UnitedHealthcare Navigate Balanced is a health insurance product built on the fundamentals of patient-centered care, with the goals of enhancing the patient-doctor relationship and promoting better health and lower costs with the freedom to see a specialist without a referral.

Navigate Balanced focuses on primary care as the key to helping people live healthier lives®. Members choose a Primary Care Physician (PCP) as their trusted partner to help them navigate the health care system by actively promoting quality and more access to efficient care.

The Navigate suite offers varying levels of coverage, but with Navigate Balanced members have the added benefit of seeing a specialist in the network without a referral from their PCP.

**UnitedHealthcare Navigate Balanced**

Highest level of coverage for electronic referral to a network specialist.
Member may access a network specialist without a referral, but coverage may be lower.

There is no out-of-network coverage except for emergency care.

**How is Navigate Balanced different from other products?**

Navigate Balanced focuses on primary care as the key to helping people live healthier lives. Members must select a PCP who will help manage and coordinate their care and make referrals to network specialists, guiding members to the help them make more informed health care decisions. Members also have the option to access a network specialist without a referral.

**What is the network like?**

Navigate Balanced offers a broad national network of PCPs, specialists and health care practitioners.

**Can we offer this product alongside other products or plans?**

Yes, employers may be able to offer Navigate Balanced alongside other UnitedHealthcare products.

**Why is it important to consider this product now?**

Navigate Balanced helps guide members through the health care system so they can get better information, make better health care decisions, and journey toward better health. And the variety of products and plan designs lets employers choose the solutions that best meet their employees’ health needs and work within their budget. Navigate Balanced provides the added comfort of being able to see a specialist.

**How do the costs of Navigate Balanced compare to other products?**

We expect Navigate Balanced to be lower cost because of its focus on primary care, referral management and prior authorization for medical necessity, which can lead to more efficient use of specialty care. Additionally, a PCP who has a consistent relationship with a patient and knows their patient’s medical history may provide faster, lower cost care.
Primary Care Physician (PCP)

PCPs play a key role in helping manage their patients’ overall health care and in actively managing referrals to specialists, which can promote better quality and access to more efficient care. Their in-depth knowledge of their patients’ health helps them guide their patients along the best path to health and well-being. This helps members in the Navigate Balanced plan to avoid the costly missteps and hassles of the health care system.

What types of physicians can be selected as a PCP?

PCP can be general practitioners, family practitioners, internists, or pediatricians.

How do members choose a PCP?

Each member must select a PCP upon enrollment. Each family member may select a different PCP, depending on individual needs.

Employees and all dependents (spouse and children) must select a PCP in the market in which the employee (subscriber) lives; this includes dependents who are living out of state. PCPs may refer members to any Navigate provider in the national Navigate network, if needed. To find a network PCP, members will log in to myuhc.com®, click on “Find a Doctor” and search by specialty, location, gender or languages spoken. Additionally, members can call the number listed on their health plan ID card, and ask for assistance.

Once a PCP is selected, both the physician and member can view the member’s selection online. The PCP will also be listed on the member’s health plan ID card.

Can a member change their PCP?

A member may request a change in primary care physician by calling the number on their health plan ID card and at myuhc.com.

If the member wants to change their PCP, how long will it take?

• PCP changes submitted by the 15th of the month will become effective by the 1st of the next month (e.g., a change submitted on June 15 will be effective on July 1).

• PCP changes submitted on the 16th of the month (or after) will become effective on the 1st of the month after the next month (e.g., a change submitted on June 16 will be effective on August 1).

• New health plan ID cards will be issued whenever a member changes PCP.

Can a member see a new PCP before the effective date of the PCP change?

No, if the member sees a new PCP before the effective date of the PCP change, the Navigate Balanced members will receive a lower level of network benefits.

Will retroactive changes to the PCP effective date be permitted?

No, retroactive changes will not be permitted.
Member Experience

Whom do my employees call if they have questions?

If your employees don’t have access to the Internet, need translation services or need to talk to a customer care professional, they can call the toll-free phone number on their health plan ID card.

What other member resources and tools are included with Navigate Balanced?

- myuhc.com® is a member website that provides access to benefit information, tools and programs to help members keep their health on track.
- NurseLineSM and Care24® put members in touch with licensed professionals over the phone, 24 hours a day, seven days a week.
- UnitedHealthcare Health4Me® app lets members easily access their health care information, including their health plan ID card and gives them tools to help estimate costs, manage claims and find providers – anytime and anywhere. It’s built to be their go-to health care resource when they’re on the go.
- A virtual visit lets members see and talk to a doctor from their mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that can be picked up at the local pharmacy. It’s part of their health benefits.
- Disease management programs offer support and resources to help members manage chronic conditions, such as diabetes and asthma.
- An Employee Assistance Program (EAP) and behavioral health benefits assure your employees that they have support in difficult situations.

Is this an easy plan for my employees?

Members will likely find that working closely with their PCP for their health care needs will simplify their health care experience.

Referrals

How does the referral process work?

Members are encouraged to request referrals from their PCP before they see any other network physician or specialist. Their PCP submits referrals to UnitedHealthcare electronically. Referrals are effective immediately and can be viewed online by both members and physicians the next day.

What if a member doesn’t get a referral before seeing a network physician or specialist?

Members with Navigate Balanced may see a network specialist without a referral, but they may have a leaner level of network coverage than for a specialist visit with a referral.

Are there any specialty physicians a member can see without a referral from their PCP?

Members have direct access to network OB/GYNs, network mental health and substance use disorder providers, and network providers for routine refractive eye exams. Direct access to other network specialists will be allowed as required by individual state regulations.

Can members use a network convenience care clinic or urgent care clinic without a referral from their PCP?

Yes, members can go to any urgent care or convenience care clinic that is part of the Navigate network without a referral from their PCP.
Can a specialist refer to another specialist?

No, specialists may not refer to other specialists. Only the member’s PCP can issue a referral for the member to see another specialist in the network.

Prior Authorization

Certain services and procedures require prior authorization by UnitedHealthcare for medical necessity. If a member is receiving care from a network physician, that physician is responsible for obtaining the prior authorization.

Members can find the procedures and services that require prior authorization in their Schedule of Benefits and other plan documents.

If UnitedHealthcare decides the procedure or service is not medically necessary, the request for authorization will be denied. UnitedHealthcare will notify both the physician and the member of the decision. If the member decides to have the service or procedure, even though it has not been authorized, the member will have to pay the charges.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

NurseLineSM is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor’s care. NurseLine services are not an insurance program and may be discontinued at any time.

The Care24® Program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor’s or professional’s care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action with UnitedHealthcare, or its affiliates, or any entity through which the caller is receiving UnitedHealthcare, or its affiliates, services directly or indirectly (e.g., employer or health plan). The Care24 Program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

* Prescription services may not be available in all states.

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 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.