

NOW IS THE TIME TO LIVE WELL.

A guide to your benefits

Montgomery County Government Employee and Retiree Plan Benefits

www.welcometouhc.com/mcg



BEFORE YOU ENROLL

For more information, visit www.welcometouhc.com/mcg.

1 Take some time.

You always have choices when it comes to your benefits. As you consider your plan benefits from Montgomery County Government, you might also be considering a spouse's or partner's plan. In any case, it's an important decision. We hope you take time to review all of the benefits available to you.

Remember to ask yourself:

- ▶ Is my doctor in the network?
- How much will it cost, including my plan premium or contributions?
- > What services are covered and not covered?

2 Make your decision.

Use these helpful tools at www.welcometouhc.com/mcg.



Find your doctor or choose a new doctor. *Click on Find a Doctor/Hospital.*



Compare your health care costs.

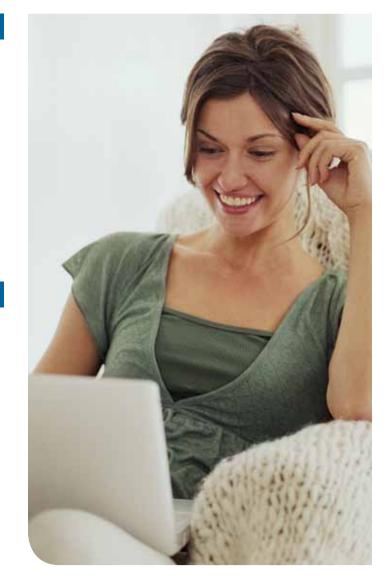
Click on Compare Cost of Different Plans to access **myHealthcare Cost Estimator** for the information you need to explore cost estimates of different treatments.



See recommended services based on your age and gender using our preventive care tool. *Click on Preventive Care.*

3 Enroll in a plan of your choice.

After you enroll, the only time you can make changes is when you have a qualifying event. This can include a marriage, divorce or a new baby.



SERVICES AND PROGRAMS



Services and programs to help you make smart health care decisions

The UnitedHealth Premium[®] difference

You may be wondering what the words "UnitedHealth Premium" and "designated" really mean to you. To acknowledge that not all health care is created equal, we developed the UnitedHealth Premium designation program. It evaluates and recognizes physicians who meet national industry standards for quality care and local market benchmarks for cost efficiency.

You're covered everywhere you go

Whether you are at home, traveling or you have a covered child going to school out-of-state, a network doctor or hospital is likely close by. We have a large national network, consisting of more than 720,000 physicians and health care professionals and more than 5,600 hospitals. That's almost seven out of 10 doctors and nine out of 10 hospitals, which means it's easier to find a doctor or facility that meets your needs.

Don't leave your health care choice to chance.

Find your doctor in six easy steps.

- Simply go to www.welcometouhc.com/mcg.
- 2 Click on "Find a Doctor/Hospital" on the left side of the page.
- ${f 3}$ On the main "Find a Doctor" page, click on "Find a doctor or hospital near you."
- 4 Select a Physician Specialty along the left of the page.
- 5 Enter the desired zip code, mileage radius and other parameters to narrow your results.
- 6 Providers will appear along the bottom of the page.

myuhc.com® Features:

- Learn healthy habits and access health improvement sources
- Information to help you prepare for a doctor appointment
- Download fact sheets about common health questions



The importance of having a primary care physician

One of the most important health care decisions you can make for you and your family is choosing a primary care physician. When you have a primary care physician, he or she can be your first point of contact when you need care and provide most of your regular and routine care. This will include annual well visits and preventive care, as well as care for sickness or injury. Your primary care physician will be a health care partner you can trust. He or she will get to know you, your current health status and your health history. He or she can work as a team with nurses, pharmacists and other health care providers to see to it that you receive the highest quality of care at the right time.

If you need to see a specialist, you do not need a referral from your primary care physician.

At the time of enrollment, a primary care physician will be randomly assigned to you.

If you already have a primary care physician that you prefer, you can go to **myuhc.com**[®] anytime and change doctors.

Talk to your primary care physician about preventive care

A big part of living a healthy life is being able to prevent a health problem and to identify it early so that it does not get worse. This can make it easier and less costly to treat — it can even save a life. That is why you may hear a lot about the importance of talking to your physician and getting your preventive care. Preventive care will usually be services like annual exams, vaccinations, well-baby checkups, mammograms and more.

Identify your preventive care guidelines today

At **www.uhcpreventivecare.com**, you can access age and gender-specific preventive care recommendations that will help you manage your health and reach your personal health goals. You can use this information to work with your doctor to make health decisions that suit your lifestyle and daily habits.

You'll find information you need with myuhc.com®

After you enroll, there are many great things you can do on your personal and private website:

- Find a physician, specialist or a hospital
- Print a temporary health plan ID card
- Chat with a registered nurse
- Record your family's medical history
- Learn about common symptoms and health conditions
- Compare treatment and medication costs
- Refill prescriptions
- > View coverage and claims details and so much more

Access health tools, calculators and trackers

Through the Health & Wellness site, you can access dozens of tools and resources to help you achieve your personal health goals. These tools, trackers and quizzes, motivate and educate while helping you find information fast. As a member, you'll have our:

- Symptom checker to find the right care for your symptom
- Health & Wellness library to find facts about medications, health conditions and more
- **Health trackers** to record your blood pressure and more to stay on top of a health concern
- **Risk screening quizzes** to check your risk for certain cancers, heart disease and diabetes

You can store all of your family's health history in one secure place

The Personal Health Record is your health history, medical library and organizer rolled into one place. And it's completely secure.

- Review claim information, including lab results
- Record allergies and immunizations
- Record your family health history and personal contacts
- > Track your blood pressure, cholesterol and weight
- Print and take your health information to your doctor's appointment



Make the most of your health plan with mobile tools

DocGPS®

- Find a doctor or hospital wherever you are with DocGPS
- Search for network doctors, clinics and hospitals
- Get directions and more

UnitedHealthcare Health4MeSM

Once you are a member, the Health4Me app provides you with instant access to critical health information from your mobile device.

The confidential app features include:

- Search for physicians or facilities
- View claims, account balances, benefit plan details and your health plan ID card





Wellness services to help you meet your personal health goals

Current members: You can access our wellness services today. Just log in to **myuhc.com** and click on "Health & Wellness," or call the Customer Care number, **1-800-638-0014**, on the back of your health plan ID card.

Enjoy discounts that can add up to big savings.

Save from 10 to 25% on fitness club memberships, teeth whitening and more through our Health Discount Program.





Wellness Tip Sheets

- Log on to myuhc.com and download fact sheets about common health questions.
- Find information about asthma, diabetes, heart health, weight loss, cholesterol, allergies and more.

Get help to manage your stress

An online health coach will help you find ways to identify your individual stress type. They'll also provides tips on managing your stress. And you'll have interactive tools to help you cope and reduce the stress factors in your life.

Discover how to eat better and understand nutrition

You can work with an online health coach to help you improve your food choices and meet your nutritional needs. You'll learn tips and information on understanding the nutritional content of different foods. And, you'll have interactive tools to help you develop healthy eating plans.

Learn how we can help you lose weight

There are real advantages to losing weight. Being overweight can lead to diseases, such as heart disease, diabetes, high blood pressure and high cholesterol. Our online health coaches will guide you through a staged approach to learning about proper nutrition and how to plan healthy meals.

- Learn different ways to lose weight
- Plan more nutritional meals
- Manage your exercise and track your progress
- Avoid temptations

Services and programs that support your personal health needs

Current members: For more information, log in to **myuhc.com** or call the Customer Care number, **1-800-638-0014**, on the back of your health plan ID card.

If you are pregnant or thinking about having a baby

The Healthy Pregnancy Program will help you through every stage of your pregnancy and delivery. You will receive:

- > 24-hour access to experienced nurses
- Helpful information or facts to help you identify risks and special needs
- Access to our online Healthy Pregnancy Owner's Manual and other materials
- Complimentary gifts and money-saving coupons

Current members: Enroll today by calling **1-888-246-7389** or you can visit **www.healthy-pregnancy.com**.

Get behavioral health support

Sometimes the challenges you face can feel like too much to handle. Your benefits include behavioral health support provided by **United Behavioral Health**.

Visit **www.liveandworkwell.com** for information on mental health and substance abuse services. This site also links to the United Behavioral Health Preventive Health Program for exclusive resources and information on major depression disorders, alcohol abuse and attention deficit hyperactivity disorder.

Experienced specialists are available who can talk with you about your situation — just call **1-800-638-0014**.

Speak with a registered nurse anytime

With **myNurseLine**SM services, you can call a registered nurse at any time, any day. They can help answer questions like: "Can you help me find a network doctor?" "Does my medication have side effects?" "What are my treatment options?" They can direct you to network doctors and even schedule appointments. To access the **myNurseLine**SM program, call **1-800-846-4678**.



If you are looking for top-notch health care facilities and providers

If you or a family member is diagnosed with a severe condition, we can connect you with national Centers of Excellence. The centers are leading health care facilities and health care providers who will help you decide where to get care, coordinate your care with your treatment team, help with scheduling appointments and more. Depending on the benefit plan provided to you by your employer, program offerings may vary. For more information call the Customer Care number, **1-800-638-0014**, on the back of your health plan ID card.

Need a vision examination?

For more information about the vision benefit included in your health plan, visit **www.welcometomyuhc.com/mcg**.

Check out these online services to help you meet your unique needs

Source4Women.com

Women typically make most of the health care decisions for themselves and their families. That's why we developed **Source4Women.com**. You'll find information and resources to help you manage your own health, through every stage of life, and manage the health of your family. Plus, you can:

- Read blogs from nationally respected health care professionals
- Watch health and wellness videos from Dr. Mehmet Oz of the popular "The Dr. Oz Show"



- Participate in online seminars
- Connect with other women in private online communities

Storytellers: Health care success stories told by the people who lived them

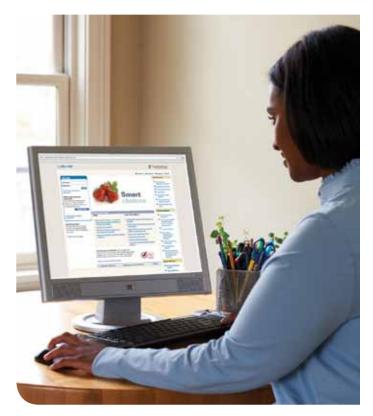
We've traveled the country to record health care success stories told by UnitedHealthcare members. Through their personal and moving accounts, we continue to be inspired by their courage and humbled by their UnitedHealthcare experience. We are honored to be able to share their stories with you. See their stories and more at **uhc.com/storytellers**.

Healthy Mind Healthy Body® e-newsletter

Sign up to receive a newsletter made just for you. You choose the topics that are of interest to you, and we e-mail the newsletter to your personal e-mail account each month. Topic choices include:

- Healthy living
- Fitness, nutrition and weight management
- Family and child health
- Women's and men's health
- Diabetes
- Asthma and more

Visit www.uhc.com/myhealthnews to sign up today.



Know before you go

It's easier to budget for a medical treatment, if you have an idea of how much it will cost. Our **myHealth Care Cost Estimator** gives you the information you need to help you plan ahead.

- Search and explore cost estimates of different treatments
- Compare network and non-network cost estimates
- Learn how the cost of a procedure affects your health account balances

Improve your health with myuhc.com

There's nothing more important than your health. UnitedHealthcare is committed to helping you achieve your healthy living goals, whether you want to eat right, exercise more, stop smoking or just relax. We can help with online tools and resources, available at **myuhc.com**[®]. The Health & Wellness site on **myuhc.com** is a 24-hour online resource with many tools that can help make it easier for you to develop a healthier lifestyle. Log in to **myuhc.com** and select the Health & Wellness tab to find:

- Personal health record
 Preventive care guidelines
- ▶ Health improvement tools → Health quizzes and more

Visit your support site: welcometouhc.com/mcg

From one site, you can access benefit information, learn about available tools, resources and programs, view open enrollment materials and more.

- View benefit plan
- Learn about specialized benefits
- Search for physicians and facilities
- And, access our site for members, **myuhc.com**

Personalized online support

You have continuous access to your health and benefits information through our online tools.

UHC.TV^{s™}

UHC.TV is our new online television network. It presents educational and entertaining programs about good health and living well.

Visit UHC.TV today to help you get inspired to take healthy steps.



www.welcometouhc.com/mcg	myuhc.com
Access this site before or after you are a member	A website designed to help members: • Understand benefits coverage • Access benefits • Track claims • Improve overall health • Organize health information
Find a network doctor in your area – search by facility or physician	Find a network doctor in your area – search by facility or physician
Find answers to frequently asked questions	Learn about your plan details
Learn about your plan details, tools and resources	Take health quizzes, and learn about common symptoms

Your benefits Benefit Summary ASO Select

Montgomery County Government Medical Plan

United HealthCare Services, Inc. and Montgomery County Government want to help you take control and make the most of your health care benefits. That's why we provide convenient services to get your health care questions answered quickly and accurately:

- > myuhc.com* Take advantage of easy, time-saving online tools. You can check your eligibility, benefits, claims, claim payments, search for a doctor and hospital and more.
- 24-hour nurse support A nurse is a phone call away and you have other health resources available 24 hours a day, 7 days a week to provide you with information that can help you make informed decisions. Just call the number on the back of your health plan ID card.
- Customer Care telephone support Need more help? Call a Customer Care professional using the toll-free number on the back of your health plan ID card. Get answers to your benefit questions or receive help looking for a doctor or hospital.

The Benefit Summary is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary conflicts in any way with the Summary Plan Description (SPD), the SPD shall prevail. It is recommended that you review your SPD for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

Information on Pre-service Notification

*Pre-service Notification is required for certain services.

Information on Benefit and Benefit Limits

- The Annual Deductible, Out-of-Pocket Maximum and Benefit limits are calculated on a calendar year basis.
- All Benefits are reimbursed based on Eligible Expenses. For a definition of Eligible Expenses, please refer to your Summary Plan Description.
- · When Benefit limits apply, the limit refers to Network Benefits unless specifically stated in the Benefit category.

Types of Coverage	Network Benefits	
Deductibles and Coinsurance		
Individual Deductible	No Deductible	
Family Deductible	No Deductible	
Individual Out-of-Pocket Maximum	\$1,100 per year	
Family Out-of-Pocket Maximum	\$3,600 per year	
 Lifetime Maximum Benefit There is no dollar limit to the amount the Plan will pay for essential Benefits during the entire period you are enrolled in this Plan. 	No Lifetime Maximum Benefit	
Physician Services and Preventive Care		
Primary Physician Office Visit – Sickness and Injury	100% after you pay a \$5 Copayment per visit	
Specialist Physician Office Visit – Sickness and Injury	100% after you pay a \$10 Copayment per visit	
Preventive Care Services Covered Health Services include but are not limited to:	·	
Primary Physician Office Visit	\$5 Copayment per visit	
Specialist Physician Office Visit	\$10 Copayment per visit	
Lab, X-Ray or Other Preventive Tests	100% of Eligible Expenses	
Vision Care		
Annual Routine Exam	\$25 Copayment	
Frames ¹	Up to a 30% discount off retail price	
Standard Lenses Single-vision lenses Lined bifocal lenses Lined trifocal lenses	\$45 Copayment \$65 Copayment \$95 Copayment	
Contact Lenses ² Fitting and materials	Up to a 20% discount	
Hospital and Surgical Care		
Hospital – Inpatient Stay	100% of Eligible Expenses	
Physician Fees for Surgical and Medical Services	100% of Eligible Expenses	
Surgery – Outpatient	\$25 Copayment	

Outpatient Diagnostic Services 100% of Eight	Types of Coverage	Network Benefits
Lab, X-Pay and Diggoodies - Outpatient 100% of Eligible Expenses Lab, X-Pay and X-Byto Till Strokes - Outpatient 100% of Eligible Expenses Constructions - Outpatient Diagnostics and Theorepatic Constructions - Outpatient Diagnostics - Outpatient Part - Diagnostics - Outpatient Diagnostics - Outpatient Part - Diagnostics - Outpatient Part - Diagnostics - Outpatient Diagnostics - Outpatient Part - Diagnostics - Outpatient Part - Diagnostics - Outpatient Diagnostics - Outpatient Part - Diagnostics - Outpatient Diagnostics -		
Lab, Asky and Najor Disposities - Outpatient 100% of Eighbs Expanses Schickster CLF (FW, HKA Kard Meckan Mec		100% of Eligible Expenses
 bidde CT, PET, MRI, MKA and Nuclear Medicine bidde CT, PET, MRI, MKA and Nuclear Medicine Diagnotitic acapie procedures includes, but are not limited to: Coloneacapy, Sigmoida.coxpl and Endocoxpl Por Preventive Scope Procedures, ruler to the Preventive Care Services category Por Preventive Scope Procedures, ruler to the Preventive Care Services category Por Preventive Scope Procedures, ruler to the Preventive Care Services category Por Preventive Scope Procedures, ruler to the Preventive Care Services category Por Preventive Scope Procedures, ruler to the Preventive Care Services category Por Preventive Services Porter Services - Academ Otal Porter Services - Coloneations of the Prevention Service - Services Porter Services Porter Services - Coloneations of the Prevention Services Porter Services Porter Services Porter Services - Col		
 Dapate accessory Description of a state of the the Presentive Care Services category Par Presentive Scope Procedures, refer to the Presentive Care Services category Bernergency and Medical Care Anno Energency and Medical Care Description of Medical Care Output on the Energency coon, you will not be the provide of the Description of the Energency and Medical Care Description Description of Description of the Energency coon, you will not be the provide of the Description of the Energency coon, you will not be the provide of the Description of the Energency coon, you will not be the provide of the Description of the Energency coon, you will not be the provide of the Description of th		100% of Eligible Expenses
Emergency and Medical Care Anbulance Services 100% of Eligible Expenses* Emergency and Medical Care 100% of Eligible Expenses* 100% after you pay \$25 Copsyment per visit Prove and mide an inplient to A broken Keptpit after(by from the Emergency room, you will not have to pay that Copagnest. The Benefits for an inplient to A broken Keptpit after (by a set and that we have the pay is a Network Neptpit after (by a set and that we have the pay is a Network Neptpit after (by a set and that we have the pay is a Network Neptpit after (by a set and that by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and that by a set and any pay is a Network Neptpit after (by a set and that by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and a set and a set of Net and Set and Network Neptpit after (by a set and the set and set of Network Neptpit after (by a set and the set and set of Network Neptpit after (by a set and set and Network Neptpit after (by a set and set and set of Network Neptpit after (by a set and any pay is a Network Neptpit after (by a set and a set of Network Neptpit after (by a set and a set and a set of Network Neptpit after (by a set and a set and a set of Network Neptpit after (by a set and a set and a set of Network Neptpit after (by a set and a set and a set on Network Neptpit after (by a set and a set and set and Network Neptpit after (by a set and a set and set and Set and Set and Set and Set and	Diagnostic scopic procedures include, but are not limited to: Colonoscopy; Sigmoidoscopy and Endoscopy	100% of Eligible Expenses
Ambutance Services 100% of Eligible Expenses* Energency Hash's Services - Outpatient 100% after you pay a \$25 Copayment per visit Base to pay his Copayment. The Banefits for an Inpatient Stay in a Network Hospital will apply instead 100% after you pay a \$15 Copayment per visit Other Services 00% after you pay a \$15 Copayment per visit Other Services 00% of Eligible Expenses Other Services - Accident Only 100% of Eligible Expenses Dentil Services - Accident Only 100% of Eligible Expenses Dentil Services - Accident Only 100% of Eligible Expenses Dentil Services - Accident Only 100% of Eligible Expenses Dentil Services - Accident Only 50% of Eligible Expenses Dentil Services - Accident Only 50% of Eligible Expenses Dentil Services - Accident Only 50% of Eligible Expenses Dentil Services - Accident Only 50% of Eligible Expenses Phorenetification are required for items more than \$1,800 50% of Eligible Expenses Member Asis follow: 00% of Eligible Expenses Member Asis follow: 100% of Eligible Expenses Member Asis follow: 50% of Eligible Expenses Menthis fast and Substance Abuse Services - Outpatient		
Emergency and Non-Emergency 100% of Eligible Expenses* Emergency Health Services - Outpatient typus are almeted as follows: 100% after you pay a \$25 Copayment per visit Other Eligible Expenses 100% after you pay a \$15 Copayment per visit Other Services 100% after you pay a \$10 Copayment per visit Other Services 50% of Eligible Expenses Outpatient as method to 12 visits per calendar year 100% after you pay a \$10 Copayment per visit Densits as method to 24 visits per calendar year 50% of Eligible Expenses Densits as method to 12 visits per calendar year 50% of Eligible Expenses Densits as financia or Services 50% of Eligible Expenses Densits as financia or Services 50% of Eligible Expenses Densits as financia or Services 50% of Eligible Expenses Densits as financia to single purchase (including repai/replacement) per hearing materia of as to financia as follows: 50% of Eligible Expenses Chider ander as a line to a single purchase (including repai/replacement) per visit 100% of Eligible Expenses Meantal Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Meantal Health and Substance Abuse Services - Outpatient Si Copayment per visit Peranaccuical Products - Outpatient		
Hyou are admitted as an inplatement to Method Mechapital directly from the Emergency room, you will not those to pay the Sograment. The Benefits or an inplatent Stay in a Network Hospital will apply instead. 100% after you pay a \$18 Copayment per visit Other Services 100% after you pay a \$10 Copayment per visit Acquanture Benefits are limited to 12 visits per calendar year 100% after you pay a \$10 Copayment per visit Other Services 100% after you pay a \$10 Copayment per visit Acquanture Benefits are limited to 12 visits per calendar year 50% of Eligible Expenses Details are initiad as follow: 50% of Eligible Expenses Datable Medical Equipment (DME)* 50% of Eligible Expenses Benefits are limited as follow: 50% of Eligible Expenses Parable Medical Equipment (DME)* 50% of Eligible Expenses Benefits are limited as follow: 50% of Eligible Expenses Nome Healt Care 100% of Eligible Expenses More Healt Care 100% of Eligible Expenses More Healt Care 100% of Eligible Expenses More Healt Health and Substance Abuse Services - Inplatient and Intermediate 100% of Eligible Expenses More Healt Care 50% of Eligible Expenses More Healt Health and Substance Abuse Services - Outplatient \$5 copayment per visit <td></td> <td>100% of Eligible Expenses*</td>		100% of Eligible Expenses*
Other Services Acpuncture Benefits are limited to 12 visits per calendar year 100% after you pay a \$10 Copayment per visit Chiropractic Testment Benefits are limited to 24 visits per calendar year 50% of Eligible Expenses Durable Medical Equipment (OME)* Benefits are limited as follows: 50% of Eligible Expenses Durable Medical Equipment (OME)* Benefits are limited as follows: 50% of Eligible Expenses On the Status are limited as follows: 50% of Eligible Expenses On the Status are limited as follows: 60% of Eligible Expenses On the Status are limited as follows: 60% of Eligible Expenses On the Status are limited as follows: 60% of Eligible Expenses More Health Care Benefits are united as follows: 100% of Eligible Expenses Hospice Care 100% of Eligible Expenses Moreal Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Pharmacultical Products - Outpatient \$5 Copayment per visit Pharmacultical Products - Outpatient Status are dimited to \$300 per lifetime for a single hair probales medications diministered in an outpatient setting, in the Physician's Office orin a Coread Parson's home. Software status are as those stated under each covered Health Service areagray in the Benefit Summary. Presthelic Devices ¹ Opting the physing	If you are admitted as an inpatient to a Network Hospital directly from the Emergency room, you will not	100% after you pay a \$25 Copayment per visit
Acpuncture Benefits are limited to 12 visits per calendar year 100% offer you pay a \$10 Copayment per visit Chiropractic Treatment Benefits are limited to 24 visits per calendar year 60% of Eligible Expenses Durable Medical Equipment (OME) ² Benefits are limited as follows: 50% of Eligible Expenses Benefits are limited as follows: 50% of Eligible Expenses Children under and initied to Toubie Medical Equipment 50% of Eligible Expenses Port ontification is required for items more than \$1,000 50% of Eligible Expenses Benefits are limited as follows: 50% of Eligible Expenses Children under Care Benefits are united as follows: 100% of Eligible Expenses More Health Care Benefits are united as follows: 100% of Eligible Expenses More Mealth Care Benefits are united as follows: 100% of Eligible Expenses More Mealth Care Benefits are united as follows: 100% of Eligible Expenses More Mealth Care Benefits are united as follows: 55 Copayment per visit Pharmaceutical Products - Outpatient \$5 Copayment per visit Presented as follows: 50% of Eligible Expenses Prosthotic Devices ¹⁰ Benefits are limited as follows: 55 Copayment per visit Presented careadmar year. Benefits are limited to \$350 per lifetime for a single hair pr	Urgent Care Center Services	100% after you pay a \$15 Copayment per visit
Bondits are limited to 12 visits per calendar year 100% after you pay a \$10 Copayment per visit Chiorpareti Treatment 50% of Eligible Expenses Dartal Services - Accident Only 100% of Eligible Expenses* Dartal Medical Equipment (DMP)* 50% of Eligible Expenses Benefits are limited as follows: 50% of Eligible Expenses • Prior notification is required for items more than \$1,000 50% of Eligible Expenses Hearing Adds Benefits are limited as follows: 50% of Eligible Expenses • Chidane under age 18 are limited to a single purchase (including repair/replacement) per hearing imparte dar very (three years: 50% of Eligible Expenses Home Health Care Benefits are limited as follows: 100% of Eligible Expenses • Boytist per year 100% of Eligible Expenses Mental Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit for Medication management office visit Presence is moldade in the Physician's Office or in or services provided in the Physician's Office, a Copayment will only apply to the initial office visit Depanding upwer Medicate each covered Health Service are provided. Presence - ander year. Benefits are limited to \$30 per lifetime for a single hair prosthetic Devices ⁹ Dopending upwer hed cover		
Benefits are limited to 24 with spor calendar year 50% of Eligible Expenses Darial Services - Accident Only 100% of Eligible Expenses Durable Medical Equipment (OME)* 50% of Eligible Expenses Benefits are limited as follows: 50% of Eligible Expenses • Prior notification is required for items more than \$1,000 50% of Eligible Expenses Hearing Aids Benefits are limited as follows: 50% of Eligible Expenses • Children under age 19 are limited to a single purchase (including repair/replacement) per hearing impande aer very three years. 50% of Eligible Expenses Home Health Care Benefits are limited as follows: 50% of Eligible Expenses • 60 visits per year 100% of Eligible Expenses House Health Care Benefits are limited as follows: 50% of Eligible Expenses • 80 visits per year 100% of Eligible Expenses House Health Care Benefits are limited as follows: 50% of Eligible Expenses • 100% of Eligible Expenses 100% of Eligible Expenses Protect Care 100% of Eligible Expenses Pharmaceutical Products - Outpatient \$5 copayment per visit Pregnanco - Maternity Services Duppending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary. Prothere Devices' Benefits will be the same as those stated under each covered Health Service category in this Benefit Sum	•	100% after you pay a \$10 Copayment per visit
Durable Medical Equipment (DME)* Durable medical Equipment (DME)* Benefits are limited as follows: 50% of Eligible Expenses Benefits are limited as follows: 50% of Eligible Expenses Childre under age 10 are limited to a single purchase (including repair/replacement) per hearing impaired ear every three years. 50% of Eligible Expenses Home Health Care Benefits are limited as follows: 00% of Eligible Expenses 50% of Eligible Expenses • 60 visits per year 100% of Eligible Expenses 100% of Eligible Expenses Mental Health and Substance Abuse Services - Impatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Impatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Impatient and Intermediate 100% of Eligible Expenses Personacy - Maternity Services Outpatient \$5 Copayment per visit Presence Person's home. Depending upon where the Covered Health Service is provided, Benefits or limited as follows: • Uninfluet Oper Calendar year. Benefits are limited to \$350 per lifetime for a single hair prosteals resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident noncologiat Sof% of Eligible Expenses Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will b	•	50% of Eligible Expenses
Benefits are limited as follows: 50% of Eligible Expenses • Benefits are limited as follows: 50% of Eligible Expenses • Children under age 19 are limited to a single purchase (including repair/replacement) per hearing impaired aer very three years. 50% of Eligible Expenses Home Health Care Benefits are limited to a single purchase (including repair/replacement) per hearing impaired aer very three years. 100% of Eligible Expenses Home Health Care Benefits are limited as follows: 60 wists per year 100% of Eligible Expenses Hospice Care 100% of Eligible Expenses 100% of Eligible Expenses Mental Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 copayment per visit for Medication management office visit Presense provided in the Physician's Office, a Copayment will only apply to the initial office visit Depending upon where the Covered Health Service is provided, Benefits will be expenses • Orishied Devices' Evendent year. Benefits are limited to \$350 per lifetime for a single hair prosthesit resulting form chemberapy or radiation treatment for cancer when prescribed by a readent oncologist Depending upon where the Covered Health Service is provided, Benefits will be the same as thos	Dental Services – Accident Only	100% of Eligible Expenses*
Benefits are limited as follows: 50% of Eligible Expenses Childran united as follows: 100% of Eligible Expenses Home Health Care 100% of Eligible Expenses Benefits are limited as follows: 100% of Eligible Expenses • 60 visits per year 100% of Eligible Expenses Montal Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 Copayment per visit for Medication management office visit Pregnancy - Maternity Services Benefits are limited as follows: Prosthetic Devices ³ Benefits are limited to \$350 per lifetime for a single hair prosthetic nonclogist Reconstructive Procedures Depending upon where the Covered Health Service is provided, by a resident oncologist Reconstructive Procedures S0% of Eligible Expenses S0% of Eligible Expenses S0% of Eligible Expenses S0% of Eligible Expenses S0% of Eligible Expenses Prosthetic Devices ³ Benefits will be the same as those stated under each covered Health Service is provided, benefits will be the same as those stated under each Covered Health Service is provided, benefits will be the same as those stated under each Covered Health Service is provided, benefits are limited as follows:	Benefits are limited as follows: • Benefits are unlimited for Durable Medical Equipment	50% of Eligible Expenses
Benefits are limited as follows: 100% of Eligible Expenses • 60 visits per year 100% of Eligible Expenses Mental Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 Copayment per visit Pharmaceutical Products - Outpatient \$5 Copayment per visit for Medication management office visit Pregnancy - Maternity Services Depending upon where the Covered Health Service is provided, Benefits are limited as follows: Porsthetic Devices ¹ Benefits are limited as follows: Depending upon where the Covered Health Service is provided, Benefits are limited to \$350 per lifetime for a single hair prosthesit resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Depending upon where the Covered Health Service is provided, Benefits are limited to \$350 per lifetime for a single hair prosthesit resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Depending upon where the Covered Health Service is provided, Benefits are limited as follows: • 0 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year Depending upon where the Covered Health Service is provided, Health Service category in this Benefit Summary. Rehabilitation Services - Outpatient Therapy Benefits are limited as follows: • 00 combined visits of physical therapy	Benefits are limited as follows: • Children under age 19 are limited to a single purchase (including repair/replacement) per hearing	50% of Eligible Expenses
• 60 visits per year100% of Eligible ExpensesHospice Care100% of Eligible ExpensesMental Health and Substance Abuse Services - Inpatient and Intermediate100% of Eligible ExpensesMental Health and Substance Abuse Services - Outpatient\$5 copayment per visitPharmaceutical Products - Outpatient\$5 copayment per visit for Medication management office visitPregnancy - Maternity Services For services provided in the Physician's Office, a Copayment will only apply to the initial office visit.Depending upon where the Covered Health Service is provided, Benefits are limited as follows:Prosthetic Devices* Benefits are limited to \$350 per lifetime for a single hair prosthesit services reculting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologistDepending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary.Rehabilitation Services - Outpatient Therapy Benefits are limited as follows: • 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar yearDepending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.Rehabilitation Services - Outpatient Therapy Benefits are limited as follows: • 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year100% of Eligible ExpensesSkilled Mursing Facility / Inpatient Rehabilitation Facility Services Benefits are limited as follows: • 60 comps realendar yearFor Colearees Prosthetic as follows: • 60 days per calendar year </td <td></td> <td></td>		
Mental Health and Substance Abuse Services - Inpatient and Intermediate 100% of Eligible Expenses Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 copayment per visit for Medication management office visit Pregnancy - Maternity Services Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service as those stated under each covered Health Service is provided, Benefits are limited as follows: • Unlimited per calendary ear. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Sole of Eligible Expenses Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service is provided, by a resident oncologist Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary.		100% of Eligible Expenses
Mental Health and Substance Abuse Services - Outpatient \$5 copayment per visit Pharmaceutical Products - Outpatient \$5 copayment per visit • This includes medications administered in an outpatient setting, in the Physician's Office or in a Covered Person's home. \$5 Copayment per visit for Medication management office visit. Pregnancy - Maternity Services Depending upon where the Covered Health Service is provided, Benefits are limited as follows: • Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Depending upon where the Covered Health Service is provided, Benefits are limited as follows: • Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Depending upon where the Covered Health Service is provided, Benefits are limited as follows: • 0 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit Skilled Nursing Facility / Inpatient Rehabilitation Facility Services 100% of Eligible Expenses Benefits are limited as follows: 100% of Eligible Expenses • 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit Skilled Nursing Facility / Inp	Hospice Care	100% of Eligible Expenses
Pharmaceutical Products - Outpatient ************************************	Mental Health and Substance Abuse Services – Inpatient and Intermediate	100% of Eligible Expenses
 This includes medications administered in an outpatient setting, in the Physician's Office or in a Covered Person's home. Pregnancy - Maternity Services For services provided in the Physician's Office, a Copayment will only apply to the initial office visit Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary. Prosthetic Devices⁹ Benefits are limited as follows: Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Reconstructive Procedures Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. Rehabilitation Services - Outpatient Therapy Benefits are limited as follows: 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year Skilled Nursing Facility / Inpatient Rehabilitation Facility Services Benefits are limited as follows: 60 days per calendar year Pharmacy Benefits for Diabetic Supplies Only Tier 1 - \$5 Copayment per 31-day consecutive supply 	Mental Health and Substance Abuse Services – Outpatient	\$5 copayment per visit
For services provided in the Physician's Office, a Copayment will only apply to the initial office visit. Benefits will be the same as those stated under each covered Health Service category in this Benefit Summary. Prosthetic Devices ³ Benefits are limited as follows: 50% of Eligible Expenses • Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will be the same as follows: • 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit Skilled Nursing Facility / Inpatient Rehabilitation Facility Services 100% of Eligible Expenses Benefits are limited as follows: 60 days per calendar year * 60 days per calendar year Tier 1 - \$5 Copayment per 31-day consecutive supply	• This includes medications administered in an outpatient setting, in the Physician's Office or in a	
Benefits are limited as follows: 50% of Eligible Expenses • Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed by a resident oncologist 50% of Eligible Expenses Reconstructive Procedures Depending upon where the Covered Health Service is provided, Benefits will be the same as those stated under each Covered Health Service is provided, Benefits are limited as follows: • 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit • Skilled Nursing Facility / Inpatient Rehabilitation Facility Services 100% of Eligible Expenses • 60 days per calendar year 100% of Eligible Expenses		Benefits will be the same as those stated under each covered
Benefits will be the same as those stated under each Covered Health Service category in this Benefit Summary. Rehabilitation Services - Outpatient Therapy Benefits are limited as follows: 100% after you pay a \$10 Copayment per visit 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit Skilled Nursing Facility / Inpatient Rehabilitation Facility Services 100% of Eligible Expenses 60 days per calendar year 100% of Eligible Expenses Pharmacy Benefits for Diabetic Supplies Only Tier 1 - \$5 Copayment per 31-day consecutive supply	 Benefits are limited as follows: Unlimited per calendar year. Benefits are limited to \$350 per lifetime for a single hair prosthesis resulting from chemotherapy or radiation treatment for cancer when prescribed 	50% of Eligible Expenses
Benefits are limited as follows: 100% after you pay a \$10 Copayment per visit 60 combined visits of physical therapy, occupational therapy, and speech therapy per calendar year 100% after you pay a \$10 Copayment per visit Skilled Nursing Facility / Inpatient Rehabilitation Facility Services 100% of Eligible Expenses 9 benefits are limited as follows: 100% of Eligible Expenses • 60 days per calendar year Tier 1 - \$5 Copayment per 31-day consecutive supply	Reconstructive Procedures	Benefits will be the same as those stated under each Covered
Benefits are limited as follows: 100% of Eligible Expenses • 60 days per calendar year Tier 1 - \$5 Copayment per 31-day consecutive supply	Benefits are limited as follows:60 combined visits of physical therapy, occupational therapy, and speech therapy per	100% after you pay a \$10 Copayment per visit
	Benefits are limited as follows:	100% of Eligible Expenses
Mail Order – One (1) Copayment per 31-day consecutive supply for retail drugs and two and a half (2.5) Copayments per 90-day supply for mail order drugs.	Mail Order - One (1) Copayment per 31-day consecutive supply for retail drugs and two and a half	Tier 1 - \$5 Copayment per 31-day consecutive supply Tier 2 - \$20 Copayment per 31-day consecutive supply

¹ Frame discounts do not apply when prohibited by frame manufacturer.

 2 Contact lens discounts apply to non-disposable lenses at private practice locations only.

Cost-sharing of co-pays for Network Mental Health & Substance Abuse Outpatient Professional Services will accumulate to the out-of-pocket maximum.

Key contact information

Customer Care
myNurseLine
Vision Benefits 1-877-426-9300
Mental Health Benefits 1-800-638-0014
Healthy Pregnancy 1-888-246-7389
Pre-member Website
Member Website
United Behavioral Health
Healthy Pregnancy www.healthypregnancy.com
Mobile Apps Health4Me DocGPS®



DR. OZ is a registered trademark of Zo Co I, LLC.

All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP Code that is entered, either the new myHealthcare Cost Estimator or the current Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator will be launched soon, and additional ZIP Codes and procedures will be added soon.

Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all-inclusive.

UnitedHealthcare Vision[®] coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc., or their affiliates.

Administrative services provided by United HealthCare Services, Inc., or their affiliates.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

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 see myuhc.com.

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

Disclosure: The Health Discount Program is administered by HealthAllies[®], Inc., a discount medical plan organization. **The Health Discount Program is NOT insurance.** The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA 91209, 1-800-860-8773, www.unitedhealthallies.com, ohacustomercare@optumhealth.com.

The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage 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. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.