

You're one step closer to simple health care.

CITY OF COMMERCE CITY 2024

BENEFITS GUIDE



Health care can be hard. We're here to help you through it.

You can count on us to help protect you financially and guide you through your health care needs. We'll help make your health experience easier by giving you tools and support to help you save time, save money and find care when you need it.

Visit the website or call us.



whyuhc.com/choice
whyuhc.com/navigate
whyuhc.com/choiceplushsa

- ✓ Search for network providers.
- ✓ Learn more about your benefits.
- ✓ Watch helpful videos and much more.



Toll-Free **1-866-873-3903**
Habla Español? Podemos ayudar.

Your benefits

MEDICAL PLAN

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Stay healthy, get the care you need and connect on your schedule.



Preventive care is covered 100% in our network.*

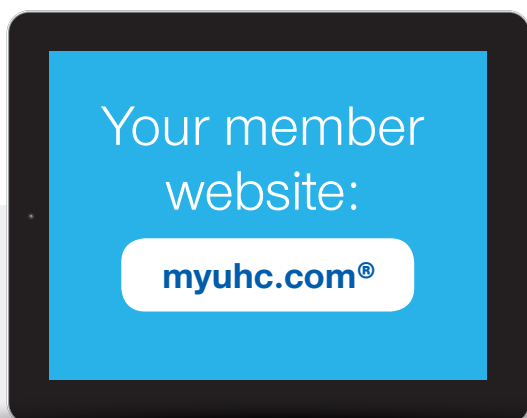
- ✓ Immunizations
- ✓ Preventive exams and health screenings

VIEW BENEFITS on pages 4-5.



Help is a call, email or web chat away.

- ✓ Contact us for help and answers at 1-866-873-3903.



Save on covered services when you use network providers.¹

- ✓ Doctor office visits
- ✓ Prescription drugs
- ✓ Emergency services
- ✓ Hospital care
- ✓ Lab services
- ✓ Pregnancy care services
- ✓ Outpatient care services
- ✓ Pediatric dental and vision services
- ✓ Rehabilitative services and devices
- ✓ Wellness services
- ✓ Mental health and substance use disorder services and more

¹If you're wondering, this is not the complete list of covered services. See your official health plan documents for more details.

VIEW BENEFITS on pages 4-5.

Manage your health and your plan online and on the go.

*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, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.

Questions to help you choose

What do I pay for covered services?

COPAYMENT OR COPAY

You'll pay a fixed amount of money for each covered doctor visit or prescription.

DEDUCTIBLE

This is the amount you will need to pay for covered services before your plan begins to pay.

COINSURANCE

This is your share of the costs of a covered service, calculated as a percent.

FIND INSURANCE TERMS CONFUSING?

Visit justplainclear.com

What is the most I may have to pay?

OUT-OF-POCKET LIMIT

You'll never pay more than your out-of-pocket limit during your plan year.

CHOICE

DEDUCTIBLE

	WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK
Employee	\$750	
Family	\$2250	Not covered

COVERED SERVICES

Doctors and Specialists

PCP Visit (Illness or Injury)	\$20 copay	Not covered
Virtual Visit (online)	\$0 copay	Not covered
Specialist Visit	\$50 copay	Not covered
Basic Lab and X-Ray	0%	Not covered

Preventive Care

Screenings & Counseling	0%	Not covered
Immunizations	0%	Not covered
Well-Child & Well-Woman Visits	0%	Not covered
Labs & Imaging Tests (e.g. X-rays, MRI)	0%	Not covered

Emergency Care

Urgent Care Visit	\$50 copay	Not covered
Emergency Room	\$500 copay	Not covered
Emergency Transportation	10% after deductible	Not covered

Pregnancy Services

Office Visits	\$50 copay	Not covered
Childbirth Professional Services	10% after deductible	Not covered
Childbirth Facility Services	10% after deductible	Not covered

Other care

Mental Health Visit (outpatient)	\$20 copay	Not covered
Mental Health Visit (inpatient)	10% after deductible	Not covered
Hospital Stay Facility Fee	10% after deductible	Not covered
Hospital Stay Provider Fee	10% after deductible	Not covered

OUT-OF-POCKET LIMIT

Employee	\$3000	
Family	\$6000	Not covered

PRESCRIPTIONS

	WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK
Retail (up to 31-day supply)		
Tier1 (Lowest Cost)	\$10 copay	
Tier2	\$35 copay	Not covered
Tier3	\$70 copay	
Home delivery (up to 90-day supply)		
Tier1	\$20 copay	
Tier2	\$70 copay	Not covered
Tier3	\$140 copay	

NAVIGATE

CHOICE PLUS HSA

WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK	WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK
\$1500 \$4500	Not covered	\$1600 \$3200	\$3000 \$6000
\$25 copay	Not covered	30% after deductible	50% after deductible
\$0 copay	Not covered	30% after deductible	50% after deductible
\$50 copay	Not covered	30% after deductible	50% after deductible
0%	Not covered	30% after deductible	50% after deductible
0%	Not covered	0%	Not covered
0%	Not covered	0%	Not covered
0%	Not covered	0%	Not covered
\$50 copay	Not covered	30% after deductible	50% after deductible
\$700 copay	Not covered	30% after deductible	30% after deductible
20% after deductible	Not covered	30% after deductible	30% after deductible
\$50 copay	Not covered	30% after deductible	50% after deductible
20% after deductible	Not covered	30% after deductible	50% after deductible
20% after deductible	Not covered	30% after deductible	50% after deductible
\$25 copay	Not covered	30% after deductible	50% after deductible
20% after deductible	Not covered	30% after deductible	50% after deductible
20% after deductible	Not covered	30% after deductible	50% after deductible
20% after deductible	Not covered	30% after deductible	50% after deductible
\$4000 \$8000	Not covered	\$4000 \$6850	\$6000 \$12000

What will it cost to see providers in and out of the network?

Providers in our network have agreed to charge lower prices. If you use out-of-network providers, your costs may be higher.

WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK	WHAT YOU PAY IN THE NETWORK	WHAT YOU PAY OUT OF THE NETWORK
\$10 copay \$45 copay \$80 copay	Not covered	\$10 copay after deductible \$35 copay after deductible \$70 copay after deductible	Not covered
\$20 copay \$90 copay \$160 copay	Not covered	\$20 copay after deductible \$70 copay after deductible \$140 copay after deductible	Not covered

How much will it cost to fill a prescription?

This is what you'll pay when you need a prescription. You may save by choosing prescriptions from the lower tiers and signing up for home delivery. Talk to your pharmacist or doctor to learn ways you may be able to save.

Choice Plan

Use our national network to save money.



Save money by staying in our network.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network. If you don't use the network, you'll have to pay for all of the cost.



There's no need to choose a primary care physician (PCP) or get referrals to see a specialist.

Consider a PCP; they can be helpful in managing your care.



Preventive care is covered 100% in our network.

DETAILED BENEFITS on pages 4-5.

The network can help lower your costs.



The doctors and facilities in our network have agreed to provide you services at a discount. We have:

- ✓ **840,000+** doctors and health care professionals
- ✓ **5,600+** hospitals
- ✓ **30,000+** pharmacies

Search the **NETWORK** at welcometouhc.com/choice.

Paying for network care

Copayment (copay)*

You'll pay a fixed amount of money for each covered doctor visit or prescription.



Deductible*

This is the amount you will need to pay before your plan will start to pay for covered services.



Coinsurance*

After you've reached your deductible, you'll only pay a percentage of each covered service.

Out-of-pocket limit

You'll never pay more than your out-of-pocket limit during the plan year. The out-of-pocket limit includes all of your network payments.

For all of the **COVERAGE DETAILS**, see your official health plan documents.

*You won't need to worry about these costs for preventive care if you stay in the network.

You may be required to receive approval for some services before they can be covered.

Navigate[®] Plan

Get a plan with a primary care physician (PCP) to help coordinate your care.



Select your personal PCP from the plan network.

This is a health plan that requires you to select a PCP who can help manage your care. Each enrolled person must select a PCP.



There's no coverage if you go out-of-network or if you see a network specialist without a referral from your PCP.

You will be responsible for the entire cost of the service.



Preventive care is covered 100% in our network.

DETAILED BENEFITS on pages 4-5.

Look for care in our network first.



The doctors and facilities in our network have agreed to provide you services at a discount. This plan's network includes:

- ✓ **840,000+** doctors and health care professionals
- ✓ **5,600+** hospitals
- ✓ **30,000+** pharmacies

Search the **NETWORK** at welcometouhc.com/navigate.

Paying for network care

Copayment (copay)*

You'll pay a fixed amount of money for each covered doctor visit or prescription.



Deductible*

This is the amount you will need to pay before your plan will start to pay for covered services.



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You'll never pay more than your out-of-pocket limit during the plan year. The out-of-pocket limit includes all of your network payments.

For all of the **COVERAGE DETAILS**, see your official health plan documents.

*You won't need to worry about these costs for preventive care if you stay in the network. You may be required to receive approval for some services before they can be covered.

Get better care and have lower health care costs.

Research shows that people who use a PCP are more likely to get better care and have lower health care costs.¹ Your PCP will be a partner in managing your health. They will provide preventive care, routine services, and treatment for minor injuries and short-term illnesses. And if you need special care, they can connect you to the right specialists.

Here's how to choose your PCP.

You must select a PCP when you sign up for the plan. One PCP can be selected for the entire family or each covered person can select their own. If you don't select a PCP when you enroll, or if the PCP you selected is not in the network, one will be assigned for you.



Your PCP:

- ✓ Must be located in a town or city near where you (the subscriber) live
- ✓ Must be a general practice, family practice, pediatrician or internal medicine physician
- ✓ Cannot be an obstetrician/gynecologist (OB/GYN)



When you sign up.

You will need the following information about your PCP when you sign up for the plan.

- ✓ First name, last name and address
- ✓ Physician ID number (you will find this number when you search for your PCP)

SEARCH for a PCP at welcometouhc.com/navigate.

Referrals must be submitted online by your PCP.



A paper referral will not be considered a valid referral. Your PCP must submit all referrals online. You can check your referrals online at myuhc.com.

You don't need a referral for everything.

Referrals may not be needed to see the following providers as long as they are in the network:

- ✓ Obstetricians/gynecologists (OB/GYNs)
- ✓ Behavioral health or substance use disorder clinicians
- ✓ Convenience care clinics
- ✓ Urgent care clinics
- ✓ Emergency care at an emergency room

For a **COMPLETE LIST** of providers and services that need referrals, see your plan documents.

¹Institute for Healthcare Improvement, www.IHI.org, 2013

Choice Plus Plan with HSA

Get network freedom and an HSA.



There's coverage if you need to go out of the network.

Out-of-network means that a provider does not have a contract with us. You can receive care and services from anyone in or out of our network. Choose what's best for you. Just remember, out-of-network providers will likely charge you more.



There's no need to choose a primary care physician (PCP) or get referrals to see a specialist.

Consider a PCP; they can be helpful in managing your care.



Preventive care is covered 100% in our network.

DETAILED BENEFITS on pages 4-5..

Look for care in our network first.



The doctors and facilities in our network have agreed to provide you services at a discount. This plan's network includes:

- ✓ **840,000+** doctors and health care professionals
- ✓ **5,600+** hospitals
- ✓ **30,000+** pharmacies

Search the **NETWORK** at welcometouhc.com/choiceplushsa.

You can open a health savings account (HSA).

An HSA is a personal savings account to help you save and pay for your health care.

✓ It's your money.

There's no "use it or lose it" rule. You get to keep it even if you change plans, change employers or retire.

✓ Set a goal - even a small one.

Check with your employer to see if you can set up regular, pretax deposits through payroll deduction.

✓ Open your account.

Don't leave money on the table. Open an account to make sure you get the money City of Commerce City is giving you.

Employee \$750

Employee plus spouse \$1000

Employee plus children \$1000

Employee plus family \$1500



If you go out of network, your costs may be higher. Out-of-network providers can even bill you for amounts higher than what your plan will cover. For all of the **COVERAGE DETAILS**, see your official health plan documents.

Save on taxes.

You don't have to pay federal taxes, or in most cases, state income taxes when you deposit money into your HSA, let it collect interest or use it for qualified expenses. The 2024 IRS HSA deposit limits are:

Individual	\$4,150*
Family	\$8,300*

Paying for prescriptions.

You will have to pay the full cost of your covered prescriptions until you've paid the deductible. You can use your HSA to help pay. After the deductible, you will pay a copayment. For more details, see your official health plan documents.

Open an account with Optum Bank, Member FDIC.

Open an account with the preferred HSA bank of more than a million people.

VISIT optumbank.com.

**You own the HSA.
Use it to save and pay.**



Qualified expenses:

- ✓ Doctor office visits
- ✓ Prescriptions
- ✓ Eyeglasses and contacts
- ✓ Dental care and braces
- ✓ Chiropractic services and more

How paying for network care works with an HSA



Your deductible

You pay for all services, including prescriptions, until you meet your deductible. You can use an HSA to help pay it.

**Pay with your HSA
or pay another way**



Your coinsurance

After you reach the deductible, you share the costs with the plan. You can use an HSA to help pay your share.

**Your plan
pays 70%**

+

**You pay
30%**



Your out-of-pocket limit

When you reach the limit, you are done paying. The plan pays 100% of covered services for the rest of the coverage year.

You are done paying

Preventive care is covered 100% when you use a network doctor.

SEE BENEFITS on pages 4-5.

*This includes all deposits, including any contributions City of Commerce City makes. You may be required to receive approval for some services before they can be covered.

Pharmacy Benefit

Your covered medications.

OptumRx® is your UnitedHealthcare plan's pharmacy care services manager. OptumRx is committed to providing you with safe, easy and cost-effective ways to get the medication you need.

The UnitedHealthcare Prescription Drug List (PDL) is the list of medications that are covered by the plan. The PDL is organized by cost levels, known as tiers. Choosing medications in the lower tiers may save you money.



Tier 1

Lower-cost
Medications



Tier 2

Midrange-cost
Medications



Tier 3

Higher-cost
Medications

Fill your prescription two ways.



1. Choose from thousands of network retail pharmacies.
2. Take advantage of the convenience of OptumRx home delivery.

Save on your medications.

- ✓ **Use home delivery.** Up to a three-month supply of your medications will ship free to your home, often at a lower cost than retail. You also get 24/7 phone support, medication refill reminders and more. And it saves you trips to the pharmacy.
- ✓ **Use network pharmacies.** Pharmacies in our network have agreed to charge lower prices. Our network includes thousands of pharmacies across the country.
- ✓ **Use lower tier medications, such as generics.** Use the PDL to help you or ask your doctor. If you have a medication that is placed in a higher tier (Tier 3, for example), check to see if a Tier 1 option is available. The higher cost brand medications are usually placed in higher tiers.

Manage your pharmacy benefits on the go.

With myuhc.com and the UnitedHealthcare App

- ✓ Enroll in home delivery
- ✓ Find network pharmacies
- ✓ Refill prescriptions and set up refill reminders
- ✓ Estimate and compare medication costs
- ✓ Search your plan's PDL

Get the most out of your benefits when you go digital.

Log in when you sign up to get started.

[myuhc.com®](https://myuhc.com)

- ✓ Find network providers, care centers and pharmacies.
- ✓ Manage your claims, track expenses and pay your medical bills.
- ✓ View benefit cost details for your entire family.
- ✓ Find and compare covered medications.
- ✓ Refill, renew and transfer home delivery prescriptions.

On the go? Take your plan with the UnitedHealthcare app.



Download at the App store



Android available at Google Play

Easily estimate health care costs.

You have easy-to-use tools so you can see what a treatment or procedure typically costs, estimate costs of prescriptions, and see what your share of expenses may be.



Join health and wellness missions.

Join our health and wellness program powered by RallySM to become more active and achieve your goals.



Manage your medications and get refill reminders.

You can view your medications, find lower cost options and sign up for text reminders so you don't forget to take or refill your medication.



Find quality doctors.

We make it easy to find doctors and other health care providers who have met criteria for providing quality and cost-efficient care in the UnitedHealth Premium program. Look for the blue hearts. 

App Store is a service mark of Apple, Inc. Android is a registered trademark of Google, Inc.

*Some features may not be available for all employer plans.

Get access to support and care at any time.

Need help? We're on it.

We know that managing your health plan benefits and your health isn't always easy. That's why we have a team of people dedicated to helping you. From understanding your claims to estimating costs ahead of time, we're here to help.

You may want to know:

- ✓ Is this treatment covered?
- ✓ How much will I have to pay for a test my doctor wants me to get?
- ✓ What does this charge mean on my bill? And why is it this amount?
- ✓ Can you help explain my benefits and what I need to do?
- ✓ If I need to find a new doctor, can you help me?

Contact us to get help with a personal touch.



Email us at
Advocate4Me@uhc.com.
Or call the number listed
on your health plan ID card.

Get care online with virtual visits.

A virtual visit lets you see and talk to a doctor from your mobile device or computer without an appointment. Most visits take about 10–15 minutes and doctors can write a prescription,* if needed, that you can pick up at your local pharmacy. And, it's part of your health benefits.



Conditions commonly treated through a virtual visit.

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- | | | |
|---|----------------------|------------------|
| ✓ Bladder infection/
Urinary tract infection | ✓ Diarrhea | ✓ Rash |
| ✓ Bronchitis | ✓ Fever | ✓ Sinus problems |
| ✓ Cold/flu | ✓ Migraine/headaches | ✓ Sore throat |
| | ✓ Pink eye | ✓ Stomach ache |

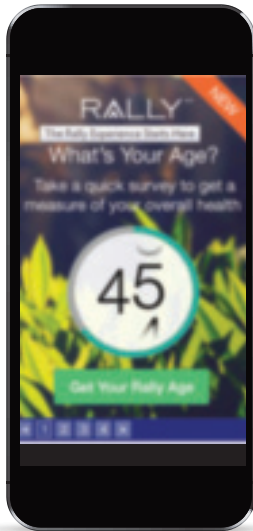


It's easy to get started.

Log in to myuhc.com® and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit, you will pay your portion of the service costs according to your medical plan, and then you will enter a virtual waiting room. During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

* Prescription services may not be available in all states.

Support to reach your wellness goals.



Get your RallySM Age.

Take the Health Survey and instantly get your Rally Age — a number that gives you a measure of your “health age.” Then pick missions to help you get your health on track. You can also store your health history and connect with online communities by joining fun challenges. Earn coins as you track and accomplish each mission, then use them to enter sweepstakes for chances to win great prizes!

Save between 10 – 50% with our Health Discount Program:

Jenny Craig

Curves

 **GAIAM**
Live Green. Live Happy.



VisionDirect
Powered by  drugstore.com

LEARN MORE about wellness support at welcometouhc.com/choice.

¹ There is a maximum associated with these rewards, and covered spouse Incentives can be earned only once every plan year.

We're here to help.

Whether it's finding care or managing a complex health condition, you'll get help whenever you need it. Here are some of the programs and services that are available as part of your health plan with no additional cost to you.



Have a health plan question? Just ask.

We are here to help you find information and resources — plain and simple.

- ✓ Have questions about your health care benefits?
- ✓ Need help resolving a claim?
- ✓ Not sure where to go for care?
- ✓ Have questions about a recent screening or test?
- ✓ Can't find a doctor or need to schedule an appointment?

As a member, you can call or email Advocate4Me@uhc.com. To help ensure your privacy, please do not include confidential information in your first email. We will respond to your question using a secure email system.



Get help through pregnancy and delivery.

Enroll in the Healthy Pregnancy Program by calling the number on your health plan ID card to access nurses, get information to help you identify health risks and more. You'll even get a gift for mom and baby.



Get access to the nation's leading health care facilities.

Our Centers of Excellence network provides access to leading health care facilities, physicians and services to support safe, specialized and cost-effective care for complex conditions.

Get help with work-related or personal issues.



When you don't feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to. A Virtual Visit lets you see and talk to a doctor from your home computer or mobile device. There is a cost for Virtual Visits. See your health plan documents for coverage details.

Why is preventive care so important?

Regular preventive care visits and health screenings help you learn your current health status and may help identify potential health issues before they become more serious. Working with your doctor can help you determine what preventive care services may be right for you.

Common preventive care office services*

- ✓ Annual wellness exam
- ✓ Measurements of your weight, blood pressure, glucose (blood sugar) and cholesterol
- ✓ Immunization vaccines, such as flu shots
- ✓ Well-baby and well-child visits

Common preventive care screening services*

- ✓ Cancer screenings, such as mammography, colorectal and cervical
- ✓ Osteoporosis screening
- ✓ Tobacco use and sexually transmitted diseases screening
- ✓ Healthy diet, physical activity and depression screening

How is preventive care covered?

Certain preventive health services will be covered based on age, gender and other factors without cost sharing (100% without charging a co-payment, deductible or co-insurance), as long you receive these services from a network provider.

How do I know if a service is preventive care or not?

Preventive care focuses on your current health when you are symptom-free. If you are receiving treatment due to a symptom or an existing illness, the services provided usually won't be considered or covered as preventive care.

Will my health plan consider medications a preventive service?



Plans that include a pharmacy benefit may cover some prescriptions as preventive care. These may include:

- ✓ Certain FDA-approved women's contraceptives
- ✓ Folic acid supplements for women who may become pregnant
- ✓ Iron supplements for children at risk for anemia

Certain over-the-counter preventive medications may also be covered under your plan.

Please see your official health plan documents for specific **COVERAGE GUIDELINES**.

*This content is provided for informational purposes only, and does not constitute medical advice. Always consult your doctor about any decisions about medical care. The services outlined here do not necessarily reflect the services, vaccines, screenings, or tests that will be covered under your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member number on your health plan ID card. Certain procedures may not be fully covered under some benefit plans.

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, gender and other health factors. UnitedHealthcare also covers other routine services that may require a co-pay, co-insurance or deductible.

What comes next?

1 Choose the best plan

As you consider your benefits, think about how often you go to the doctor and the total cost of your benefits, including how much you pay in monthly premiums.

2 Before coverage starts

While we're setting up your insurance:



SEARCH OUR NETWORK for providers near you at

whyuhc.com/choice
whyuhc.com/navigate
whyuhc.com/choiceplushsa

3 Once coverage begins

Your coverage starts **01/01/2024**.



WATCH THE MAIL for your ID card (if changing plans or a new member).



GET STARTED ONLINE at myuhc.com and download the UnitedHealthcare app to manage your health and benefits.

1. Go to myuhc.com.
2. Click on Register Now. You'll need your health plan ID card, or you can use your Social Security number and date of birth to register.
3. Follow the step-by-step instructions.



START USING YOUR PLAN once your coverage starts.

4 Use your plan

Here are some great ways to use your plan throughout the year:



SCHEDULE AN ANNUAL EXAM, flu shot or other preventive care.



ESTIMATE YOUR COSTS before you get care with myuhc.com or the UnitedHealthcare app.



USE OUR RESOURCES to stay healthy and save money.



GET ON-THE-GO ACCESS to health and account info, tools and resources with the UnitedHealthcare app.



CALL US FOR HELP when you need us.



MANAGE YOUR PLAN AND HEALTH ONLINE at myuhc.com.

Notes

[illegible]

Notes

This image shows a blank sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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.

Health plan coverage provided by or through UnitedHealthcare of California, UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Oregon, Inc., UnitedHealthcare Benefits of Texas, Inc., UnitedHealthcare of Washington, Inc. Administrative services provided by United HealthCare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC) or United Behavioral Health (UBH).

The UnitedHealthcare plan with Health Savings Account (HSA) is a 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 of 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.

Virtual visits 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. 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. The Medica Premium Designation program is intended as a resource for informational purposes only. Designations are displayed in UnitedHealthcare and Medica online physician directories at myuhc.com® and mymedica.com.® You should always consult myuhc.com and mymedica.com for the most current information.

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

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

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. 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.

Rally Health 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.

Disclosure: The Health Discount Program is administered by HealthAllies.® Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, www.unitedhealthallies.com, ohacustomer@optumhealth.com.

The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

SimplyEngaged® 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 with an appropriate health care professional to determine what may be right for you. Rewards may be taxable. You should consult with an appropriate tax professional to determine if you have any tax obligations from receiving rewards under this program. If you are unable to meet a standard related to a health factor to obtain a reward under this program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 1-855-215-0230 and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward.

Advocate 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 Advocate (Advocate4Me) services 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. Advocate services are not an insurance program and may be discontinued at any time. 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.