



Annual Rights and Resource Disclosure

November 2014

Getting the Most from your Health Care Coverage

Health care coverage can sometimes be complex and confusing, but it doesn't have to be. This guide is designed to help you get the most from your UnitedHealthcare benefits. We work with the National Committee for Quality Assurance® (NCQA®) and state and federal regulators to ensure members receive this information on an annual basis.

Important note: Not all information provided in this document is applicable to all members. Some information may not apply if your plan does not include certain coverage, products and/or services mentioned in this notice. Your Certificate of Coverage (COC) or Summary Plan Description (SPD), including all of its riders, amendments or summary of material modifications, contains a complete listing of the terms and conditions of your coverage and prevails in the event of any conflict between this document and your COC or SPD.

In addition, information in this document is current as of the date of issue and may be subject to change at any time due to employer-directed plan changes, state mandates and Federal laws, including those required by the Patient Protection and Affordable Care Act, more commonly known as Health Reform. Please contact your employer's benefit administrator for specific information on your benefits or refer to your member website for the most up-to-date information.

Getting Answers to your Questions

Information about your health care benefits is just a click or phone call away.

Log in to myuhc.com® for easy access to benefit information, health and wellness resources and tools to help you maximize your health care benefits.

- Select **Look Up My Benefits** or the **Benefits & Coverage** tab to learn whether a service is included or excluded from coverage and if notification is required, the coverage levels for different types and places of care, and your copayment, coinsurance and deductible amounts (as applicable).
- Select **Manage My Claims** or the **Claims & Accounts** tab to check your claims status, what has been paid and the amount you are responsible for paying. If you use our network of providers, you won't have to submit a claim, but if you do need to submit a claim, information and forms are available from this site. There's also information on how to submit an appeal if you disagree with our payment decision.
- Select **Find a Doctor** or the **Physicians & Facilities** tab to find a network facility, doctor or other health care provider.
- Select **Print an ID Card** from the home page to print a temporary health plan ID card.
- Select **Estimate Health Care Costs** to calculate the approximate cost of health care services in your area.
- Select **Manage My Prescriptions** to get pharmacy benefit information including notification requirements, supply limits or step therapy requirements, if applicable. You can also price medications, look for lower cost alternatives and locate a network pharmacy.¹

To speak to a customer care professional (CCP), call the toll-free, member phone number on your health plan ID card.

UnitedHealthcare Health4MeSM Mobile App

Our new Health4Me mobile app makes it easy to find nearby doctors, check the status of a claim, see your account balance or talk with a nurse. Forgot your health plan ID card? Now you can pull up an image of your card on your smartphone or tablet.

¹ For plans that include pharmacy benefits provided by UnitedHealthcare.

Clinical Services

Clinical Services is a department within UnitedHealthcare that includes our notification unit and inpatient and outpatient care programs. If you have questions about a preauthorization (coverage approval) or your use of medical services, call the member phone number on your health plan ID card.

Questions or concerns about benefit determinations

If you have questions or concerns about how a benefit coverage decision was determined, call the member phone number on your health plan ID card. If the CCP cannot resolve the issue to your satisfaction over the phone, or if you disagree with the determination and you wish to appeal the determination, ask for the appropriate address to which you can submit your written appeal request.

How to submit an appeal

The appeal process is outlined in your COC/SPD and on every Explanation of Benefits (EOB)/Health Statement you receive from UnitedHealthcare for services provided by network and non-network providers.

When requesting an appeal of a benefit determination, include the following information:

- Patient's name and identification number from the health plan ID card
- The date(s) of medical service(s)
- The physician's/health care professional's/facility's name
- The reason you believe the claim or benefit should be paid
- Any documentation or other written information to support your request for claim payment or benefit coverage

Your first appeal request must be submitted to UnitedHealthcare within 180 days (or longer where required by state law) after you receive the coverage denial or an adverse determination. You or your authorized representative may submit any written comments, documents, records, or other information you feel is relevant. You have the right, upon request and free of charge, to receive reasonable access to and copies of all documents, records and other information relevant to your claim benefits. If someone submits an appeal on your behalf, we may require written authorization from you allowing that person to act as your authorized representative.

External review program

If following completion of the internal appeal process you remain dissatisfied with the outcome of a clinical review, you may have the right to appeal the decision to an independent review organization. This process is called an independent external review or IER. Many self-funded plans administered by UnitedHealthcare offer an External Review Program that provides an independent, external review of clinical benefit coverage disputes to those who have exhausted our formal, internal appeals process.

Please review your plan documents, including your COC or SPD, and/or your appeal determination letters, for information about eligibility to appeal the decision to an independent review organization.

How to voice a complaint

If you are dissatisfied with the handling of a claim processing issue by UnitedHealthcare or any other experience with UnitedHealthcare, you may file a complaint by calling the member phone number on your health plan ID card.

UnitedHealthcare will investigate the issue and, in the case of a written complaint, provide a response in writing, including any corrective actions that may be taken to resolve the issue.

Getting the Right Care at the Right Place

UnitedHealthcare has one of the largest single proprietary networks with over 774,000 doctors and health care professionals and over 5,600 hospitals. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

You get the highest level of plan benefit coverage when you choose facilities, doctors and other health care professionals that participate in your plan's provider network. **Services from non-network providers may result in higher out-of-pocket costs for you—or may not be covered at all—depending on your plan.**

Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a physician or hospital.

Finding a network health care provider

Log in to myuhc.com and select **Find a Doctor** or click on the **Physicians & Facilities** tab. Here you can find information on network doctors and other health care professionals who can meet your need for primary care, specialty care or behavioral health care, if applicable. Network hospitals and other health care facilities can also be found here. Always confirm the network participation of both the health care professional and the facility before receiving health care services.

If you are not able to view our online directory, or would like more information on professional qualifications of a network provider, call the member phone number on your health plan ID card. A customer service representative will help you or have a printed copy of the network directory sent to you.

Choosing a doctor is one of the most important health care decisions you'll make. The UnitedHealth Premium® designation makes it easy for you to find doctors who meet national standards for quality and local market benchmarks for cost efficiency.² That way, you can review your options and choose a doctor with confidence. Visit myuhc.com to find the doctor that is right for you.

We also provide information from the NCQA Physician Recognition Program. The program highlights superior performance and practice for doctors in three areas of care: diabetes, cardiac and stroke. NCQA is an independent, nonprofit organization that has developed these programs in association with the American Diabetes Association®, American Heart Association® and the American Stroke Association®. These doctors are designated with the NCQA emblem in our online directory.

Getting routine, urgent or emergency care

Your plan includes coverage for various types of care. Where to go for medical services depends on your health care needs. If you are not sure what type of care you need, use the guidelines below or if included with your plan, call the toll-free Care24® or NurseLineSM number on your health plan ID card.³ Nurses are available 24 hours a day and can help you find the care you need.

For routine or primary/preventive care, it is best to go to your own doctor's office. It's important to establish a relationship with a primary care doctor who knows your health history and that you can call when you need care. For help finding a primary care doctor, search our online provider directory or call the member phone number on your health plan ID card.

² For a complete description of the UnitedHealth Premium® designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please visit myuhc.com.

³ The Care24® program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. 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 are subject to change. Coverage exclusions and limitations may apply.

NurseLineSM is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

For hospital care, talk with your doctor to determine which hospital is best for your medical/surgical needs. Your benefit plan may require you or your physician to notify UnitedHealthcare of a hospital admission.

For care after hours, first call your primary care doctor. Network doctors and clinics provide either an answering service or a detailed voice-mail message that gives instructions for how to get care after hours.

Is it urgent? If you need care quickly—but it's not an emergency—and your primary doctor is not available, consider going to an urgent care center. A visit to urgent care typically costs less than going to a hospital emergency room. Urgent care centers offer treatment for non-life threatening injuries or illnesses such as:

- Sprains and strains
- Minor broken bones
- Minor infections
- Small cuts
- Sore throats
- Rashes

In an emergency, call 911, or its local equivalent, or go to the nearest emergency room, whether at home or out of town. Typically, an emergency is when injuries or symptoms are life-threatening or severe enough that immediate medical attention is needed. This includes, for example:

- Heavy bleeding
- Chest pain
- Major burns
- Difficulty breathing
- Spinal injuries
- Sudden change in vision
- Large open wounds
- Sudden weakness or trouble talking
- Severe head injuries

Please see your COC or SPD for a complete definition of what we consider a medical emergency.

For plans that require selection of a Primary Care Physician (PCP)

Some plans may require members to select a primary care physician (PCP) and get referrals before seeing other network doctors or specialists. A PCP usually specializes in family practice, general practice, internal medicine or pediatrics. Your PCP must be available 24 hours a day, seven days a week or arrange for another physician to be available.

For maximum benefit coverage, all non-emergency services must be provided by or coordinated by your PCP. Depending on your plan type, visits to network doctors other than your PCP—without a referral—may cost you more or may not be covered at all. Check your plan coverage documents for more information on referrals.

If you need urgent care you should contact your PCP, if your PCP cannot accommodate you, ask for approval to visit a participating urgent care center or emergency room (ER). Without PCP approval, your health plan may not pay for the services you received and you may be responsible for the payment.

In the event of a medical emergency where you are unable to call your PCP prior to going to the ER, contact your PCP within 48 hours of receiving treatment to request an authorization for the visit and follow up with your PCP for continuity of care.

Finding care if you are out of town or state

Call the member phone number on your health plan ID card to find doctors and other health care providers near your location, and to learn if any restrictions apply. Or, if your plan includes Care24 or NurseLine, you can contact the toll-free, 24-hour help line for help finding the care you need.

Getting and Staying Healthy

Wellness resources and tools

Whether you want to eat better, exercise more, stop smoking or learn to relax, we offer a wide range of resources designed to help you meet your goals.⁴ Even better, they may be included in your benefit plan. Get started by visiting myuhc.com and selecting **Health & Wellness**.

Health Assessment – Complete a brief online questionnaire to help assess your overall health. Once completed, you receive immediate and confidential (to the fullest extent permitted by law) results. Your personalized report also includes suggestions to help improve your health and well-being. If you don't have Internet access, call the member phone number on your health plan ID card to request a printed copy of the questionnaire be sent to you.

Health improvement tools and programs – Choose from many online wellness programs to help you develop skills which may improve your health and well-being. You also may be invited to enroll in an online wellness program for Diabetes, Heart Health, Weight Management, Exercise, Nutrition, Tobacco Cessation or Stress Management. These programs can provide information and support to help you make healthy lifestyle changes.

Personal Health Record – Keep a record of the information about your health conditions, medication, medical procedures and lab results in one place.

Resource libraries – Find information on a wide range of health and wellness topics, as well as quizzes, calculators and trackers. Topics include fitness and nutrition, healthful aging, pregnancy, family preventive medicine and more.

Healthy Mind Healthy Body® e-Newsletter

Our *Healthy Mind Healthy Body* e-newsletter is designed to provide health and wellness information that is meaningful to you. You choose which topics are important to you so the articles are relevant to your daily life. You'll also see stories from members like you who have improved their health through lifestyle changes and with care from some of our network doctors. Newsletters are sent to your designated email address each month. To register, visit uhc.com/myhealthnews.

Preventive health guidelines

We encourage our members to receive age and gender appropriate preventive care health services. Under health care reform, most of our members are eligible to receive certain preventive health care services, based upon age, gender and other factors, with no cost-sharing (copayment, coinsurance or deductible), as specified in the health care reform law, as long as they are received from a network provider.⁵

UnitedHealthcare also covers non-preventive diagnostic services, which may require a copayment, coinsurance or deductible.

For more information on preventive care, visit our website at uhcpreventivecare.com to identify your age and gender-specific preventive care guideline recommendations. You can email, download or print your results

⁴ UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not intended to be medical advice or a substitute for your doctor's care. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

⁵ The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. The preventive care services covered are those preventive services specified in the health care reform law. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage.

and sign up for preventive care email reminders. Use these recommendations to talk with your doctor about the preventive health screenings that may be right for you.

For specific benefit coverage and limitations, refer to your COC or SPD or call the member phone number on your health plan ID card. To get the most out of your benefit coverage, make sure you use a network provider.

Case and Disease Management programs

Our Case and Disease Management programs offer support to members dealing with chronic (long-term), complex or critical health conditions.⁶ These programs include education and coaching to help address gaps in care around medication and treatment, and encourage healthy lifestyle changes. Our goal is to support your doctor's treatment plan, provide you with self-care techniques and help empower you to manage your health.

Your recent prescriptions, doctor visits, treatments or hospital stays can indicate when one of these programs may benefit you, or your doctor may recommend you to a program. You can also self-refer by calling the member phone number on your health plan ID card to inform us of your program of interest. If eligible, you will receive a letter in the mail or a call from program staff inviting you to participate, and you can choose whether or not to participate. Please log in to myuhc.com for more detailed information about these programs.

Access to behavioral health care

United Behavioral Health (UBH) manages behavioral health benefits, such as mental health and substance use disorder benefits, for many UnitedHealthcare members.⁷ If UBH provides your behavioral health benefits, please note the following information:

UBH offers a nationwide network of facilities and clinicians that specialize in the treatment of mental health and substance use problems—including psychiatrists, addiction medicine specialists, psychologists and masters-level clinicians, and advanced practice nurses. UBH also contracts with hospitals, day treatment programs and other specialty care programs.

To request services or get a referral to UBH network facilities and clinicians, call the Mental Health phone number on your health plan ID card. UBH Care Advocacy Centers are open Monday through Friday from 8 a.m. to 5 p.m., within local U.S. time zones, except during holidays. For urgent concerns or to obtain emergency care, UBH Care Advocacy staff can be reached 24 hours a day, including holidays and weekends. In the case of a life-threatening emergency, dial 911, or its local equivalent.

You can also call the UBH Care Advocacy Center to determine benefit coverage, learn how to appeal a benefit decision, file a complaint about UBH services or a network clinician or facility, and to get additional information about network clinicians, such as school attended, residency or Board Certification.

To find the names, phone numbers, office locations and clinical specialties of UBH credentialed clinicians, log in to UBH's website, liveandworkwell.com, and select **Search for Clinician**, under **Quick Links**.

Visit liveandworkwell.com to:

- Look up your behavioral health benefits
- Find information about mental health conditions, such as depression
- Search for behavioral health clinicians and get approval to see a clinician

⁶ 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.

⁷ Not all health plans include behavioral health benefits. To find out if your plan includes mental health and/or substance use disorder benefits and the limitations and/or exclusions that may apply, ask your employer, refer to your COC or call the toll-free member phone number on your health plan ID card.

- Access a variety of assessments and self-help programs
- Submit a claim and view claim status

To access liveandworkwell.com from myuhc.com, click on the **Benefits & Coverage** tab and select **Mental Health and Substance Abuse**. Spanish speakers can visit MenteSana-CuerpoSano.com, UBH's website for members and the Hispanic/Latino community.

UBH's preventive health programs provide information and resources for people with major depression, alcohol and drug use and addiction, and Attention-Deficit/Hyperactivity Disorder. Learn more about these programs by visiting <http://prevention.liveandworkwell.com>. Eligible members will receive mailings that contain useful information and resources about these conditions. For more information about these programs or to request a paper copy of this information, call the Mental Health phone number on your health plan ID card.

Call the member phone number on your health plan ID card for questions about:

- Behavioral health benefits, services and notification requirements
- Copayments and other charges for which you may be responsible
- How to get behavioral health services including inpatient and outpatient services, partial hospitalization and subspecialty care
- Getting care when you are away from home
- Submitting a claim for covered service, if applicable
- Information about UBH network practitioners
- Getting care after normal office hours

In addition to the rights and responsibilities outlined in this newsletter, UBH has a rights and responsibilities statement that contains information specific to behavioral health services. Learn more about UBH programs, services and quality improvement programs by reading UBH's annual member newsletter, *liveandworkwell*, at liveandworkwell.com/newsletter/. To request a paper copy, call the Mental Health phone number on your health plan ID card.

Other Important Information

Quality improvement program

UnitedHealthcare health plans have quality improvement programs that were developed to improve your health care experience. Components of the program include:

- Providing data on key clinical measures to physicians and provider groups to promote evidence-based medical care
- Reporting on and improving our performance on clinical and service measures and measures of customer satisfaction
- Investigating, trending and analyzing quality of care and quality of service complaints
- Promoting public accountability through the accreditation process and reporting to governmental agencies
- Credentialing of our physician and health care professional network

UnitedHealthcare strives to make improvements in the following areas:

- Quality of care measures, such as rates of cancer screening procedures, and care to children, pregnant women and patients with chronic illnesses such as diabetes
- Member experience measures, such as satisfaction with customer services and the health plan
- Customer service measures, such as hold time or abandonment rate
- Operational measures, such as timeliness in resolving appeals

You may request more information about our quality improvement program by calling the member phone number on your health plan ID card.

How to make your health care safer

UnitedHealthcare wants to assist you in finding the safest health care possible. According to a study in The New England Journal of Medicine, "adults receive the recommended medical treatment only 55 percent of the time."⁸ That's why we develop innovative tools such as the UnitedHealth Premium[®] designation program. We believe that by supporting and promoting doctors who meet national standards for quality and local benchmarks for cost efficiency, as well as engaging consumers in the health care decision-making process, we can help achieve better health outcomes while improving the experience and reducing costs.⁹

The UnitedHealth Premium designation program is available in 160 markets and for 27 different specialties. You can find a doctor's Premium designation on myuhc.com. For more information about why choosing a quality doctor and hospital is important, visit unitedhealthpremium.com.

We also provide hospital safety information from an organization called The Leapfrog Group[®]. The Leapfrog Group is a nationally recognized organization of health care purchasers that focus on improvements in patient safety, quality, affordability and transparency of health care. The Leapfrog Group evaluates hospitals based on their self-reported adherence to patient safety and quality measures. For more information about The Leapfrog Group, visit leapfroggroup.org.

In 2012, The Leapfrog Group made hospital letter grades (A, B, C, D and F) available to the public. The letter grades are derived from expert analysis of publicly available data using national evidence-based measures of hospital safety. Hospitals receive letter grades based on their overall performance in keeping patients safe from preventable harm and medical errors. To find out more information or download the free Hospital Safety Score mobile App, visit hospitalsafetyscore.org.

Other ways to become an educated and empowered health care consumer include following simple steps to make your health care experience safer. The National Patient Safety Foundation¹⁰ suggests:

1. **Become a more informed health care consumer.** Seek information, research options, choose a doctor or hospital experienced in the type of care you require, and ask questions of your doctor, pharmacist or benefit plan coordinator.
2. **Keep track of your medical history.** Write down your medical history, including surgical procedures, medications (and vitamins), hospitalizations, immunizations and allergies. Keep the names and phone numbers of your doctor and pharmacy handy for quick and easy reference.
3. **Work with your doctor and other health care professionals as a team.** Make a list of questions to take to your appointment. Share information, make sure you understand your care and treatment, pay attention and ask questions if something doesn't seem right or if you don't understand what is being said including terms you may not know.
4. **Involve a family member or friend in your care.** Ask a family member or friend to assist or accompany you to your appointment. It is sometimes difficult to remember all that a doctor may tell you during your visit.

⁸ Asch, Steven M. et al. The New England Journal of Medicine. 2006 March 16; 354: 1147–1156.

⁹ 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 him or her for advice on selecting other physicians. 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.

¹⁰ National Patient Safety Foundation, A Consumer Fact Sheet. <http://www.npsf.org/wp-content/uploads/2011/10/WhatYouCanDo.pdf>.

5. **Follow the treatment plan agreed upon by you and your doctor.** Receive all instructions verbally and in writing that you can read and understand. Take medications as prescribed and report anything unusual to your doctor.

Advance Directives

A growing number of people are putting their health care preferences in writing while they are still able to make such decisions. An Advance Directive, also known as a “living will,” is a document that states the kinds of health care treatment you wish to receive in the event you cannot speak for yourself. A Health Care Proxy is a document that allows you to name a health care agent—someone you trust to make health care decisions for you if you are unable to make or communicate decisions yourself. Both documents should be considered regardless of age or medical condition. Be sure to discuss your Advance Directives with your physicians, family, friends, health care agent and religious advisors so your wishes are understood. These documents are optional and have no effect on your health coverage.

Women’s Health and Cancer Rights Act

As required by the Women’s Health and Cancer Rights Act of 1998, benefits are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema).

If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of the mastectomy, including lymphedema.

The amount you must pay for such covered health services (including copayments, coinsurance and any annual deductible) and the benefit coverage limitations are the same as are required for any other covered health service as described in your COC or SPD.

Newborns’ and Mothers’ Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section.¹¹ However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, call the member phone number on your health plan ID card.

Why the Last Weeks of Pregnancy Count

You may not have a choice about when to have your baby. If there are problems with your pregnancy or your baby’s health, you may need to deliver your baby early. But if you have no medical problems and you’re

¹¹ For members in Colorado, if 48-hours or 96-hours following delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning.

planning to schedule your baby's birth, you should wait until the 39th completed week of your pregnancy. Births scheduled before the 39th completed week of pregnancy for non-medical reasons can cause problems for both mothers and babies.

Unless it is medically necessary for your well-being or the well-being of your baby, guidelines developed by doctors and researchers say it's best to wait until the 39th week of completed pregnancy to deliver. For babies, this time is vital in the development of their brain and lungs.

For more information about why the last few weeks of pregnancy are so important to you and your baby, visit healthy-pregnancy.com/UHC/resources/index.shtml. Here you will also find a link to information on how often your hospital schedules early cesarean sections and inductions as reported in The Leapfrog Group annual hospital survey statistics (www.leapfroggroup.org/for_consumers/tooearlydeliveries).

Notification of Language Assistance

We believe that language should never be an obstacle to receiving proper care. To accommodate the language preferences of our members, language assistance services are provided free of charge. If you need help or have questions about these services, please call the toll-free member phone number on your health plan ID card.

Notificación de Ayuda en Otros Idiomas

Creemos que el idioma no debería ser nunca un obstáculo a la hora de recibir la atención adecuada. Para adaptarnos a las preferencias de idioma de nuestros miembros, brindamos servicios de ayuda en otros idiomas sin costo. Si necesita ayuda o tiene alguna pregunta sobre estos servicios, llame al número de teléfono gratuito para miembros que figura en su tarjeta de identificación del plan de salud.

語言協助通知

我們相信，語言絕不該變成接受適當照護的障礙。為能配合我們會員的語言使用習慣，我們免費提供語言協助服務。如果您需要協助，或對這些服務有任何疑問，請撥打您健保計畫會員卡上的免付費會員電話號碼。

Assistance for members with hearing impairments

If you have hearing impairments and need to talk with a customer care professional or nurses in Clinical Services you can access services through the National Relay Center at 1-800-828-1120.

Evaluation of new technologies

UnitedHealthcare's Medical Technology Assessment Committee evaluates the strength of clinical evidence supporting the use of new and existing health services. Conclusions of this Committee help to determine whether new technology and health services will be covered. The Medical Technology Assessment Committee is comprised 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 at least 10 times a year to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements regarding new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

Financial incentives

We want you to know that the staff, physicians and other health care professionals who make decisions on the health care services you receive do so based on the contract your employer has with UnitedHealthcare.

- The decisions are made based on the appropriateness of care and service and existence of coverage.
- The staff of UnitedHealthcare, its delegates, and the physicians and other health care professionals making these decisions are not specifically rewarded for issuing non-coverage decisions.
- UnitedHealthcare and its delegates do not offer incentives to physicians or other health care professionals to encourage inappropriate underutilization of care or services.
- Hiring, promoting, or terminating practitioners or other individuals are not based upon the likelihood or the perceived likelihood that the individual will support or tend to support the denial of benefits.

Member Rights and Responsibilities

You have the right to:

- Be treated with respect and dignity by UnitedHealthcare personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UnitedHealthcare protects your personal health information.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan or the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access to doctors, health care professionals and other health care facilities.
- Participate in decisions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network doctors and health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you become unable to express your wishes.

You have the responsibility to:

- Know and confirm your benefits before receiving treatment.
- Contact an appropriate health care professional when you have a medical need or concern.
- Show your health plan ID card before receiving health care services.
- Pay any necessary copayment at the time you receive treatment.
- Use emergency room services only for injury or illness that, in the judgment of a reasonable person, require immediate treatment to avoid jeopardy to life or health.
- Keep scheduled appointments.
- Provide information needed for your care.
- Follow agreed-upon instructions and guidelines of doctors and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer of any changes in your address or family status.
- Log in to myuhc.com, or call Customer Care when you have a question about your eligibility, benefits, claims and more.
- Log in to myuhc.com, or call Customer Care before receiving services to verify that your doctor or health care professional participates in the UnitedHealthcare network.

Go Green

Reduce paper mailings and support our efforts to "Go Green" by electing to receive notices such as this by email. Log in to myuhc.com and go to Account Settings to change your Mailing Preferences.

To verify eligibility and get benefit coverage information, visit myuhc.com or call the member phone number on your health plan ID card.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.