

Benefits will be paid for treatment by an out-of-Network Provider when the Covered Person incurs Covered Health Services which are not available through a Network Provider or when the Covered Person receives covered Emergency Care from an out-of-Network Provider.

**IMPORTANT NOTICE:** You are not responsible for amounts owed to an emergency services provider for covered emergency services beyond any applicable copayments, cost share percentage and/or deductibles. If you receive a bill for covered emergency services for amounts

other than any applicable copayments, cost share percentage and/or deductibles, please contact UnitedHealthcare Benefits of Texas, Inc. at the number listed on the back of your ID card.

### **After Hours Care**

For care after hours, first call your participating physician. Participating physicians provide either an answering service or detailed answering message that gives instructions for accessing care after hours. You may also call UnitedHealthcare at the telephone number on the back of your ID card. Registered nurses are available 24 hours a day, seven days a week for health care guidance to assist you.

### **Urgently Needed Services**

Urgently Needed Services are health care services provided in a situation other than an emergency which are typically provided in a setting such as a Physician or Provider's office or urgent care center, as a result of an acute injury or illness that is severe or painful enough to lead a Prudent Layperson, possessing an average knowledge of medicine and health, to believe that his or her condition, illness, or injury is of such a nature that failure to obtain treatment within a reasonable period of time would result in serious deterioration of the condition or his or her health.

If you believe you require Urgently Needed Services, you should, if possible, call (or have someone else call on your behalf) your Primary Care Physician. The telephone number for your Primary Care Physician is located on the front of your UnitedHealthcare ID card. Assistance is available twenty-four (24) hours a day, seven (7) days a week. Identify yourself as a UnitedHealthcare Member and ask to speak to a Physician or medical staff person. If you are calling during non-business hours, and a Physician is not immediately available, ask to have the Physician on call paged. A Physician will call you back shortly. Explain your situation and follow any provided instructions.

### **Out-of-Area Services**

UnitedHealthcare arranges for the provision of Covered Services through its Contracting Medical Groups and other Contracting Providers. With the exception of Emergency Services, Urgently Needed Services, authorized Post-Stabilization Care or other specific services authorized by your Contracting Medical Group or UnitedHealthcare, when you are away from the geographic area served by your Contracting Medical Group, you are not covered for any other medical or hospital services. If you do not know the area served by the Contracting Medical Group, please call your Primary Care Physician or the Contracting Medical Group's administrative office to inquire.

Your Contracting Medical Group or Primary Care Physician provides call coverage 24-hours a day to request authorization for out-of-area care. Please contact your Primary Care Physician at the number located on the front of your UnitedHealthcare Identification Card. The Physician on call will return your call and advise you on how to proceed.

### **Required Disclosure: Health Benefit Plan**

All facility-based physicians or other health care practitioners at contracted health care facilities may not be contracted with UnitedHealthcare Benefits of Texas, Inc.

In these situations, the out-of-Network facility-based physician or other health care practitioner may balance bill you for amounts not paid by your health plan.

If you receive a balance bill, you should contact UnitedHealthcare Benefits of Texas, Inc. at [www.uhcwest.com](http://www.uhcwest.com) or the telephone number on your ID card.

## **Financial Responsibility**

The Covered Person is responsible for payment of the required premium as well as any applicable deductible, cost share percentage, copayment amount and any other out-of-pocket expenses for non-covered services. The copayment and any other cost share percentage or deductible amount is determined by your plan. You may access these amounts by reviewing your Evidence of Coverage. Consumer Choice plans do not include all state mandated health insurance benefits. Therefore, these plans may include deductibles and benefit limits that are not included on other plans.

Network physicians and providers have agreed to look only to the HMO and not to its members for payment of Covered Health Services. For Covered Health Services provided by a Network provider, except for your cost sharing obligations, you are not responsible for any difference between Eligible Expenses and the amount the provider bills.

## **Exclusions and Limitations**

Not all services are covered under your plan. Services that are not Medically Necessary as defined in the Evidence of Coverage are not covered. Payment for these services will be the Member's financial responsibility. Refer to the Evidence of Coverage for a complete list of exclusions and limitations.

### **Medical Exclusions and Limitations**

- Services that are rendered without Prior Authorization from the Member's Contracting Medical Group/Primary Care Physician or UnitedHealthcare (except for Emergency Services or Urgently Needed Services, obstetrical and gynecological Physician services obtained directly from an OB/GYN, Family Practice Physician or surgeon designated by the Member's Contracting Medical Group/Primary Care Physician as providing OB/GYN services), or routine outpatient services obtained directly from a Contracting Provider for Mental Health Services or Substance Use Disorder services as described in the Evidence of Coverage are not covered.
- Services obtained from Non-Contracting Providers, without prior approval, or from Contracting Providers who are not affiliated with the Member's Contracting Medical Group, without the authorization from UnitedHealthcare or the Contracting Medical Group/Primary Care Physician, are not covered.
- Services rendered prior to the Member's Effective Date of Enrollment or after the Effective Date of disenrollment are not covered.
- UnitedHealthcare does not cover the services or costs associated with a service that is not a Covered Service under the Member's UnitedHealthcare Health Plan, including, but not limited to, cosmetic surgery except when associated with a Medically Necessary mastectomy and Experimental and Investigational procedures that do not meet the coverage criteria as described under the exclusion and limitation captioned "Experimental and/or Investigational Procedures, Items and Treatments." This means that UnitedHealthcare will not cover follow-up care or complications associated with or arising from a non-Covered Service when:
  - the services or expenses are incurred in preparation for a non-Covered Service;
  - the complications or services are associated with non-Covered Services provided by another health plan or insurance company even if the service was covered under the

- o prior plan;
- o the complications or services are associated with non-Covered Services the Member paid for out-of-pocket (e.g., cosmetic surgery, bariatric surgery, Experimental and Investigational procedures that do not meet the coverage criteria as described under the exclusion and limitation captioned “Experimental and/or Investigational Procedures, Items and Treatments”).
- Services obtained outside the Service Area are not covered except for Emergency Services or Urgently Needed Services.

### **Pharmacy Exclusions and Limitations**

While the prescription drug benefit covers most medications, there are some that are not covered or limited. Refer to the list below to identify drugs that are excluded. Some of the following excluded drugs may be covered under your medical benefit. Please refer to the Evidence of Coverage, for a complete list of non-covered drugs.

- Administered drugs.
- Cosmetic drugs.
- Compounded medication.
- Diagnostic drugs.
- Dietary or nutritional.
- Drug therapeutic class.
- Drugs for non-covered medical conditions or services.
- Drugs prescribed by a dentist or drugs used for dental treatment.
- Elective or voluntary enhancement procedures.
- Investigational or Experimental drugs.
- Non-covered drugs.
- Off-label drug use.
- Over-the-Counter Drugs.
- Replacement of lost, stolen, or destroyed medications.
- Saline and irrigation solutions.
- Sexual dysfunction medication.
- Unit/Convenience Dosage Forms.
- Weight loss medication.

### **Pre-authorization of Services**

We require pre-authorization of services before you receive certain Covered Health Services. You, your Primary Care Physician or other Network provider are responsible for submitting a request for pre-authorization before the services are received.

To obtain pre-authorization, call the telephone number on your ID card. This call starts the utilization review process. The utilization review process is a set of formal techniques which may include non-emergent ambulatory review, prospective review, second opinion, certification, concurrent review, case management, discharge planning, retrospective review or similar programs.

### **Continuing Care with a Terminated Physician**

You may be eligible to continue receiving care from a terminated Physician. The care must be Medically Necessary and the terminated Physician must agree to the previous terms and conditions



of his or her contract with UnitedHealthcare. The cause of termination by UnitedHealthcare or your Contracting Medical Group also must be for a reason other than a medical disciplinary cause, Fraud or any criminal activity.

Continued care from the terminated Physician may be provided for an acute or serious Chronic Condition for up to ninety (90) days, or a longer period until you can be safely transferred to another Contracting Provider. Continued care from a terminated Physician may be provided if the treating Primary Care Physician or Medical Group reasonably believes that discontinuing ongoing care could cause harm to you.

Requests by a Primary Care Physician or Medical Group for permission to continue providing treatment to a Member of such special circumstance will be evaluated by the UnitedHealthcare Medical Director on a case-by-case basis and determined in accordance with the dictates of medical prudence. If granted, continuation of ongoing treatment may be extended for up to nine (9) months for a Member who has been diagnosed with a terminal illness, extended through the sixth (6th) week of postpartum care for a Member past the twenty-fourth (24th) week of pregnancy, or ninety (90) calendar days for all other special circumstances. In order to be allowed to provide continuing treatment, the Primary Care Physician must agree not to seek payment from the Member for any amounts other than the identified Copayments. If the request is denied, the Member or Contracting Medical Group/IPA or Primary Care Physician may contest the determination in accordance with the Member complaint and appeal process.

## **Questions, Complaints or Appeals**

If you have a question, complaint or appeal, call the telephone number shown on your ID card. If we are unable to resolve your question or complaint over the phone, you will need to submit a written request to the address at the beginning of this summary. We will notify you of the outcome within 30 days of receiving all the information related to your request.

If we do not resolve your complaint to your satisfaction, you have the right to appeal our decision or adverse determination. We will assemble a complaint appeal panel to resolve your appeal. We will complete the appeals process not later than the 30th calendar day after we receive your written appeal. Our final decision on the appeal will include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision.

You also have the right to appeal your Adverse Determination through an Independent Review Organization (IRO). We will notify you when this option is available during your appeal process.

Any person, including persons who have attempted to resolve complaint and appeals through our complaint system process and who are dissatisfied with the resolution, may file a complaint with the *Texas Department of Insurance* at P.O. Box 149091, Austin, Texas 78714-9091. The *Department's* telephone number is 1-800-252-3439.

Refer to the Evidence of Coverage for a complete explanation of your complaint and appeal rights.

We shall not engage in any retaliatory action against any Group or Covered Person because the Group or Covered Person has filed a complaint against UnitedHealthcare Benefits of Texas, Inc., or appealed a decision. We shall not retaliate for any reason against a physician or provider

because the physician or provider has, on behalf of the Covered Person, reasonably filed a complaint against UnitedHealthcare Benefits of Texas, Inc. or appealed a decision.

### ***Provider Directory – Choice of Physicians and Hospitals (Facilities)***

Along with listing our Contracting Physicians, your *Provider Directory* has detailed information about our Contracting Medical Groups and other Providers. Every Subscriber should receive a *Provider Directory*. If you need a copy or would like assistance choosing your Primary Care Physician, please call our Customer Service Department. You can also find an online version of the *Provider Directory* at [www.uhcwest.com](http://www.uhcwest.com). Keep in mind that the list of health care Providers is subject to change at any time without notice. A medical group, Physician or hospital may become unavailable during the term of your membership with UnitedHealthcare. UnitedHealthcare cannot guarantee that any specific medical group, Physician or hospital will remain available to you during the term of your membership.

**Note:** If you are seeing a Contracting Provider who is not a part of a Contracting Medical Group, your doctor will coordinate services directly with UnitedHealthcare.

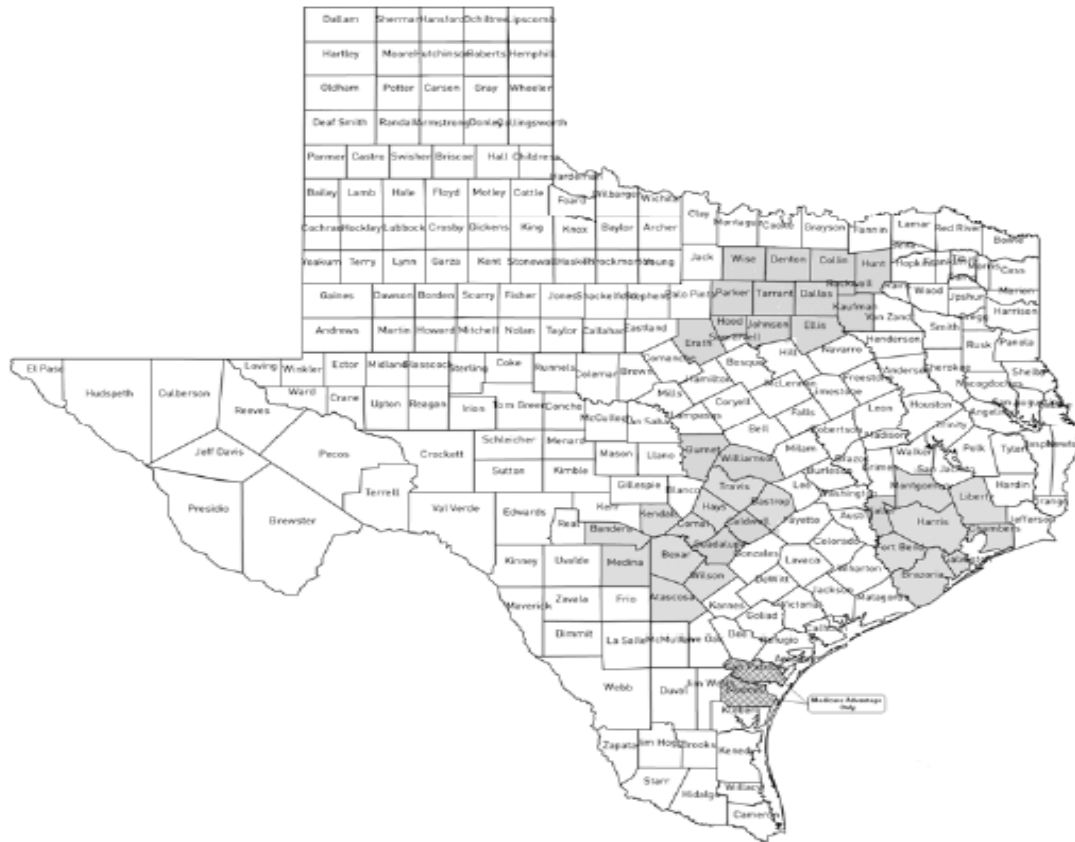
### **Notice of Rights**

- A health maintenance organization (HMO) plan provides no benefits for services you receive from out-of-network physicians or providers, with specific exceptions as described in your Evidence of Coverage and below.
- You have the right to an adequate network of in-network physicians and providers (known as *network physicians and providers*).
- If you believe that the network is inadequate, you may file a complaint with the Texas Department of Insurance at: [www.tdi.texas.gov/consumer/complfrm.html](http://www.tdi.texas.gov/consumer/complfrm.html).
- If your HMO approves a referral for out-of-network services because no network physician or provider is available, or if you have received out-of-network emergency care, the HMO must, in most cases, resolve the out-of-network physician's or provider's bill so that you only have to pay any applicable in-network co-payment, cost share percentage, and deductible amounts.
- You may obtain a current directory of network physicians and providers at the following website: [www.uhcwest.com](http://www.uhcwest.com) or by calling 1-800-925-9355 for assistance in finding available network physicians and providers. If you relied on materially inaccurate directory information, you may be entitled to have a claim by an out-of-network physician or provider paid as if it were from a network physician or provider, if you present a copy of the inaccurate directory information to the HMO, dated not more than 30 days before you received the service.

### **Service Area**

Network providers may be found throughout your Service Area. Refer to the map below to identify the counties included within this Service Area. A list of Network providers within your Service Area can be obtained by contacting us at the address or telephone number at the beginning of this summary or you may visit the UnitedHealthcare provider lookup website at [www.uhcwest.com](http://www.uhcwest.com). If you would like a printed copy of providers, we will send it free of charge upon request.

## UnitedHealthcare SignatureValue™ Service Area Map



Atascosa	Dallas	Hood	Parker
Bandera	Denton	Hunt	Rockwall
Bastrop	Ellis	Johnson	San Patricio**
Bexar	Erath	Kaufman	Tarrant
Brazoria	Fort Bend	Kendall	Travis
Burnet	Galveston	Liberty	Waller
Caldwell	Guadalupe	Medina	Williamson
Chambers	Harris	Montgomery	Wilson
Collin	Hays	Nueces**	Wise
Comal			

### Choosing Your Physician

Once you have chosen UnitedHealthcare Benefits of Texas, Inc., your next choice will be deciding who will provide the majority of your health care services. Your Primary Care Physician or Primary Care Provider (PCP) will be the one you call when you need medical advice, when you are sick, and when you need preventive care such as immunizations. Your PCP is also part of a 'network' or association of health professionals who work together to provide a full range of health care services. That means when you choose your PCP, you are also choosing a network and in most instances you are not allowed to receive services from any Physician or health care professional, including your obstetrician-gynecologist (OB- GYN) that is not also part of your PCP's network. You will not be able to select any Physician or health care professional outside of your PCP's network, even though that Physician or health care provider is listed with your

health plan. The network to which your PCP belongs will provide or arrange for all of your care, so make sure that your PCP's network includes the specialists and hospitals that you prefer.

When choosing a Primary Care Physician, you should always make certain your doctor meets the following criteria:

- Your doctor is selected from the list of Primary Care Physicians in UnitedHealthcare's *Provider Directory* or Web site at **www.uhctest.com**.
- We strongly recommend that you select a doctor located within 30 miles of either your Primary Residence or Primary Workplace.

You'll find a list of our Contracting Primary Care Physicians in the *Provider Directory*. It's also a source for other valuable information.

**ATTENTION FEMALE ENROLLEES:** You have the right to select and visit an obstetrician-gynecologist (OB-GYN) without first obtaining a referral from your PCP. You are not required to select an OB-GYN. You may elect to receive your OB-GYN services from your PCP.

Your Primary Care Physician is responsible for submitting an electronic referral online to UnitedHealthcare to obtain services from Network Physicians or providers.