



Quick-Start Guide

This high-level summary contains all the information you need to get started

1 Online Resources

Sign up for your member website, **myuhc.com**[®], to find resources and information to help you manage your health and save money. Go to **myuhc.com** or download the **UnitedHealthcare Health4Me**[™] mobile app to your Apple[®] or Android[®] smartphone or tablet.

*Want to know more? See the **Online Resources** section.*

2 Health Plan ID Card

You should receive your ID card in the mail within 10 days of paying your first premium bill. Your ID card has important information about your coverage.

*Want to know more? See the **Health Plan ID Card** section.*

3 Getting Care

Here are some key things you can do to get the most out of your benefits. Use network doctors and health care professionals whenever possible. Schedule a preventive care screening. Know where to go when you need routine, urgent or emergency care.

*Want to know more? See the **Getting Care** section.*

4 Understanding Claims and Costs

Learn how claims are processed and where to view your claims.

*Want to know more? See the **Understanding Claims and Costs** section.*

5 Getting to Know Your Plan

Learn more about your prescription benefits, how using network doctors and health care professionals can save you money, and your member rights and responsibilities.

*Want to know more? See the **Getting to Know Your Plan** section.*

6 Health Plan Documents

Your Summary of Benefits and Coverage and your policy give the details about what your plan covers.

*Want to know more? See the **Health Plan Documents** section.*

1 Online Resources

Web and mobile tools to help you manage your health



Save time at home or on the go by using your computer, smartphone or tablet.

myuhc.com member website

Register for your member website, **myuhc.com**, to find resources and information to help you manage your benefits.

Here are just a few of the things you can do:

- ▶ **Find nearby doctors or facilities in the plan network.** Search for a doctor by name, facility, specialty, condition or other available options.
- ▶ **Track claims and expenses.** You can view the amount billed, the plan discount, how much your plan paid and what you may owe. You can also pay claims.
- ▶ **Plan ahead for tests and treatments.** Use myHealthcare Cost Estimator to help you understand what your costs may be. Our online tool helps you understand and manage your health care costs by looking at health care provider and facility costs for services you wish to receive. It covers the

most common treatments and conditions. Your estimate also includes your health benefits. This helps you easily understand how your benefits apply and what out-of-pocket costs you can expect.

- ▶ **Understand your pharmacy benefits.** You can view your account, locate a network pharmacy, refill mail prescriptions, look up drug pricing and view the plan's prescription drug list.
- ▶ **Get tips for improving your health.** Stay motivated with online health programs and innovative tools.



Health4Me mobile app

Download our Health4Me mobile app to your Apple® or Android® smartphone or tablet, and see how easy it is to:

- ▶ Find nearby doctors.
- ▶ Check the status of a claim.

- ▶ Estimate costs of common procedures and conditions.
- ▶ See your account balances.
- ▶ Pull up an image of your ID card.

2 Health Plan ID Card

Important information to carry with you



Health plan ID card

Be sure to carry your ID card with you. The card holds a lot of important information, including:

- ▶ **The names of everyone covered:** Your name, as well as your spouse or child.
- ▶ **Member ID and Group Number:** These numbers are useful when registering on myuhc.com or calling us.
- ▶ **PCP information:** The name and number of your Primary Care Providers.
- ▶ **Member phone number:** The number to call when you have questions.

Your medical and pharmacy information are on the same card.

Remember to:

- ▶ Take your ID card to your appointments.
- ▶ Show it when you fill a prescription.

For members under the age of 19, there are additional benefits for dental and vision services. To access these services:

- ▶ Print the vision ID card at myuhcvision.com.
- ▶ A dental ID card will be mailed to you.



Need a temporary health plan ID card?

You can print a temporary ID card on myuhc.com or view your card in the Health4Me mobile app.

3 Getting Care

Where to go when you need health care services



Here are some things to know when you need health care from a doctor, hospital or mental health provider. Knowing how your health plan works can prevent surprises and save you money.



Save money when you see a network provider

Network doctors and other health care professionals contract with UnitedHealthcare. It's important to get care from a network doctor. If you see a doctor outside of the network you will pay more.

To make sure you get the correct provider directory for your plan, sign in to the **myuhc.com** member website.

You can also use the "Find and Price Care" section of the Health4Me mobile app.

If you do not have access to a computer or smartphone, or would like help to find a provider, you can call the member phone number on your ID card.



Connect with your Primary Care Provider

The plan you signed up for requires you to choose a doctor, also called a primary care provider or "PCP." A PCP is the main doctor that takes care of you. Visit a PCP for things like routine care, yearly checkups and other general health concerns. Each family member covered under your plan can have their own PCP, or you may all choose to see the same one.

You must use a UnitedHealthcare network PCP to get coverage under your plan. Care received outside of the network may not be covered by the health plan or will cost more.

Your ID card will show the name of the PCP you selected. If you did not select a PCP when you enrolled, we matched you with a doctor in your service area. You can change your PCP at any time by going to **myuhc.com** or calling the member phone number on your health plan ID card.



Schedule your preventive care screenings

It's a good idea to see your doctor before you get sick or injured. Your plan covers your preventive care visit when you see a network provider, even if you have not met your deductible.

For mental health and substance abuse services, use network providers just like any other specialist.



Call your 24-hour nurse

You can speak with a 24-hour nurse at any time by calling the toll-free member phone number on your ID card. The nurse may be able to:

- ▶ Assist you with an illness or injury.
- ▶ Help you recognize urgent and emergency symptoms.
- ▶ Find doctors and hospitals in your area.
- ▶ Identify medication interactions.

Know where to go

WHERE YOU CAN GET CARE	WHEN TO GO	TYPE OF CARE ¹	COST AND WAIT TIMES ²
Doctor's Office 	When you need a preventive exam or treatment for a current health issue, your doctor's office is the best choice. Your doctor can help you manage your medications and refer you to a specialist.	<ul style="list-style-type: none"> ▶ Routine checkups ▶ Immunizations ▶ Preventive services ▶ General health issues 	<ul style="list-style-type: none"> ▶ Often requires a co-payment and/or co-insurance ▶ Normally requires an appointment ▶ Little wait time with scheduled appointment
Convenience Care Clinic 	You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics, often located in malls or retail stores, offer services for minor health conditions. Care is normally provided by nurse practitioners or physician assistants.	<ul style="list-style-type: none"> ▶ Common infections (e.g., strep throat) ▶ Minor skin conditions (e.g., poison ivy) ▶ Flu shots ▶ Pregnancy tests ▶ Minor cuts ▶ Earaches 	<ul style="list-style-type: none"> ▶ Often requires a co-payment and/or co-insurance similar to office visit ▶ Walk-in patients are welcome with no appointments necessary, but wait times can vary
Urgent Care Center 	You may need care quickly, but it is not an emergency, and your regular doctor may not be available. Urgent care centers offer treatment for non-life-threatening injuries or illnesses and are staffed by qualified physicians.	<ul style="list-style-type: none"> ▶ Sprains ▶ Strains ▶ Minor broken bones (e.g., finger) ▶ Minor infections ▶ Minor burns 	<ul style="list-style-type: none"> ▶ Often requires a co-payment and/or co-insurance usually higher than an office visit ▶ Walk-in patients are welcome, but waiting periods may be longer as patients with more urgent needs will be treated first
Emergency Room (ER) 	You need immediate treatment for a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention. Do not ignore an emergency. If you have a life-threatening situation, call 911 or your local emergency phone number right away.	<ul style="list-style-type: none"> ▶ Heavy bleeding ▶ Large open wounds ▶ Sudden change in vision ▶ Chest pain ▶ Sudden weakness or trouble talking ▶ Major burns ▶ Spinal injuries ▶ Severe head injury ▶ Difficulty breathing ▶ Major broken bones 	<ul style="list-style-type: none"> ▶ Often requires a much higher co-payment and/or co-insurance ▶ Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first ▶ If you are in a true medical emergency, and you go to a network or out-of-network emergency room for care, the same co-payment and co-insurance levels will apply. However, you may incur higher out-of-pocket costs if you go to a provider outside of your network.



Finding care when you are traveling. Call the member phone number on your ID card to find providers near you, and to learn if any restrictions apply.

¹ This is a sample list of services and may not be all-inclusive.

² Cost and time information represent averages only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary based on plan design.

4 Understanding Claims and Costs

Learn how claims are paid



Here's how claims are processed:

1. You visit the doctor.
2. If you have a co-payment, you pay this when services are received. A co-payment is a fixed amount of money you have to pay each time you see a doctor.
3. Your doctor sends the claim to UnitedHealthcare.
4. The medical claim is processed based on your plan benefits.
5. If you have co-insurance, you pay this after your claim is processed. Co-insurance is your share of the cost of the covered health service.

You can check online at myuhc.com to view your claims summary and information about your deductible.

What will I receive after my visit to the doctor?

For each service an Explanation of Benefits is online at myuhc.com. This will show you how your claims are paid. You will also receive a Health Statement.

What is an Explanation of Benefits (EOB)?

A statement that gives details about each health care visit. The EOB includes what the health plan does and doesn't cover, how much we will pay the provider, the amount you owe (if any) and more. EOBs can only be viewed online at myuhc.com.

What is a Health Statement?

An easy-to-read record of all your claims over a period of time that helps provide a more complete view of your health care expenses.

How does my deductible work?

Your deductible is a set amount you owe for health care services before your health insurance begins to pay. For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services. The deductible does not apply to preventive services.

What happens when I meet my deductible?

After you meet your deductible the plan will pay a percentage and you will pay the rest. For example, if your plan pays 80% and the cost is \$100, the plan pays \$80 and you pay \$20. The \$20 is called the co-insurance amount.

What happens if I have a lot of health care costs?

You are protected with an out-of-pocket limit. This is the most you will pay during a plan year for covered services. If you reach the limit, the plan will pay 100% of covered services for the rest of the plan year.

*For your specific co-payment, deductible, co-insurance and out-of-pocket amounts, see the **Health Plan Documents** section.*

What if I need help understanding how my claim was processed?

Call us at the toll-free member phone number listed on your ID card if you need help understanding the decision.

What happens if I don't agree with how my claim was processed?

You have the right to file an appeal.

How do I file an appeal?

Each time you receive a claim decision your appeal rights will be attached to the EOB, Health Statement or claim letter.

Who can file an appeal?

You or someone you name to act for you (your authorized representative) may file an appeal. Call us at the toll-free member phone number listed on your ID card and we will send you a form to fill out.

5 Getting to Know Your Plan

Learn more about your coverage



In this section, we'll tell you about your pharmacy benefits, how to save money when you need care, and your rights and responsibilities as a UnitedHealthcare member.



Your pharmacy benefits

Prescription drug coverage

Your plan covers prescription drugs from network pharmacies and mail order. Your co-payment is based on levels called a prescription tier. You have a three-tier plan.

What is a tier?

A tier is a list of medications. The costs are lower in tier 1 and higher in tier 3. To find what tier your medication is in, go to myuhc.com and select "Pharmacies and Prescriptions" or call the toll-free member phone number on your ID card.



How to save money when you need care

See network providers.

The cost for care is different based on what provider you see. You may pay more for services you get from out-of-network providers. Make sure to check if your plan pays for out-of-network care. If your plan does not include out-of-network coverage, you may be responsible for the full cost of care.

What is an out-of-network provider?

An out-of-network provider is a doctor, health care professional or facility (like a hospital or ambulatory surgery center) that isn't part of your network.

What happens if I see an out-of-network provider?

Your costs may be higher. Out-of-network doctors, health care professionals or facilities set the rates they charge. These charges are sometimes much higher than the rates charged by providers in your network.

What can I do to keep my cost down?

Use a network doctor, facility or lab. Ask your doctor to use a network lab for any tests or diagnostic imaging services such as X-rays, MRIs and CT scans.

Plan ahead for tests and treatments.

Use myHealthcare Cost Estimator to help you understand what your costs may be. Our online tool helps you understand and manage your health care costs by looking at health care provider and facility costs for services you wish to receive. It covers the most common treatments and conditions. Your estimate also includes your health benefits. This helps you easily understand how your benefits apply and what out-of-pocket costs you can expect.

Know how much of your care is covered before your visit.

Every plan is different when it comes to what health care services and medications are covered. The Summary of Benefits and Coverage and policy documents following this guide contain all the details. Be sure to refer to them to know what's covered.



Your rights and responsibilities

Your UnitedHealthcare bill of rights

You have the right to:

- Be treated with respect and dignity by UnitedHealthcare personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UnitedHealthcare protects your personal health information.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan and the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access to doctors, health care professionals and other health care facilities.
- Participate in decisions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network doctors and health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.

Your responsibilities as a UnitedHealthcare member

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your ID card before receiving health care services.
- Pay any necessary co-payment at the time you receive treatment.
- Use emergency room services only for injuries and illnesses that, in the judgment of a reasonable person, require immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow the agreed-upon instructions and guidelines of doctors and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your Health Insurance Marketplace or state exchange of any changes in your address or family status.
- Log in to **myuhc.com** or call us when you have a question about your eligibility, benefits and claims.
- Log in to **myuhc.com** or call us before receiving services to verify that your doctor or health care professional is in your UnitedHealthcare network or your plan service area.



How to voice a complaint

If you have questions or concerns about how a claim was processed or any other issue, please call the member phone number on your ID card.

6 Health Plan Documents

Summary of Benefits and Coverage and policy



Your health plan documents (sometimes called your “coverage documents”) begin on the following page. Your coverage documents include:

- ▶ **Summary of Benefits and Coverage (SBC):** An overview of health care services covered under your plan and what your out-of-pocket costs will be.
- ▶ **Policy:** Your policy is the full contract that covers the specifics of your health plan.

If you need help reading this document

This information is available free in other languages and formats such as Braille or large print. We also have free language interpreter services available for non-English speakers. If you need these services, please call us toll-free 8 a.m. to 8 p.m. Eastern time, Monday through Friday, at the member phone number on your ID card. TTY users can dial **711**.

若需要中文协助，请拨打您会员卡上的电话号码。

Dine k’ehji shich’i’ hadoodzih ninizingo, bee neehozin biniiye nanitinigii number bikaa’igii bich’i’ hodiilnih

Para obtener asistencia en español, llame al número de teléfono en su tarjeta de identificación.

Para sa tulong sa Tagalog, tawagan ang numero sa iyong ID card.



Legal notices

Your plan requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing.

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.

All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

Apple is a registered trademark of Apple, Inc. Android is a registered trademark of Google, Inc.

Insurance underwritten by: All Savers Insurance Company in Arizona, Colorado, Connecticut, Indiana, Maryland, Missouri, Texas, and Wisconsin; UnitedHealthcare of Alabama, Inc. in Alabama; UnitedHealthcare of Florida, Inc. in Florida; UnitedHealthcare of Louisiana, Inc. in Louisiana; UnitedHealthcare of Maryland, Inc. in Maryland; UnitedHealthcare Insurance Company in Massachusetts; UnitedHealthcare of Mississippi, Inc. in Mississippi; UnitedHealthcare of New England, Inc. in Rhode Island; UnitedHealthcare Community Plan, Inc. in Michigan; UnitedHealthcare of New York, Inc. in New York; Health Plan of Nevada, Inc. in Nevada; UnitedHealthcare of NC, Inc. in North Carolina; UnitedHealthcare of the Midwest, Inc. in Ohio; UnitedHealthcare of Pennsylvania, Inc. in Pennsylvania and UnitedHealthcare of Washington, Inc. in Washington.

New Jersey Individual Exchange products are HMO products that are underwritten by Oxford Health Plans (NJ), Inc.

Information for individuals living in Louisiana or who have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those out-of-network services. In addition you may be responsible for co-payments, co-insurance, deductibles, and non-covered services. Specific information about network and out-of-network facility-based physicians can be found at myuhc.com or by calling the toll-free member phone number on your health plan ID card.

In Maryland: This plan is not a grandfathered plan under the Affordable Care Act (ACA). This plan includes consumer protections that a grandfathered plan does not.

Thank you for choosing UnitedHealthcare.

We hope you have found this guide useful in getting you started. We appreciate the opportunity to serve you and are committed to helping you make the best use of your health insurance benefits.

