



Welcome

Explore the ways your health plan is designed
to help you take better care of yourself

United
Healthcare

Thank you for being a member



We're here to help make each step of your health care experience easier. Take a look at this guide to help you better understand your benefits, find care options, manage costs and get more out of your health plan—and start experiencing all that care can do for you.



Call toll-free

If you don't have computer access, need language assistance or still have questions after reading this, please call the toll-free member phone number on your health plan ID card.



Connect with us

-  [Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare)
-  [Twitter.com/UHC](https://twitter.com/UHC)
-  [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare)
-  [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

It's easier to connect to your plan

Your benefits include personalized digital tools that help you check in on your plan whenever you want—which helps make it easier to stay on top of your benefit details.



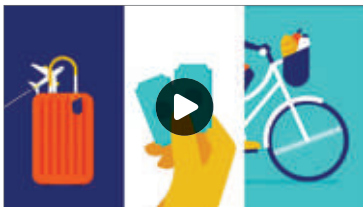
Activate your myuhc.com account

When it comes to managing your health plan, myuhc.com® lets you see what's covered, manage costs and so much more. To help everyone get more from their plan, it's important that each member age 18 and over consider creating their own account. Use myuhc.com to:

- Find and estimate the cost of care
- See what is covered under your plan
- View claim details
- Check your plan balances
- Find network providers

Get started today:

- Go to myuhc.com > **Register Now**
- Have your ID card handy and follow the step-by-step instructions



Get on-the-go plan info

See how you can access your plan with myuhc.com and the UnitedHealthcare app.

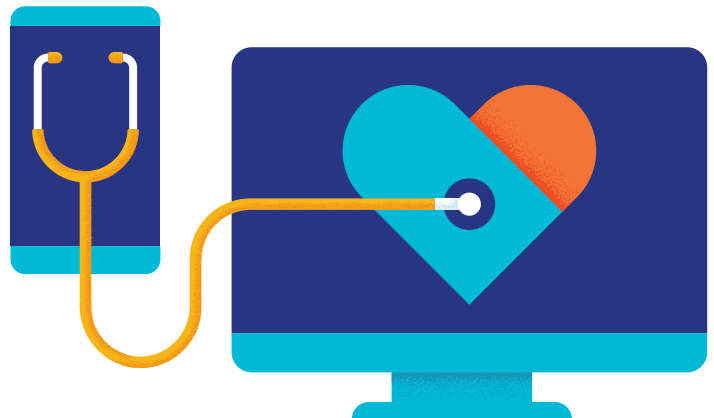
Watch video: Digital tools to manage your plan (1:28)



Download the UnitedHealthcare app

The UnitedHealthcare® app puts your health plan at your fingertips. Download it to:

- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card with your doctor's office
- Video chat with a doctor 24/7



Simple ways to help you save

Here are a few good-to-know things you can do to help get more out of your health plan.



Stay in the network

The doctors and facilities in the network may have agreed to provide services at a discount—so visiting an out-of-network provider could end up costing you more for care or may not be covered at all.

Sign in to myuhc.com > **Find Care & Costs** to locate:

- Labs
- Mental health professionals
- Hospitals
- Network providers



Shop around

With such a wide variety of services, from minor procedures to major surgeries, it's a good idea to check approximate pricing first. Visit myuhc.com > **Find Care & Costs** to estimate your costs.

With a PCP, there's a doctor in your corner

A PCP is a primary care provider, sometimes called a primary care physician. They are the doctor who can help connect you to the care you need—and help you avoid cost surprises. A PCP can be a family practitioner, internist, pediatrician or general medicine physician.* Although your plan may not require you and each covered family member to select a network PCP,** it can be a good idea to have one.

Your PCP:



Generally knows your health history and health goals



Provides routine care, which may help identify potential health issues earlier



Advises you when to see a specialist and provides electronic referrals

* Laws in some states allow you to choose a specialist, like an OB/GYN, as your PCP.

** Depending on your health plan, selection of a PCP may be required.



Keep up on preventive care

Preventive care—such as routine wellness exams and certain recommended screenings and immunizations—is covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to help establish your relationship and create a connection for future medical services. Learn more at uhc.com/health-and-wellness/preventive-care.



Find a network provider

Sign in to myuhc.com > **Find Care & Costs** to find a network PCP, clinic, hospital or lab based on location, specialty, availability, hours of operation and more. You can even see patient ratings and estimate the cost of care before you choose a provider. If you would like more information about a provider's qualifications, call the member phone number on your ID card.

Care that's centered on you



Here's an example of how a typical health plan works

Let's take a look at an example of how a typical plan works when you receive care from a network provider.

Your plan may be different than this example, so to find your specific details go to myuhc.com > Coverage & Benefits.

Plan start



You pay 100%*

At the start of your plan year, you pay 100% of your covered health services until you meet your **deductible**, which is the amount you pay before your plan starts sharing costs.

Deductible reached

You pay 20%

Your plan pays 80%

Now, your health plan starts to share a percentage of the costs with you —this is your **coinsurance**. *

Out-of-pocket limit met

Your plan pays 100%



Here, your plan's got you covered at 100%. Your **out-of-pocket limit** is the most you could pay for covered services in a plan year —copays and coinsurance count toward this.

Along the way, you may also be required to pay a fixed amount—or **copay**—each time you see a provider.

*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

Here's what to do if you need:



Hospital care

Talk to your PCP first to determine which hospital in your network can meet your medical or surgical needs. You or the admitting physician may be required to notify us before you're admitted.



Prior authorization

Your plan may also require prior authorization, sometimes called preauthorization, before you receive certain services. Call the member phone number on your ID card <or sign in at myuhc.com > Coverage & Benefits> to check if prior authorization is needed.



Referrals

If your ID card says "Referrals Required," have your PCP send us an electronic referral before you make an appointment with a specialist or other network provider. Without it, your care may not be covered and you may end up paying more. To learn what services require referrals, or to confirm that a referral has been made, sign in at myuhc.com > Coverage & Benefits.

See a plan in action

Take a look at how copays, deductibles and more work together throughout your plan year.

Watch video: How a health plan works (1:30)



Get to know your care options and costs

How much you pay for care can depend on where you get it. For serious or life-threatening conditions, call 911 or go to an emergency room. For everything else, it may be best to contact your PCP first. If seeing your PCP isn't possible, it's important to know your other care options, especially before heading to the emergency room.

Care options to consider and approximate costs	START HERE				
					
	PCP	24/7 Virtual Visits	Convenience care	Urgent care	Emergency room
	Care from the doctor who may know you best	See a doctor whenever, wherever	Basic conditions that aren't generally life-threatening	Serious conditions that aren't generally life-threatening	Life- and limb-threatening emergencies
	Average cost*	Less than \$49**	\$100	\$185	\$2,500
Hours	Varies by location	24/7	Varies by location	Varies by location—may be open nights/weekends	24/7
How to connect	Contact your PCP	myuhc.com/virtualvisits	myuhc.com	myuhc.com	myuhc.com

✓ indicates the recommended place for care for the following common conditions:

Broken bone				✓	✓
Chest pain					✓
Cough	✓	✓	✓		
Fever	✓	✓	✓		
Muscle strain	✓		✓		
Pinkeye	✓	✓	✓		
Shortness of breath					✓
Sinus problems	✓	✓	✓		
Sore throat	✓	✓	✓		
Sprain	✓		✓	✓	
Urinary tract infection	✓	✓	✓		

Need to find a network provider or PCP?

Visiting an out-of-network provider could end up costing you more for care. To find a PCP, urgent care centers and emergency rooms in your network, go to myuhc.com.

Not sure where to go for care? Call the number on your health plan ID card.

*Source 2020: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated \$2,315 difference between the average emergency room visit, \$2,500 and the average urgent care visit \$185.) The information and estimates provided are for general informational and illustrative purposes only and is not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

**The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

Check your official health plan documents to see what services and providers are covered by your plan.



Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: إذا كنت تتحدث لغة عربية (**Arabic**)، فسيكون لدينا خدمات الترجمة متاحة لك مجاناً. يرجى الاتصال بالرقم المجاني على بطاقة هويتك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide

linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação. ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániití'go, saad bee áka'anída'awo'ígíí, t'áá jíí'eh, bee ná'ahóót'i'. T'áá shqódí ninaaltsoos nitl'izí bee nééhozinígíí bine'dé' t'áá jíí'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Visit www.uhc.com/legal/required-state-notice to view important state required notices.

Member 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. The information provided through the member phone number services are for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Your health information is kept confidential in accordance with the law. Member phone number services are not an insurance program and may be discontinued at any time.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Evaluation of New Technologies: UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements for new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

The information in this guide is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

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The UnitedHealthcare® app is available for download for iPhone® or Android®.

Android is a registered trademark of Google LLC.

Google Play and the Google Play logo are registered trademarks of Google Inc.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Cost and Care section. Refer to your health plan coverage documents for information regarding your specific benefits.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product 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, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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