

FIND AN IN-NETWORK DOCTOR

Call UnitedHealthcare at 888.651.7319 for all medical plans to find In-Network providers, Urgent Care or Convenience Care location.

Kelsey UHC Charter Plan

Visit www.kelsey-seybold.com/providers. (The website provides all In-Network options).

Choice HRA, Choice Plus, and Choice High Deductible Plan

Visit www.myuhc.com (Select the Choice Network of Providers)

Nexus ACO OA

Visit www.myuhc.com (Select the Nexus ACO + Nexus ACO OA Network of Providers)

To pay a lower out-of-pocket expense compared to Network Providers, select the provider's name and look for the Accountable Care Organization: Memorial Hermann designation at the bottom of the page.

Registered Members

1. Visit MyUHC.com and click "Register Now".
To set up a HealthSafe ID you'll be asked to...
2. Identify yourself.
Enter your name, birthdate, ZIP Code, Member ID (or SSN) and group number (902915).
3. Create a username and password.
The website will guide you through password requirements.
4. Set-up account recovery preferences.
In case you misplace your username or password.
5. Agree to Terms of Use, Privacy Policy, and the Consumer Communications Notice.
Which you may review on the website.
6. Confirm your contact information.
You'll be guided through steps to verify your email address and phone number.

Unregistered Members

1. Visit www.myuhc.com
2. Select "Find a Doctor" in the middle
3. Select your plan network
4. On the next screen, enter a doctor name, facility name, specialty or condition; search by distance, gender, etc.

DENTAL

DENTAL PPO PLANS

Locate In-Network Providers

www.guardiananytime.com

1. Click Find a Provider,
2. Then Find a Dentist...
3. Under Select a Plan, choose PPO
4. Or CALL CUSTOMER SERVICE at 800.541.7846

Value Plan

Your dental coverage is provided through Guardian. With the Value Plan DPPO, you must see an In-Network dentist. You have lower out-of-pocket costs for Basic and Major dental services than you would with the NAP Plan option. If you already see an In-Network dentist or if you are willing to change to an In-Network dentist, the Value Plan may be a good option to save money on dental expenses. If you go to an out of network dentist on the value plan, the dentist payments are based on the discounted fee schedules agreed upon by network dentist and you will pay more for the visit than on the NAP Plan.

Network Access Plan

With the Network Access Plan (NAP) DPPO, you may see any dentist that you choose. However, In-Network dentists have agreed to accept reduced fees for the services they provide. They have also agreed not to charge you any amount that exceeds the allowable amount, aside from deductibles, coinsurance and services that are limited or not covered under the plan. This will reduce your out-of-pocket expenses. If your dentist is an out-of-network provider, dental benefits will be based on reasonable and customary charges.

In-Network Benefit	Value Plan	Network Access Plan
Calendar Year Maximum (Per Person)	\$2,000	\$2,000
Annual Deductible	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Frequency Cleanings (Preventive Only)	Twice per calendar year (January 1 – December 31)	Twice per calendar year (January 1 – December 31)
Class A – Preventive and Diagnostic Care (Prophylaxis Oral exam, Sealants, Diagnostic Casts, Radiographs)	0% no deductible applies	0% no deductible applies
Class B – Basic Services (Endodontic, Periodontal, Space Maintainers, Surgical Extractions)	0%	20%
Class C – Major Services (Crown, Inlay, Dentures, Bridge)	40%	50%
Class D – Orthodontia* Child (Under 19 Years Old)	50%	50%

There is one set of rates for both the Value and NAP Dental PPO Plans.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$26.07	\$32.93
Employee + 1	\$52.13	\$65.85
Employee + Family	\$78.19	\$98.76

*Lifetime Payment Limit of \$2,000 for orthodontic treatment.

Pre-treatment review is available on a voluntary basis when dental work in excess of \$300 is proposed.



VISION PLAN

Your vision coverage is provided by UnitedHealthcare through the Spectera Eye Network. With Spectera's large national eye care network, you can choose to get more personalized care from a private practice, or you can take advantage of the convenience of numerous retail chains in their network with evening and weekend hours. Spectera is focused on providing you with a better eye care experience.

Locate In-Network Providers

myuhcvision.com

1. Click Find a Provider,
2. Then Find a Vision Provider...
3. Under Select Your Vision Plan, choose Spectera Eyecare Network
4. Or CALL CUSTOMER SERVICE at **800.638.3120**

Benefit	In-Network	Out-of-Network
Exam	\$20 copay	Reimbursed up to \$40
Materials	\$20 copay	Varies (see below)
Exam Frequency	1 per calendar year	1 per calendar year
Frame Frequency	1 per calendar year	1 per calendar year
Contact Lens Exam Frequency (in lieu of lenses and frames)	1 per calendar year	1 per calendar year
LENSES		MEMBER REIMBURSED:
Single Vision	100% after copay*	Up to \$40
Bifocal	100% after copay*	Up to \$60
Trifocal	100% after copay*	Up to \$80
FRAMES		MEMBER REIMBURSED:
Frame Allowance	\$150 allowance + 30% off	Up to \$45
CONTACT LENSES		MEMBER REIMBURSED:
Medically Necessary	100%	Up to \$210
Elective	\$150 allowance*	Up to \$150

*These benefits are subject to copay, if any.

Plan Rates*	24 Pay Period Contributions	19 Pay Period Contributions
Employee Only	\$4.93	\$6.22
Employee + 1	\$7.89	\$9.96
Employee + Children	\$8.53	\$10.77
Employee + Family	\$12.98	\$16.40

If you enroll in the vision plan, you can view/print your ID card online through myuhcvision.com.