2019 Annual Member Notice

Note to Self-Funded Plan Customers: This template of UnitedHealthcare's Annual Member Notice (formerly referred to as the Annual Rights and Resource Disclosure) is being provided as a courtesy. It may be used as a guide in creating and distributing compliance communications to plan subscribers, as applicable.

This document is not inclusive of all notification requirements of plan sponsors. Self-funded plans are responsible for delivering a HIPAA notice of privacy practices to their employees who are covered under their group health plan(s). A model notice that you can download and customize for your group health plan(s), can be found on the US Department of Health and Human Services site at www.hhs.gov/ocr/privacy/hipaa/modelnotices.html.

You can also view the notice that we provide to our insured members on myuhc.com®; however, this notice will need to be tailored for your specific group health plan(s). Your group health plan(s) must be named either in the body of the notice or in the footnote.

Please note that it remains the obligation of the Self-insured Plan to ensure that the template document we have provided is legally sufficient to meet the obligations of their plan and their specific plan design, and to distribute the required documents to their plan members. Please direct questions regarding your notification obligations to your legal counsel.

December 2018

Getting the Most from your Health Care Coverage

This guide is designed to help you get the most from your UnitedHealthcare benefits.[1] 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. 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.

Nondiscrimination Notice

We do not treat members differently because of sex, age, race, color, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator.
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of the incident. We will send you a decision within 30 days. If you disagree with the decision, you have 15 days to appeal.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711. We are available Monday through Friday, 8 a.m. to 8 p.m. ET.

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, D.C. 20201

[1] Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Language Assistance Services

We provide free language services to help you communicate with us. We offer interpreters, letters in other languages, and letters in other formats like large print. To get help, please call the toll-free phone number listed on your ID card, TTY 711. We are available Monday through Friday, 8 a.m. to 8 p.m. ET.

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 **Русский (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرّف العضوية.

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.

ATTENZIONE: in caso la lingua parlata sia l'**italiano (Italian)**, sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ភាសាខ្មែរ (Khmer)

ចំណាប់អារម្មណ៍៖ បើសិនអ្នកនិយាយភាសាខ្មែរសេវាជំនួយភាសាដោយឥតគិតថ្លៃគឺមានសំរាប់អ្នក។
សូមទូរស័ព្ទទៅលេខបំរើសមាជិកឥតគិតថ្លៃ ដែលមាននៅលើប័ណ្ណ ID របស់អ្នក។

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.

注意事項：**日本語(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

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

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

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

Ελληνικά (Greek)
ΠΡΟΣΟΧΗ : Αν μιλάτε Ελληνικά, υπάρχει δωρεάν βοήθεια στη γλώσσα σας.
Παρακαλείστε να καλέσετε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στο δελτίο ταυτότητας μέλους.

PAKDAAR: Nu saritaem ti **Ilocano (Ilocano)**, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍÍ BAA'ÁKONÍNÍZIN: **Diné (Navajo)** bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե **հայերեն (Armenian)** եք խոսում, անվճար լեզվական օգնության ծառայություններ են հասնում Ձեզ: Խնդրվում է զանգահարել անվճար հեռախոսահամարով, որը նշվել է Ձեր ճանաչողական քարտի վրա:

ਧਿਆਨ ਦਿਓ: ਜੇ **ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫ਼ਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪਛਾਣ-ਪੱਤਰ 'ਤੇ ਦਿੱਤੇ ਗਏ ਟੋਲ ਫ੍ਰੀ 'ਤੇ ਕਾਲ ਕਰੋ।

โปรดทราบ: หากคุณพูด**ภาษาไทย (Thai)** มีบริการความช่วยเหลือด้านภาษาให้แก่ คุณโดยที่คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลขโทรฟรีที่อยู่บนบัตรประจำตัวของคุณ

ગુજરાતી (Gujarati)

ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વિના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

Assistance for members with hearing impairments

If you have a hearing impairment and need to contact us or a nurse in Clinical Services, TTY users can dial 711 and provide the toll-free member phone number on your ID card.

Getting Answers to Your Questions

Information about your health care benefits is just a click or phone call away.

Sign in to myuhc.com® for for personalized information and helpful tools to help you manage your health and 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 and find out what has been paid and your payment responsibility. 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.
- **Find Care & Costs:** Find a network facility, doctor or other health care provider. You can also 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.[2]
- **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 users may dial 711.

Health4Me® App

Our Health4Me 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

[2] For plans that include pharmacy benefits managed by UnitedHealthcare.

determination, ask for the appropriate address to which you can submit your written appeal request.

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.**

Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a physician or hospital. For plans that include out-of-network coverage, in addition to your cost share, you may be required to pay any difference between the covered amount and the amount charged by the out-of-network provider.

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 an exception (also known as 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, if applicable. If we confirm that care is not available from a network provider due to the reasons above, we will work with you and/or your network provider to coordinate care through an out-of-network provider.

Finding a network health care provider

Sign 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.[3] That way, you can

[3] 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®.

review your options and choose a doctor with confidence. Visit myuhc.com to find the doctor that is right for you.

Where to go for 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's 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.[4] Sign in to myuhc.com or the Health4Me app to learn more.

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 broken bones
- Minor infections
- Small cuts

[4] 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. 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.

- Sore throats
- Rashes

Is it an emergency?

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.

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 your 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.

Getting and Staying Healthy

Health and Wellness Program

Sign up for Rally® on myuhc.com. It's a program to help you move more and eat better. It even rewards you for your progress.[5] Here's how it works:

- **Take your health survey**
  The health survey will guide you with visual prompts to follow. You'll receive your results as a "Rally Age℠"— a number to help you assess how your health age compared to your actual age, based on your survey responses.
- **Pick your missions**
  Get personalized results and recommended missions — or individual action plans — based on your survey results. Missions provide activities to help improve or maintain your health. Choose ones that fit your lifestyle.
- **Earn rewards**
  As you complete certain activities within Rally, you may earn coins for your efforts, which can be used to enter sweepstakes for a chance to win rewards.

Preventive health guidelines

We encourage our members to receive age and gender appropriate preventive care health services. Routine preventive care helps you manage and maintain your health, and is generally covered at 100% by most health plans when they are received from a network provider.[6] UnitedHealthcare also covers non-preventive diagnostic services, which may require a copayment, coinsurance or deductible.

Visit uhc.com/preventivecare to identify your age-specific preventive care guideline recommendations. You can print your results and use these recommendations to talk with your doctor about the preventive health screenings that may be right for you.

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[5] Wellness programs and service offerings may vary depending on plan design. Rally provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

[6] Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

For specific benefit coverage and limitations, refer to your COC or SPD or call the member phone number on your health plan ID card. To get the most out of your benefit coverage, make sure you use a network provider.

Health management programs and services

We have a range of other programs and services to addresses member health needs along the entire continuum of care. If you are eligible for one or more of the programs or services we will reach out to you. You may access some of these programs online at myuhc.com.

These may include:

- Reminder mailings if you are due for, or have missed important services
- Direct mail brochures and emails related to key preventive care areas.
- Programs to ensure safe use of narcotic medications and online addiction crisis and support resources.
- Maternity support programs for education and support to help deliver positive pregnancy related outcomes for both mother and the baby.

We also offer a range of Case and Disease Management programs[7]. These programs offer support for dealing with chronic (long-term), complex or critical health conditions. These programs include education and coaching to help address gaps in care around medication and treatment, and encourage healthy lifestyle changes. Our goal is to support your doctor's treatment plan, provide you with self-care techniques and help empower you to manage your health.

Your recent prescriptions, doctor visits, treatments or hospital stays can indicate when one of these programs may benefit you, or your doctor may recommend you to a program. You can also self-refer by calling the member phone number on your health plan ID card to inform us of your program of interest. If eligible, you will receive a letter in the mail or a call from program staff inviting you to participate, and you can choose whether or not to participate. Please sign in to myuhc.com for more detailed information about these programs.

Access to behavioral health care

[7] Case and 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.

United Behavioral Health (UBH) manages behavioral health benefits, such as mental health and substance use disorder benefits, for many UnitedHealthcare members.[8] If UBH provides your behavioral health benefits, please note the following information:

UBH offers a nationwide network of facilities and clinicians that specialize in the treatment of mental health and substance use problems—including psychiatrists, addiction medicine specialists, psychologists and masters-level clinicians, and advanced practice nurses. UBH also contracts with hospitals, day treatment programs and other specialty care programs.

To find the names, phone numbers, office locations and clinical specialties of UBH credentialed clinicians, log in to UBH's website, liveandworkwell.com or call the toll-free Mental Health phone number on your ID card. To request services or get a referral to UBH network facilities and clinicians, call Mental Health phone number on your health plan ID card. For routine concerns, call UBH Monday through Friday from 8 a.m. to 5 p.m., within local U.S. time zones, except during holidays. For urgent concerns or to obtain emergency care, UBH Care Advocacy staff can be reached 24 hours a day, including holidays and weekends. In the case of a life-threatening emergency, dial 911, or its local equivalent.

You can also call UBH to determine benefit coverage, learn how to appeal a benefit decision, file a complaint about UBH services or a network clinician or facility, and to get additional information about network clinicians, such as licensure or Board Certification.

Visit **liveandworkwell.com** to:

- Look up your behavioral health benefits
- Find information about mental health conditions, such as depression
- Search for behavioral health clinicians
- Access a variety of assessments and self-help programs
- Submit a claim and view claim status

Liveandworkwell.com is also available in Spanish by selecting Espanol from the menu at the top of the Welcome page.

UBH's prevention programs provide information and resources for people with major depression, alcohol and drug use and addiction, and Attention-Deficit/Hyperactivity Disorder. Learn more about these programs by visiting http://prevention.liveandworkwell.com.

Call the member phone number on your health plan ID card for questions about:

- Behavioral health benefits, services and notification requirements
- Copayments and other charges for which you may be responsible
- How to get behavioral health services including inpatient and outpatient services, partial hospitalization and subspecialty care

[8] Not all health plans include behavioral health benefits. To find out if your plan includes mental health and/or substance use disorder benefits and the limitations and/or exclusions that may apply, ask your employer, refer to your COC or call the toll-free member phone number on your health plan ID card.

- Getting care after normal office hours, or when you are away from home
- Submitting a claim for covered service, if applicable
- Information about UBH network practitioners

In addition to the rights and responsibilities outlined in this newsletter, UBH has a rights and responsibilities statement that contains information specific to behavioral health services. Learn more about UBH programs, services and quality improvement programs by reading UBH's annual member newsletter, *liveandworkwell*, at liveandworkwell.com/newsletter/. To request a paper copy, call the Mental Health phone number on your health plan ID card.

Other Important Information

Quality improvement program

We have quality improvement programs that were developed to improve your health care experience. Components of the program include:

- Measuring member and provider satisfaction
- Providing data on key clinical measures to physicians and provider groups to promote evidence-based medical care
- Reporting on and improving our performance on clinical and service measures and measures of customer satisfaction
- Investigating, trending and analyzing quality of care and quality of service complaints
- Promoting public accountability through the accreditation process and reporting to governmental agencies
- Credentialing of our physician and health care professional network

We strive to make improvements in the following areas:

- Quality of care measures, such as rates of cancer screening procedures, and care to children, pregnant women and patients with chronic illnesses such as diabetes
- Member experience measures, such as satisfaction with customer service and the health plan
- Customer service measures, such as hold time or abandonment rate
- Operational measures, such as timeliness in resolving appeals

You may request more information about our quality improvement program by calling the member phone number on your health plan ID card.

How to make your health care safer

UnitedHealthcare wants to assist you in finding the safest health care possible. Poor quality can lead to higher complications and surgical repeat rates, unnecessary hospitalizations and higher chance of wrong diagnosis. That's why UnitedHealthcare develops innovative tools such as the UnitedHealth Premium® designation program. We believe that by supporting and promoting doctors who meet national standards for quality and local benchmarks for cost efficiency, as well

as engaging consumers in the health care decision-making process, we can help achieve better health outcomes while improving the experience and reducing costs.[9]

You can find a doctor's Premium designation on myuhc.com. For more information about why choosing a quality doctor and hospital is important, visit unitedhealthpremium.com.

We also provide hospital safety information from an organization called The Leapfrog Group®. The Leapfrog Group is a nationally recognized organization of health care purchasers that focus on improvements in patient safety, quality, affordability and transparency of health care. The Leapfrog Group evaluates hospitals based on their self-reported adherence to patient safety and quality measures. For more information about The Leapfrog Group, visit leapfroggroup.org.

The Leapfrog Group assigns letter grades (A, B, C, D, and F) to hospitals based on their overall performance based on their overall performance in keeping patients safe from preventable harm and medical errors. The grades are derived from expert analysis of publicly available data using national evidence-based measures of hospital safety. To find more information or download the free Hospital Safety Score mobile App, visit hospitalsafetygrade.org/.

Other ways to become an educated and empowered health care consumer include following simple steps to make your health care experience safer. The National Patient Safety Foundation[10] suggests:

1. **Become a more informed health care consumer.** Seek information, research options, choose a doctor or hospital experienced in the type of care you require, and ask questions of your doctor, pharmacist or benefit plan coordinator.
2. **Keep track of your medical history.** Write down your medical history, including surgical procedures, medications (and vitamins), hospitalizations, immunizations and allergies. Keep the names and phone numbers of your doctor and pharmacy handy for quick and easy reference.
3. **Work with your doctor and other health care professionals as a team.** Make a list of questions to take to your appointment. Share information, make sure you understand your care and treatment, pay attention and ask questions if something doesn't seem right or if you don't understand what is being said including terms you may not know.
4. **Involve a family member or friend in your care.** Ask a family member or friend to assist or accompany you to your appointment. It is sometimes difficult to remember everything a doctor may tell you during your visit.

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[9] The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

[10] National Patient Safety Foundation, A Consumer Fact Sheet, https://www.npsf.org/page/whatyoucando.

5. **Follow the treatment plan agreed upon by you and your doctor.** Receive all instructions verbally and in writing that you can read and understand. Take medications as prescribed and report anything unusual to your doctor.

Advance directives

A growing number of people are putting their health care preferences in writing while they are still able to make such decisions. An Advance Directive, also known as a "living will," is a document that states the kinds of health care treatment you wish to receive in the event you cannot speak for yourself. A Health Care Proxy is a document that allows you to name a health care agent—someone you trust to make health care decisions for you if you are unable to make or communicate decisions yourself. Both documents should be considered regardless of age or medical condition. Be sure to discuss your advance directives with your physicians, family, friends, health care agent and religious advisors so your wishes are understood. These documents are optional and have no effect on your health coverage.

Women's Health and Cancer Rights Act

As required by the Women's Health and Cancer Rights Act of 1998, benefits are provided for mastectomy and for the following covered health services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments, coinsurance and any annual deductible) and the benefit coverage limitations are the same as are required for any other covered health service as described in your COC or SPD.

Newborns' and Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours).

However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, call the member phone number on your health plan ID card.

Why the Last Weeks of Pregnancy Count

You may not have a choice about when to have your baby. If there are problems with your pregnancy or your baby's health, you may need to deliver your baby early. But if you have no medical problems and you're planning to schedule your baby's birth, you should wait until the 39th completed week of your pregnancy. Births scheduled before the 39th completed week of pregnancy for non-medical reasons can cause problems for both mothers and babies. For babies, this time is also vital in the development of their brain and lungs.

For more information about why the last few weeks of pregnancy are so important to you and your baby, along with additional resources and tools, visit our Health Library at https://healthlibrary.uhc.com/content/healthlibrary/uhc/hl/womens-health/healthy_pregnancy/resources.html. To find information on how often your hospital schedules early cesarean sections and inductions as reported in The Leapfrog Group annual hospital survey statistics, visit http://www.leapfroggroup.org/ratings-reports/maternity-care.

Evaluation of new medical technologies

UnitedHealthcare's Medical Technology Assessment Committee evaluates the strength of clinical evidence supporting the use of new and existing health services. Conclusions of this Committee help to determine whether new medical technology and health services will be covered. The Medical Technology Assessment Committee is comprised of medical directors with diverse specialties and subspecialties from throughout UnitedHealth Group and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealth Group. The Committee meets at least 10 times a year to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements regarding new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

Financial incentives

We want you to know that the staff, physicians and other health care professionals who make decisions on the health care services you receive do so based on the contract your employer has with UnitedHealthcare.

- The decisions are made based on the appropriateness of care and service and existence of coverage.
- The staff of UnitedHealthcare, its delegates, and the physicians and other health care professionals making these decisions, are not specifically rewarded for issuing non-coverage decisions.

- UnitedHealthcare and its delegates do not offer incentives to physicians or other health care professionals to encourage inappropriate underutilization of care or services.

Member Rights and Responsibilities

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.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan and the care provided to you.
- Get 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 doctors, health care professionals and other health care facilities.
- Participate in decisions about your care with your doctor and other health care professionals.
- Get and make recommendations regarding the organization's rights and responsibilities policies.
- Get 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.

You have the responsibility to:

- 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 copayment 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 employer of any changes in your address or family status.

- Sign in to myuhc.com, or call us when you have a question about your eligibility, benefits, claims and more.
- Sign in to myuhc.com or call us before receiving services to verify that your doctor or health care professional participates in the UnitedHealthcare network.

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