



2017 Provider Access

INFORMATION

UnitedHealthcare[®] Group Medicare Advantage (PPO)

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Custom_Group_Name_Line2

You can see **any provider** (in-network or out-of-network) that participates in Medicare and accepts your plan **at the same cost share**. Your co-pays or co-insurance will be the same.

For more information, please contact Customer Service at:



Toll-Free **1-888-555-5555**, TTY **711**

8 a.m. - 8 p.m. local time, Monday - Friday



<www.UHCRetiree.com>



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As a member of this plan, you may see doctors and other health care providers that are not contracted with UnitedHealthcare as long as they participate in Medicare, accept your plan and the services they provide are covered benefits as well as medically necessary. **Unlike most PPO plans, with this plan you pay the same co-pays or co-insurance for both in-network and out-of-network services.**

Not all service areas have in-network providers (doctors or other health care professionals contracted with UnitedHealthcare). For more information or help finding an out-of-network provider that participates in Medicare and accepts your plan, please call Customer Service toll-free at the number on the cover of this booklet. For detailed information about your health care coverage, please see your Evidence of Coverage.

Important information about using out-of-network providers

You can get your care from an out-of-network provider. Unlike other PPO plans, with this plan you pay the same co-pays or co-insurance for both in-network and out-of-network services. However, the out-of-network provider you use must participate in Medicare and accept your plan. We cannot pay a provider who has decided not to participate in Medicare and accept your plan. If you see a provider who does not participate in Medicare and accept your plan, you will be responsible for the full cost of the service you received. Check with your provider before receiving services to confirm that they participate in Medicare and accept your plan.

You don't need a referral or prior authorization to get care from out-of-network providers. If you have any questions about seeing an out-of-network provider you can call Customer Service toll-free at the number on the cover of this booklet.

What to do if you get a bill for covered services

Sometimes you may need to be paid back (reimbursed) by the plan. This could happen if you are required to pay the full cost of medical care upfront, even when the services are covered under the plan. Other times you may pay more than you need to under the coverage rules of the plan. You have the right to be paid back by our plan whenever you've paid more than you should have for covered medical services.

There may also be times when you get a bill from a provider for the full cost of the medical services you received. In most cases, you should send this bill to us instead of paying it. We will decide whether the services should be covered. If we decide they should be covered, we will pay the provider directly. Please see your Evidence of Coverage for more information.

Emergency or urgently needed services

If you have a medical emergency, get help as quickly as possible. Call 911 or go to the nearest emergency room, hospital or urgent care center. You do not need a referral or approval from the plan.

How to use your in-network behavioral health benefits

To use your in-network behavioral health benefits, call the behavioral health number on the back of your member ID card, 24 hours a day, 7 days a week. When you call, a representative will check

your eligibility and gather basic information about you and your situation. We may connect you to a clinician who will talk with you about your situation and decide which provider and treatment may be right for you. Your personal information will be kept strictly confidential.

Your primary care provider (PCP) may be able to help find a provider for you by calling the number on the back of your member ID card. You may also call that number for information about in-network providers and getting care after normal office hours.

Where you can find the service area for your UnitedHealthcare Group Medicare Advantage plan

See your Evidence of Coverage for information about the service area for your UnitedHealthcare Group Medicare Advantage plan.



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This document may be available in an alternate format such as Braille, larger print or audio. Please call Customer Service toll-free at the number listed above.

The provider network may change at any time. You will receive notice when necessary.

Out-of-network providers are under no obligation to treat plan members, except in emergency situations. Please call Customer Service toll-free at the number listed above or see your Evidence of Coverage for more information.

Plans are insured or covered by UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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