



Open Enrollment

**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 option(s) cover, include, require and more.

**It's all here — and yours to explore:**

## **Medical**

- Plan benefits
- Coverage details
- Pharmacy benefits
- Health and wellness programs
- Digital tools
- Where to Go for Care





Medical

# Plan benefits









# Welcome

Explore the ways your health plan is designed  
to help you take better care of yourself

United  
Healthcare®

# Hello



We're here to help make each step of your health care experience easier. Take a look at this guide to help you better understand your benefits and care options, manage costs and get more out of your health plan – and start experiencing all that care can do for you.

New to UnitedHealthcare®? There's some information to know before your plan goes into effect as well as some steps you may need to take to help transfer your care. Learn how to make your experience easier from day one at [uhc.com/transferringcare](https://www.uhc.com/transferringcare).




## Call toll-free

If you don't have computer access, need language assistance or still have questions after reading this, please call the toll-free member phone number on your health plan ID card.



## Connect with us

-  [Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare)
-  [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare)
-  [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

## It's easier to connect to your plan

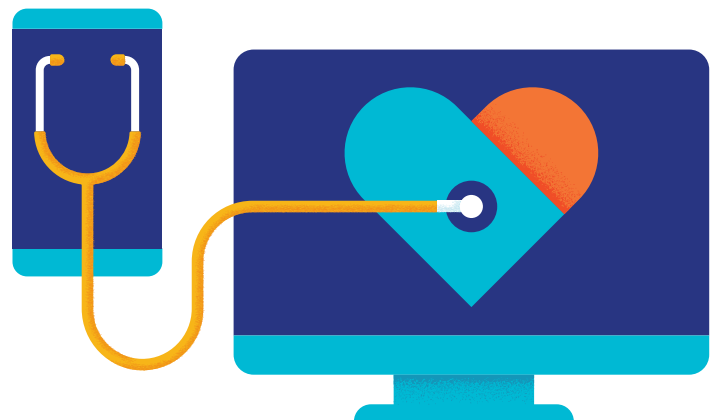
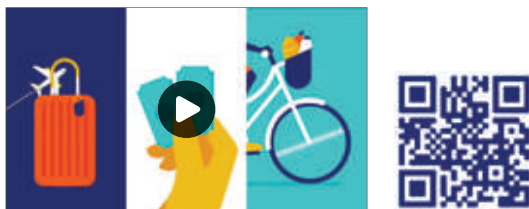
Your benefits include personalized digital tools to help you check on your plan whenever you want, which may help make it easier to stay on top of your benefit details.



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 (3:12)**

# 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 and look for Tier 1 providers

Your health plan is designed so you may pay less when you see Tier 1 doctors and specialists.\* Look for the Tier 1 icon when you search network doctors, mental health professionals, hospitals, labs and more at [myuhc.com](https://myuhc.com) > **Find Care & Costs** or on the UnitedHealthcare app.

\*Tier 1 providers may be subject to change. Visit [myuhc.com](https://myuhc.com) for the most current information or call the number on your health plan ID card.



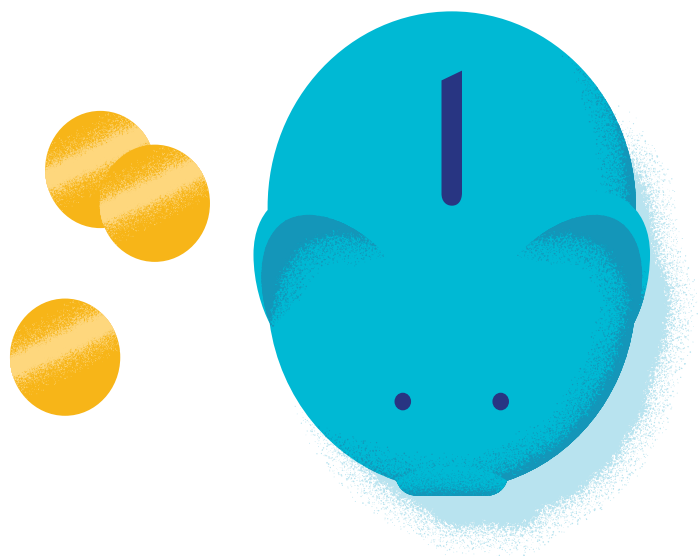
## Look up the cost of medication

Sign in to [myuhc.com](https://myuhc.com) > **Pharmacies & Prescriptions** to find information about your medication, pricing and lower-cost options.



## 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](https://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 help you avoid cost surprises. A PCP can be a family practitioner, internist, pediatrician or general medicine physician.\* Your plan requires you and each covered family member to select a network PCP.

### 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

It's important to know that seeing a PCP other than the one listed on your ID card may cost more. You can switch your PCP anytime. For help choosing or changing your PCP, call the member phone number on your ID card – or sign in to [myuhc.com](https://myuhc.com) > **Find Care & Costs** to:

- See location, specialty, availability and hours of operation
- Look for patient ratings
- Compare cost estimates

\*Laws in some states allow you to choose a specialist, like an OB/GYN, as your PCP.



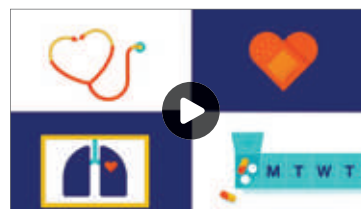
### Keep up on preventive care

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](https://uhc.com/health-and-wellness/preventive-care).

### Meet your health guide

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

**Watch video: Value of a PCP (1:49)**



### Look for the Tier 1 icon

You may pay less when you see Tier 1 providers – that's because the doctors, specialists and facilities designated as Tier 1 meet criteria for quality and cost-efficient care. Look for the blue Tier 1 icon when searching the network.

## 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](https://myuhc.com) > Coverage & Benefits.

### Plan start



You pay 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.

### Deductible reached

You pay 20%

Your plan pays 80%

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

### Out-of-pocket limit met

Your plan pays 100%



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.



### 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](https://myuhc.com) > Coverage & Benefits.



### 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](https://myuhc.com) > Coverage & Benefits to check if prior authorization is needed.

### 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 (1:37)**



# Compare options, help keep costs down

Getting care at the place that may best fit your condition or situation may save you up to \$2,500 compared to an emergency room (ER) visit.\*

Care options to consider	START HERE				
					
	<b>Primary care provider (PCP)</b> The provider who may know you best	<b>24/7 Virtual Visits</b> A care provider over the phone** or by video	<b>Convenience care</b> Nurse practitioners and physician assistants at retail pharmacy clinics	<b>Urgent care</b> Physicians and care teams at walk-in clinics	<b>Emergency room</b> Physicians and care teams at hospital emergency departments
Average cost*	In-person: \$175 Virtual: \$99 or less**	Less than \$54 <sup>†</sup>	\$100	\$185	\$2,700
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](https://uhc.com/quickcare)

\*2022: Average 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 \$2,500 difference between the average emergency room visit, \$2,700 and the average urgent care visit \$185) 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.

\*\*\*Data rates may apply.

†The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time. Check your official health plan documents to see what services and providers are covered by your plan.



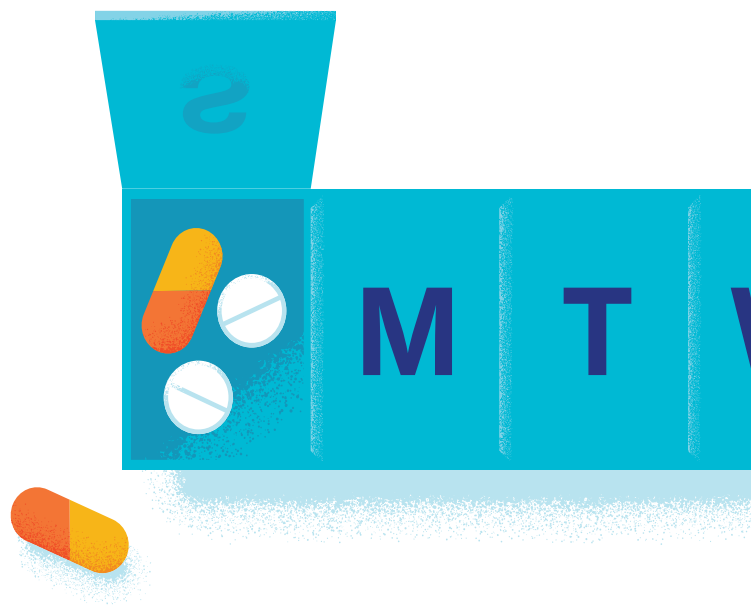
## Say hello to Optum Rx

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](https://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



## How to use the pharmacy network to fill prescriptions



### Choose home delivery

Imagine getting a 3-month supply of the medication you take regularly, brought to you with free standard shipping. That's what you can get if you choose Optum Home Delivery.\* And there's always a pharmacist ready to help, too.

\*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.



### Pick up at the pharmacy

Show your ID card at any network pharmacy – which can be found by checking the Pharmacy Locator at [myuhc.com](https://myuhc.com), on the UnitedHealthcare app or by calling the member phone number on your ID card.

## Keep costs in check

Your Prescription Drug List (PDL) – available on [myuhc.com](https://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)**



# Health and wellness benefits powered by care

As part of your health plan benefits, you can sign up for wellness programs and health support services. To learn more about any of the programs below, visit [myuhc.com](https://myuhc.com).



## 24/7 Virtual Visits

### Get care, virtually anywhere

With 24/7 Virtual Visits, you can connect to a care provider by phone or video\* through [myuhc.com](https://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.



## Cancer Support

### Support for dealing with cancer

This program connects you and your family to education, resources and emotional support. Access highly rated physicians and providers, a personal advocate, information to help you make informed health care decisions, social worker support 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 UHC Rewards, which is included in your health plan at no additional cost. Some of the ways you can earn dollars include getting a biometric screening, completing a health survey and tracking sleep or fitness.



# 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

**Email:** [uhc\\_civil\\_rights@uhc.com](mailto: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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf)

Complaint forms are available at  
[hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html](https://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 LU'U 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.

تويوغللا قذعاسملا تامدخ ناف، ةيبرعلا شذحتت تنك اذ: ةيبن (Arabic)، قاطب يل ع جردملا ين اجملا فتا ملا مقرب لاصتالا يجرى، لكل ةحاتم ةين اجملا لئب قضاخلا فيرعتلا.

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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nitl'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'i biká'ígíí bee hodiilnih.



# Disclaimers

## Visit [uhc.com/legal/required-state-notice](https://uhc.com/legal/required-state-notice) 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.

Facebook is a registered trademark of Facebook, Inc. YouTube is a registered trademark of Google, Inc. Instagram is a registered trademark of Instagram, LLC.

The UnitedHealthcare® app is available for download for iPhone® or Android®.

Android is a registered trademark of Google LLC.

Google Play and the Google Play logo are registered trademarks of Google Inc.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries.

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 Find Cost and Care section. Refer to your health plan coverage documents for information regarding your specific benefits.

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.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at [myuhc.com](https://myuhc.com)®. You should always visit [myuhc.com](https://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](https://myuhc.com) for detailed program information and methodologies.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Cancer Support Program is a program, not insurance. Availability may vary on a location-by-location basis and is subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. Please check with your UnitedHealthcare representative.

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.

All Fully Insured Plans in California: If medically appropriate care from a qualified provider cannot be provided within the Network, we will arrange for the required care with an available and accessible out-of-Network provider. You will only be responsible for paying the cost sharing in an amount equal to the cost sharing you would have otherwise paid for that service or a similar service if you had received the Covered Health Care Service from a Network provider.

**Take care, take note**

Content continues on page 21

## Take care, take note

[illegible]

## Take care, take note

[illegible]







NexusACO®

United  
Healthcare

# Quality care close to home

Wherever you live or work in the Milwaukee area, there's likely easy access to quality care from a NexusACO Tier 1 facility or physician.

## NexusACO providers include:

- Advocate Aurora Health
- Children's Wisconsin
- Froedtert and Medical College of Wisconsin



# Understand your costs when getting care

## Copayment (or copay)

You'll usually pay a fixed amount of money for each covered doctor visit or prescription. You may pay a lower copay when you use Tier 1 providers from a list of Tier 1 facilities and physicians.



## Deductible\*

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



## Coinsurance\*

After you've paid your deductible, you only pay a percentage of the cost for each covered service. You may pay a lower percentage when you use Tier 1 providers.

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## Out-of-pocket limit

You'll never pay more than your out-of-pocket limit during the plan year for covered services. The out-of-pocket limit includes all of your copayment, deductible and coinsurance payments.

**Choose Tier 1 providers to help save on your care. For all of the coverage details, see your official health plan documents.**

## Look for Tier 1 care first



Look for the Tier 1 symbol when doing a network search at [myuhc.com](https://myuhc.com).



Where you go for care can make a difference. Tier 1 providers are doctors, hospitals and other health care facilities that may offer you the greatest value for your health care benefits.\*

- \$** Tier 1 (lowest-cost option when a Tier 1 provider is seen inside the ACO service area; outside the ACO service area, see a UnitedHealth Premium® provider)
- \$\$** Network (access to all other network providers)
- \$\$\$** Out-of-network (highest-cost option)

\* Based solely on cost-sharing

# Understand your pharmacy benefit

## Your covered medications

Optum Rx® is your UnitedHealthcare plan's pharmacy care services manager. Optum Rx is committed to providing you with easier and lower-cost 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 Tier 1 may help save you money, similar to choosing a Tier 1 PCP.



## Fill your prescriptions 2 ways

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

## Save on your medications

- **Use home delivery.** Up to a 3-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.
- **Use network pharmacies.** Pharmacies in our network have agreed to charge lower prices. Our network includes thousands of pharmacies across the country.
- **Use Tier 1 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

Use [myuhc.com](https://myuhc.com) and the UnitedHealthcare app to:

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



The UnitedHealthcare app can also help determine how a medication is covered and whether or not there are other options to help save you money.

# Need help?



## Visit myuhc.com®

Sign up for **myuhc.com** and get a personalized website that gives you access to your health plan details.



## Get on-the-go access

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download it for free today to access your ID card, find nearby care and more.



## Call toll-free

If you can't find answers or need assistance with questions, call the toll-free member phone number on your health plan ID card.

United  
Healthcare

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued.

Tier 1 providers may be subject to change, visit myuhc.com® for the most current information or call the number on your health plan ID card.

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 them for advice on selecting other physicians. You should also discuss designations with a physician before choosing them. 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.

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.

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Medical

# Coverage details
















# NexusACO OAP plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		NexusACO OAP
	<b>Network coverage only</b> You can usually save money when you receive care for covered health care services from network providers.	<input type="checkbox"/>
	<b>Network and out-of-network benefits</b> You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input checked="" type="checkbox"/>
	<b>Primary care physician (PCP) required</b> With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.	<input checked="" type="checkbox"/>
	<b>Referrals required</b> You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	<input type="checkbox"/>
	<b>Preventive care covered at 100%</b> There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>
	<b>Pharmacy benefits</b> With this plan, you have coverage that helps pay for prescription drugs and medications.	<input checked="" type="checkbox"/>
	<b>Tier 1 providers</b> Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	<input checked="" type="checkbox"/>
	<b>Freestanding centers</b> You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.	<input type="checkbox"/>
	<b>Health savings account (HSA)</b> With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.	<input checked="" type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# Here's a more in-depth look at how NexusACO OAP works.

## Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Single Coverage	\$1,650	\$3,300
Family Coverage	\$3,300	\$6,600

No one in the family is eligible for benefits until the family coverage deductible is met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit		
Single Coverage	\$3,300	\$6,600
Family Coverage	\$6,600	\$13,200

If more than one person in a family is covered under the Policy, the single coverage out-of-pocket limit does not apply.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

### What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Preventive Care Services			
Preventive Care Services		No copay	30% *
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 copay, co-insurance or deductible.			
Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.			
Office Services - Sickness & Injury			
Primary Care Physician	No copay *	30% *	30% *
Telehealth is covered at the same cost share as in the office.			
Specialist	No copay *	30% *	30% *
Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.			
Telehealth is covered at the same cost share as in the office.			
Urgent Care Center Services		No copay *	30% *

\* After the Annual Medical Deductible has been met.

† Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Virtual Care Services

*Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.*

Emergency Care			
Ambulance Services - Emergency Ambulance			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	No copay*
Ambulance Services - Non-Emergency Ambulance <sup>1</sup>			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	30%*
Dental Services - Accident Only		No copay*	No copay*
Emergency Health Care Services - Outpatient <sup>1</sup>		No copay*	No copay*
Notification is required if it results in confinement to an Out-of-Network Hospital.			
Inpatient Care			
Congenital Heart Disease (CHD) Surgeries <sup>1</sup>	No copay*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*
Habilitative Services - Inpatient <sup>1</sup>		The amount you pay is based on where the covered health care service is provided.	
Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.			
Hospital - Inpatient Stay <sup>1</sup>	No copay*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services <sup>1</sup>		No copay*	30%*
Limited to 30 days per Inpatient Stay in a Skilled Nursing Facility.			
Limited to 60 days per year in an Inpatient Rehabilitation Facility.			

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
<b>Outpatient Care</b>			
Habilitative Services - Outpatient			
Manipulative Treatment		No copay*	30%*
Other habilitative services		No copay*	30%*
<i>Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.</i>			
Home Health Care <sup>1</sup>		No copay*	30%*
<i>Limited to 60 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing <sup>1</sup>		No copay*	30%*
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing <sup>1</sup>		No copay*	30%*
<i>For network benefits you have no copay for a diagnostic mammogram or breast ultrasound after the deductible has been met for the first service in a year.</i>			
Major Diagnostic and Imaging - Outpatient <sup>1</sup>		No copay*	30%*
<i>For network benefits you have no copay for a breast MRI after the deductible has been met for the first service in a year.</i>			
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>			
Physician Fees for Surgical and Medical Services			
Primary care visits	No copay*	30%*	30%*
Specialist care visits	No copay*	30%*	30%*
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment			
Manipulative Treatment		No copay*	30%*
Other rehabilitation services		No copay*	30%*
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Scopic Procedures - Outpatient Diagnostic and Therapeutic

No copay\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

*Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.*

*For network benefits you have no copay for a diagnostic colonoscopy after the deductible has been met for the first service in a year.*

Surgery - Outpatient<sup>1</sup>

No copay\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

Therapeutic Treatments - Outpatient<sup>1</sup>

No copay\*

30%\*

*Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.*

### Supplies and Services

Diabetes Self-Management Items<sup>1</sup>

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Durable Medical Equipment (DME), Orthotics and Supplies<sup>1</sup>

No copay\*

30%\*

*Limited to 1 insulin pump per year.*

*Limited to a single purchase of a type of DME or orthotic every 3 years.*

*Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.*

Enteral Nutrition

No copay\*

30%\*

Hearing Aids

No copay\*

30%\*

*Limited to a single purchase per hearing impaired ear every 3 years.*

*Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.*

Ostomy Supplies

No copay\*

30%\*

Pharmaceutical Products - Outpatient

No copay\*

30%\*

*This includes medications given at a doctor's office, or in a covered person's home.*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Prosthetic Devices<sup>1</sup>

Limited to a single purchase of each type of prosthetic device every 3 years.

Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.

Urinary Catheters

#### Pregnancy

Pregnancy - Maternity Services<sup>1</sup>

#### Mental Health Care & Substance Related and Addictive Disorder Services

Inpatient<sup>1</sup>

Intensive Behavioral Therapy (e.g. ABA) and Transitional Care<sup>1</sup>

Other Outpatient Services such as Electro-Convulsive Treatment, Psychological Testing, Transcranial Magnetic Stimulation and Medication Assisted Treatment<sup>1</sup>

Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Programs and Transitional Care<sup>1</sup>

Outpatient Office Visits and Transitional Care

#### Other Services

Autism Spectrum Disorder Services<sup>1</sup>

Cellular and Gene Therapy<sup>1</sup>

For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.

Clinical Trials<sup>1</sup>

Dental/Anesthesia Services – Hospital Ambulatory Surgery Services<sup>1</sup>

Fertility Preservation for Iatrogenic Infertility<sup>1</sup>

Limited to \$20,000 per Covered Person per lifetime.

Limited to 1 cycle of fertility preservation for Iatrogenic Infertility per lifetime.

This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.

#### Designated Network

#### Network

#### Out-of-Network

No copay\*

30%\*

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

No copay\*

30%\*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Gender Dysphoria<sup>1</sup>

*Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitation Services Outpatient Therapy and Manipulative Treatment.*

Hospice Care<sup>1</sup>

Kidney Disease Treatment<sup>1</sup>

Preimplantation Genetic Testing (PGT) and Related Services<sup>1</sup>

*Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for Iatrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder.*

Reconstructive Procedures<sup>1</sup>

Temporomandibular Joint (TMJ) Services<sup>1</sup>

Transplantation Services

*For Network Benefits, transplantation services must be received from a Designated Provider.*

Vision Exams

*Limited to 1 exam every 12 months.*

*Find a listing of UnitedHealthcare Vision Network Providers at [myuhcvision.com](http://myuhcvision.com).*

Wigs

#### Designated Network

#### Network

#### Out-of-Network

The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

Not covered

No copay\*

30%\*

No copay\*

30%\*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Essential

In Network and Out of Network

Annual Pharmacy Deductible	
Individual	See the Annual Medical Deductible section
Family	See the Annual Medical Deductible section

Annual Deductible - Network and Out-of-Network

The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	10%*	10%*	10%*
Tier 2 \$\$	10%*	10%*	10%*
Tier 3 \$\$\$	10%*	10%*	10%*
Tier 4 \$\$\$\$	10%*	10%*	10%*

\* After the Annual Pharmacy Deductible has been met.

\*\* Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.



## Here's an example of how the plan's costs come into play.

### 1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

### 2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you—this is your **coinsurance**.\*

YOU PAY 20%\*

YOUR PLAN PAYS 80%

### 3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year—copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15)—or **copay**—for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

\* Your coinsurance may vary by service. This example is for illustrative purposes only.

Example only. Not actual numbers or percentages for KUSD's plan.

## More ways to help manage your health plan and stay in the loop.



### Search the network to find doctors.

You can go to providers in and out of our network—but when you stay in network, you'll likely pay less for care. To get started:

- Go to [welcometouhc.com](https://welcometouhc.com) > **Benefits** > **Find a Doctor or Facility**.
- Choose **Search for a health plan**.
- Choose **NexusACO OAP** to view providers in the health plan's network.



### Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to [welcometouhc.com](https://welcometouhc.com) > **Benefits** > **Pharmacy Benefits**.
- Select **Essential** to view the medications that are covered under your plan.



### Access your plan online.

With [myuhc.com](https://myuhc.com)®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



### Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.



# Other important information about your benefits.

## Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult/Child)
- Glasses
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

## Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at an In-Network Retail Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The In-Network Retail Pharmacy Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from an In-Network Mail Order Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Retail Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) or pharmaceutical product(s) for which Benefits are provided as described under the Certificate first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how In-Network Mail Order Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy.

## Other important information about your benefits.

### Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product or Pharmaceutical Product as described in your Certificate.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Certain Prescription Drug Products for tobacco cessation.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives to another Prescription Drug Product or Pharmaceutical Product as described in your Certificate available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year. We may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Certain compounded drugs.
- Diagnostic kits and products, including associated services.
- Drugs or products available over-the-counter.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Experimental or Investigational or Unproven Services and medications. This exclusion does not apply to Prescription Drug Products that are prescribed by a Physician for the treatment of HIV infection, illness or medical condition arising from or related to HIV infection, if the medication is approved by the FDA and prescribed and administered in accordance with the treatment protocol approved for an investigational new drug.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Prescription Drug Products used for cosmetic or convenience purposes.
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products prescribed to treat Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) as described in the Certificate.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.

UnitedHealthcare does 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:

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

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 phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others 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.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification 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 LŪ'U Yǐ:** Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAALALA:** Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**توضيح:** إذا كنت تتحدث بلغة عربية (**Arabic**)، فسيوفر لك خدمة الترجمة مجاناً. يرجى الاتصال بالرقم المجاني 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.

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

**ACHTUNG:** Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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

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

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

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

**ΠΡΟΣΟΧΗ :** Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

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










**Díí BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

**ગુજરાતી (Gujarati):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વલના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચપિર આપેલા સેભ્ય મોટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

# NexusACO OAP plan details, all in one place.

Use this benefit summary to learn more about this plan's benefits, ways you can get help managing costs and how you may get more out of this health plan.

Check out what's included in the plan		NexusACO OAP
	<b>Network coverage only</b> You can usually save money when you receive care for covered health care services from network providers.	<input type="checkbox"/>
	<b>Network and out-of-network benefits</b> You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input checked="" type="checkbox"/>
	<b>Primary care physician (PCP) required</b> With this plan, you need to select a PCP — the doctor who plays a key role in helping manage your care. Each enrolled person on your plan will need to choose a PCP.	<input checked="" type="checkbox"/>
	<b>Referrals required</b> You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	<input type="checkbox"/>
	<b>Preventive care covered at 100%</b> There is no additional cost to you for seeing a network provider for preventive care.	<input checked="" type="checkbox"/>
	<b>Pharmacy benefits</b> With this plan, you have coverage that helps pay for prescription drugs and medications.	<input checked="" type="checkbox"/>
	<b>Tier 1 providers</b> Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.	<input checked="" type="checkbox"/>
	<b>Freestanding centers</b> You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.	<input type="checkbox"/>
	<b>Health savings account (HSA)</b> With an HSA, you've got a personal bank account that lets you put money aside, tax-free. Use it to save and pay for qualified medical expenses.	<input checked="" type="checkbox"/>

This Benefit Summary is to highlight your Benefits. Don't use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# Here's a more in-depth look at how NexusACO OAP works.

## Medical Benefits

	In Network	Out-of-Network
Annual Medical Deductible		
Single Coverage	\$1,650	\$3,300
Family Coverage	\$3,300	\$6,600

No one in the family is eligible for benefits until the family coverage deductible is met.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

Annual Out-of-Pocket Limit		
Single Coverage	\$3,300	\$6,600
Family Coverage	\$6,600	\$13,200

If more than one person in a family is covered under the Policy, the single coverage out-of-pocket limit does not apply.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

### What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
Preventive Care Services			
Preventive Care Services		No copay	30% *
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 copay, co-insurance or deductible.			
Includes services such as Routine Wellness Checkups, Immunizations, Breast Pumps, Mammography and Colorectal Cancer Screenings.			
Office Services - Sickness & Injury			
Primary Care Physician	No copay *	30% *	30% *
Telehealth is covered at the same cost share as in the office.			
Specialist	No copay *	30% *	30% *
Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery and lab work.			
Telehealth is covered at the same cost share as in the office.			
Urgent Care Center Services		No copay *	30% *

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Virtual Care Services

*Network Benefits are available only when services are delivered through a Designated Virtual Network Provider for 24/7 Virtual Visit services only. You can find a 24/7 Virtual Visit Provider by contacting us at myuhc.com® or the telephone number on your ID card. Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups.*

Emergency Care			
Ambulance Services - Emergency Ambulance			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	No copay*
Ambulance Services - Non-Emergency Ambulance <sup>1</sup>			
Air Ambulance		No copay*	No copay*
Ground Ambulance		No copay*	30%*
Dental Services - Accident Only		No copay*	No copay*
Emergency Health Care Services - Outpatient <sup>1</sup>		No copay*	No copay*
Notification is required if it results in confinement to an Out-of-Network Hospital.			
Inpatient Care			
Congenital Heart Disease (CHD) Surgeries <sup>1</sup>	No copay*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*
Habilitative Services - Inpatient <sup>1</sup>		The amount you pay is based on where the covered health care service is provided.	
Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.			
Hospital - Inpatient Stay <sup>1</sup>	No copay*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*	You pay a \$500 Inpatient Stay per occurrence deductible prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%*
Skilled Nursing Facility/Inpatient Rehabilitation Facility Services <sup>1</sup>		No copay*	30%*
Limited to 30 days per Inpatient Stay in a Skilled Nursing Facility.			
Limited to 60 days per year in an Inpatient Rehabilitation Facility.			

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.



## What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services	Designated Network	Network	Out-of-Network
<b>Outpatient Care</b>			
Habilitative Services - Outpatient			
Manipulative Treatment		No copay*	30%*
Other habilitative services		No copay*	30%*
<i>Limits will be the same as, and combined with, those stated under Rehabilitation Services - Outpatient Therapy and Manipulative Treatment.</i>			
Home Health Care <sup>1</sup>		No copay*	30%*
<i>Limited to 60 visits per year.</i>			
<i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i>			
Lab, X-Ray and Diagnostic - Outpatient - Lab Testing <sup>1</sup>		No copay*	30%*
Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing <sup>1</sup>		No copay*	30%*
<i>For network benefits you have no copay for a diagnostic mammogram or breast ultrasound after the deductible has been met for the first service in a year.</i>			
Major Diagnostic and Imaging - Outpatient <sup>1</sup>		No copay*	30%*
<i>For network benefits you have no copay for a breast MRI after the deductible has been met for the first service in a year.</i>			
<i>You may have to pay an extra copay, deductible or coinsurance for physician fees or pharmaceutical products.</i>			
Physician Fees for Surgical and Medical Services			
Primary care visits	No copay*	30%*	30%*
Specialist care visits	No copay*	30%*	30%*
Rehabilitation Services - Outpatient Therapy and Manipulative Treatment			
Manipulative Treatment		No copay*	30%*
Other rehabilitation services		No copay*	30%*
<i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of occupational therapy per year.</i>			
<i>Limited to 20 visits of physical therapy per year.</i>			
<i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>			
<i>Limited to 20 visits of speech therapy per year.</i>			
<i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>			
<i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>			

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.



## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Scopic Procedures - Outpatient Diagnostic and Therapeutic

No copay\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

*Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.*

*For network benefits you have no copay for a diagnostic colonoscopy after the deductible has been met for the first service in a year.*

Surgery - Outpatient<sup>1</sup>

No copay\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

You pay a \$250 per occurrence deductible per date of service prior to and in addition to paying any Annual Deductible and any coinsurance amount. 30%\*

Therapeutic Treatments - Outpatient<sup>1</sup>

No copay\*

30%\*

*Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.*

### Supplies and Services

Diabetes Self-Management Items<sup>1</sup>

The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.

Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Durable Medical Equipment (DME), Orthotics and Supplies<sup>1</sup>

No copay\*

30%\*

*Limited to 1 insulin pump per year.*

*Limited to a single purchase of a type of DME or orthotic every 3 years.*

*Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.*

Enteral Nutrition

No copay\*

30%\*

Hearing Aids

No copay\*

30%\*

*Limited to a single purchase per hearing impaired ear every 3 years.*

*Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.*

Ostomy Supplies

No copay\*

30%\*

Pharmaceutical Products - Outpatient

No copay\*

30%\*

*This includes medications given at a doctor's office, or in a covered person's home.*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Prosthetic Devices<sup>1</sup>

Limited to a single purchase of each type of prosthetic device every 3 years.

Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.

Urinary Catheters

#### Pregnancy

Pregnancy - Maternity Services<sup>1</sup>

#### Mental Health Care & Substance Related and Addictive Disorder Services

Inpatient<sup>1</sup>

Intensive Behavioral Therapy (e.g. ABA) and Transitional Care<sup>1</sup>

Other Outpatient Services such as Electro-Convulsive Treatment, Psychological Testing, Transcranial Magnetic Stimulation and Medication Assisted Treatment<sup>1</sup>

Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Programs and Transitional Care<sup>1</sup>

Outpatient Office Visits and Transitional Care

#### Other Services

Autism Spectrum Disorder Services<sup>1</sup>

Cellular and Gene Therapy<sup>1</sup>

For Network Benefits, Cellular or Gene Therapy services must be received from a Designated Provider.

Clinical Trials<sup>1</sup>

Dental/Anesthesia Services – Hospital Ambulatory Surgery Services<sup>1</sup>

Fertility Preservation for Iatrogenic Infertility<sup>1</sup>

Limited to \$20,000 per Covered Person per lifetime.

Limited to 1 cycle of fertility preservation for Iatrogenic Infertility per lifetime.

This Benefit limit will be the same as, and combined with, those stated under Preimplantation Genetic Testing (PGT) and Related Services.

#### Designated Network

#### Network

#### Out-of-Network

No copay\*

30%\*

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay.

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

No copay\*

30%\*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

### Copays (\$) and Coinsurance (%) for Covered Health Care Services

Gender Dysphoria<sup>1</sup>

*Limits for voice modification therapy and/or voice lessons will be the same as, and combined with, outpatient speech therapy limits as described under Habilitative Services and Rehabilitation Services Outpatient Therapy and Manipulative Treatment.*

Hospice Care<sup>1</sup>

Kidney Disease Treatment<sup>1</sup>

Preimplantation Genetic Testing (PGT) and Related Services<sup>1</sup>

*Benefit limits for related services will be the same as, and combined with, those stated under Fertility Preservation for Iatrogenic Infertility. This limit does not include Preimplantation Genetic Testing (PGT) for the specific genetic disorder.*

Reconstructive Procedures<sup>1</sup>

Temporomandibular Joint (TMJ) Services<sup>1</sup>

Transplantation Services

*For Network Benefits, transplantation services must be received from a Designated Provider.*

Vision Exams

*Limited to 1 exam every 12 months.*

*Find a listing of UnitedHealthcare Vision Network Providers at [myuhcvision.com](http://myuhcvision.com).*

Wigs

#### Designated Network

#### Network

#### Out-of-Network

The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

No copay\*

30%\*

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

The amount you pay is based on where the covered health care service is provided.

Not covered

No copay\*

30%\*

No copay\*

30%\*

\* After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

Pharmacy Benefits

Pharmacy Plan Details	
Pharmacy Network	National
Prescription Drug List	Essential

In Network and Out of Network

Annual Pharmacy Deductible	
Individual	See the Annual Medical Deductible section
Family	See the Annual Medical Deductible section

Annual Deductible - Network and Out-of-Network

The Pharmacy Deductible is the amount you pay for pharmacy expenses per year before you begin to receive Pharmacy Benefits.

Prescription Drug Product Tier Level	Up to a 31-day supply		Up to a 90-day supply
	In-Network Retail Pharmacy	Out-of-Network Retail Pharmacy	In-Network Mail Order Pharmacy**
Tier 1 \$	10%*	10%*	10%*
Tier 2 \$\$	10%*	10%*	10%*
Tier 3 \$\$\$	10%*	10%*	10%*
Tier 4 \$\$\$\$	10%*	10%*	10%*

\* After the Annual Pharmacy Deductible has been met.

\*\* Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills. Your Copayment and/or Coinsurance is determined by the tier to which the Prescription Drug List (PDL) Management Committee has assigned the Prescription Drug Product. All Prescription Drug Products on the Prescription Drug List are assigned to Tier 1, Tier 2, Tier 3 or Tier 4.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For an out-of-network Pharmacy, you may have to pay the difference between the out-of-network reimbursement rate and the pharmacy's usual and customary charge.

## Here's an example of how the plan's costs come into play.

### 1 At the start of your plan year...

You're responsible for paying 100% of your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.

YOU PAY 100%

### 2 Once you reach your deductible...

Your health plan starts to share a percentage of costs (the allowed amounts, excluding copays) for covered health care services with you—this is your **coinsurance**.\*

YOU PAY 20%\*

YOUR PLAN PAYS 80%

### 3 When you reach your out-of-pocket limit...

Your plan covers your costs (the allowed amount) at 100%. Your **out-of-pocket limit** is the most you'll pay for covered health services in a plan year—copays and coinsurance count toward this.

YOUR PLAN PAYS 100%

Along the way, you may also be required to pay a fixed amount (for example, \$15)—or **copay**—for covered health care services, such as seeing a provider or purchasing a prescription. You pay 100% of the copay, usually when you receive the service.

\* Your coinsurance may vary by service. This example is for illustrative purposes only.

## More ways to help manage your health plan and stay in the loop.



### Search the network to find doctors.

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to [welcometouhc.com](https://welcometouhc.com) > **Benefits** > **Find a Doctor or Facility**.
- Choose **Search for a health plan**.
- Choose **NexusACO OAP** to view providers in the health plan's network.



### Manage your meds.

Look up your prescriptions using the Prescription Drug List (PDL). It places medications in tiers that represent what you'll pay, which may make it easier for you and your doctor to find options to help you save money.

- Go to [welcometouhc.com](https://welcometouhc.com) > **Benefits** > **Pharmacy Benefits**.
- Select **Essential** to view the medications that are covered under your plan.



### Access your plan online.

With [myuhc.com](https://myuhc.com)®, you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



### Get on-the-go access.

When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.



# Other important information about your benefits.

## Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Acupuncture
- Bariatric Surgery
- Cosmetic Surgery
- Dental Care (Adult/Child)
- Glasses
- Infertility Treatment
- Long-Term Care
- Non-emergency care when traveling outside the U.S.
- Private-Duty Nursing
- Routine Foot Care
- Weight Loss Programs

## Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at an In-Network Retail Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The In-Network Retail Pharmacy Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from an In-Network Mail Order Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Retail Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) or pharmaceutical product(s) for which Benefits are provided as described under the Certificate first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.

Benefits are provided for certain Prescription Drug Products dispensed by an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how In-Network Mail Order Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through an In-Network Mail Order Pharmacy or Preferred 90 Day Retail Network Pharmacy.

## Other important information about your benefits.

### Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product or Pharmaceutical Product as described in your Certificate.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Certain Prescription Drug Products for tobacco cessation.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives to another Prescription Drug Product or Pharmaceutical Product as described in your Certificate available, unless otherwise required by law or approved by us. Such determinations may be made up to six times during a calendar year. We may decide at any time to reinstate Benefits for a Prescription Drug Product that was previously excluded under this provision.
- Certain Prescription Drug Products that are FDA approved as a package with a device or application, including smart package sensors and/or embedded drug sensors.
- Certain compounded drugs.
- Diagnostic kits and products, including associated services.
- Drugs or products available over-the-counter.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Durable Medical Equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Experimental or Investigational or Unproven Services and medications. This exclusion does not apply to Prescription Drug Products that are prescribed by a Physician for the treatment of HIV infection, illness or medical condition arising from or related to HIV infection, if the medication is approved by the FDA and prescribed and administered in accordance with the treatment protocol approved for an investigational new drug.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Growth hormone for children with familial short stature (short stature based upon heredity and not caused by a diagnosed medical condition).
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Prescription Drug Products used for cosmetic or convenience purposes.
- Prescription Drug Products when prescribed to treat infertility. This exclusion does not apply to Prescription Drug Products prescribed to treat Iatrogenic Infertility and Preimplantation Genetic Testing (PGT) as described in the Certificate.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.



UnitedHealthcare does 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:

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608, Salt Lake City, UT 84130

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 phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.

**Phone:** Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

**Mail:** U.S. Dept. of Health and Human Services,  
200 Independence Avenue, SW Room 509F, HHH Building  
Washington, D.C. 20201

We provide free services to help you communicate with us such as letters in others 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.

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification 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 LŪ'U Yǐ:** Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**PAALALA:** Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**توضيح:** (Arabic) خدمات الترجمة متاحة مجاناً للأشخاص الذين يتحدثون لغتهم الأمية. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك.

**ATANSYON:** Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

**ATTENTION :** Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

**UWAGA:** Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

**ATENÇÃO:** Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

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

**ACHTUNG:** Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

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

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

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

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

**ΠΡΟΣΟΧΗ :** Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

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

**Díí BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anida'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nit'i'izi bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

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

**ગુજરાતી (Gujarati):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મદદરખાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સેભ્ય મોટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.





Medical

# Pharmacy benefits







# \$0 cost for certain medications\*

We're making medications that may be essential to your health more affordable.



The new UnitedHealthcare Vital Medication Program offers certain drugs at **no additional cost**.<sup>\*</sup> This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- ✓ **Insulin** – rapid, short and long-acting
- ✓ **Epinephrine** – allergic reactions
- ✓ **Glucagon** – hypoglycemia (low blood sugar)
- ✓ **Naloxone** – opioid overuse
- ✓ **Albuterol** – asthma



To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, sign in to [myuhc.com/rx](https://myuhc.com/rx)

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Healthcare

<sup>\*</sup> Available to eligible members. Check your coverage details at [myuhc.com/rx](https://myuhc.com/rx).

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Optum Rx® is an affiliate of United HealthCare Insurance Company.

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# Reliable medication delivery you can trust

With Optum® 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

Enjoy free shipping right to your door.



### Save money

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



### Stay on track

Get more and fill only 4 times a year. You can even sign up for automatic refills.

## Support when you need it

Use the website and app any time to track orders, request refills, price medications and more. Pharmacists and customer support team are available 24/7.

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

- **myuhc.com®** or with the **UnitedHealthcare® app**.
- Or, ask your doctor to send an electronic prescription to Optum Rx.
- Or, call the number on your member ID card.



## Flexible payment options

Make one payment upfront.  
Or split it up into 3 equal  
monthly payments.

# Frequently asked questions

## Is Optum 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 business days after the pharmacy receives completed new and refill orders.

## Do I need to set up a home delivery account?

Yes. Before we can ship your first order, you need to set up your UnitedHealthcare account and provide your payment method (credit card, debit card or bank account). Using your account, you can go online or use the app any time to place and track orders, check prices, and more.

## 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, just to name a few.

## Can I use home delivery for any medication?

Many drugs are available through home delivery. See which of your prescriptions can be filled through home delivery by going online or using the app.

## What is electronic prescribing?

It's a way for your provider to send electronic prescriptions to Optum Rx. It is much faster than mailing and faxing prescriptions. Controlled substances can only be ordered by ePrescribe. Some exceptions apply.

## Can I set up medication reminders?

Yes. Go online or use the app to check your profile and turn on email and phone notifications and reminders.

## How does the automatic refill program work?

Go online or use the app to see and enroll eligible medications. Then, Optum 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** or use the **UnitedHealthcare® app**.  
Or, call the number on the back of your ID card.

**Confused about health care terms? Visit [justplainclear.com](https://justplainclear.com).**

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. Optum Rx is an affiliate of UnitedHealthcare Insurance Company.

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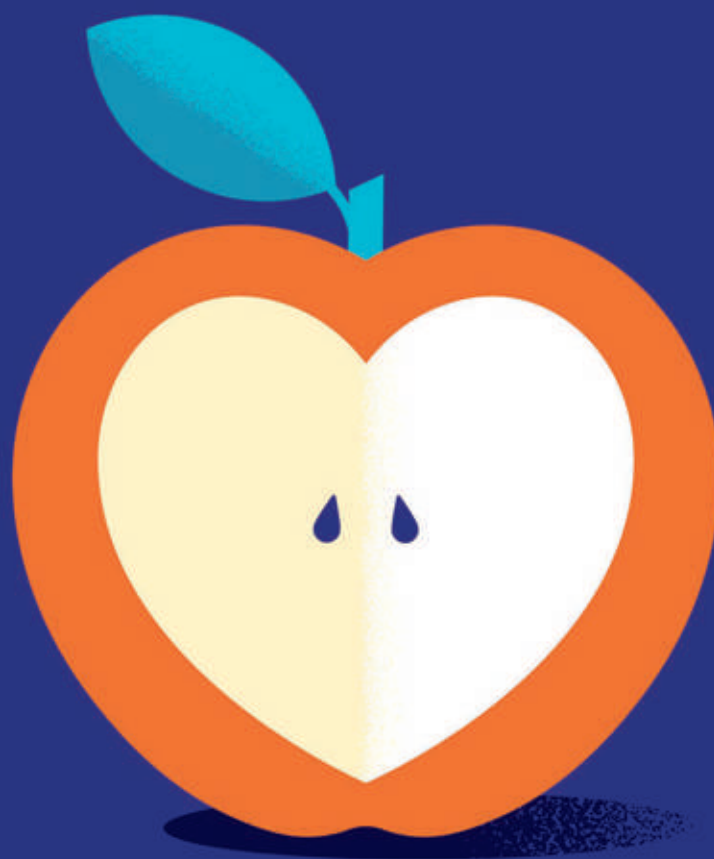
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Medical

# Health and wellness programs









# Get in on UHC Rewards



Good news—your health plan comes with a way to earn up to \$300.  
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	<b>\$25</b>
Take a health survey	<b>\$15</b>
Get an annual checkup	<b>\$25</b>
Get a biometric screening	<b>\$50</b>

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  
**\$300**

# 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 \$300 for completing rewardable activities

## Questions?

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

# United Healthcare

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.

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.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

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

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.



# Reward yourself with an Apple Watch



With UnitedHealthcare Rewards, you can earn rewards for a variety of actions. And with the Earn It Off payment option, you can get an Apple Watch for a low – or \$0 – upfront cost and pay the remaining cost with the rewards you earn over 12 months.

## How Earn It Off works

To get in on Earn It Off, go to **UHC Rewards** in the UnitedHealthcare® app and select **Redeem rewards**. Then you'll be ready to:

### 1 Get an Apple Watch

Choose your Apple Watch and pay a low – or \$0 – upfront cost today

### 2 Earn rewards

Every dollar you earn with UHC Rewards, including any already in your account, is put toward your Earn It Off total

### 3 Pay it off

Pay off the cost of your Apple Watch over 12 months



continued

United  
Healthcare®

# Answers to frequently asked questions

## What is the maximum amount I can pay off through Earn It Off?

The maximum amount you can pay off through Earn It Off is equal to the maximum amount you can earn with UHC Rewards. If the Apple Watch you choose costs more than this amount, you may need to pay the difference at checkout.

## How is my monthly payment calculated?

Your Earn It Off monthly payment is calculated by dividing your Earn It Off total by 12. Your Earn It Off total is the sum of the Apple Watch, taxes and shipping, minus any current available rewards and any credit card payment you make at checkout.

## When are my Earn It Off monthly payments due?

Your payments are due monthly, starting 1 month after your purchase date. For example, if you purchase an Apple Watch on the first of the month, you'll be charged on the first of every month for 12 months. If your purchase is made on the 31st of a month, your monthly payment will always be due on the last day of the month.

## When will my credit card be charged?

If your monthly earned rewards do not meet your monthly Earn It Off payment, the difference will be charged to your credit card. For example, if your monthly payment is \$10 and you only earn \$6 in rewards, your card will be charged \$4. Additionally, if you are no longer eligible for UHC Rewards or no longer have a UnitedHealthcare health plan, your credit card will be charged your monthly payment each month until you've finished paying off your Apple Watch. You will not be charged the entire balance in 1 payment.

## How do I earn rewards?

You can earn rewards by completing a variety of reward activities. To start earning dollars, view all available activities on the UHC Rewards homepage.

## Learn more and get your Apple Watch

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

United  
Healthcare®

Apple Watch is a registered trademark of Apple, Inc.

Apple Watch Ultra 2, Apple Watch Series 10, and Apple Watch SE require iPhone Xs or later with iOS 18 or later.

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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# Healthier habits, healthier lifestyle

Take small steps for lasting change with Real Appeal®, an online weight management support program.



## Get healthier, at no additional cost to you

Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits.

### Take small steps toward healthier habits

Set achievable nutrition, exercise and weight management goals that keep you motivated to create lasting change. Track your progress from your daily dashboard, too.

### Support and community along the way

Feel supported with personalized messages, online group sessions led by coaches and a caring community of members.

Join today at [enroll.realappeal.com](https://enroll.realappeal.com) or scan this code



**Get a Success Kit delivered right to your door.**

Make the most of tools and resources like weight and food scales, a portion plate and more. Your Success Kit is delivered after you attend your first live group session.

United  
Healthcare

Real  
Appeal®

Real Appeal is a voluntary weight loss 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.

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# The path to quitting starts here



If you use tobacco and have thought about quitting, **Quit For Life® on Rally Coach™** may be able to help. Get tools and online resources designed to help you quit — and stay quit — at no additional cost.



#### Get coach support

Connect with a coach who will help create a personalized Quit Plan and guide you at every step



#### Access anytime, anywhere

Manage triggers with help from coach-led group sessions, trackers, text support, and more, all at your fingertips



#### View quit recommendations

Get real-life tips and plan your path to quit with recommended daily goals, articles and videos



Stay on track with **24/7** support

## Quit For Life®

**Get started**

**Go to [Myuhc.com](https://myuhc.com) > Coverage & Benefits >  
My Coverage & Benefits > Additional Benefits >  
View all additional benefits**



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 this program is for informational purposes only as part of your health plan. Wellness coaches, nurses and other program 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 may be right for you. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time.

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# Mind. Body. You.

**Make the connection  
with Calm Health.**



The Calm Health app provides programs and tools to help support your mental health and well-being – all at your own pace. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no additional cost.

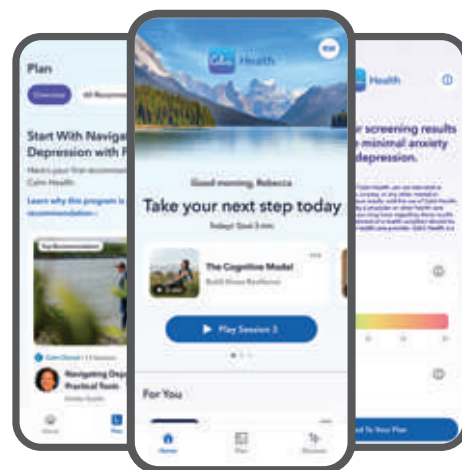
## Resources to help support your mental health

To help tailor your Calm Health experience, you'll begin with a short mental health screening. Then, Calm Health will suggest certain programs for you to consider based on where you are in your well-being journey.

## Tap into tools and support

The Calm Health app brings you a library of support – including mindfulness content and programs created by psychologists – for a variety of health experiences and life stages. This information is designed to help you:

- **Learn techniques to improve well-being** – Find tools, music and sounds to help you meditate, improve focus, move mindfully and feel calm
- **Work toward goals** – Join self-guided self-care programs, and track your progress along the way
- **Support your mind and body** – Access mental health information and support to help you strengthen the mind-body connection



**Scan this code to get started or visit [uhc.app/calm](https://uhc.app/calm)**

You'll be prompted to sign in on the UnitedHealthcare® app or at [myuhc.com](https://myuhc.com)® first. If you don't have an account, select Register to create one.



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.

Calm Health is not intended to diagnose or treat depression, anxiety, or any other disease or condition. The use of Calm Health is not a substitute for care by a physician or other health care provider. Any questions that you may have regarding the diagnosis, care, or treatment of a medical condition should be directed to your physician or health care provider. Calm Health is a mental wellness product, and is not intended to make any mental health recommendations or give clinical advice. Calm Health is not available to UnitedHealthcare E&I Fully Insured customers/members in District of Columbia, Maryland, New Jersey, New York, Pennsylvania, Virginia, and West Virginia due to regulatory filings. Employee benefits including group health plan benefits may be taxable benefits unless they fit into specific exception categories. Please consult with your tax specialist to determine taxability of these offerings. Images provided for illustrative purposes only. Members must be 16 years or older to use the services, unless a parent or legal guardian agrees to Calm "Terms." The parent or legal guardian of a user under the age of 16 is subject to the "Terms" and responsible for their child's activity on the services.

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## When life feels challenging, get caring and confidential help

Your Employee Assistance Program (EAP) offers access to personalized support, resources and no-cost referrals. It's confidential 1-on-1 help from a master's-level specialist.

### No-cost, 24/7 access to support in the moments that matter

EAP helps you and your family with a range of issues, including:

- Identifying resources for managing stress, anxiety and depression
- Offering specialized help in improving relationships at home or work
- Providing guidance on legal and financial concerns
- Finding ways to help you cope with occupational stress and burnout
- Connecting you with care for addressing substance use issues

**Call EAP 24/7 at  
1-888-887-4114**

Press or say 1 for members,  
then press or say 1 for seeking  
in-the-moment support with a  
well-being specialist

- 3 free counseling sessions  
per incident, per year
- Confidential and private;  
services will not be shared  
with your employer



Scan to save EAP  
contact information  
to your phone.

**United  
Healthcare®**

**There for what matters™**

The material provided through this program is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

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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**

**United  
Healthcare®**

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.

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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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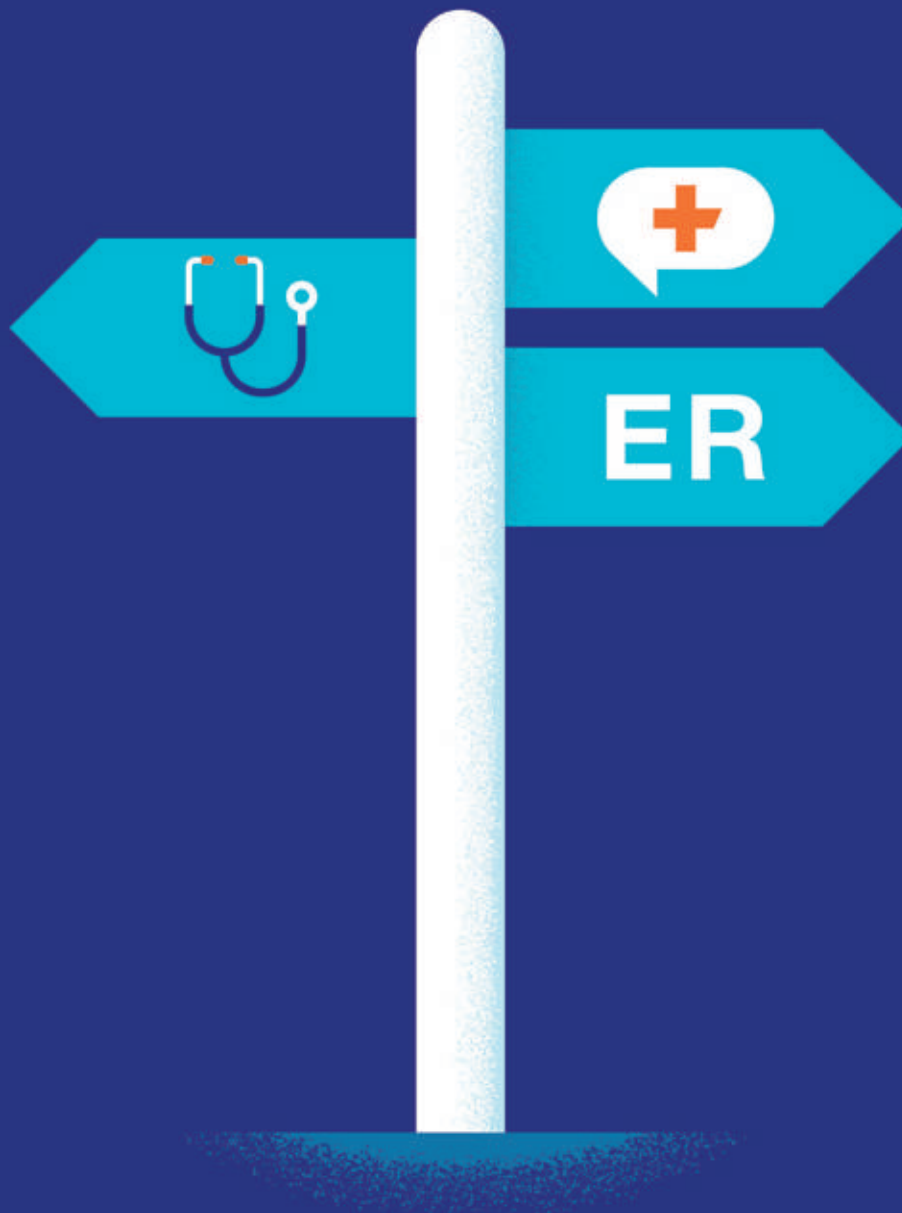
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Medical

# Where to go for care



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# 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\*
- Find support if you have a child with complex needs\*\*
- 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](https://myuhc.com)®.



### Connect with us

Call the number on your health plan ID card, sign in to [myuhc.com](https://myuhc.com) and click on Chat, or open the UnitedHealthcare® app for assistance on the go.



There  
for what  
matters™





\* For members with OptumRx®.

\* \*Eligible members are automatically routed to our Special Needs Initiative program.

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<sup>1</sup> through **myuhc.com**<sup>®</sup> or the UnitedHealthcare<sup>®</sup> 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,<sup>2</sup> if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$54 or less.<sup>3</sup>**

### 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<sup>4</sup> cost down to \$54 or less

## Get started

Sign in at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) | Call the number on your health plan ID card | Download the UnitedHealthcare app

# United Healthcare<sup>®</sup>

<sup>1</sup> Data rates may apply.

<sup>2</sup> Certain prescriptions may not be available, and other restrictions may apply.

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

<sup>4</sup> 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<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. 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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# 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				
	 <b>Primary care provider (PCP)</b> The provider who may know you best	 <b>24/7 Virtual Visits</b> A care provider over the phone, video or chat	 <b>Convenience care</b> Nurse practitioners and physician assistants at retail pharmacy clinics	 <b>Urgent care</b> Physicians and care teams at walk-in clinics	 <b>Emergency room</b> Physicians and care teams at hospital emergency departments
Approximate 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

Learn more

Visit [uhc.com/quickcare](https://uhc.com/quickcare)

United  
Healthcare®



\*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 at any time. Data rates may apply.

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Members of HMO plans in California should initially consult with their PCP in non-emergent situations to better understand which care options are best suited for their situation.

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## NOTES

For health, wellness, or benefit questions, please contact your KUSD

Health Engagement Nurse, Michelle Metallo, RN, CDCES.

michelle\_metallo@uhc.com or 262-220-2671.

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## NOTES

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