



Annual Rights and Resource Disclosure

November 2011

Getting the most from your health care coverage

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

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

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

Getting answers to your questions

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

- To speak to a Customer Care professional (CCP), call the toll-free, member phone number on your health plan ID card.
- Visit www.myuhc.com for easy access to benefit information, health and wellness resources and tools to help you maximize your health care benefits.

Log in to **myuhc.com**® for personalized information—and helpful tools—to help you manage your health and your health care dollars.

- Click on **Look Up My Benefits** or the **Benefits and Coverage** tab to learn whether a service is included or excluded from coverage and if notification is required, the coverage levels for different types and places of care, and your copayment, coinsurance and deductible amounts (as applicable).
- Click on **View My Claims** or the **Claims and Accounts** tab to check your claims status, what has been paid and the amount you are responsible for paying. If you use our network of providers, you won't have to submit a claim, but if you do need to submit a claim, information and forms are available from this site. There's also information on how to submit an appeal if you disagree with our payment decision.

- Click on **Find a Doctor** or the **Physicians and Facilities** tab to find a network facility, doctor or other health care provider.
- Select **Print an ID Card** from the home page to print a temporary health plan ID card.
- Select **Treatment Cost Estimator** to calculate the approximate cost of health care services in your area.
- If your plan includes pharmacy benefits provided by UnitedHealthcare, click on the **Pharmacies and Prescriptions** tab to access pharmacy benefit information, price medications, look for lower cost alternatives and locate a network pharmacy.

Clinical Services

Clinical Services is a department within UnitedHealthcare that includes our notification unit and inpatient and outpatient care programs. If you have questions about a notification (coverage approval) or your use of medical services, call the member phone number on your health plan ID card. When given the selection options, select "Help me with something else". From the next option menu, select "home health", "DME", or "authorization requests" to be connected to a representative in our Clinical Services unit.

Questions or concerns about benefit determinations

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

How to submit an appeal

The appeal process is outlined in your COC/SPD and on every Explanation of Benefits (EOB)/Health Statement you receive from UnitedHealthcare for services provided by network and non-network providers. When requesting an appeal of a benefit determination, include the following information:

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

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

External review program

If following completion of the internal appeal process you remain dissatisfied with the outcome of a clinical review, you may have the right to appeal the decision to an independent review organization. This process is called an independent external review or IER. Many self-funded plans administered by UnitedHealthcare offer an External Review Program that provides an independent, external review of clinical benefit coverage disputes to those who have exhausted our formal, internal appeals process. Please review your plan documents, including your COC or SPD, and/or your appeal determination letters, for information about eligibility to appeal the decision to an independent review organization.

How to voice a complaint

If you are dissatisfied with the handling of a claim processing issue by UnitedHealthcare or any other experience with UnitedHealthcare, you may file a complaint by calling the member phone number on your health plan ID card. UnitedHealthcare will investigate the issue and, in the case of a written complaint, provide a response in writing, including any corrective actions that may be taken to resolve the issue.

Getting the right care at the right place

UnitedHealthcare has one of the nation's largest single proprietary network with over 650,000 doctors and health care professionals and over 5,000 hospitals. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

Except for emergency care, **services from non-network providers may result in higher out-of-pocket costs for you—or may not be covered at all—depending on your plan.** You get the highest level of plan benefit coverage when you choose facilities, doctors and other health care professionals that participate in your plan's provider network. Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a health care professional, facility or hospital.

Finding a network health care provider – Log in to myuhc.com and select **Find a Doctor** or click on the **Physicians and Facilities** tab to find information on network doctors and other health care professionals who can meet your need for primary care, specialty care or behavioral health care, if applicable Network hospitals and other health care facilities can also be found here. Always confirm the network participation of both the health care professional and the facility before receiving health care services. If you are not able to view our online directory, or to request a printed copy of a network provider directory, call the member phone number on your health plan ID card.

We make it easy for you to make a more informed decision on where to seek care. The UnitedHealth Premium[®] designation program recognizes doctors who meet national standards for quality care and local benchmarks for cost efficiency. Just look for the stars on myuhc.com to find the UnitedHealth Premium doctor that is right for you.

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

Association[®]. These doctors are designated with the NCQA emblem in our online directory.

Obtaining routine or primary care, urgent care or emergency care

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

For **routine or primary/preventive care**, it is best to go to your own doctor's office. It's important to establish a relationship with a primary care doctor who knows your health history and that you can call when you need care. Some plans may require members to designate a primary care physician and to get referrals before seeing other network providers. For help finding a primary care doctor, search our online provider directory or call the member phone number on your health plan ID card.

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

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

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

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

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

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

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

Finding care if you are out of town or state

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

Getting and staying healthy

Wellness resources and tools

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

Health improvement tools and programs – Choose from many online personal “Take Action” guides to help you develop skills which may improve your health and wellbeing. You also may be invited to enroll in a health improvement program for Diabetes, Heart Health, Weight Management, Exercise, Nutrition, Tobacco Cessation or Stress Management. These programs can provide information and support to help you make healthy lifestyle changes.

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

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

Healthy Mind Healthy Body[®] e-Newsletter

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

*Some UnitedHealth Wellness[®] programs and services may not be included in all medical plans and/or for all customers and individuals.

Preventive health guidelines

Take a proactive approach to your health and visit uhcpreventivecare.com, our preventive care website. Here you’ll find gender and age-specific preventive care guidelines based on recommendations by the U.S. Preventive Services Task Force and other health organizations. Preventive care services—such as physical exams, immunizations, vaccines, lab work, x-rays and routine screenings—can help you avoid serious health problems and allow for early detection of common medical conditions. You and your doctor can use this information to determine what tests or screenings are appropriate for you based on your age, gender, personal health history and other health concerns. In addition, you can print and email your specific preventive health guidelines, get useful health tips and find other tools to support your overall health.

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

Access to behavioral health care

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

UBH offers a nationwide network of facilities and clinicians that specialize in the treatment of mental health and substance abuse problems—including psychiatrists, addiction medicine specialists, psychologists and masters-level clinicians, and advanced practice nurses. UBH also contracts with hospitals, day treatment programs and other specialty care programs. To request services or get a referral to UBH network facilities and clinicians, call the Mental Health phone number on your health plan ID card. UBH Care Advocacy Centers are open Monday through Friday from 8 a.m. to 5 p.m., within local U.S. time zones, except during holidays. For urgent concerns or to obtain emergency care, UBH Care Advocacy staff can be reached 24 hours a day, including holidays and weekends. In the case of a life-threatening emergency, dial 911, or its local equivalent.

You can also call the UBH Care Advocacy Center to determine benefit coverage, learn how to appeal a benefit decision, file a complaint about UBH services or a network clinician or facility, and to get additional information about network clinicians, such as school attended, residency or Board Certification. To find the names, phone numbers, office locations and clinical specialties of UBH credentialed clinicians, log in to UBH's website, www.liveandworkwell.com, and select **Find a Mental Health Clinician**.

Visit liveandworkwell.com to:

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

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

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

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

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

- Getting care after normal office hours

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

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

Specialized programs

Our Case Management program offers support to members coping with certain conditions or complex health situations such as chronic kidney disease, congenital heart disease, obesity, neonatal care, pregnancy/women's health and transplants.* In addition, our Case Management program offers certain disease-specific support for high-risk members, including those with cardiovascular disease and diabetes. Our goal is to help you manage your condition, understand your treatment options and support your doctor's treatment plan and to improve the overall health care experience.

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 member phone number on your health plan 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 myuhc.com for more detailed information about these programs.

*Program offerings may vary based on the benefit plan provided to you by your employer.

Other important information

Quality Improvement Program

UnitedHealthcare has established the Quality Improvement program to monitor and improve the quality and safety of care you receive from our network doctors and hospitals and the quality of service we provide to you. Our quality program integrates utilization and care management, credentialing of doctors and hospitals, disease management, pharmacy and Customer Care (member telephone calls) to provide a safe patient-centered experience for you.

Each year we establish goals for the quality program and throughout the year we monitor our progress. We step in where necessary to improve our performance and the performance of our doctors, hospitals and other health care providers. In the past year we have seen:

- Member questions and complaints resolved on the first call to Customer Care approximately 94% of the time.
- Member colorectal cancer screening rates have increased 10% since 2009, as a result of our telephonic and mailed reminders.

- 94% of our members said that their Health Plan doctors were good listeners, explained things well, respected and spent time with them.
- 92.58% of our members with asthma using the appropriate asthma medications.

If you would like more detail about our Quality Improvement Program you can request a summary of our quality plan by contacting Customer Care or sending an email to clinux@uhc.com.

What you can do to make health care safer

Doctors, nurses and other health care providers in America work very hard every day to deliver the best care to their patients. Unfortunately, an alarming number of patients are harmed by medical mistakes in the health care system and far too many die prematurely as a result. Patient safety is one of the Nation's most pressing health care challenges. A 1999 report by the Institute of Medicine estimated that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety. A more recent study published in April, 2011 found that on average, one in three patients admitted into a hospital suffer a medical error or adverse event.¹

The following tips tell you what you can do to get safer health care. This list was developed by the U.S. Department of Health and Human Services in partnership with the American Hospital Association and the American Medical Association.

- 1. Ask questions if you have doubts or concerns.** Take a friend or relative with you to help you ask questions and understand answers if needed.
- 2. Keep and bring a list of ALL the medicines you take.** Ask about any side effects and what to avoid while taking the medicine.
- 3. Get the results of any test or procedure.** Don't assume no news is good news. Ask what the results mean for your care.
- 4. Talk to your doctor about which hospital is best for your health needs.** Be sure you understand about follow-up care when you leave the hospital.
- 5. Make sure you understand what will happen if you need surgery.** Make sure everyone knows and agrees on exactly what will be done during the operation.²

¹ *Partnership for Patients: Better Care, Lower Costs*, <http://www.healthcare.gov/news/factsheets/partnership04122011a.html>

² *Five Steps to Safer Health Care*. Patient Fact Sheet. Agency for Healthcare Research and Quality (AHRQ) Publication Number 04M005, February 2004. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/consumer/5steps.htm>

UnitedHealthcare wants to help you find the safest and best health care possible. According to a study in *The New England Journal of Medicine*, "adults receive the recommended medical treatment only 55 percent of the time."³ That's why UnitedHealthcare developed the UnitedHealth Premium[®] designation program, which recognizes doctors and facilities that meet national standards for quality of care and local benchmarks for cost efficiency. On www.mychoicenotchance.com you can see why choosing a quality doctor is important to your safe care. Some hospitals are better at treating specific conditions than others. Under the section "What other resources are available", you will see information on the Hospital

Comparison program. This lets you compare hospital quality and cost for various medical conditions or procedures.

One of the measure sets used in the UnitedHealthcare Hospital Comparison program looks at how hospitals perform on patient safety measures from the Leapfrog Group[®]. The Leapfrog Group is a national organization of health care purchasers that focuses on improvements in the safety, quality and affordability of health care. There are seven Leapfrog measures:

- Prevent Medication Errors
- Appropriate Intensive Care Unit (ICU) Staffing
- Steps to Avoid Harm
- Reduce Pressure Ulcers
- Reduce In-Hospital Injuries
- Managing Serious Errors
- Reduce ICU Infections

The Leapfrog Hospital Comparison Tool is available at leapfroggroup.org/cp with additional information from their annual hospital surveys. More information about the Leapfrog Group can be found at www.leapfroggroup.org.

Evaluation of new technologies

UnitedHealthcare's 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 comprised of medical directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare.

The Committee meets at least 10 times a year to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements regarding new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

³ Asch, Steven M. et al. The New England Journal of Medicine. 2006 March 16; 354: 1147–1156.

Women's Health and Cancer Rights Act

As required by the *Women's Health and Cancer Rights Act of 1998*, benefits are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following covered health services, as you determine appropriate with your attending physician:

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

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

Newborns' and Mothers' Health Protection Act

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

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

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

Why the Last Weeks of Pregnancy Count

You may not have a choice about when to have your baby. If there are problems with your pregnancy or your baby's health, you may need to deliver your baby early. But if you have no medical problems and you're planning to schedule your baby's birth, you should wait until the 39th completed week of your pregnancy. Births scheduled before the 39th completed week of pregnancy for nonmedical reasons can cause problems for both mothers and babies.

Early scheduling of births can be done either by induction (when medicine is given to a mother to induce labor) or cesarean section (a surgical procedure). Unless it is medically necessary for your wellbeing or the wellbeing of your baby, guidelines developed by doctors and researchers say it's best to wait until the 39th week of completed pregnancy to deliver your baby. The main reason is that important development takes place to your baby's brain and lungs during those last few weeks of pregnancy.

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

Notification of Language Assistance

We believe that language should never be an obstacle to receiving proper care.

To accommodate the language preferences of our members, language assistance services are provided free of charge. If you need assistance or have any questions about these services, please call the toll-free member phone number on your health plan ID card.

Notificación de Ayuda en Otros Idiomas

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

語言協助通知

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

Assistance for members with hearing impairments

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

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.

Member Rights and Responsibilities

You have the right to:

- Be treated with respect and dignity by UnitedHealthcare personnel, network doctors and other health care professionals.
- Privacy and confidentiality for treatments, tests and procedures you receive. See Notice of Privacy Practices in your benefit plan documents for a description of how UnitedHealthcare protects your personal health information.
- Voice concerns about the service and care you receive.
- Register complaints and appeals concerning your health plan or the care provided to you.
- Receive timely responses to your concerns.
- Candidly discuss with your doctor the appropriate and medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- Access to doctors, health care professionals and other health care facilities.
- Participate in discussions about your care with your doctor and other health care professionals.
- Receive and make recommendations regarding the organization’s rights and responsibilities policies.

- Receive information about UnitedHealthcare, our services, network doctors and other health care professionals.
- Be informed about, and refuse to participate in, any experimental treatment.
- Have coverage decisions and claims processed according to regulatory standards, when applicable.
- Choose an Advance Directive to designate the kind of care you wish to receive should you 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 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 doctors and health care professionals.
- Participate in understanding your health problems and developing mutually agreed-upon treatment goals.
- Notify your employer of changes in your address or family status.
- Log in to myuhc.com, or call Customer Care if you have questions about your eligibility, benefits, claims and more.
- Log in to myuhc.com, or call Customer Care before receiving services to verify that your doctor or health care professional participates in the UnitedHealthcare network.

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 help ensure 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.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE DESCRIBES HOW FINANCIAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2012

We¹ are committed to maintaining the confidentiality of your personal financial information. For the purposes of this notice, “personal financial information” means 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.

Information We Collect

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, medical information and Social Security number;
- Information about your transactions with us, our affiliates or others, such as premium payment and claims history; and
- Information from consumer reports.

¹ For purposes of this Financial Information Privacy Notice, “we” or “us” applies to the following health plans that are affiliated with UnitedHealth Group: ACN Group of California, Inc., All Savers Insurance Company; All Savers Life Insurance Company of California; American Medical Security Life Insurance Company; AmeriChoice of Connecticut, Inc.; AmeriChoice of Georgia, Inc.; AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Citrus Health Care, 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; Health Plan of Nevada, Inc.; 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.; PacifiCare Life and Health Insurance Company; PacifiCare Life Assurance Company; Physicians Health Choice of Texas, LLC; Sierra Health & Life Insurance Co., Inc.; UHC of California, dba UnitedHealthcare of California; 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 Pennsylvania, Inc.; Unison Health Plan of Tennessee, Inc.; Unison Health Plan of the Capital Area, Inc.; United Behavioral Health; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; 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.; UnitedHealthcare of Georgia, Inc.; UnitedHealthcare of Illinois, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of MidAtlantic, Inc.; UnitedHealthcare of the Great Lakes Health Plan, 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 Oklahoma, Inc.; UnitedHealthcare of Oregon, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of South Carolina, Inc.; UnitedHealthcare of Texas, Inc.; UnitedHealthcare of Utah, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc., AmeriChoice Health Services, Inc.; DBP Services of New York IPA, Inc.; DCG Resource Options, LLC; Dental Benefit Providers, Inc.; Disability Consulting Group, LLC; HealthAllies, Inc.;

MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; Mid Atlantic Medical Services, LLC; OneNet PPO, LLC; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; PacifiCare Health Plan Administrators, Inc.; PacificDental Benefits, Inc.; ProcessWorks, 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; UnitedHealthcare 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.

Disclosure of Information

We do not disclose personal financial information about our enrollees or former enrollees to any third party, except as required or permitted by law. For example, in the course of our general business practices, we may, as permitted by law, disclose any of the personal financial information that we collect about you, without your authorization, to the following types of institutions:

- To our corporate affiliates, which include financial service providers, such as other insurers, and nonfinancial companies, such as data processors;
- To nonaffiliated companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To nonaffiliated companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and Security

We restrict access to personal financial information about you to our 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 in compliance with state and federal standards to guard your personal financial information. We conduct regular audits to help ensure appropriate and secure handling and processing of our enrollees' information.

Questions About this Notice

If you have any questions about this notice, please **call the member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446.

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

The Care24[®] 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 OptumHealth or its affiliates, including UnitedHealthcare, or any entity through which the caller is receiving OptumHealth services directly or indirectly. Care24 may not be available in all states or for all group sizes. Components subject to change. Coverage exclusions and limitations may apply.

For informational purposes only. NurseLineSM 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.

The information provided through these programs is for educational purposes only as a part of your health plan and is not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Your personal health information is kept private in accordance with your plan's privacy policy.

UnitedHealthcare Disease and Case Management and UnitedHealth Wellness[®] are a collection of programs and services 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. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

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[®].

The hospital comparison program uses data from publicly available data sets, UnitedHealthcare claims and hospital data from Leapfrog and CMS, to create a multidimensional view of hospital performance. Not all facilities are eligible for evaluation for the program.

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