

## Getting the Most From Your Health Care Coverage

Health care coverage can sometimes be complex and confusing, but it doesn't have to be. This guide is designed to help you get the most from your UnitedHealthcare benefits. 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 members. Some information may not apply if your plan does not include certain coverage, products and/or services mentioned in this notice. Your Certificate of Coverage (COC) or Summary Plan Description (SPD), 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 COC or SPD.

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, including those required by the Patient Protection and Affordable Care Act, more commonly known as Health Reform. Please contact your employer's benefit administrator 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.



Log in to [myuhc.com](http://myuhc.com)<sup>®</sup> for easy access to benefit information, health and wellness resources and tools to help you maximize your health care benefits.

- **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, 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, but if you do need to submit a claim, information and forms are available from this site. There's also information on how to submit an appeal if you disagree with our payment decision.
- **Physicians & Facilities:** Find a network facility, doctor or other health care provider.
- **Estimate Health Care Costs:** Calculate the approximate cost 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 and locate a network pharmacy.<sup>1</sup>
  - **ID Cards:** Print a temporary health plan ID card or order a replacement.



If you don't have Internet access, or need to contact us, call the toll-free member phone number on your health plan ID card, TTY 711.

## UnitedHealthcare Health4Me<sup>SM</sup> Mobile App

Our Health4Me mobile app makes it easy to find nearby doctors, check the status of a claim, see your account balance or talk with a nurse. Forgot your health plan ID card? Now you can pull up an image of your card on your smartphone or tablet.

## Clinical Services

Clinical Services is a department within UnitedHealthcare 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 member phone number on your health plan ID card, TTY 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. 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.

<sup>1</sup>For plans that include pharmacy benefits provided by UnitedHealthcare.  
All trademarks are the property of their respective owners.

## How to submit an appeal

The appeal process is outlined in your COC/SPD and on every Explanation of Benefits (EOB) and/or 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 first 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.

## External review program

If following completion of the internal appeal process you remain dissatisfied with the outcome of a clinical review, you may have the right to appeal the decision to an independent review organization. This process is called an independent external review or IER. Many self-funded plans administered by UnitedHealthcare offer an External Review Program that provides an independent, external review of clinical benefit coverage disputes to those who have exhausted our formal, internal appeals process.

Please review your plan documents, including your COC or SPD, and/or your appeal determination letters, for information about eligibility to appeal the decision to an independent review organization.

## How to submit a complaint

If you are dissatisfied with the handling of a claim processing issue by UnitedHealthcare or any other 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 largest single proprietary networks with over 900,000 doctors and health care professionals and over 5,600 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 non-network providers may result in higher out-of-pocket costs for you—or may not be covered at all—depending on your plan.**

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 a 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.

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

## Finding a network health care provider

Log 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. 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 would like more information on professional qualifications of a network provider, call the member phone number on your health plan ID card. A 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 easy for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency.<sup>2</sup> That way, you can review your options and choose a doctor with confidence. Visit myuhc.com to find the doctor that is right for you.

## Getting routine, urgent and emergency care

Your plan includes coverage for various 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. For help finding a primary care doctor, 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.<sup>3</sup>

**For hospital care**, talk with your doctor to determine which hospital is best for your medical/surgical needs. Your benefit plan may require you or your physician to notify UnitedHealthcare 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 that gives instructions for how to get care after hours.

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

Please see your COC or SPD for a complete definition of what we consider a medical emergency.

## 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.

<sup>2</sup>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®.

<sup>3</sup>Access to Virtual Visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of Virtual Visits and prescription services. Always refer to your plan documents for your specific coverage. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits are not an insurance product, health care provider or a health plan. Virtual Visits are an internet based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. 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 or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice.

## **For plans that require selection of a Primary Care Physician (PCP)**

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.