Annual Rights & Resource Disclosure
December 2012

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. Some information may not apply if your plan does not include certain coverage, products and/or services mentioned in this notice. 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.

Visit 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.

- Select 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).
- Select 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.
- Select 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 Estimate Health Care Costs to calculate the approximate cost of health care services in your area.
- Select Pharmacies and Prescriptions to get pharmacy benefit information including notification requirements, supply limits or step therapy requirements, if applicable. You can also price medications, look for lower cost alternatives and locate a network pharmacy.

To speak to a customer care professional (CCP), call the toll-free, member phone number on your health plan ID card.

UnitedHealthcare Health4Me℠ Mobile App

Our new Health4Me mobile app makes it easy to find nearby doctors, check the status of a claim, see your account balance or talk with a nurse. Forgot your health plan ID card? Now you can pull up an image of your card on your smartphone or tablet.

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 preauthorization (coverage approval) or your use of medical services, call the member phone number on your health plan ID card.

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.

¹For plans that include pharmacy benefits provided by UnitedHealthcare.
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 the nation's largest single proprietary network with over 704,000 doctors and health care professionals and over 5,500 hospitals. Our pharmacy network includes all the major national and regional pharmacy chains and most independent local pharmacies.

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. 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.

Some plans do not provide benefit coverage for care received outside the network. Check your plan coverage before selecting a physician 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. Here you can 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 toll-free Care24® or NurseLine™ 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 voice-mail 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 non-life threatening injuries or illnesses such as:

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

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

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 toll-free, 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 the Health & Wellness tab.

- Health improvement tools and programs – Choose from many online wellness programs to help you develop skills which may improve your health and well-being. You also may be invited to enroll in an online wellness 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 trackers. 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 some of our network doctors. Newsletters are sent to your designated email address each month. To register, visit uhc.com/myhealthnews.

Preventive health guidelines

UnitedHealthcare is dedicated to helping people live healthier lives, and we encourage our members to receive age and gender appropriate preventive care health services. Under health care reform, most of our members are eligible to receive certain preventive health care services, based upon age, gender and other factors, with no cost-sharing (copayment, coinsurance or deductible), as specified in the health care reform law, as long as they are received in the health plan’s network. UnitedHealthcare also covers other diagnostic services, which may require a copayment, coinsurance or deductible.

For more information on preventive care, visit our online website at uhcppreventivecare.com to identify your age and gender-specific preventive care guidelines. You can email, download or print your results and sign up for preventive care email reminders. Use these recommendations to talk with your doctor about the preventive health screenings that may be right for you.

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.

2Some UnitedHealth Wellness® programs and services may not be included in all medical plans and/or for all customers and individuals.
**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 your 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.

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**New!**

**High quality hearing aids at a low cost through hi HealthInnovations™**

Now UnitedHealthcare members can get custom-programmed, high-quality hearing aids at a fraction of the retail price—even if your UnitedHealthcare health care plan does not have hearing aid coverage*.

Because hi HealthInnovations eliminates the middleman, they are able to pass the saving on to you, delivering custom-programmed, high-quality hearing aids directly to your door.

Submit your health plan information on www.hiHealthInnovations.com/united, and we will email your low member pricing, hearing testing options and a physician certification form.

For more information or to place an order, visit hiHealthInnovations.com/united, or call 1-866-926-6632, 8 a.m. to 6 p.m. CT, Monday – Friday.

* You may be able to further reduce your out-of-pocket costs if your health care plan has a hearing aid benefit, so be sure to check with your health care plan. Program may not be included in all medical plans and/or for all customers and individuals.

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**Access to behavioral health care**

United Behavioral Health (UBH) manages behavioral health benefits, such as mental health and 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 use 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, liveandworkwell.com, and select **Search for Clinician**, under **Quick Links**.

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

*Not all health plans include behavioral health benefits. To find out if your plan includes mental health and/or substance use disorder benefits and the limitations and/or exclusions that may apply, ask your employer, refer to your COC/SPD or call the toll-free member phone number on your health plan ID card.
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 MenteSana-CuerpoSano.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 use 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 liveandworkwell.com/newsletter/. To request a paper copy, call the Mental Health phone number on your health plan ID card.

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 14% since 2010, as a result of our telephonic and mailed reminders.
• 95% of our members said that their Health Plan doctors were good listeners, explained things well, respected and spent time with them.
• Cholesterol screening rates for members increased 9% since 2010.

If you would like more detail about our quality improvement program you can request a summary of our quality plan by calling the member phone number on your health plan ID card.

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.6

The National Patient Safety Foundation suggests the following steps to help make your health care experience safer.

1. Become a more informed health care consumer. Seek information, research options, choose a doctor or hospital experienced in the type of care you require, and ask questions of your doctor, pharmacist or benefit plan coordinator.
2. **Keep track of your history.** Write down your medical history, medications, allergies, etc. and keep the names and phone numbers handy for quick and easy reference.

3. **Work with your doctor and other health care professionals as a team.** Share information, make sure you understand your care and treatment, pay attention and ask questions if something doesn’t seem right.

4. **Involve a family member or friend in your care.** If you are not able to observe or participate fully in your care, ask a family member or friend to assist or accompany you on appointments.

5. **Follow the treatment plan agreed upon by you and your doctor.** Receive all instructions verbally and in writing that you can read and understand. Take medications as prescribed and report anything unusual to your doctor.  

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." 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 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. The Leapfrog Group evaluates hospitals based on the hospital's self-report of adherence to four main quality and safety practices:

1. Computerized physician order entry system
2. Intensive Care staffing
3. Evidence based hospital referral for high-risk treatment
4. Leapfrog Safe Practices Score- measures hospitals adherence to 17 safe practices to reduce preventable medical mistakes

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 leapfroggroup.org.

**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.

**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.

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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 non-medical 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 well-being or the well-being 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 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 (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.

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.

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.

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.

8For members in Colorado, if 48-hours or 96-hours following delivery falls after 8 p.m., coverage shall continue until 8 a.m. the following morning.
• 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.

• Hiring, promoting, or terminating practitioners or other individuals are not based upon the likelihood or the perceived likelihood that the individual will support or tend to support the denial of benefits.

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 decisions 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 health plan 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.
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, 2013

We* 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.

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 non-financial 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 maintain physical, electronic and procedural safeguards in accordance with applicable state and federal standards to protect your personal financial information against risks such as loss, destruction or misuse. These measures include computer safeguards, secured files and buildings, and restrictions on who may access your personal financial information.

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

IMPORTANT

To verify eligibility and get benefit coverage information visit myuhc.com or call the member phone number located on the back of your health plan ID card.

Go Green
Reduce paper mailings and support our efforts to "Go Green" by electing to receive notices such as this by email. Log in to myuhc.com and go to Account Settings to change your Mailing Preferences.

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

The Care24® program integrates elements of traditional employee assistance and work-like programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups.

It is not a substitute for a doctor's or professional care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly, (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.

NurseLine℠ is for informational purposes only. 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 intended to be medical advice or a substitute for your doctor's care. 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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