



MN012-N108 PO Box 1459 Minneapolis, MN 55440-1459

# **2009**

## **Rights & Resource**

### **Disclosure**

## 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 Neighborhood Health Partnership benefits from UnitedHealthcare. UnitedHealthcare works with the National Committee for Quality Assurance and state and federal regulators to ensure members receive this information on an annual basis. The information in this document is applicable to 2009 and may change over time. Please refer to your member Web site for the most up to date information.

Please note that your Member Handbook/GSA or contract, including all of its riders, 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 Summary of Benefits.

## Getting answers to your questions

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



To speak to a Customer Care Professional, call the toll-free, member phone number on the back of your ID card.



Visit [www.mynhp.com](http://www.mynhp.com) for easy access to benefit information, health and wellness resources and tools to help you maximize your health care benefits.

Go to [mynhp.com](http://mynhp.com) and create a Web account to access a variety of resources to assist you in managing your health and your health care dollars.

- Benefits and services included and excluded – Click on **Members>Forms>Member Handbook**. Here you can access notification/authorization requirements and whether or not a service is included or excluded from coverage. To access your copayment and deductible amounts, view authorizations and change your Primary Care Physician (PCP) online, click on **Members and** log in at **myNHLogin**.
- Claims status – Click on the **View Claims** page to check your claims status and what is your responsibility for payment. If you use our network of providers, you won't have to submit a claim, but in the event you do need to submit a claim, information and forms are available from this site — click on **Members>Forms>POS Claim Form**.
- There is also information on how to submit an appeal if you disagree with our payment decision.
- Temporary ID card – Log in to your Web account and print a copy of your account "home" page. This page contains your member information, will provide the member's name, dob, address, pcp information, eligibility and benefits.
- Pharmacy benefits and access – Click on **Members>Pharmacy>365wellst.com**. Here you can review the Prescription Drug List, price medications and look for lower cost alternatives. You can even refill mail order prescriptions and locate a pharmacy near you.

## Health Services

Health Services is a department within UnitedHealthcare that includes our notification unit and inpatient and outpatient care programs. If you have questions about a notification or your use of medical services, you can call the number on the back of your member ID card. When given the selection options, select "Help me with something else," then "How to notify us of an upcoming procedure," then "Medical". This will connect you to a representative in our Health Services unit.

## Questions or concerns about benefit determinations

If you have questions or concerns about how a benefit coverage decision was determined, you may contact our Customer Care Center at the number on the back of your member ID card. If the customer care professional (CCP) cannot resolve the issue to your satisfaction over the phone and you wish to appeal the determination, ask the CCP to provide you with the appropriate address to which you can submit your written appeal request.

## **How to submit an appeal**

The appeal process is outlined in your Member Handbook/GSA or contract 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 member 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 claim/benefit denial. 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. Refer to your Member Handbook/GSA or contract for specific information on pre-service, post-service and urgent appeals.

## **External review program**

Upon completion of UnitedHealthcare's internal grievance process or at any time during a grievance process, if you are not satisfied with the resolution, you may also file a grievance with the Agency for Health Care Administration Statewide Provider and Subscriber Assistance Program.

You may call them at 1-888-419-3456, or write to the panel at 2727 Mahan Drive, Tallahassee, FL 32308.

For more information about your external grievance and appeals rights, please refer to your Member Handbook or Contract. Call at any time during the the grievance process, NHP members may contact the Agency for Health Care Administration about quality of care issues at 1-888-419-3456.

## **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 toll-free member phone number on the back of your 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 the nation's largest single proprietary network with over 595,000 doctors and 4,965 facilities. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

**Finding a physician** – Go to [www.mynhp.com](http://www.mynhp.com) and select **Provider Search** on the member page. Here you can find information on physicians who can meet your need for primary care, specialty care. Hospital and other health care facilities can also be found here. Selecting a physician and facility from our network will provide you with maximum benefits from your health plan. Check your coverage before selecting a physician or hospital. If you don't have access to a computer to view our online directory, you can call the toll-free member phone number on the back of your ID card and the customer care professional will provide the information you need by phone or make arrangements to send you a printed copy of a directory pertinent to you.

### **Obtaining routine or primary care, urgent care or emergency care:**

Where to go for medical services depends on your health care needs. Your plan includes coverage for various types of care. If you are not sure what type of care you need, use the guidelines below or if included with your plan, call the **Care24®** or **NurseLine<sup>SM</sup>** number on your ID card. These toll-free, 24-hour help lines can provide assistance in determining your health care needs and finding the appropriate provider.

For **routine or primary/preventive care**, it is best to go to your own doctor's office. It is important that you establish a relationship with a physician to make it easier to get the care you need when you need it and to provide continuity of care. We have a large network of primary care physicians and you can access them by looking in our online provider directory or calling the member phone number on the back of your ID card.

For **hospital care**, talk with your physician 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 network physician. Network physicians provide either an answering service or detailed answering machine message that gives instructions for accessing care after hours. In addition, if your plan includes **Care24** or **NurseLine**, you could use those services to provide you with options for your care based on your needs.

**Is it urgent?** – Urgent care centers provide medical care with less wait time and at a much lower cost to you than an emergency room of a local hospital. Go to an urgent care center for:

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

**In an emergency, whether at home or home or out of town, call 911 or go to the nearest emergency room.** A true emergency is when symptoms or injury are severe enough that you could reasonably expect serious jeopardy to your health. This includes:

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

## **What if I am out of town or state; how do I obtain care?**

Call the member phone number on the back of your ID card to find physicians and facilities where you are located and if any restrictions apply. In addition, if your plan includes **Care24** or **NurseLine**, you can contact the toll-free, 24-hour help line for assistance in finding the appropriate provider.

## **Getting and staying healthy**

### **Preventive health guidelines**

UnitedHealthcare has adopted preventive care guidelines based on the recommendations of the U.S. Preventive Services Task Force (USPSTF). These guidelines are based on scientific evidence and are not to be confused with the benefits covered by your plan. Refer to your Member Handbook/GSA or contract for specific coverage and limitations of benefits for the recommended vaccines. The tables on the following pages are only summaries. Please direct questions to your personal physician.

**To get the most out of your benefit coverage, make sure you use a network doctor or clinic.**

|                           |
|---------------------------|
| Range of recommended ages |
| Catch-up immunization     |
| Certain high-risk groups  |

## Immunization schedule: children ages 0 to 6 years

| Vaccine                        | Birth | 1 month | 2 months | 4 months       | 6 months           | 12 months      | 15 months | 18 months | 19-23 months | 2-3 years   | 4-6 years |
|--------------------------------|-------|---------|----------|----------------|--------------------|----------------|-----------|-----------|--------------|-------------|-----------|
| Hepatitis B                    | HepB  | HepB    |          | see footnote 1 | HepB               |                |           |           |              |             |           |
| Rotavirus                      |       |         | RV       | RV             | RV <sup>2</sup>    |                |           |           |              |             |           |
| Diphtheria, Tetanus, Pertussis |       |         | DTaP     | DTaP           | DTaP               | see footnote 3 | DTaP      |           |              |             | DTaP      |
| Haemophilus influenzae type b  |       |         | Hib      | Hib            | Hib                | Hib            |           |           |              |             |           |
| Pneumococcal                   |       |         | PCV      | PCV            | PCV                | PCV            |           |           |              | PPSV        |           |
| Inactivated Poliovirus         |       |         | IPV      | IPV            | IPV                |                |           |           |              |             | IPV       |
| Influenza                      |       |         |          |                | Influenza (yearly) |                |           |           |              |             |           |
| Measles, Mumps, Rubella        |       |         |          |                |                    | MMR            |           |           |              |             | MMR       |
| Varicella                      |       |         |          |                |                    | Varicella      |           |           |              |             | Varicella |
| Hepatitis A                    |       |         |          |                |                    | HepA (2 doses) |           |           |              | HepA Series |           |
| Meningococcal                  |       |         |          |                |                    |                |           |           |              | MCV4        |           |

Source: Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0 through 18 years--United States, 2009. MMWR 2008;57(51&52).

- Administration of 4 doses of HepB to infants is permissible when combination vaccines containing HepB are administered after the birth dose.
- If Rotarix\* is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- The fourth dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

## Immunization schedule: children ages 7 to 18 years

| Vaccine                                 | 7-10 years         | 11-12 years   | 13-18 years |
|---|--------------------|---------------|-------------|
| Tetanus, Diphtheria, Pertussis          |                    | Tdap          | Tdap        |
| Human Papillomavirus (for females only) |                    | HPV (3 doses) | HPV Series  |
| Meningococcal                           | MCV                | MCV           | MCV         |
| Influenza                               | Influenza (yearly) |               |             |
| Pneumococcal                            | PPSV               |               |             |
| Hepatitis A                             | HepA Series        |               |             |
| Hepatitis B                             | HepB Series        |               |             |
| Inactivated Poliovirus                  | IPV Series         |               |             |
| Measles, Mumps, Rubella                 | MMR Series         |               |             |
| Varicella                               | Varicella Series   |               |             |

Source: Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0 through 18 years--United States, 2009. MMWR 2008;57(51&52).

## SCREENING: Children ages 0-18 years

| Age                  | Screening Test   | Frequency                |
|----------------------|--|--------------------------|
| Newborn              | Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism) | Once                     |
|                      | Hearing screening  | Once                     |
| Birth-2 months       | Head circumference   | At each preventive visit |
| Birth-18 years       | Height (length and) weight   | At each preventive visit |
| 3-4 years            | Eye screening  | Once                     |
| Younger than 5 years | Dental   | Periodically             |

## COUNSELING: Children ages 0-18 years

As your child grows, talk to their doctor about:

- Development
- Nutrition and eating disorders
- Physical activity
- Dental and oral health
- Safety
- Tobacco use
- Child abuse
- Alcohol and drug abuse

# Preventive Care Guidelines: Adults over age 18

## Range of recommended ages

| Years of Age  | 18                                   | 25 | 30 | 35                            | 40 | 45                  | 50                | 55                   | 60 | 65                  | 70           | 75 |
|---|--------------------------------------|----|----|-------------------------------|----|---------------------|-------------------|----------------------|----|---------------------|--------------|----|
| <b>SCREENING</b>  |                                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Blood Pressure, Height, and Weight  | At each preventive visit             |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Obesity   | At each preventive visit             |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Cholesterol   |                                      |    |    | Men: Every 5 years            |    |                     |                   | Women: Every 5 years |    |                     |              |    |
| Pap Smear   | Annual x3 normal; then every 3 years |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Chlamydia/Gonorrhea   |                                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Mammography   |                                      |    |    | Women: every one to two years |    |                     |                   |                      |    |                     |              |    |
| Colorectal Cancer*  |                                      |    |    |                               |    | Depends on test     |                   |                      |    |                     |              |    |
| Osteoporosis  |                                      |    |    |                               |    |                     |                   |                      |    |                     | Routinely    |    |
| Alcohol Use, Depression   | At each preventive visit             |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Vision, Hearing   |                                      |    |    |                               |    |                     |                   |                      |    |                     | Periodically |    |
| HIV ages 13-64  | For those at increased risk          |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Tobacco Use   | At each preventive visit             |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| <b>IMMUNIZATION</b>   |                                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Tetanus-Diphtheria (Td/Tdap)  | Every 10 years                       |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Varicella (VZV)   | Susceptibles only-two doses          |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Measles, Mumps, Rubella (MMR)   | All with lack of immunity            |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Pneumococcal  |                                      |    |    |                               |    |                     |                   |                      |    |                     | One dose     |    |
| Influenza   |                                      |    |    |                               |    |                     |                   | Yearly               |    |                     |              |    |
| Hepatitis B/Hepatitis A   | Persons at risk                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Meningococcal   | For certain high risk groups**       |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Human Papillomavirus (HPV)  | 3 doses<br>(0,2,6 mo)                |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Zoster  |                                      |    |    |                               |    |                     |                   |                      |    |                     | One dose     |    |
| <b>CHEMOPREVENTION</b>  |                                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Assess cardiovascular disease risk and discuss aspirin to prevent CVD events  |                                      |    |    |                               |    |                     | Men: Periodically |                      |    | Women: Periodically |              |    |
| Discuss breast cancer chemoprevention with women at high risk for breast cancer and low risk for adverse effects.                                   |                                      |    |    |                               |    | Women: Periodically |                   |                      |    |                     |              |    |
| Folic Acid - recommended dosage is 0.4 – 0.8mg daily  | Women of childbearing age            |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| <b>COUNSELING</b>   |                                      |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Promote and Support Breast Feeding  | Women after childbirth               |    |    |                               |    |                     |                   |                      |    |                     |              |    |
| Tobacco cessation, drug and alcohol use, STDs and HIV, nutrition, physical activity, sun exposure, oral health, injury prevention, and polypharmacy | Periodically                         |    |    |                               |    |                     |                   |                      |    |                     |              |    |

Upper age limits should be individualized for each patient

\* See [www.preventiveservices.ahrq.gov](http://www.preventiveservices.ahrq.gov) for U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services.

\*\*High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, their spleen does not function or they have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

## Access to behavioral health care

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

UBH offers a nationwide network of clinicians and facilities that specialize in the treatment of mental health and substance abuse problems. To request services, determine benefit coverage, learn how to appeal a benefit decision, or file a complaint about UBH services or a network clinician or facility, call the toll-free member phone number on the back of your ID card. UBH Care Advocacy Centers are open Monday through Friday from 8 a.m. to 5 p.m. 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.

UBH contracts with a variety of professionals to provide mental health and substance abuse services 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. You can receive a referral authorization to UBH contracted facilities and clinicians in our network by calling the toll-free member number on the back of your ID card. To find the names, phone numbers, office locations and clinical specialties of UBH credentialed clinicians, go to [www.liveandworkwell.com](http://www.liveandworkwell.com) and select **Find a Mental Health Clinician**. If you are interested in additional information about UBH clinicians, such as school attended, residency or Board Certification, contact UBH by calling the toll-free member number on the back of your ID card.

In addition, [liveandworkwell.com](http://liveandworkwell.com) allows you to:

- Look up your behavioral health benefits
- Find information about mental health conditions, such as depression
- Search for behavioral health clinicians
- Receive online approval for clinician visits
- Access a variety of assessments and self-help programs

From [www.mynhp.com](http://www.mynhp.com), select **United Behavioral Health**. For Spanish speakers, visit our new sister site, [MenteSana-CuerpoSano.com](http://MenteSana-CuerpoSano.com), which provides resources for members and the Hispanic/Latino community.

United Behavioral Health has a preventive health program that provides information and resources for people with major depression, alcohol abuse and dependence, and Attention-Deficit/Hyperactivity Disorder. Learn more about these programs, important updates and specific information on how to use the program, by going to the United Behavioral Health Web site at [www.liveandworkwell.com/prevention](http://www.liveandworkwell.com/prevention). In addition to this information, eligible enrollees receive mailings that contain useful information and resources about these conditions. If you would like more information about these programs or a paper copy of this information, you may contact UBH by calling the toll-free member number on the back of your ID card.

Call the member number on the back of your ID card to get answers to your questions about:

- Benefits, services and precertification/notification requirements
- Copayments and other charges for which you may be responsible
- How to obtain behavioral health care services including inpatient and outpatient services, partial hospitalization and subspecialty care
- How to obtain care when you are away from home
- How to submit a claim for covered service, if applicable
- How to obtain information about UBH network practitioners
- How to obtain 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 enrollee newsletter *Wellness Matters* at [www.liveandworkwell.com/WellnessMatters](http://www.liveandworkwell.com/WellnessMatters). To request a paper copy, call the member number on the back of your ID card.

## **UnitedHealthcare Disease and Case Management Programs**

UnitedHealthcare Disease and Case Management Programs offer support, arrange access to care and improve the overall health care experience of our members coping with a chronic condition or complex health situation. Currently, we offer special Disease Management Programs for respiratory (asthma and COPD), coronary artery disease, diabetes and heart failure. Case Management Programs assist members with complex needs such as cancer, organ transplant, chronic conditions and trauma, as well as pending hip or knee surgery and recent hospitalizations. These programs provide coaching and educational support for medications, care and lifestyle changes. Our goal is to help you manage your condition, provide you with self-care techniques and support your doctor's treatment plan – all so you can take an active role in your health.

Your recent prescriptions, doctor visits or hospital stays help us to identify when one of these programs may benefit you. You can also self-refer by calling the toll-free member phone number on the back of your ID card to inform them of your program of interest. You will be invited to participate by receiving a letter in the mail, or a call from an automated dialer or a nurse. Once notified of your eligibility, you can choose whether or not to participate. Please visit [www.mynhp.com](http://www.mynhp.com) for more detailed information about these programs.

## Other important information

### Quality Improvement Program

UnitedHealthcare's Quality Improvement program was developed to improve your health care experience. Components of the Quality Improvement Program include:

- Providing data on key clinical measures to your physician or other health care professional so he or she can deliver evidence-based medical care to you and your family
- 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
- Public accountability through the accreditation process and reporting to regulatory agencies
- Credentialing of our physician and health care professional network

Every business unit and function within UnitedHealthcare continually monitors its performance in order to improve its service and the health care you receive from our network providers. The results of this monitoring and the improvements made are:

- 92% of our members with asthma are using the appropriate asthma medications
- Our new mothers received their prenatal care in the first trimester of their pregnancy 94% of the time
- Member questions and complaints are resolved on the first call to Customer Care 93% of the time
- Our Voice of the Customer member satisfaction surveys have shown an increase in satisfaction from 89% in early 2008 to 92.5% in early 2009.
- 94% of our members said their Health Plan doctors were good listeners, explained things well, respected and spent time with them.

Copies of the Quality Improvement program description are available upon request from your health plan's Clinical Excellence Department. For information on your specific health plan's Quality Improvement programs, call the member phone number on the back of your ID card.

### What is patient safety

Patient safety has been defined by the National Patient Safety Foundation (NPSF) as "the avoidance and amelioration (improvement) of adverse outcomes or injuries stemming from the processes of health care."<sup>1</sup> UnitedHealthcare supports the prevention and elimination of health care errors by our commitment to the education of consumers and physicians and to our support of the practice of evidence-based medicine.

We believe that a well-informed individual is a healthier individual. The UnitedHealth Foundation Web site at <http://www.unitedhealthfoundation.org> provides health tips and resources to support your safe health care decisions. Look under **Health Tips** on this Web site for information on the safe use of over-the-counter medications, the appropriate use of antibiotics and general patient safety tips.

Health care errors are not just caused by people; in fact, most errors can be attributed to the health care system. Our prescription drug program features online, real-time information to alert your pharmacist before dispensing medications that may have serious effects when combined with other medication you receive. UnitedHealthcare provides medication/formulary information to physicians along with safe prescribing messaging and FDA drug warnings through Epocrates<sup>®2</sup>, a hand-held computer-based system. We are also expanding our ePrescribing program which allows your physician to electronically submit your prescription to your pharmacy. ePrescribing reduces the opportunity for medication errors.

1 National Patient Safety Foundation, Definition: Patient Safety. Chicago, IL: National Patient Safety Foundation; 2008. Available at <http://www.npsf.org/rc/mp/definitions.php>

2 Epocrates<sup>®</sup> is a registered trademark of Epocrates, Inc.

Network hospitals are also working to improve patient safety. As a partner with the Leapfrog Group, an organization that promotes health care safety, quality and customer value, UnitedHealthcare encourages our network hospitals to report their progress on four key factors affecting patient safety to the Leapfrog Group Hospital Quality and Safety Survey:

1. **Computerized Physician Order Entry system (CPOE)** – Staff use computers to order medications, tests and procedures.
2. **ICU Staffing** – Intensive Care Units (ICU) are staffed by physicians and other health care professionals who have special training in critical care.
3. **Evidence-Based Hospital Referral** – Hospitals with a lot of experience for specific procedures, surgeries or conditions tend to have better results.
4. **Leapfrog Safe Practices Score** – Hospitals with a high Leapfrog Safe Practices Score have put into place 27 procedures to reduce preventable medical mistakes.<sup>3</sup>

If you would like to obtain more detailed information from nationally recognized sources, here are links to various Web site sources:

UnitedHealthcare consumer Web site: <http://www.myuhc.com>

Leapfrog Group Web site: <http://www.leapfroggroup.org>

Joint Commission Patient Safety Web site: <http://www.ccforspatientsafety.org/>

AHRQ consumer Web site: <http://www.psnet.ahrq.gov>

## Evaluation of New Technologies

Our Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed 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 monthly 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.

## 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 Certificate of Coverage or Summary Plan Description.

## 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. 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.

<sup>3</sup> Leapfrog Group- What does Leapfrog ask hospitals. 7/20/2007. [http://www.leapfroggroup.org/for\\_consumers/hospitals\\_asked\\_what?tid=105941](http://www.leapfroggroup.org/for_consumers/hospitals_asked_what?tid=105941)

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 toll-free member phone number on your ID card.

## **Notification of Language Assistance Services**

We understand that we serve an increasingly diverse membership. More than ever, we believe that it is important to accommodate language preferences, especially when it comes to our members accessing care and services to ensure that language is not an obstacle to receiving proper care.

We offer language assistance services to limited English proficiency (LEP) members. Language assistance services are provided free of charge to members. If you need assistance or have any questions about these services, please call the toll-free member phone number on the back of your ID card.

## **Notificación de los Servicios de Ayuda en Otros Idiomas**

Comprendemos que prestamos servicios a una diversidad cada vez mayor de miembros. Más que nunca, creemos que es importante dar cabida a las preferencias de idioma, especialmente cuando se trata del acceso de nuestros miembros a la atención y los servicios, a fin de asegurar que el idioma no sea un obstáculo para recibir la atención apropiada.

Ofrecemos servicios de ayuda en otros idiomas a miembros con competencia limitada en inglés (LEP, por sus siglas en inglés). Los servicios de ayuda en otros idiomas se prestan gratuitamente a los miembros. Si necesita ayuda o tiene alguna pregunta sobre estos servicios, llame al número de teléfono gratuito para el miembro que figura en el reverso de su tarjeta de identificación.

### **語言協助服務通知**

我們瞭解，我們所服務的會員日益多元化。我們認為尊重語言偏好比起以往更為重要，特別為確保會員於獲取照護及服務時，語言不致成為獲得適當照護的障礙。

我們為英語程度有限 (LEP) 的會員提供語言協助服務。語言協助服務是免費為會員提供。若您需要協助或對這類服務有任何疑問，請撥打會員卡背面的免付費會員電話號碼。

## **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.

## **Rights and Responsibilities**

### **You have the right to:**

- Be treated with respect and dignity by UnitedHealthcare personnel, network physicians and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive.
- 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.
- Participate in a candid discussion with your physician about appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Be provided with access to physicians, health care professionals and other health care facilities.
- Participate with your physician and other health care professionals in decisions about your care.

- Receive and make recommendations regarding the organization's member's rights and responsibilities policies.
- Receive information about UnitedHealthcare, our services, network physicians and other health care professionals.
- Be informed of, 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 be 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 member 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, requires 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 physicians and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer's human resource department of changes in your address or family status.
- Visit our Web site, [www.mynhp.com](http://www.mynhp.com), or call the member phone number on the back of your ID card when you have a question about your eligibility, benefits, claims and more.
- Access our Web site, [www.mynhp.com](http://www.mynhp.com), or call the member phone number on the back of your ID card to verify that your physician or health care professional is participating in the UnitedHealthcare network before receiving services.

### **Internal Protection of Information within UnitedHealth Group**

UnitedHealth Group collects and maintains oral, written and electronic information to administer our business and to provide products, services and information of importance to our members. We provide physical, electronic and procedural security safeguards in the handling and maintenance of our members' information to protect against risks such as loss, destruction or misuse. We conduct regular audits to guarantee appropriate and secure handling and processing of our members' information.

### **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.

# Notice of Privacy Practices

Effective March 13, 2008

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

We\* are required by law to protect the privacy of your health information. We are also required to send you this notice, which explains how we may use information about you and when we can give out or "disclose" that information to others. You also have rights regarding your health information that are described in this notice. We are required by law to abide by the terms of this notice.

The terms "information" or "health information" in this notice include any personal information that is created or received by a health care provider or health plan that relates to your physical or mental health condition, the provision of health care to you, or the payment for such health care.

We have the right to change our privacy practices. If we do, we will provide the revised notice to you within 60 days by direct mail or post it on our Web site, myuhc.com.

## How We Use or Disclose Information

**We must** use and disclose your health information to provide information:

- To you or someone who has the legal right to act for you (your personal representative);
- To the Secretary of the Department of Health and Human Services, if necessary, to make sure your privacy is protected; and
- Where required by law.

**We have the right to** use and disclose health information to pay for your health care and operate our business. For example, we may use your health information:

- **For Payment** of premiums due us and to process claims for health care services you receive.
- **For Treatment.** We may disclose health information to your physicians or hospitals to help them provide medical care to you.
- **For Health Care Operations.** We may use or disclose health information as necessary to operate and manage our business and to help manage your health care coverage. For example, we might talk to your physician to suggest a disease management or wellness program that could help improve your health.
- **To Provide Information on Health-Related Programs or Products** such as alternative medical treatments and programs or about health-related products and services.
- **To Plan Sponsors.** If your coverage is through an employer group health plan, we may share summary health information and enrollment and disenrollment information with the plan sponsor. In addition, we may share other health information with the plan sponsor for plan administration if the plan sponsor agrees to special restriction on its use and disclosure of the information.

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\*For purposes of this Notice of Privacy Practices, "we" or "us" refers to the following UnitedHealthcare entities: ACN Group of California, Inc.; All Savers Insurance Company; All Savers Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; AmeriChoice of Pennsylvania, Inc.; Arizona Physicians IPA, Inc.; Arnett HMO, Inc.; Dental Benefit Providers of California, Inc.; Dental Benefit Providers of Illinois, Inc.; Evercare of Arizona, Inc.; Evercare of New Mexico, Inc.; Evercare of Texas, LLC; Golden Rule Insurance Company; Great Lakes Health Plan, Inc.; Health Plan of Nevada, Inc.; IBA Health and Life Assurance Company; MAMSI Life and Health Insurance Company; MD - Individual Practice Association, Inc.; Midwest Security Life Insurance Company; National Pacific Dental, Inc.; Neighborhood Health Partnership, Inc.; Nevada Pacific Dental; Optimum Choice, Inc.; Oxford Health Insurance, Inc.; Oxford Health Plans (CT), Inc.; Oxford Health Plans (NJ), Inc.; Oxford Health Plans (NY), Inc.; Pacific Union Dental, Inc.; PacifiCare Behavioral Health of California, Inc.; PacifiCare Behavioral Health, Inc.; PacifiCare Dental; PacifiCare Dental of Colorado, Inc.; PacifiCare Insurance Company; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; PacifiCare of Arizona, Inc.; PacifiCare of California; PacifiCare of Colorado, Inc.; PacifiCare of Nevada, Inc.; PacifiCare of Oklahoma, Inc.; PacifiCare of Oregon, Inc.; PacifiCare of Texas, Inc.; PacifiCare of Washington, Inc.; Sierra Health & Life Insurance Co., Inc.; Spectera, Inc.; U.S. Behavioral Health Plan, California; Unimerica Insurance Company; Unimerica Life Insurance Company of New York; Unison Family Health Plan of Pennsylvania, Inc.; Unison Health Plan of Delaware, Inc.; Unison Health Plan of Ohio, Inc.; Unison Health Plan of Pennsylvania, Inc.; Unison Health Plan of South Carolina, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of Illinois; UnitedHealthcare Insurance Company of New York; UnitedHealthcare Insurance Company of the River Valley; UnitedHealthcare Insurance Company of Ohio; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Arizona, Inc.; UnitedHealthcare of Arkansas, Inc.; UnitedHealthcare of Colorado, Inc.; UnitedHealthcare of Florida, Inc.; United HealthCare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; United HealthCare of Louisiana, Inc.; UnitedHealthcare of Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; United HealthCare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of North Carolina, Inc.; UnitedHealthcare of Ohio, Inc.; UnitedHealthcare of Tennessee, Inc.; UnitedHealthcare of Texas, Inc.; United HealthCare of Utah; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc.

- **For Appointment Reminders.** We may use health information to contact you for appointment reminders with providers who provide medical care to you.

**We may** use or disclose your health information for the following purposes under limited circumstances:

- **To Persons Involved In Your Care.** We may use or disclose your health information to a person involved in your care, such as a family member, when you are incapacitated or in an emergency, or when permitted by law.
- **For Public Health Activities** such as reporting disease outbreaks.
- **For Reporting Victims of Abuse, Neglect or Domestic Violence** to government authorities, including a social service or protective service agency.
- **For Health Oversight Activities** such as governmental audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings** such as in response to a court order, search warrant or subpoena.
- **For Law Enforcement Purposes** such as providing limited information to locate a missing person.
- **To Avoid a Serious Threat to Health or Safety** by, for example, disclosing information to public health agencies.
- **For Specialized Government Functions** such as military and veteran activities, national security and intelligence activities, and the protective services for the President and others.
- **For Workers' Compensation** including disclosures required by state workers' compensation laws of job-related injuries.
- **For Research Purposes** such as research related to the prevention of disease or disability, if the research study meets all privacy law requirements.
- **To Provide Information Regarding Decedents.** We may disclose information to a coroner or medical examiner to identify a deceased person, determine a cause of death, or as authorized by law. We may also disclose information to funeral directors as necessary to carry out their duties.
- **For Organ Procurement Purposes.** We may use or disclose information for the procurement, banking or transplantation of organs, eyes or tissue.

If none of the above reasons applies, **then we must get your written authorization to use or disclose your health information.** If a use or disclosure of health information is prohibited or materially limited by other applicable law, it is our intent to meet the requirements of the more stringent law. In some states, your authorization may also be required for disclosure of your health information. In many states, your authorization may be required in order for us to disclose your highly confidential health information, as described below. Once you give us authorization to release your health information, we cannot guarantee that the person to whom the information is provided will not disclose the information. You may take back or "revoke" your written authorization, except if we have already acted based on your authorization. To revoke an authorization, call the toll-free member phone number listed on the back of your ID card.

### **Highly Confidential Information**

Federal and applicable state laws may require special privacy protections for highly confidential information about you. "Highly confidential information" may include confidential information under Federal law governing alcohol and drug abuse information as well as state laws that often protect the following types of information:

1. HIV/AIDS.
2. Mental health.
3. Genetic tests.
4. Alcohol and drug abuse.
5. Sexually transmitted diseases and reproductive health information.
6. Child or adult abuse or neglect, including sexual assault.

Included with this notice is a Summary of State Laws on Use and Disclosure of Certain Types of Medical Information.

## What Are Your Rights

The following are your rights with respect to your health information.

- **You have the right to ask to restrict** uses or disclosures of your information for treatment, payment, or health care operations. You also have the right to ask to restrict disclosures to family members or to others who are involved in your health care or payment for your health care. We may also have policies on dependent access that may authorize certain restrictions. **Please note that while we will try to honor your request and will permit requests consistent with its policies, we are not required to agree to any restriction.**
- **You have the right to ask to receive confidential communications** of information in a different manner or at a different place (for example, by sending information to a P.O. Box instead of your home address).
- **You have the right to see and obtain a copy** of health information that may be used to make decisions about you such as claims and case or medical management records. You also may receive a summary of this health information. You must make a written request to inspect and copy your health information. In certain limited circumstances, we may deny your request to inspect and copy your health information.
- **You have the right to ask to amend** information we maintain about you if you believe the health information about you is wrong or incomplete. If we deny your request, you may have a statement of your disagreement added to your health information.
- **You have the right to receive an accounting** of disclosures of your information made by us during the six years prior to your request. This accounting will not include disclosures of information: (i) made prior to April 14, 2003; (ii) for treatment, payment, and health care operations purposes; (iii) to you or pursuant to your authorization; and (iv) to correctional institutions or law enforcement officials; and (v) other disclosures that federal law does not require us to provide an accounting.
- **You have the right to a paper copy of this notice.** You may ask for a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. You may obtain a copy of this notice at our Web site, myuhc.com.

## Exercising Your Rights

- **Contacting your Health Plan.** If you have any questions about this notice or want to exercise any of your rights, please call the toll-free member phone number on the back of your ID card. Or call UnitedHealth Group at 1-866-633-2446 during normal business hours.
- **Filing a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with us at the following address:

UnitedHealthcare  
Customer Service – Privacy Unit  
PO Box 740815  
Atlanta, GA 30374-0815

**You may also notify the Secretary of the U.S. Department of Health and Human Services of your complaint.** We will not take any action against you for filing a complaint.

## Financial Information Privacy Notice

We (including our affiliates listed at the bottom of this page)\* are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, "personal financial information" means information, other than health information, about an enrollee or an applicant for health care coverage that identifies the individual, is not generally publicly available and is collected from the individual or is obtained in connection with providing health care coverage to the individual.

We collect personal financial information about you from the following sources:

- Information we receive from you on applications or other forms, such as name, address, age and social security number; and
- Information about your transactions with us, our affiliates or others, such as premium payment history.

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law.

We restrict access to personal financial information about you to employees and service providers who are involved in administering your health care coverage and providing services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your personal financial information.

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For purposes of this Financial Privacy Notice, "we" or "us" refers to the entities listed on the first page on the Notice of Privacy Practices, plus the following UnitedHealthcare affiliates: ACN Group IPA of New York, Inc.; ACN Group, Inc.; Administration Resources Corporation; AmeriChoice Health Services, Inc.; Behavioral Health Administrators; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.; Innoviant, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; Midwest Security Care, Inc.; National Benefit Resources, Inc.; OneNet PPO, LLC; OptumHealth Bank, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, Inc.; RxSolutions, Inc.; Spectera of New York, IPA, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; United Healthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc.

This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.

## Summary of State Laws on Use and Disclosure of Certain Types of Medical Information

This information is intended to provide an overview of state laws that are more stringent than the federal Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule with respect to the use or disclosure of protected health information in the categories listed below.

| <b>Sexually Transmitted Diseases and Reproductive Health</b>   |  |
|--|--|
| Disclosure of sexually transmitted diseases and reproductive health-related information may be: (1) limited to specified circumstances; and/or (2) restricted by the patient.                        | HI, MS, NC, NM, NY, OK, VA, WA   |
| Disclosure of sexually transmitted diseases and reproductive health information must be accompanied by a written statement meeting certain requirements.   | NM   |
| There are specific requirements that must be followed when an insurer uses or requests sexually transmitted disease tests or reproductive health information for insurance or underwriting purposes. | MS   |
| <b>Alcohol and Drug Abuse</b>  |  |
| Disclosure of alcohol and drug abuse information may be: (1) limited to specified circumstances; (2) restricted by the patient; and/or (3) prohibited under certain circumstances.                   | GA, HI, KY, MA, NH, OK, VA, WA, WI   |
| A specific written statement must accompany any alcohol and drug abuse information disclosures.  | WI   |
| Specific requirements must be followed when an insurer uses or requests drug and alcohol tests or information for insurance or underwriting purposes.  | KY, VA   |
| <b>Genetic Information</b>   |  |
| An authorization is required for each disclosure of genetic information.   | CA, HI, KY, LA, RI, TN   |
| Genetic information may be disclosed only under specific circumstances.  | AZ, CO, FL, GA, HI, IL, MD, MA, MO, NV, NH, NJ, NM, NY, OR, TX, VT   |
| Restrictions apply to (1) the use; and/or (2) the retention of genetic information.  | CO, GA, IL, NV, NJ, NM, OR, VT, WY   |
| Specific requirements must be followed when an insurer uses or requests a genetic test for insurance or underwriting purposes.   | FL, IL, IN, LA, NV, WY   |
| <b>HIV / AIDS</b>  |  |
| Disclosure of HIV/AIDS-related information may only be: (1) limited to specific circumstances; and/or (2) restricted by the patient.   | AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, IL, IN, IA, KY, ME, MA, MI, NH, NJ, NM, NY, NC, OH, OK, OR, PA, TX, UT, VT, VA, WA, WV, WI |
| A specific written statement must accompany any HIV/AIDS-related information disclosures.  | AZ, CT, KY, NM, OR, PA, WV   |
| Certain restrictions apply to the retention of HIV/AIDS-related information.   | MA, NH   |
| Specific requirements must be followed when an insurer uses or requests an HIV/AIDS test for insurance or underwriting purposes.   | AR, DE, FL, IA, MA, NH, PA, UT, VA, VT, WA, WV   |
| Improper disclosure may be subject to penalties.   | DE   |
| Disclosure to the individual and/or designated physician may be required.  | MA, NH   |
| <b>Mental Health</b>   |  |
| Disclosure of mental health information may be: (1) limited to specific circumstances; (2) restricted by the patient; and/or (3) prohibited or prevented under certain circumstances.                | AL, AZ, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KY, ME, MA, MD, MI, MN, NM, NY, OK, PA, TN, TX, VT, VA, WA, WV, WI             |
| A specific written statement must accompany any mental health information disclosures.   | WI   |
| Specific requirements must be followed when an insurer uses or requests mental health information for insurance or underwriting purposes.  | IA, KY, ME, MA, NM, TN, VA   |
| <b>Child or Adult Abuse</b>  |  |
| Abuse-related information may only be disclosed under specific circumstances.  | AL, LA, NM, TN, UT, VA, WI   |



# IMPORTANT

**Verify your coverage online.**

**Simply go to [www.myrhpc.com](http://www.myrhpc.com) and**

- Register on the site
- On the home page under "My Plan Summary" click on "Eligibility Information"
- Verify the information listed is correct

**You can also review your copay and deductible as well as find a network physician.**

If you have any questions, please call the toll-free, member phone number on the back of your ID card.

Insurance coverage provided by UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by or through UnitedHealthcare of Florida, Inc. and Neighborhood Health Partnership, Inc.

The Care24<sup>®</sup> program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. 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 UnitedHealthcare services directly or indirectly (e.g. employer or health plan). Care24 may not be available in all states or for all group sizes. Components subject to change.

For informational purposes only. NurseLine<sup>SM</sup> 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.

UnitedHealthcare Disease and Case Management programs and services are offered to UnitedHealthcare enrollees to help them stay healthy. They are not insurance products but are 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. Components subject to change.

For a complete description of the UnitedHealth Premium<sup>®</sup> Designation program, including details on the methodology used, geographic availability, program limitations and medical specialties participating, please see [myuhc.com](http://myuhc.com)<sup>®</sup>.