

It's Your Choice Medicare Advantage Plan

Going to the Doctor Guide

With the It's Your Choice Medicare Advantage 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 created helpful tips for your doctor on the other side of this page.

Going to a network doctor or health care provider

What is a network doctor?

A network doctor or health care provider is one who contracts with UnitedHealthcare to provide services to Medicare-eligible members.

What do I pay?

You simply pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill UnitedHealthcare 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 or health care provider must continue to see and treat you. The only time a network doctor may choose not to 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 or health care provider 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 or health care provider does not have a contract with UnitedHealthcare.

Can I see any out-of-network doctor?

You can see any out-of-network doctor or health care provider that participates in Medicare and is willing to treat you and bill UnitedHealthcare directly for your care.

Will the doctor bill UnitedHealthcare?

In most cases, yes. If a doctor or hospital refuses to directly bill UnitedHealthcare, he or she may ask that you 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.

How is the doctor paid?

The doctor or health care provider is paid the same as Medicare pays up to the limit allowed by Medicare.

What if my doctor says he or she will not accept the plan?

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.

Learn more online at
www.UHCRetiree.com/etf.

If you have questions, please give us a call toll free at **1-844-876-6175**, TTY **711**, 7 a.m. – 6 p.m. CT, Monday – Friday.

➡ You can find helpful information specifically for your doctor on the other side of this page.



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.

Frequently Asked Questions

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?

For doctors and care providers not contracted with UnitedHealthcare, prior authorization or notification requests are not needed to provide services to UnitedHealthcare Group Medicare (PPO) Advantage plan members.

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 **UHCprovider.com**.

Claims and Payments

You may submit claims in the following ways:

- Go to **UHCprovider.com**. To access the claimsLink, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
- 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 **UHCprovider.com** > Menu > Claims, Billing and Payments.

Join Our Network

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

We're here to help



If you have questions about the UnitedHealthcare Group Medicare Advantage (PPO) plan, please call Provider Services at **1-877-842-3210**.