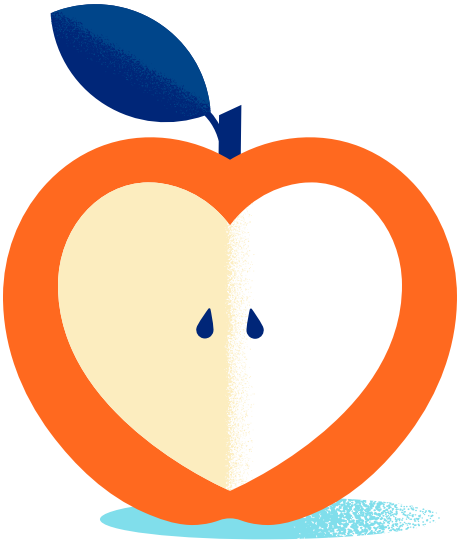
Understanding your plan

When you are in the United States, you have access to quality health care resources to support all of your health-related needs. However, using your health plan and accessing care in the United States is different from many places around the world. The following information can get you started with the basics of how your plan works and give you an idea of what you can expect.

Choosing a doctor



Studies show that people who actively engage in their health care decisions have fewer hospitalizations, fewer emergency visits, higher utilization of preventive care and overall lower medical costs.

You can see information about any doctor or hospital in the UnitedHealthcare network using the provider search on **myuhc.com®**. You can save money when you choose doctors (including specialists), hospitals and pharmacies in-network. They've agreed to charge lower rates. You also have coverage if you receive care outside of our network, but it might cost you more money.

Take an active part in your health by seeking out and choosing an in-network doctor, with the help of the UnitedHealth Premium program.

UnitedHealth Premium program*

The UnitedHealth Premium program evaluates physicians in various specialties using evidence-based medicine and national standardized measures to help you locate quality and cost-efficient doctors. It's easy to find a UnitedHealth Premium Care Physician, just look for the blue hearts next to the doctors' name.

Make the most of your doctor visits

When you visit your doctor, hospital, or other health care provider, remember to bring the following:

- Your health plan ID card
- Photo ID
- Debit or credit card to pay for your services

Often times you will need to present your health plan ID card so the doctor's office knows how to bill for the services they are providing you. If your plan has a copayment for office visits, you will need to pay a fee at the time of service.

*If a doctor does not have a Premium designation, it does not mean he or she provides a lower standard of care. It could mean that the data available to us was not sufficient to include the doctor in the program. All doctors who are part of the UnitedHealthcare network must meet our credentialing requirements (separate from the Premium program).

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How a typical health plan works

Your health plan has different layers that impact your overall costs throughout your time receiving care in the United States. Depending on your plan, you may have to pay for some of your health care expenses. This will not apply for eligible preventive care expenses, like a routine physical exam. Below are different terms and types of payments you may experience:

Copayment or copay

Your plan may require that you pay a small fee when you receive the service. This is a copayment, sometimes called a copay. Some plans may not have a copayment for office visits. Refer to your benefits materials for details.

Deductible

The amount you could owe during a coverage period (usually 1 year) for health care services that your health insurance plan covers before your health insurance or plan begins to pay. A deductible may not apply to all services.

For example, if your deductible is $500, once you pay $500 for services that are subject to the deductible within the plan year, UnitedHealthcare Global will begin paying for services. You may still have to pay a copay or coinsurance after you meet your deductible. The deductible may not apply to services like an annual physical and other preventive care services.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service.

You generally pay coinsurance 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 coinsurance payment of 20% would be $20. The health insurance or plan pays the rest of the allowed amount.

Out-of-pocket maximum

You are protected from major expenses with an out-of-pocket maximum, which is the most you will have to personally pay in the plan year for covered services.

The plan will then pay 100% of all remaining covered expenses for the rest of the plan year.

Explanation of benefits (EOB)

After you receive a medical service, prescription drug or item, you may receive a document by mail or email called an explanation of benefits or an EOB. This document is a list that tells you the full price of the service, prescription drug or item that you received. It also tells you how much you may need to pay for it. This document is not a bill.*

Sign in to **myuhc.com** to view your coverage details. You can also call Customer Care using the number on your UnitedHealthcare Global ID card.

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Here's how a typical plan works

This example shows you how an average plan works and defines good-to-know terms. You can find your specific plan details at **myuhc.com > Coverage & Benefits.**

So here's an example

At the start of your plan year...	**You pay 100%**
You're responsible for paying 100% of the amount allowed for your covered health services until you reach your **deductible**, which is the amount you pay before your health plan pays a portion.	
Along the way...	**You pay 100% of the copay**
You may also be required to pay a fixed amount—or **copay**—each time you see a provider.	
Once you reach your deductible...	**You pay 20%***
Your health plan starts to share a percentage of the costs for covered health care services with you—this is your **coinsurance**.*	**Your plan pays 80%***
When you reach your out-of-pocket limit...	**Your plan pays 100%**
Your plan covers the costs (the allowed amount) for covered health services at 100%. Your **out-of-pocket limit** is the most you'll have to pay for covered health services in a plan year—copays and coinsurance count toward this.	

How can I determine what I will pay?

To see information about what your deductible, copay or coinsurance may be at a provider that is in-network or out-of-network in the United States, sign in to **myuhc.com > Coverage & Benefits > Medical Benefits Details**.

Inside the United States, you can also view a cost estimate when you are searching for a provider at **myuhc.com > Find Care**.

Your preventive care is covered

UnitedHealthcare Global covers some preventive services, such as your annual physical exam, at 100% without charging a copayment, coinsurance or deductible — as long as they are received from an in-network provider.

Going beyond routine primary care

Sometimes you may want to seek additional care from a specialist, a physician that focuses on a specific area of medicine, to help diagnose and manage certain types of symptoms or conditions. The UnitedHealth Premium program includes doctors within many specialties. Visit **unitedhealthpremium.com** to learn more or search for a doctor on **myuhc.com.**

Referrals

Your primary care provider (PCP) can offer a suggestion for a specialist, however, you do not need a written referral to see a specialist, such as a dermatologist or orthopedist, to get health care services. A referral is a written order from your primary care provider for you to see a specialist. Before seeking additional care, you should verify that the specialist is in-network and that you have coverage for the service by visiting **myuhc.com.**

*Your coinsurance may vary. This example is for illustrative purposes only. Please visit **myuhc.com** > Coverage & Benefits for your coverage details.

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Prior authorizations

You may be required to receive approval before receiving certain medicines or services from in-network and out-of-network doctors or hospitals, called prior authorization. With prior authorization, your health insurance agrees to pay for the service — and it's important to know that ahead of time. Without it, you could be responsible for the entire cost of the care. Prior authorization helps make sure you're getting medically appropriate and effective care.

In-network providers will contact UnitedHealthcare Global to request prior authorization. If you visit an out-of-network provider, you are responsible for contacting UnitedHealthcare Global.

If you're unsure of whether you need prior authorization:

- To determine if a medical service requires pre-authorization, sign in to your **myuhc.com** account and navigate to **Coverage & Benefits > Medical Benefits Details** to search for a specific service
- To determine if a medication requires pre-authorization, sign in to your **myuhc.com** account and navigate to **Pharmacies & Prescriptions > Find & Price a Medication** to search for a specific medication
- Call Customer Care using the number on your health plan ID card
- From **myuhc.com** > **Claims,** you have the ability to view and track the status of medical and pharmacy outpatient prior authorization requests. Once a review is complete, you will be able to see the outcome of your request, and the appropriate next steps.

Making medication decisions

Use the UnitedHealthcare Global prescription drug list (PDL)

The PDL is a list of your plan's covered medications. The medications are organized into cost tiers. Choosing medications in lower tiers may save you money.

Cost tier	Includes	Helpful tips
$ **Tier 1 — Lowest cost**	Lower-cost medications. Some brand-name medications.	In most cases, Tier 1 medications have the lowest cost. Consider generic options which may also help you save.
$$ **Tier 2 — Mid-range cost**	Mix of brand-name and generic medications.	Tier 2 drugs may cost less than Tier 3 drugs.[2]
$$$ **Tier 3 — Highest cost**	Highest-cost brand-name medications and some generic medications.	Many Tier 3 medications have lower-cost options in Tiers 1 or 2. Ask your doctor if they could work for you.[2]

Use a network pharmacy

Be sure to fill your prescriptions at a network pharmacy, otherwise they may not be covered or you may pay more.[1] Log in to **myuhc.com** to find a network pharmacy.

Save money

In most cases, generic medications have a lower copay than brand-name medications. Ask your doctor if there is a generic alternative for you.

Compare prices

Search for lower-cost alternatives. Just log in to **myuhc.com.**

[1] In New York, prescriptions filled at an out-of-network pharmacy may not be covered. In New Jersey, you many need to pay more for prescriptions filled at an out-of-network pharmacy.

[2] For New Jersey plans, generic drugs will not exceed $25 for a 30-day supply, preferred drugs will not exceed $50 for a 30-day supply, and non-preferred drugs will not exceed $75 for a 30-day supply.

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Activate your myuhc.com account and use it to:

- Find a network doctor
- View claim details
- Check plan balances
- Learn about preventive care

To set up your account:

- Go to **myuhc.com** > **Register now**
- Follow the instructions (have your ID card handy)

United Healthcare Global