



Going to the doctor and other health care providers Helpful information

With the UnitedHealthcare® Group Medicare Advantage (PPO) plan, you can see doctors and other health care providers that are both in and out of UnitedHealthcare's network for the same cost share. To make going to the doctor as easy as possible, here are some helpful tips to keep in mind. We've also offered helpful tips to share with your doctor on the back side of this page.

Going to a network doctor or health care provider

What is a network doctor?

A network doctor contracts with UnitedHealthcare to provide services to Medicare-eligible members.

What do I pay?

Your doctor or health care provider will bill UnitedHealthcare and you simply pay your deductible, copay or coinsurance according to your plan benefits for the rest of the cost of your service(s).

Can a network doctor refuse to see me?

If you are an existing patient, no, the doctor must continue to see and treat you. The only time a network doctor may choose not see you is if you have not seen the doctor before and the doctor is not accepting any **new** Medicare patients.

How is the doctor paid?

The doctor is paid according to his or her contract with UnitedHealthcare.

Going to an out-of-network doctor or health care provider

What is an out-of-network doctor?

An out-of-network doctor does not have a contract with UnitedHealthcare. You can see any out-of-network doctor that participates in Medicare and accepts the plan. That means the doctor is willing to treat you and bill UnitedHealthcare directly for your care.

What do I pay?

You are only responsible to pay your deductible, copay or coinsurance. UnitedHealthcare will pay for the rest of the cost of your covered service(s) including any excess charges up to the limit set by Medicare.

How is the doctor paid?

The doctor is paid the same as Medicare pays up to the limit allowed by Medicare.

Will the doctor bill UnitedHealthcare?

In most cases, yes. If a doctor or hospital refuses to directly bill UnitedHealthcare, you may be asked to pay the full allowable amount. In that case, you can pay the doctor and then submit your claim to UnitedHealthcare. You will be reimbursed for the cost of the claim less your copay or coinsurance.

What if my doctor won't accept the plan?

Please just give us a call at the number below. We will be happy to contact your doctor on your behalf to provide more education on how the plan works. Usually that is all that is needed.

We're here to help



If you have questions about your doctor or health care provider or if you need help finding a new doctor, please give us a call toll free at **1-844-518-5877**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday – Friday.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information.

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UnitedHealthcare Group Medicare Advantage (PPO) Plan Guide to Care

We've created this Guide to Care to help you understand how the UnitedHealthcare Group Medicare Advantage (PPO) plan differs from individual Medicare plans or Medicare Supplement plans in which your patients may be enrolled. Members of this plan can see any care provider who participates in Medicare and accepts the plan, whether or not they participate in the UnitedHealthcare network.

The UnitedHealthcare Group Medicare Advantage (PPO) plan works differently than other types of Medicare Advantage plans:

- It's a **Group** Medicare Advantage plan. It's been designed exclusively for these members by their former employer or plan sponsor. This isn't an individual Medicare Advantage plan or Medicare Supplement plan.
- Members can use network or out-of-network care providers for the same copay or coinsurance. There's no difference in what the member will pay.
- No referrals are required.
- You can find more information about the Group Medicare Advantage plan at **UnitedHealthcareOnline.com** > Tools and Resources > Medicare > PPO — Group Retiree.

Frequently Asked Questions

How are network doctors paid?

Network doctors and care providers are paid according to their contract with UnitedHealthcare.

Do I need a contract with UnitedHealthcare to see members of this plan?

No, you do not need a contract with UnitedHealthcare to see and treat members of the Group Medicare Advantage (PPO) plan. If you're not in our UnitedHealthcare Group Medicare Advantage network, but you do participate in Medicare, you may bill UnitedHealthcare up to the Medicare allowable charge. Please don't balance bill the patient. Any excess charges — up to the Medicare allowable amount — will be paid by UnitedHealthcare.

What do members pay for services?

Members pay their appropriate copay or coinsurance.

Are prior authorizations required?

No. Prior authorization or notification requests are not needed to provide services to UnitedHealthcare Group Medicare (PPO) Advantage plan members.

We're here to help



If you have questions about the UnitedHealthcare Group Medicare Advantage (PPO) plan, please call Provider Services at **877-842-3210**.

Online Resources for All Care Providers

We have online tools and resources available to you for secure transactions such as checking member eligibility and benefits, managing claims, and viewing policies, protocols and reference guides. To learn more, visit **UnitedHealthcareOnline.com** > Tools & Resources > Health Information Technology > Link. Not registered? You can as a New User at UnitedHealthcareOnline.com.

Claims and Payments

You may submit claims in the following ways:

- Go to UnitedHealthcareOnline.com > Claims & Payments > Claim Submission, and sign in with your Optum ID. If you don't have an Optum ID, you can register as a New User.
- Use the clearinghouse of your choice with UnitedHealthcare Payer ID 87726
- Mail paper claims to the address on the back of the member's ID card.

For more information about claims and payment,

- Visit UnitedHealthcareOnline.com > Claims & Payment.

Join Our Network

If you wish to join our network, please call Provider Services at 877-842-3210. Select "Other Provider Services," then "Credentialing."

