

## Understanding your coverage and costs when receiving services from out-of-network providers



Your out-of-pocket costs will likely be higher when receiving covered health services from a physician or other health care professional (provider) who is **not** in the UnitedHealthcare network, **even if you receive these services in a network facility**. For example, if you visit a hospital in the UnitedHealthcare network, but the anesthesiologist or radiologist is not in the UnitedHealthcare network, you will pay more out of pocket than if you had received those services from a provider in the UnitedHealthcare network. Since out-of-network providers have not contracted with UnitedHealthcare, you could be billed for the difference between the total amount billed by the provider and the amount paid under your benefit plan. **Please read this information carefully to see what you can do to minimize your costs.**

This document only applies to UnitedHealthcare plans in Arizona, Florida, North Carolina, South Carolina and Texas that offer out-of-network benefits on the 2011 Certificate of Coverage. It is intended only to highlight your benefits and should not be relied upon to fully determine your coverage. This document may not be applicable to all benefit plan options.

If this document conflicts in any way with your coverage documents (Certificate of Coverage, Schedule of Benefits and any attached Riders and/or Amendments) the coverage documents shall prevail. It is recommended that you review your Certificate of Coverage and Schedule of Benefits 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. This document does not apply to HMO benefit plans issued by UnitedHealthcare, with the exception of Neighborhood Health Partnership, Inc.

### What is an out-of-network provider?

An out-of-network provider is a doctor, facility (including laboratories), or other health care professional who has not contracted with UnitedHealthcare to provide services to you at a discounted rate.

### Will my costs be higher when receiving services from an out-of-network provider?

Yes, your costs will likely be higher. In addition to your deductible, co-insurance and/or co-payment, if you receive services from an out-of-network provider as allowed by your plan, you could be billed for the difference between the total amount billed by the provider and the amount allowed under your benefit plan.



Although health care services may be provided to you at a facility that is part of the UnitedHealthcare network, other professional services may be provided at the facility by physicians and other health care professionals who are not part of the UnitedHealthcare network. You may be responsible for payment of all or part of the fees for those professional services that are not paid or covered by your health benefit plan.

The table below further illustrates examples of your coverage and costs when receiving covered health services from an out-of-network provider:

Situation	<p>You receive emergency covered health services from an out-of-network physician in either a network or out-of-network facility, including hospital or freestanding emergency rooms.</p>	<p>You receive non-emergency covered health services from an out-of-network physician in a network hospital or Ambulatory Surgery Center.</p>	<p>You receive non-emergency covered health services from an:</p> <ul style="list-style-type: none"> <li>-Out-of-network facility</li> <li>-Out-of-network physician in an out-of-network facility</li> <li>-Out-of-network physician in a clinic/office</li> <li>-Other out-of-network health care providers</li> </ul>
Your costs for the services from an out-of-network provider	<p>You may be responsible for your network deductible, co-insurance and/or co-payment and any difference between the eligible expense and the amount the out-of-network provider bills.</p> <p>It is important to note that you could be billed for the difference between the total amount billed by the out-of-network physician and the eligible expense. You may have to pay the out-of-network physician directly for this difference. The amount above the eligible expense may be significant and would not apply to your out-of-pocket maximum.</p> <p>The eligible expense under your plan is determined based on the formula described under the Patient Protection and Affordable Care Act and state law, where applicable. This formula provides for payment based on the highest of:</p> <ul style="list-style-type: none"> <li>-The median network contracted rate;</li> <li>-The out-of-network rate; or</li> <li>-The amount payable under the Centers for Medicare and Medicaid Services (CMS) Medicare program (not to exceed the provider's billed charges)</li> </ul>	<p>You may be responsible for your network deductible, co-insurance and/or co-payment and any difference between the eligible expense and the amount the out-of-network provider bills.</p> <p>It is important to note that you could be billed for the difference between the total amount billed by the out-of-network physician and the eligible expense. You may have to pay the out-of-network physician directly for this difference. The amount above the eligible expense may be significant and would not apply to your out-of-pocket maximum.</p> <p>The eligible expense under your plan is based primarily on a percentage of the published rates allowed by the federal government under the CMS Medicare program. CMS publishes rates for medical services based on geography, provider type and service category level.</p>	<p>You may be responsible for your out-of-network deductible, co-insurance and/or co-payment and any difference between the eligible expense and the amount the out-of-network provider bills.</p> <p>It is important to note that you could be billed for the difference between the total amount billed by the out-of-network provider and the eligible expense. You may have to pay the out-of-network provider directly for this difference. The amount above the eligible expense may be significant and does not apply to your out-of-pocket maximum.</p> <p>The eligible expense under your plan is based primarily on a percentage of the published rates allowed by the federal government under the CMS Medicare program. CMS publishes rates for medical services based on geography, provider type and service category level.</p>

## Useful Terms

- ▶ **Co-insurance** Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.
- ▶ **Co-payment** A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. Refer to your coverage documents to determine whether or not your benefit plan is subject to a co-payment, and for details about how the co-payment, applies.
- ▶ **Deductible** The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services. Refer to your coverage documents to determine whether or not your benefit plan is subject to an annual deductible, and for details about how the annual deductible applies.

## What can I do to keep my costs down?

### Find and use network physicians and facilities

If you don't have a network doctor, find one now who participates in our network. You will save yourself time when you need to see a doctor if you have already established a relationship with a network physician prior to developing a health care issue. Through the UnitedHealthcare network, you have access to more than 730,000 doctors and health care professionals and more than 5,600 hospitals across the country. To find out if your doctor, health care professional or facility participates in our network, visit the "Find Physicians & Facilities" section of the **myuhc.com**<sup>®</sup> member website.

Facilities in the UnitedHealthcare network may have out-of-network anesthesiologists, emergency room physicians, pathologists, radiologists, and other physician specialists or health professionals providing services at the facility. You can visit the "Find Physicians & Facilities" section of the **myuhc.com** member website to assist in determining whether the network facility you are considering has network physicians providing services at the facility.

### Talk to your doctor

If you are planning to receive health care services, talk to your doctor about the facilities and other physicians that may be involved so that you can make sure they participate in the UnitedHealthcare network.

### Understand your benefits

Your employer's benefits administrator or Human Resources department can answer questions about your health plan. However, you should review your coverage documents to fully understand your benefits. Some members can see their coverage documents online at **myuhc.com**. Click on the "Benefits & Coverage" menu, and then click on "Coverage Documents." If you cannot see your coverage documents

online, you can get a free printed copy by asking your employer or calling the Customer Care phone number on the back of your health plan ID card. When the voice response system says, "In a few words, please tell me what you are calling about," say, "Certificate of Coverage." You will then be asked to give your member ID number and date of birth, and confirm your mailing address.

### What if I have other questions?

If you need assistance using **myuhc.com** or understanding your benefits, please call the member number on the back of your health plan ID card.

UnitedHealthcare  
Health Plan (80840) 911-87726-04  
Member ID: 123456789 Group Number: 98765  
Member: EMPLOYEE SMITH Customer Name: Sample with Rx  
Dependents: SPOUSE SMITH, CHILD1 SMITH, CHILD2 SMITH, CHILD3 SMITH  
Payer ID: 87726  
Office: \$25 ER: \$100 UrgCare: \$50 Spec: \$50  
Rx Bin: 610279 Rx PCN: 9999 Rx Grp: UHEALTH  
UnitedHealthcare Choice Plus Underwritten by (Appropriate Legal Entity)  
DOI-0501

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Mental Health: 1-888-XXX-XXXX  
For Providers: www.unitedhealthcareonline.com 1-888-XXX-XXXX  
Medical Claim Address: P.O. Box #####, City, ST #####-####  
Pharmacy Claims: PBM Address City, ST #####-####  
For Pharmacist: 1-888-XXX-XXXX Members: 1-888-XXX-XXXX

- ▶ **Eligible Expense** The amount allowable for payment of a covered health benefit (service or product) under your insurance plan. For network benefits for covered health services provided by a network provider, you are not responsible for any difference between eligible expenses and the amount the provider bills. For network benefits for covered health services provided by an out-of-network provider (other than services otherwise arranged by us), you may be responsible to the out-of-network physician or provider for any amount billed that is greater than the amount we determine to be an eligible expense. For out-of-network benefits, you are responsible for paying, directly to the out-of-network provider, any difference between the amount the provider bills you and the amount we will pay for eligible expenses. Eligible expenses are determined in accordance with our reimbursement policy guidelines, as described in your Certificate of Coverage.
- ▶ **Out-of-Pocket Maximum** The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Refer to the Schedule of Benefits to determine whether or not your benefit plan is subject to an out-of-pocket maximum and for details about how the out-of-pocket maximum applies.

We know that health care and health insurance terms can be difficult for anyone. For help with any terms used in this document, please visit [JustPlainClear.com](http://JustPlainClear.com).



If you have further questions understanding your benefits, please call the member number on the back of your health plan ID card.

