



Helpful information when you go to the doctor and other health care providers

With the AT&T Group Medicare Advantage (PPO) plan, you can see doctors and other health care providers that are in and out of our network at the same cost share as long as they participate in Medicare and accept the plan. Accepting the plan means the doctor is willing to treat you and bill UnitedHealthcare.

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 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, the doctor or health care provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and if they are not accepting any **new** Medicare patients.

How is the doctor paid?

The doctor or health care provider is paid according to their 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 accepts the plan.

What do I pay?

You pay your plan's 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.

Will the doctor bill UnitedHealthcare?

If a doctor or hospital refuses to directly bill UnitedHealthcare, they 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.

What if my doctor says they will not accept the plan?


We will be happy to contact your doctor on your behalf to explain how the plan works. Usually, that is all that is needed.



We're here to help

If you have questions or need help finding a new doctor, please give us a call toll-free at **1-866-819-3448**, TTY **711**, 8 a.m. – 8 p.m. local time, Monday – Friday.

Help for your providers

Please share the information on the back side of this page with your doctor or provider. For provider purposes, the AT&T Medicare Advantage (PPO) plan is referred to as the UnitedHealthcare® Group Medicare Advantage (PPO) plan. 

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, including the cost-sharing that applies to out-of-network services.

This notice was written for easy readability. In all cases, the official Plan documents govern and are the final authority on Plan terms. If there are any discrepancies between the information in this letter, Plan documents will control. AT&T reserves the right to terminate, modify, or amend any and all benefit plans at any time and for any reason. Nothing in this document should be construed as conferring a lifetime right to benefits or any particular level of benefits.

UnitedHealthcare® Group Medicare Advantage (PPO) Plan

We look forward to working with you as you deliver care to UnitedHealthcare® Group Medicare Advantage (PPO) plan members.

Providing Care to Members

Preferred provider organization (PPO) plans offer members access to a network of contracted local physicians and hospitals, but also allow them the flexibility to seek covered services from outside of the contracted network. Members do not need a referral for care.

Members of this plan can see any care provider, even those not participating in the UnitedHealthcare network, as long as the care provider:

- Participates in Medicare
- Accepts the plan
- Hasn't opted out of Medicare
- Isn't on the excluded or precluded list for Medicare

UnitedHealthcare Group Medicare Advantage

UnitedHealthcare Group Medicare Advantage plans are only offered to groups such as employers, unions and government sub-entities. These plans provide group retiree Medicare beneficiaries with a variety of health care benefit plan choices, often with more benefits than those provided by Original Medicare. Plan members are still covered under the Medicare program and have federally regulated rights and protections.

More Resources

You can find an administrative guide, tools and resources to help you better understand the UnitedHealthcare benefit plans in your area at UHCprovider.com/plans > choose your state > Medicare > Group Medicare Advantage Plans. Thank you.

