

Member Resources

We've got you covered

United Healthcare®

Your guide to all the details

Welcome to your curated collection of plan resources. Everything here was hand-selected to help make it easier for you to learn about what your plan covers, includes, requires and more.

It's all here — and yours to explore:

Medical

- Plan benefits
- Pharmacy benefits
- Health and wellness programs
- Digital tools
- Where to Go for Care
- Additional info



Medical

Plan benefits





Welcome

There are so many things to look forward to with your health plan – check it out

United Healthcare

We're glad you're here.



And we're glad you're using this guide – it's here to make your health care experience easier. Inside, you'll find tips and tools to help you understand your benefits and care options, save money, get the most out of your health plan and more. Let's get started.

If you're new to UnitedHealthcare and coming from a different health plan, we're here to help make your transition smooth. Visit **uhc.com/transferringcare** for first day support and answers to questions.

Call toll-free

If you're unable to access a computer, need language assistance or still have questions after reading this, please call the toll-free member phone number on your health plan ID card.

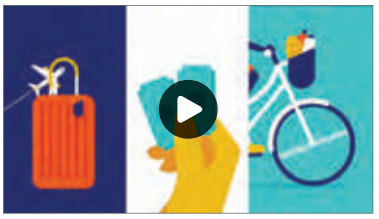
It's easier to connect to your plan

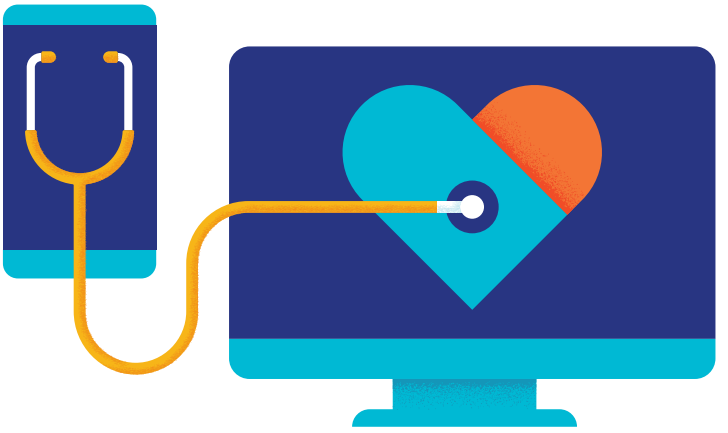
Your benefits include personalized digital tools to help you check in on your plan whenever you want, which may help make it easier to stay on top of your benefit details.

Your personalized digital tools – the UnitedHealthcare® app and **myuhc.com**® – give you quick access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care, which may help you save money
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Once your plan begins, you can download the UnitedHealthcare app to connect with your plan while you're on the go or sign in from home with **myuhc.com**.





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)

Simple ways to help you save

Here are a few good-to-know things you can do to help you 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
- Hospitals
- Mental health professionals
- 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 may 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 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.

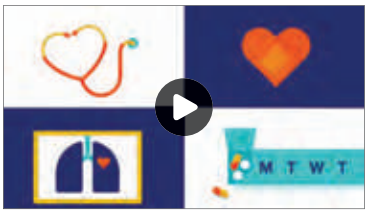
Choose a doctor

UnitedHealth Premium® helps you make more informed choices for your medical care, evaluating physicians in various specialties to identify those who meet certain quality care criteria, which includes safe, timely, effective and efficient care. Go to **myuhc.com** or the UnitedHealthcare app, click **Find a Provider** and look for the blue hearts next to the provider's name.

Meet your health guide

Learn more about the benefits of having a PCP—and how to find one.

Watch video: Value of a primary care provider (1:46)



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	Deductible reached	Out-of-pocket limit met
You pay 100%*	You pay 20% / Your plan pays 80%	Your plan pays 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.

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

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)



Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to $1,500 compared to an emergency room (ER) visit.*

Care options to consider	START HERE				
	Primary care provider (PCP) The provider who may know you best	**24/7 Virtual Visits** A care provider over the phone or video	**Convenience care** Nurse practitioners and physician assistants at retail pharmacy clinics	**Urgent care** Physicians and care teams at walk-in clinics	**Emergency room** Physicians and care teams at hospital emergency departments
Average cost*	**In-person: $160 Virtual: $99 or less****	**$54*****	**$80**	**$165**	**$1,700**
Allergies	✓	✓			
Bladder infection/UTI	✓	✓		✓	
Broken bone				✓	✓
Bronchitis	✓	✓		✓	
Chest pain					✓
Cough	✓	✓	✓		
COVID-19 symptoms	✓	✓		✓	
Earache	✓	✓	✓		
Fever	✓	✓			
Flu/common cold	✓	✓	✓		
Migraine/headache	✓	✓			
Muscle ache/sprain	✓			✓	
Pinkeye	✓	✓			
Shortness of breath					✓
Sinus infection	✓	✓			
Skin rash	✓	✓	✓		
Sore throat	✓	✓			
Stomach pain (nausea, vomiting, diarrhea)	✓	✓		✓	
Yeast infection	✓	✓			

✓ **Indicates the care option to consider for the common conditions listed above.**

To learn more, visit **uhc.com/quickcare**.

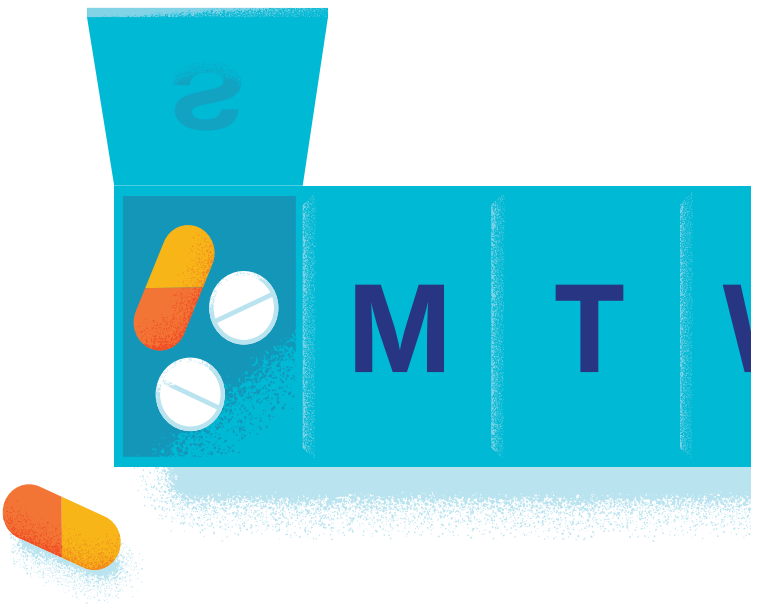
*2023: Median allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. (Estimated $1,500 difference between the median emergency room visit, $1,700 and the median urgent care visit $165.) The information and estimates provided are for general informational and illustrative purposes only and are 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.

**Virtual primary care are services available with a provider via video, chat, email, or audio-only where permitted under state law. Virtual primary care services are only available if the provider is licensed in the state that the member is located at the time of the appointment. Virtual primary care is 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. Certain prescriptions may not be available, and other restrictions may apply.

***The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change and may apply after the deductible according to plan design. Data rates may apply. Individuals should check their benefit documents for specific coverage details.

Say hello to Optum Rx

Optum Rx® pharmacy services help make it easier to save on medications and keep track of them, too – whether you're online or on the go.



Manage your meds

When you go to **myuhc.com** > **Pharmacies & Prescriptions** you can:

- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them

Fills and refills – how to get them

You'll save time and money on a wide variety of medications with your UnitedHealthcare plan.

Order in

With home delivery, you can order up to a 3-month supply of medications that you take regularly. Signing up is easy at **myuhc.com**.

Note: Not all prescriptions are eligible for home delivery. You are not required to use home delivery for your prescriptions. There are other pharmacies in your network.

Head out

Pick up your medications at any pharmacy in our UnitedHealthcare network.

Keep costs in check

Your Prescription Drug List (PDL) – available on **myuhc.com** – lists the most commonly prescribed medications covered by your plan. Choosing medications in the lower tiers may help you save money. And consider generic medications instead of brand names, which may keep costs down.



Explore pharmacy benefits

Learn how Optum Rx is designed to help make it easier for you to manage and save on medications.

Watch video: Understanding your pharmacy benefits (1:44)

Take advantage of even more

Did you know your health plan includes other services and programs — whether you're looking for help with emotional support, weight management, quitting tobacco and more? To learn more about any of the programs below, visit **myuhc.com**.



24/7 Virtual Visits

Get care, virtually anywhere

With 24/7 Virtual Visits, you can connect to a provider by phone or video* through **myuhc.com** or the UnitedHealthcare app. Providers can treat a wide range of nonemergency health conditions — from flu and pinkeye to migraines and more — and may even prescribe medication as needed.**

*Data rates may apply.
**Certain prescriptions may not be available, and other restrictions may apply.

Behavioral Support

Tap into behavioral health support

Get connected to self-help digital tools, in-person or virtual behavioral health providers and other resources that may help with a variety of concerns such as stress relief, depression and anxiety, relationship difficulties, grief and loss, medication management, alcohol and drug use, compulsive habits, eating disorders and more.

Real Appeal

Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program. It's designed to help you live a healthier life with online coaching, access to online fitness content, tools to track your progress and more.

UnitedHealthcare Rewards

Get in on a new way to earn rewards

What's better than earning rewards for reaching goals? Being able to choose how those rewards are earned. It's all possible with this program, which is included in your health plan. Some of the ways you can earn rewards include getting a biometric screening or completing a health survey.



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: **ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Complaint forms are available at **www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/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.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على بطاقة العضوية الخاصة بك.

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. 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, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

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.

Visit www.uhc.com/legal/required-state-notices 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.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Members can access average cost data online or on the mobile app. None of the average costs are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing average cost data, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

Optum Rx® is an affiliate of UnitedHealthcare Insurance Company.

If you are not currently enrolled with UnitedHealthcare pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern.

This document applies to commercial group members of UnitedHealthcare plans.

UnitedHealth Premium® 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.

Real Appeal is a voluntary weight management program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico..

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. 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.

Please note that services may be available in person or via telehealth from your primary care provider, treating specialist, or from another contracting health professional, clinic, or health facility. In addition, if your health plan includes out-of-network benefits, these services may be available either via telehealth or on an in-person basis at the out-of-network cost-share, which is generally higher than the in-network cost share, however, the balance billing protections that generally apply if you seek coverage from an in-network provider will typically not apply. Please check your health plan for specific coverage details.

Take care, take note

Take care, take note



Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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B2C EI211126706.4 8/25 © 2025 United HealthCare Services, Inc. All Rights Reserved. 25-4032332
USP Level Funded Welcome Brochure w/ Rx

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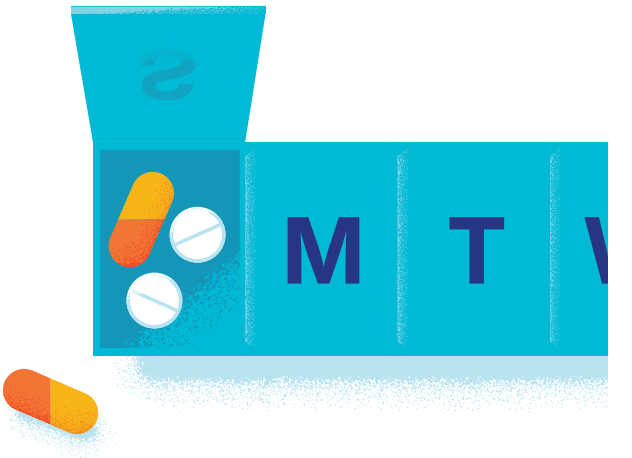
Medical

Pharmacy benefits



Let OptumRx home delivery bring your medications to you

With OptumRx® home delivery, you can get a 3-month supply of your long-term medications. Plus, they are mailed to you with free standard shipping.



Want more reasons?

Skip the trips

Your medications can be delivered to your door. You don't even have to leave home or wait in the pharmacy line.

Save some money

You may pay less than what you do at in-store pharmacies. And, standard shipping is free.

Stay on track

With a 3-month supply, you may be less likely to miss a dose. You can even sign up for automatic refills.

Be in control

Use the website or app to easily track orders, request refills, price medications and set up alerts.

Get the lowest price

Home delivery members save $10-12* on average when they use the drug pricing tool and fill with home delivery.

Use the app or go online to see what you can save.

*2020 OptumRx drug pricing tool cost analysis.

We're here when you need us

Our pharmacists and customer support team are ready 24/7.

Ready for home delivery? Here are the ways to sign up.

- **myuhc.com®**
- Or, ask your doctor to send an electronic prescription to OptumRx.
- Or, call the number on your member ID card.

continued

United Healthcare

Frequently asked questions

Is OptumRx home delivery pharmacy in my plan's network?
Yes, it's part of your plan's pharmacy network.

Once I've enrolled in home delivery, how long will it take to get my medication(s)?
Medications should arrive 2-5 days after the pharmacy receives completed new and refill orders.

Am I able to track my home delivery orders?
Yes. You can track your home delivery orders from your online account or with the app.

What is a long-term medication?
Long-term medications are those you take on a regular basis. They may also be called "maintenance medications." These may be taken for high blood pressure, cholesterol and depression.

Can I use home delivery for any medication?
No. Not all prescriptions may be filled through home delivery. For example, OptumRx home delivery cannot fill prescriptions for certain pain medications like opioids. You can find out which of your prescriptions can be filled through home delivery by going online or using the app. Or, you can call customer service using the number on your member ID card.

What is ePrescribe?
It's a way for your provider to send electronic prescriptions to OptumRx. It is much faster than paper and faxing prescriptions. Be sure to ask your doctor to ePrescribe when possible. Prescriptions for controlled substances, such as opioids, can only be ordered by ePrescribe. Some exceptions apply.

Can I set up medication reminders?
Yes. Use your online account to set up email, phone or text alerts for when it's time to refill or take your medication.

How does the automatic refill program work?
Go online or use the app to enroll eligible medications.

Then, OptumRx home delivery will send your refills when it's time. They will notify you before they ship and they'll use your approved payment method on file. It's that easy.

Don't wait. **Sign up for home delivery today.** Log in to **myuhc.com.**

Confused about health care terms? Visit **justplainclear.com.**

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United Healthcare



Pharmacy clinical programs at a glance

Starting from when a medication enters the pipeline to the time a doctor prescribes it and a member takes it, we help employers manage total drug spend and medical costs while supporting better health outcomes.

Medication and coverage programs

Exclude at launch

Most new-to-market medications are not covered under the pharmacy benefit at the time of launch to evaluate place in therapy based on clinical trials, efficacy research, other therapies and the final FDA approval. Medications are reviewed within six months of becoming available to pharmacies/consumers and are either (1) placed into coverage or (2) excluded permanently.

Brand exclusion when generic launches

When a patent expires on a brand drug and a generic enters the market, there could be market conditions that would warrant excluding the brand and covering the generic. This program enables off-cycle exclusions of brands when a generic becomes available. Options include: yes, exclude all drugs; or no, cover all drugs.

Administration of prescription drug lists

Managing our prescription drug lists (PDLs) is an ongoing process focused on promoting medications with the greatest health care value—regardless of brand or generic status. Every medication is evaluated to determine how well it works, how it compares to others in its class, the total cost and more. Medications are organized into cost levels known as tiers. Tier 1 medications provide the highest overall value with the lowest out-of-pocket costs. Medications with lower overall value are placed in higher tiers with higher out-of-pocket costs.

Strategic exclusions

When a medication doesn't offer additional health care value over its therapeutic equivalent alternatives, it is excluded or not covered from the pharmacy benefit. We make the decision to only exclude when both of the following criteria are met:

- Other lower-cost medications or over the counter options are available that treat the same condition and are determined to be therapeutically equivalent (defined as having similar outcomes and adverse events); and
- Excluding the medication can yield significant employer cost savings.

Utilization management

Utilization management programs assess a medication's appropriateness to help determine coverage, promote proper use and lower costs. Examples of utilization management programs include:

Multiple copays

Increased package sizes increase cost. Instead of paying just one copay for an unnecessarily larger and more costly medication based on package size, members can choose to pay the extra copay or seek a lower-cost option.

Prior authorization

The prescriber needs to notify us prior to benefit drug coverage. Examples include:

Notification: Requires the prescriber to notify us first, which helps determine that the prescription is covered for the approved FDA indications for the medication based on the diagnosis.

Medical necessity criteria application: The member needs to meet additional clinical criteria, such as supporting lab data, and that specific conditions are met in order for a medication to be deemed medically necessary and covered.

Step therapy

Requires the member to try a lower-cost medication before a higher-cost medication is covered.

Supply limits

Establishes a limit on the amount of medication that can be covered per fill or over a time period, such as for one month.

Ancillary charge

The ancillary charge is the difference in price between the brand-name medication and the lower-cost generic equivalent medication. It is the non-covered amount that the member pays in addition to his or her cost share.

Compound medications

Compound medications are individually formulated for the unique medical needs of a single patient and mixed together by a pharmacist. Often in the form of a topical product such as a lotion, cream or gel, a compound typically costs much more than an FDA-approved medication that has been proven clinically effective to treat the same or similar medical condition. Strategies for managing compounds include our thorough network compound credentialing program, which requires compounding pharmacies to meet strict criteria for participation, as well as these two programs:

Bulk chemical exclusions: Removes coverage for some of the ingredients used in compounds that are not FDA-approved and encourages members to talk with their prescriber about a FDA-approved alternative.

Prior authorization threshold: A provider needs to submit a prior authorization if the compound cost exceeds the recommended dollar threshold.

Member and provider experience programs

Expiring prior authorization program

Notifies a physician before the authorization expires to either renew the authorization for continued coverage or discontinue the medication if clinically appropriate.

Medical Diagnosis to Script (Dx2Rx) program

Satisfies prior authorization requirements by conducting real-time medical claims check to automatically find a member's diagnosis in claims history.

PreCheck MyScript®

A streamlined tool that gives providers real-time access into specific member pricing, lower-cost alternatives and PDL placement.

Point of sale discounts

Point of sale discounts provides members with a return on the portion of the value of manufacturer drug rebates at the point of sale, either retail pharmacy or home delivery.

Patient safety programs

Concurrent Drug Utilization Review (cDUR): Monitors and reviews appropriate drug therapy during treatment as a part of the pharmacy claims process.

Retrospective Drug Utilization Review (rDUR): Reviews pharmacy claims daily to identify safety concerns such as drug interactions, gaps in care and duplicate therapies and sends a communication to the prescriber(s) to describe the findings.

Opioid management strategy: Includes multidimensional programs to help prevent misuse and addiction, treat those who are addicted and support long-term recovery.

Pharmacist medication consultations

Pharmacists conduct a thorough review of a member's medications, health history, case notes, lab values and self-reported over-the-counter medications and supplements and coordinate with the Advocate4Me care team and providers to make appropriate recommendations.

Diabetes free meter program

To help our members manage their diabetes by monitoring their blood sugar levels, we offer a free meter program. Through this program, members are able to get a blood sugar meter either directly from the manufacturer or from their pharmacy using a voucher at no charge to them. Members can discuss options with their doctor and choose from a variety of meters. If a member chooses not to use this program, select meters are also available through their pharmacy benefit at a tier 1 or tier 2 cost level.

Refill and Save program

Provides a $20 copay discount at retail, and a $50 voucher at mail to members who have a chronic disease and fill select prescriptions on time.

Specialty condition management

Optum Specialty Pharmacy is the preferred network specialty pharmacy for UnitedHealthcare®. Optum specialty therapy programs provide comprehensive support for complex and rare chronic conditions.

Optum Infusion Pharmacy is the preferred infusion services provider for UnitedHealthcare. The care team coordinates all aspects of infusion treatment and nursing services with the provider to ensure the member receives comprehensive, compassionate care.

Personalized patient specialty support and cost management programs include:

Copay card Solutions

Accumulator Adjustment:
Removes copay card contributions from applying towards the deductible and out-of-pocket (OOP) maximum.

Split Fill

Provides 15-day supply fills for select oral oncology medications for those new to therapy to ensure they are tolerating the medication before dispensing a full 30-day fill.

My ScriptRewards

Provides members additional benefits if they fill lower-cost treatment regimens. Members who fill certain HIV regimens will receive a $0 cost-share and up to $500 in pre-paid medical debit cards to help with their health care costs.

Member and physician specialty engagement tools include:

Virtual visits

Allows members to video chat live with a pharmacist about their treatment regimen, side effects and how to inject their medication.

Video series

Connects members with a video library of experts and other people living with their condition.

Patient Care Package

A side effect and condition treatment package to help members manage and plan for their treatment.

Optum specialty provider portal

A secure, web-based portal that gives physicians anytime access to detailed patient information including dosage, diagnosis adherence, and other assessment data.

Optum delivery choice

Members can direct delivery of specialty medications to home, work, a provider's office, any postal address or to an alternate secure location such as a UPS or FedEx pickup facility.

Optum select support

Exclusive concierge service model that helps network physicians save time and resources.

Learn more

Contact your UnitedHealthcare representative for additional information.

United Healthcare | Optum Rx®

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Your guide to vaccination coverage at clinics and retail locations

	Doctor's Office	Network Convenience Care Clinics	UnitedHealthcare Worksite Wellness Adult Flu Clinic[1]	Albertsons, Safeway, United Supermarkets Pharmacy	Costco Pharmacy	H-E-B	Hy-Vee	Kmart Pharmacy	The Kroger Co., Harris Teeter	Meijer Pharmacy	Publix Pharmacy	Rite Aid Pharmacy	Walgreens Pharmacy	Walmart Stores Inc. & Sam's Club
Seasonal Influenza														
Influenza – Intramuscular, High Dose (Fluad®, Fluzone® High Dose)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Influenza – Intranasal (FluMist®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Influenza – Trivalent Intramuscular (Afluria®, Flublok®, Fluzone®, Fluvirin®, Fluarix®, Flucelvax®, Flulaval®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Influenza – Quadrivalent Intradermal (Fluzone® Intradermal)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Influenza – Quadrivalent Intramuscular (Afluria®, Flublok®, Fluzone®, Fluarix®, Flucelvax®, Flulaval®)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hepatitis (A and B)														
Hepatitis A (Havrix®, Vaqta®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hepatitis B (Recombivax HB®, Engerix-B®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Hepatitis A & B (Twinrix®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
HPV														
HPV – Human Papillomavirus (Gardasil 4®, Gardasil 9®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Measles, Mumps, Rubella and Varicella														
MMR (M-M-R® II)	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y
MMR-V (ProQuad®)	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y
Varicella[2] (Varivax®)	Y	Y	N	Y	Y	Y	Y	Y	N	Y	Y	Y	N	Y
Meningitis														
Meningitis (MeNmune®, Menveo®, Menactra®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Meningitis B (Trumenba®, Bexsero®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Pneumonia														
Pneumococcal – PCV13 (Prevnar 13®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Pneumococcal – PPSV23 (Pneumovax®23)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Shingles														
Shingrix®	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Zostavax®[3]	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Whooping Cough														
Tdap (Adacel®, Boostrix®)	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y

Y = The vaccine is in network at that location and covered at 100% with no additional cost.
N = The vaccine is not available or considered out-of-network at that location, and incremental out-of-pocket costs may be incurred.

continued

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[1] Employer-sponsored on-site adult flu shot clinics.

[2] Requires coordination because of drug storage requirements.

[3] Check with providers for availability of vaccines.

Note: If you have a California HMO Plan, please contact your primary care physician to arrange services. If you have a CA PPO/POS Plan, you may obtain services as identified on reverse side.

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.

Certain vaccines have coverage age limitations. Always review your benefit plan documents to determine your specific coverage details. Current immunization schedules are available from the Centers for Disease Control and Prevention at https://www.cdc.gov/vaccines/schedules/index.html.

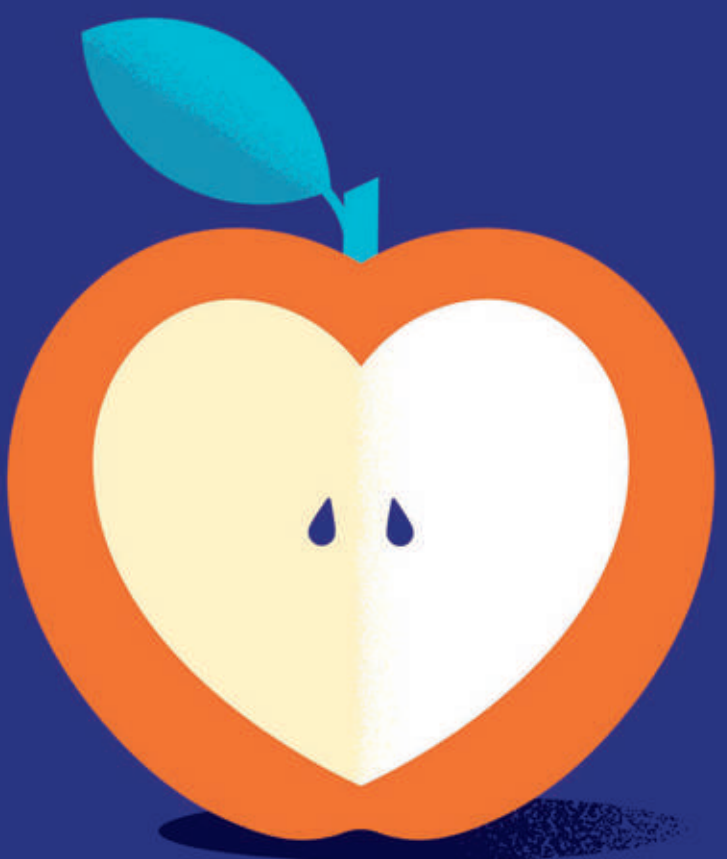
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Medical

Health and wellness programs



Virtual care is available by app, web or phone

healthiestyou By Teladoc

What is HealthiestYou?

HealthiestYou is a virtual health service that offers convenient, confidential access to U.S. board-certified physicians 24/7, anytime, anywhere. By scheduling a phone or video visit with one of our U.S. board-certified and licensed medical doctors, you can be diagnosed, treated and prescribed medication, if necessary, for conditions like the flu, sinus infections, rashes and more. With HealthiestYou, you can also price prescriptions in your area, search for providers, get an expert medical opinion on an existing condition and more.

How do I access HealthiestYou?

Download the HealthiestYou app, visit the website at member.healthiestyou.com or call **1-866-703-1259** to set up your account. Once your account is set up, you can access all of your HealthiestYou services through the HealthiestYou app or website. You can also request a visit with a doctor by calling the number above.

Your Virtual Care Services include general medical, dermatology and mental health.

What is myStrength Complete?

myStrength® Complete is a mental wellness program that provides you with a flexible and comprehensive digital program with proven tools and dedicated support for stress, depression, sleep and more.

What is Expert Medical Services?

In addition to the virtual care services that HealthiestYou provides, you also have access to Expert Medical Services through HealthiestYou. If you're dealing with a difficult diagnosis or questioning a treatment plan or upcoming surgery, you can have your medical case reviewed **at no cost to you** by a leading expert who specializes in your condition and get a second opinion on conditions like cancer, orthopedic problems, digestive system issues, chronic illnesses and more. Access these services through the HealthiestYou app or by calling **1-866-904-0910**.

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HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross-coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

myStrength is not a healthcare provider and does not provide medical advice, diagnosis or treatment. Coaches have National Board for Health & Wellness Coaching certification and guides have a bachelor's degree and training in evidence-based mental health engagement; coaches and guides are not licensed mental health professionals. Mental health consultations are performed by licensed mental health professionals employed by or contracted with Teladoc Health Medical Group, P.A. Crisis management services are performed by Vibrant Emotional Health or another third-party partner of Teladoc Health, Inc. See the myStrength Terms of Service for more information.

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Get in on UHC Rewards

Good news – your health plan comes with a way to earn up to $1,000. UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions – including things you may already be doing, like tracking your steps or sleep – lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	$65
Take a health survey	$25
Get an annual checkup	$50
Get a biometric screening	$75

Visit UHC Rewards for the full list of rewardable activities that are available to you – and look for new ways of earning rewards to be added throughout the year.

Earn up to

$1,000

including

$40

today

when you activate UHC Rewards

continued

United Healthcare®

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you – and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $1,000 for completing rewardable activities

Questions?

Call customer service at **1-866-230-2505**

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UnitedHealthcare Rewards is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker, certain credits and/or rewards and/or purchasing an activity tracker with earnings may have tax implications. You should consult with an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-866-230-2505 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Components subject to change. This program is not available for fully insured members in Hawaii, Vermont and Puerto Rico nor available to level funded members in District of Columbia, Hawaii, Vermont and Puerto Rico.

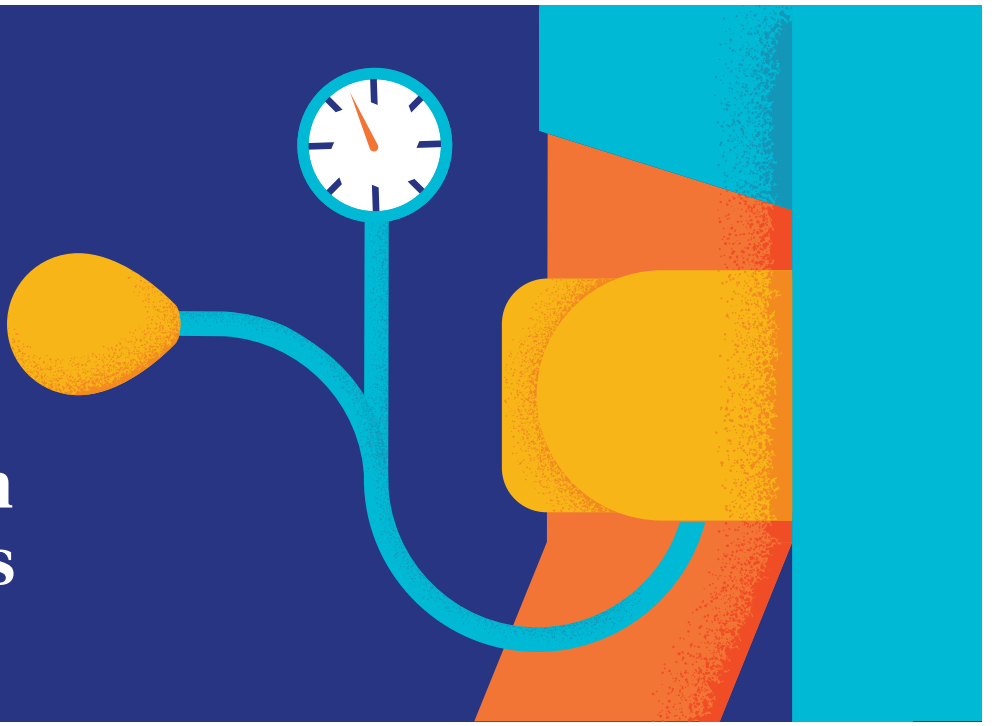
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Get a biometric screening and earn with UHC Rewards

A biometric screening measures numbers related to blood pressure, glucose, cholesterol, weight and more. The results may help identify current health issues—and reduce risk of future ones by helping focus your efforts for a healthier you. Now with UnitedHealthcare Rewards, you can earn rewards for completing a biometric screening. Here's how:

Ready, set, schedule

- Sign in on the **UnitedHealthcare® app**
- Select **UHC Rewards**
- Scroll to **Available activities** and select **See all**
- Select **Biometric screening** and then **Get started**
- You'll arrive at the diagnostic vendor's site, where you can follow the prompts to finish your registration and choose how you want to complete your screening

Choose the screening method that works for you

Lab
Schedule online at one of the many available locations.

At-home screening
Order the self-administered test and have it delivered directly to your home.

Physician results form
Complete your screening with your provider or at a local clinic. Then, fax or upload the form.

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continued

Questions?

Call UHC Rewards customer service at **1-866-230-2505**

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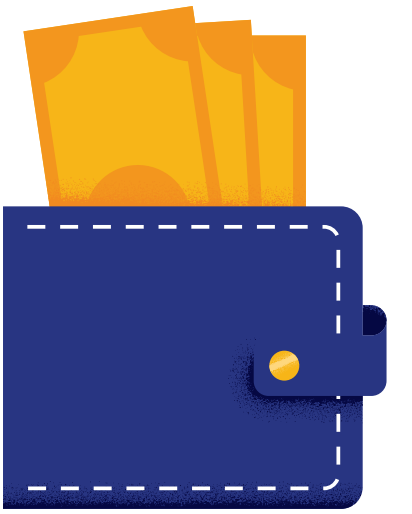
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Get going and redeem your rewards



You earned them. Now it's time to redeem* your dollars from UnitedHealthcare Rewards:

1. Open **UHC Rewards** in the **UnitedHealthcare® app** and select **Redeem rewards**
2. Choose how you'd like to redeem your rewards
3. Follow the prompts to redeem your rewards



Earn. Redeem. Repeat.

It's a good idea to visit **UHC Rewards** on the **UnitedHealthcare app** on a regular basis. There, you can see your available activities, check your current rewards balance and redeem your earnings.

*Before you can redeem rewards, you must earn a minimum of $5. If your rewards will be deposited into a health incentive account (HIA), the minimum amount is $1.

continued

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There for what matters™

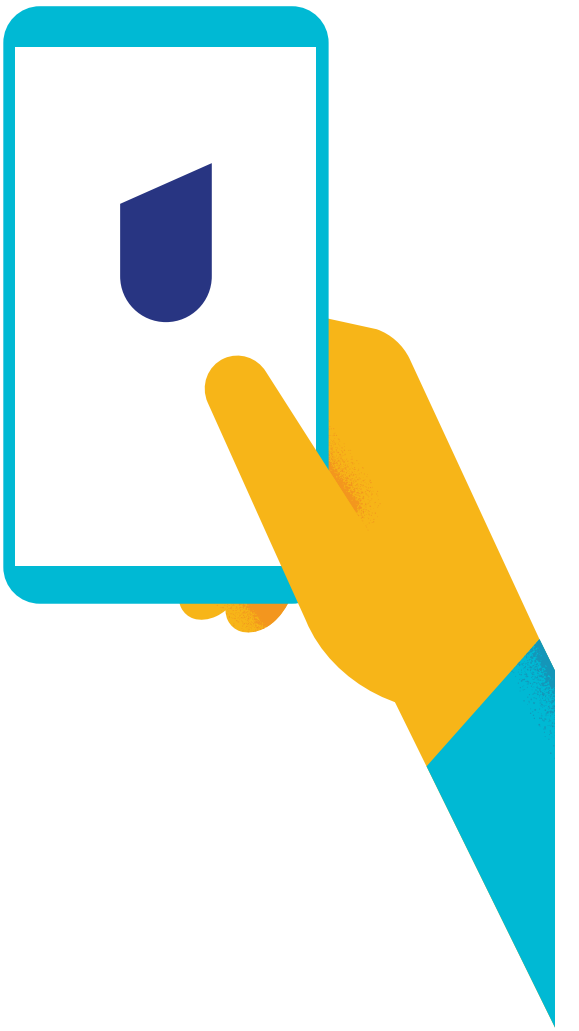
Answers to frequently asked questions

Will my earned dollars roll over each year, or do they need to be redeemed by a certain date?

It's best practice to redeem your earnings before the end of your current plan year. Your employer may make changes for the next plan year that could impact when your earnings expire. To help make sure you don't lose your earnings, ask your employer for specific details on timing before your plan year ends.

What happens to my earned dollars if I'm no longer eligible for UHC Rewards?

Your earnings expire the day you're no longer eligible for UHC Rewards. When earnings expire, you can no longer redeem them.



Redeem your earnings

Open **UHC Rewards** in the **UnitedHealthcare app** and select **Redeem rewards**

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There for what matters™

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The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

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Take small steps for lasting change, like Sandy did

Real Appeal® on Rally Coach™ is an online weight management support program that can help you and eligible family members get healthier and stay healthier. On average, participants lose 10 pounds after attending just four online sessions.*

Get support every step of the way

1-on-1 coaching

Stay on track and motivated with online group sessions led by a coach.

No additional cost

Real Appeal is available at no additional cost as part of your health benefits.

Success kit

Get scales, a portion plate and access to on-demand fitness videos that match your level and goals.

"It's given me the tools to eat healthfully. With personal coaching and weekly education on living a healthy lifestyle, I lost 60 pounds. I feel great."



Sandy lost

60 lbs

Learn more

Start today at **realappeal.com**

United Healthcare | Real Appeal

*Real Appeal is a voluntary weight loss program that is offered to eligible participants over age 18 at no additional cost as part of their plan benefits. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program. Talk to your doctor before starting any weight loss program.

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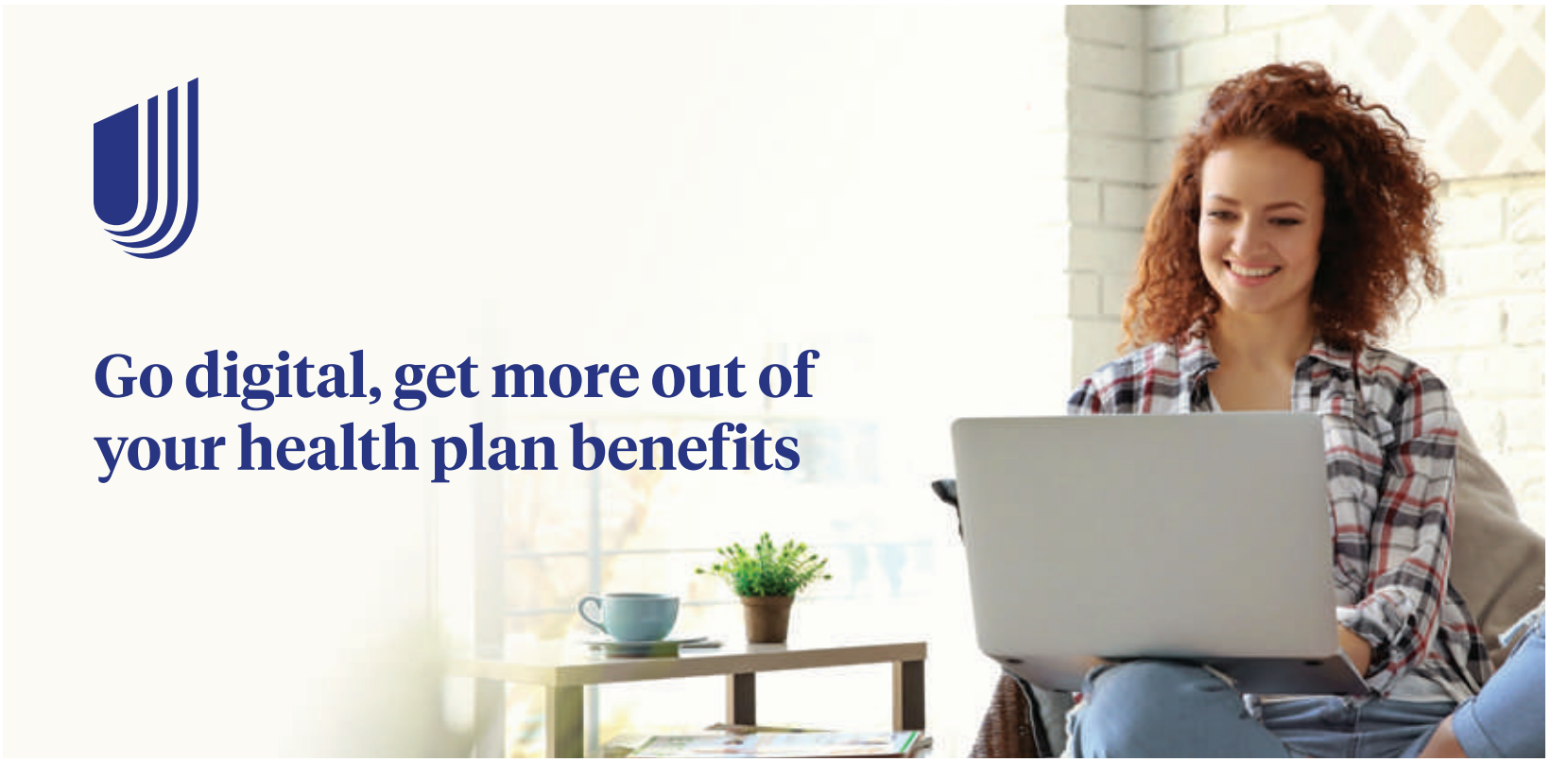
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Medical

Digital tools





Go digital, get more out of your health plan benefits

Digital tools to keep you connected

Your personalized digital tools – the **UnitedHealthcare® app** and **myuhc.com®** – give you access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Access your health plan ID card and add your plan details to your smartphone's digital wallet
- Learn about covered preventive care
- Compare cost estimates before you get care, which may help you save money

Register once to access both tools

Start by opening the **UnitedHealthcare app** or going to **myuhc.com** and then:

- Tap **Register Now** on the app, or select **Register** on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication – then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now that you're registered, you'll be able to manage your plan all year long.

Get connected

Scan this code to download the **UnitedHealthcare app** or visit **myuhc.com**

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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.

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 the Find Care & Costs section. Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

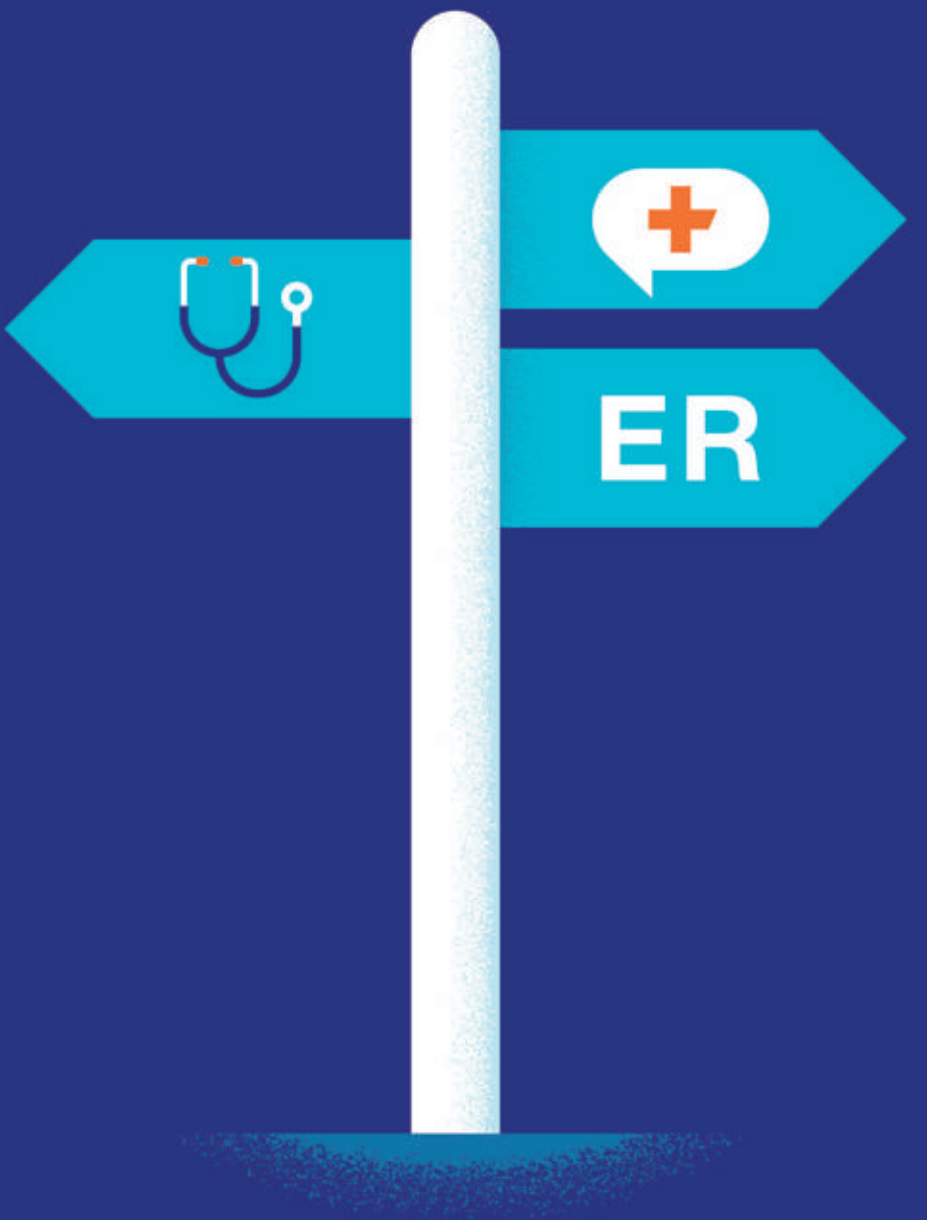
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Where to go for care



Questions about your health plan? We've got answers.

Help is just a call away

Whether you have questions about a new claim, need to find a doctor or just want to better understand your plan benefits, our Advocates are here to help. Get help finding care, making sense of a bill, accessing plan benefits you didn't know were there and a whole lot more.

We simplify the health care experience and help you:

- Understand your benefits and claims
- Learn more about your prescriptions*
- Get answers about a bill or payment
- Locate care and cost options
- Explore your plan's health and well-being benefits

Lean on us

Advocacy support is easy to access and focused on you. Get the most out of your plan benefits—and your health.

Care whenever you need it
Try 24/7 Virtual Visits to speak with a doctor anytime, virtually anywhere, from your mobile device or computer. To get started, sign in at **myuhc.com®.**

Connect with us
Call the number on your health plan ID card, sign in to **myuhc.com** and click on Chat, or open the UnitedHealthcare® app for assistance on the go.

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There for what matters™





*For members with OptumRx®.

This service 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 program is 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. Your health information is kept confidential in accordance with the law. The program is not an insurance company and may be discontinued at any time. Additionally, if there is any difference between the information and your coverage documents (Summary Plan Description, Schedule of Benefits, and any attached Riders and/or Amendments), your coverage documents govern.

24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider 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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Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video[1] through **myuhc.com®** or the UnitedHealthcare® app



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $54 or less.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

$54 or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential $2,000[4] cost down to $54 or less

Get started

Sign in at **myuhc.com/virtualvisits** | Call the number on your health plan ID card | Download the UnitedHealthcare app

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[1] Data rates may apply.

[2] Certain prescriptions may not be available, and other restrictions may apply.

[3] The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

[4] Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on a $131 difference between an average urgent care visit cost of $180 and a Virtual Visit cost of $54; $2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are 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 UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. 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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Health tip: Understanding preventive care

Preventive care is routine health care that is meant to help you stay healthy. When you schedule regular appointments and screenings, it may help you manage and maintain your health.

Preventive care is generally focused on the following

- Evaluating your health when you are symptom-free
- Receiving checkups and screenings
- Decreasing the risk of developing health issues even if you are in the best shape of your life

Understand the difference between preventive care and diagnostic care

- Preventive care is designed to help you stay healthy, and may be covered by most health plans with $0 out-of-pocket when you see an in-network provider.
- Costs may be incurred for diagnostic care based on plan coverage. Check your plan documents for additional details.



Preventive Care

Preventive care includes routine well exams, screenings, and immunizations intended to prevent or avoid illness or other health problems.



Diagnostic Care

Diagnostic care includes care or treatment when you have symptoms or risk factors and your doctor wants to diagnose them.



Schedule an appointment with your doctor today

Routine preventive care may help you manage and maintain your health, and is generally covered at 100 percent by most health plans.

When is care considered preventive?

A procedure can be considered preventive care in some situations, but not in others. This is important, because a service has to be considered preventive in order to be exempt from copays, coinsurance or deductibles. If it's not, these charges may apply.

Preventive care example

A woman has an annual wellness exam and receives blood tests to screen for anemia, kidney and liver function, and has a urine analysis done. If the physician orders lab work during a preventive care visit some of the tests may be covered as preventive care, such as a cholesterol screening.

continued

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Diagnostic care example

However, other blood chemistry panels like an anemia screening in a non-pregnant woman, a kidney or liver function test and urinalysis, would not be covered as preventive care. The woman would be responsible for any deductible, coinsurance, or copayment that may be applicable based on her benefit plan.

When a service is performed for preventive screening reasons and is appropriately reported, it will be covered under the Preventive Care Services benefit. Check your plan documents and consult with your health care provider prior to having the service performed if you have questions.

Examples of preventive care include

- Routine physical examinations
- Immunizations
- Well baby and well-child care
- Mammography, colonoscopy, sigmoidoscopy
- Cervical screening

Preventive care is important because

- Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment.
- Helping prevent disease and detecting health issues at an early stage is essential to living a healthier life.
- Following preventive care guidelines—and your doctor's advice—may help you to stay healthier. Be sure to discuss specific health questions and concerns with your doctor.



Register on myuhc.com.
Find a provider, get plan coverage details and more.

This information is for general informational purposes only and is not intended nor should be construed as medical advice. Individuals should consult an appropriate medical professional to determine what may be right for them.

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Additional info



Common health insurance terms.

When you're choosing a health plan that's offered by your employer, you'll run across terms and phrases that may be unfamiliar to you. Understanding these common health insurance terms can help as you decide on coverage for the coming year.

Coverage terms

What's covered under each plan varies. Here are some common terms to know about coverage:

Term:	Definition:
Diagnostic care	Care you receive to help diagnose symptoms or risk factors you already have.
Network	The health care providers (facilities, doctors, specialists and suppliers) your health insurer or plan has contracted with to provide health care services.
Out-of-network (OON)	The health care providers (facilities, doctors, specialists and suppliers) that are not contracted with your health insurer or plan to provide health care services.
Preauthorization	A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment (DME) is medically necessary. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency.
Preventive care	We also offer condition management programs to help members with chronic health issues—such as chronic kidney disease, diabetes and heart failure—enhance self-care, identify warning signs and access resources for assistance. This helps reduce the need for urgent or emergency services.
Primary care provider (PCP)	Routine health care, including screenings, check-ups and patient counseling to prevent or discover illness, disease or other health problems.
Referral	A written order from your primary care provider for you to see a specialist or get certain health care services.
Specialist	A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has special training in a specific area of health care.

continued

Cost terms

No matter which health insurance plan you choose, you and your plan will share costs of your care. When comparing plans, knowing these cost terms will help you understand what costs you're responsible for, and when.

Term:	Definition:
Coinsurance	The amount shared by you and your plan for health costs, calculated as a percentage. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.
Copayment	The fixed amount you pay each time you see a network provider.
Deductible	The amount of health costs you are responsible for before the plan starts sharing costs. 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 subject to the deductible. The deductible may not apply to all services.
Flexible spending account (FSA)	A health care account that lets you put money aside, tax-free, to spend within the plan year to help pay for medical costs, child care, and other health services.
High-deductible health plan (HDHP)	High Deductible Health (HDHP) plans, a type of Consumer Directed Health Plan (CDHP) or Consumer Health Plan (CHP), are becoming increasingly popular for those who don't need to see the doctor very often. These plans may behave like an HMO or PPO plan, but have much higher deductibles to meet in exchange for lower monthly premiums.
Health reimbursement account (HRA)	A health care account that employers fund for covered workers or retired persons to pay for health care expenses.
Health savings account (HSA)	A bank account that lets you put money aside, tax-free, to save and pay for health care expenses. Any remaining money at the end of the plan year is yours to keep.
Out-of-pocket limit (OOPL)	The total amount of health costs you are responsible for before your plan pays 100% of covered health costs for the rest of the year.
Premium	The amount you pay for a health insurance plan that is deducted from your employee paychecks.

Prescription drug coverage terms

The plans you're considering may offer prescription drug coverage. Knowing these terms may help you understand how your medication coverage works.

Term:	Definition:
Drug tiers	A 3-to-4 level tiered system that determines how each plan covers different types of prescription drugs. Each tier is typically assigned a cost you will pay for drugs listed in that tier.

continued

Prescription drug list (PDL)	Every plan with a pharmacy benefit contains a Prescription Drug List (PDL), also known as a formulary. The PDL lists the plan-approved drugs that your insurance will help pay for as well as how cost sharing works in each tier of drugs.
Generic drugs (Tier 1)	FDA-approved prescription drugs not associated with a brand name.
Preferred brand name drugs (Tier 2)	FDA-approved brand name prescription drugs.
Non-preferred brand name drugs (Tier 3)	FDA-approved brand name prescription drugs.
Prior authorization	A requirement from your health plan that some medications have additional coverage requirements which require approval from the health plan before you receive the medication.

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