



## **Member Notice - Good Faith Estimate**

Indiana commercial fully insured covered individuals may at any time ask UnitedHealthcare for an estimate of the amount UnitedHealthcare will pay for or reimburse to a covered individual for nonemergency health care services that have been ordered for the covered individual or the applicable benefit limitations of the ordered nonemergency health care services a covered individual is entitled to receive from UnitedHealthcare. Indiana law requires that a good faith estimate be provided within 5 business days.

### **How to get cost estimates**

You can look up cost estimates for specific treatments and procedures using your health plan account. It can be simpler than you might think. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care. Log into your [health plan account](#) to get started. You can look up a service and it will show you an average cost range for each provider. For example, you can look up “allergy testing” and see the average cost for the visit and testing. You can compare cost estimates for different providers - before you even schedule an appointment. Visit [www.myuhc.com](http://www.myuhc.com) to access the **cost estimator tool**. You may also contact the toll-free telephone number on the back of the member ID card.

Remember:

You're still responsible for your copayment, coinsurance, and deductible (when applicable). Please contact the toll-free telephone number on the back of the member ID card for your plan details.

Your plan may have limits on how many visits or services the plan covers. Please check your plan documents.

Before getting service, it's a good idea to check your provider's network status and cost of service.

A network provider is a doctor, health care professional, or facility (like a hospital) that has a contract with us to provide services and supplies at an agreed upon rate, so you usually pay less when you get services in network. Some plans have a designated or a tiered network of providers. These doctors, health care professionals, facilities, and suppliers provide health care services at the highest benefit level. If you have this type of plan, you may pay less depending on which provider you see.

If required by your plan, your primary care provider must send an electronic referral before you see a specialist. If you see the specialist without a referral, you might have to pay the full cost for services.