

# UnitedHealthcare FAQs

## UHC Coverage Effective 1/1/18

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### PRIOR TO ENROLLMENT (PRE-MEMBER)

#### How do I look up a provider?

Use the Pre-member Website – [www.welcometouhc.com/salesforce](http://www.welcometouhc.com/salesforce). While it is outlined on the pre-member site by plan offering, below is a summary of the UHC Provider Network alignment along with the applicable Salesforce plan offerings:

- **Network = UHC Choice Network:** Applicable Salesforce Plan Option:
  - UHC Choice Plan (EPO)
  - If you live in one of these states: MA, ME, or NH, search the **Harvard Pilgrim Choice Network**

With this plan you can use any doctor, clinic, hospital or health care facility in the national network, which saves you money. But you won't have any coverage if you go out of the network.

- **Network = UHC Choice Plus Network:** Applicable Salesforce Plan Options:
  - UHC Choice Plus Plan (PPO)
  - UHC Choice Plus HDHP Standard
  - UHC Choice Plus HDHP Premium
  - If you live in one of these states: MA, ME, or NH, search the **Harvard Pilgrim Choice Plus Network**
  - If you live in Utah, search the **Options PPO network**

With these plans, you can use any doctor, clinic, hospital or health care facility you want. You save money when you use the national network. You also have coverage if you use out-of-network providers, but the cost you pay out of pocket for care may be higher.

#### Who do I call for questions about UnitedHealthcare during my pre-enrollment?

Salesforce Dedicated toll-free number with UHC 1-844-234-1202

#### What happens if my provider is not in the UHC network?

After you have enrolled in our benefits – you can call Customer Service to discuss Transition of Care or obtain help in finding an in-network provider. You may also continue to use an out of network provider for out of network benefits under the PPO or HDHP plans. Out of Network providers will cost you more in out of pocket expenses.

#### What happens if I have already been authorized for services with my current provider and carrier?

If your current provider is in-network with UHC – they will call in a new authorization to UHC once you are enrolled in our system. Please be sure to let your provider know that you will be changing insurance carriers. If your provider is out of network, it is your responsibility to ensure that the provider's office obtains the appropriate authorization under the new UHC health plan.

#### How do I find out information about my drug coverage?

CVS will be handling Rx coverage as of 1/1/18 – you can reach them at 1-844-345-2824

#### How do I find out what my coverage options are?

Go to Salesforce benefit intranet <http://www.getsalesforcebenefits.com/>

#### Do I need to elect a Primary Care Physician (PCP)?

No, your plans are open access, so you do not need referrals to see specialists and you do not need to formally elect a PCP. You may use an in-network provider with UHC anywhere in the country and receive in-network benefits

#### What happens if my child lives in another state (school or custodial issues)?

If you cover your dependent child on the plan – they can access care in the area where they live and as long as the provider is an in-network provider with UHC, they will have in-network coverage. Children are covered under the same plan and network as the employee/subscriber. For example, if the employee lives in CT and child lives in MA – the child will only have access to Choice Plus providers, not the Harvard Pilgrim Choice Plus Providers.

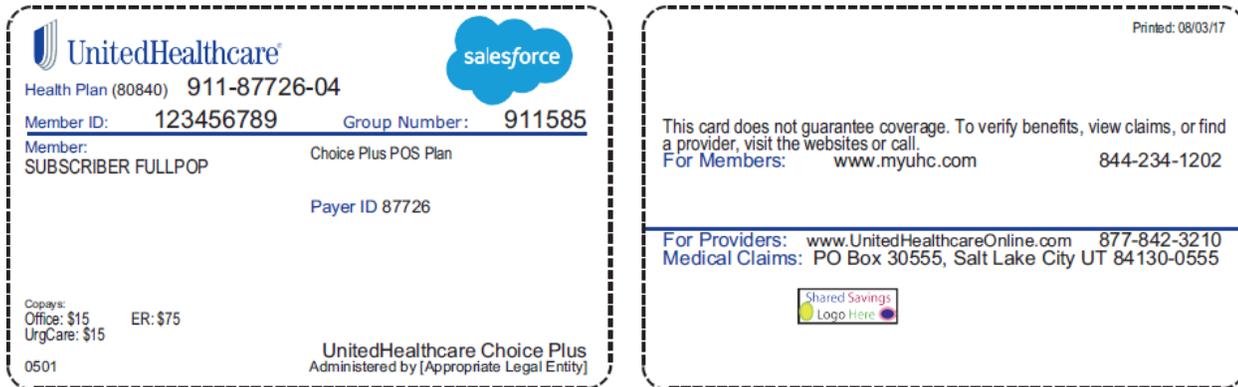
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### UPON ENROLLMENT

#### When will I receive my ID card?

Cards will arrive to homes by or before 1/1/18



#### What happens if I don't receive my ID Card?

You can register on myuhc.com using the subscriber SSN and policy# 911585 and download a copy of a temporary ID card. After registering – you can also download the Health4Me app and have your ID card readily available on your mobile device

#### How do I request Transition of Care?

In all likelihood, your provider is in the network. However, if you are receiving specific treatment from a provider who is not in the UnitedHealthcare network, you may qualify for Transition of Care. Transition of Care allows a transition period for an associate or dependent before he/she is required to transfer from an out-of-network health care provider to an in-network health care provider to receive in-network benefits. Under Transition of Care, services with an out-of-network health care provider are reimbursed under the in-network level of coverage for a limited period of time. Transition of Care decisions are made on a case-by-case basis by UnitedHealthcare. Qualifying conditions may include: Behavioral health and substance abuse, End-stage renal disease and dialysis, Non-surgical cancer therapies, Pregnancy, Symptomatic AIDS, Transplants.

Call Salesforce's dedicated UHC member services phone number and your call will be prescreened for Transition of Care criteria. If criteria is met – you will be mailed an application to complete with your provider. Submit the application to UHC for review – disposition will be provided in writing within 10 days following receipt of application for Transition of Care.

#### Making the move to UnitedHealthcare is easy - Here are some important dates to remember:

- By late December: You will receive your UnitedHealthcare ID card. Begin using your new ID card on January 1, 2018.
- By late December: Register on myuhc.com and download the UnitedHealthcare Health4Me app (available in the App Store® and Google Play™) for convenient access to your benefit information.
- Anytime: Verify that your doctors are in the UnitedHealthcare network at [welcometouhc.com/salesforce](http://welcometouhc.com/salesforce) or by calling Customer Service at 1-844-234-1202, M-F 8am – 8pm in your time zone
- For more information visit [welcometouhc.com/salesforce](http://welcometouhc.com/salesforce) or call 1-844-234-1202

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### POST ENROLLMENT

#### Get 24/7 online access to your health plan with myUHC.com

Set up your myuhc.com account today. It's a personalized website that helps you access and manage your health plan and health information. Use it to:

- Find network doctors and facilities.
- Check your coverage and claims status.
- Review preventive care services.
- Print a temporary ID card.

Set up your account today.

1. Go to myuhc.com.
2. Click on "Register Now". You'll need your ID card or your Social Security number and date of birth
3. Follow the step-by-step instructions.

#### Download the UnitedHealthcare Health4Me® mobile app to get on the go access

Health4Me puts your health plan at your fingertips. Download it for free today to use the myuhc.com features listed above. Plus, view your digital ID card, find nearby care and more. Available on Apple and Android.

#### Watch short videos about:

- Getting started with your plan.
- Using your benefits.
- Avoiding cost surprises.

Visit [uhc.com/welcome](http://uhc.com/welcome) to learn more.

#### How is preventive care covered?

Certain preventive health services will be covered based on age, gender and other factors without cost sharing (100 percent without charging a copayment, deductible or coinsurance), as long you receive these services from a network provider.

#### How do I know if a service is preventive care or not?

Preventive care focuses on your current health when you are symptom-free. If you are receiving treatment due to a symptom or an existing illness, the services provided usually won't be considered or covered as preventive care.

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### IF YOU NEED CARE

#### Find a network provider

- **How do you find one?**  
Log in to myuhc.com to search and filter by name, facility, specialty, location and other options like qualifications. With the provider search feature on myUHC.com you will get additional information about doctors and details on the cost of services of common services and care paths.
- **Take advantage of network care.**  
Network doctors, mental health professionals, hospitals, clinics and laboratories charge discounted rates, which typically saves you money. Even if your plan allows you to receive care outside of your network, be aware that it could cost you more.
- **Choose with confidence.**  
The UnitedHealth Premium® designation program evaluates doctors in 17 premium specialties which represent 48 sub-specialties using quality and cost efficiency standards. It was created to help members make more informed and personally appropriate choices for their medical care. Find a UnitedHealth Premium provider at myuhc.com.
- **Need hospital care?**  
Talk to your doctor first to determine which hospital can meet your medical or surgical needs. You or your doctor may be required to notify UnitedHealthcare before you're admitted.

#### Know where to go for care

Quick Care Options	Needs or Symptoms	Average Cost*
<u>24/7 Nurse Line</u> Call the number on your health plan ID card for expert advice.	<ul style="list-style-type: none"> <li>• Choosing where to get medical care</li> <li>• Finding a doctor or hospital</li> <li>• Health and wellness help</li> <li>• Answers to questions about medicines</li> </ul>	<b>\$0</b>
<u>Virtual Visits</u> Anywhere, anytime online doctor visits.	<ul style="list-style-type: none"> <li>• Cold</li> <li>• Flu</li> <li>• Fever</li> <li>• Pinkeye</li> <li>• Sinus problems</li> </ul>	<b>\$40</b>
<u>Convenience Care Clinic</u> Treatment that's nearby.	<ul style="list-style-type: none"> <li>• Skin rash</li> <li>• Flu shot</li> <li>• Minor injuries</li> <li>• Earache</li> </ul>	<b>\$65</b>
<u>Urgent Care Center</u> Quick after-hours care.	<ul style="list-style-type: none"> <li>• Low back pain</li> <li>• Respiratory (cough, pneumonia, asthma)</li> <li>• Stomach (pain, vomiting, diarrhea)</li> <li>• Infections (skin, eye, ear/nose/throat, genital-urinary)</li> <li>• Minor injuries (burns, stitches, sprains, small fractures)</li> </ul>	<b>\$190</b>
<u>Emergency Room</u> Care for serious needs.	<ul style="list-style-type: none"> <li>• Chest pain</li> <li>• Shortness of breath</li> <li>• Severe asthma attack</li> <li>• Major burns</li> <li>• Severe injuries</li> <li>• Kidney stones</li> </ul>	<b>\$1,700+</b>

\*Source: Average allowed amounts charged by UnitedHealthcare Network Providers and not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage

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### AFTER YOU RECEIVE CARE

#### Know how claims are paid

- **When you see a network doctor:**

Claims are submitted for you and you may be asked to pay some or all of the bill before you leave. UnitedHealthcare will process the claim to:

- Determine whether the claim was for eligible preventive care, so it can be paid 100 percent.
- Make sure it's an eligible expense under your plan.
- Make sure the service is charged at the discounted network rate.

- **When you see an out-of-network doctor**

If your plan allows visits to out-of-network providers, you may be asked to pay some or all of the bill before you leave.

- If the doctor doesn't submit your claim, you'll be responsible for doing it.
- Find medical claim forms and instructions on [myuhc.com](http://myuhc.com).
- Remember, discounted rates don't apply to out-of-network doctors, so you may pay more.

*Things to remember:*

- Complete this form on your computer before printing it. You can also complete it by hand.
- Make a copy of this claim form, claim details and receipt(s) to keep for your records.
- Send the claim as soon as you can and as close to the date of service as possible. Most plans require that services be submitted within 90 days of the date you received them.
- Be sure your member ID and the provider's or facility's details are clear and complete on the claim. This will help you receive faster payment.
- Send a detailed claim of the services from your provider, not just a receipt of your payment. Details like service codes and diagnosis codes are needed to process your claims quickly and correctly.
- Mail your form with the claim details and receipt(s) to the address on the back of your healthplan ID card.

- **Track your claims online**

Follow your claims from start to finish, and track payments you've made to health care providers in one place on [myUHC.com](http://myUHC.com) or Health4Me Mobile App. You can also pay your bills online with the "Make Payment" feature at [myuhc.com](http://myuhc.com).

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### PROGRAMS TO HELP YOU

**RALLY** Rally Health and wellness program - Sign up for Rally® on myuhc.com. It's a personalized program to help you move more and eat better. It even rewards you for your progress.

**How it works:**

- *Get started* - Once you register, you'll choose an avatar to participate in online communities or other activities.
- *Take your Health Survey* - The health survey will guide you with visual prompts to follow. You'll receive your results as a Rally Age — a number to help you assess your actual age compared to your health age based on your survey responses.
- *Pick your Missions* - Get personalized results and recommended Missions — or individual action plans — based on your Health Survey results. Missions provide activities to help improve or maintain your health. Choose ones that fit your lifestyle.
- *Earn rewards* - You'll get Rally Coins when you check in to Rally and track your progress on your Missions. Use them to enter sweepstakes for chances to win cool prizes. The more you participate in Rally, the more chances to win!

**Pregnancy Support** - The Healthy Pregnancy Program provides expectant mothers with support, including health assessments, nurse support and more. It's best to enroll within the first 12 weeks of pregnancy, but you can start through week 34. The program is provided at no extra charge, as part of your benefit plan. To enroll, call the Salesforce toll-free number 1-844-234-1202 for more information.

**Emotional health** - Your behavioral health benefit provides confidential support. Get help 24/7 for:

- Alcohol and drug use recovery.
- Coping with grief and loss.
- Depression, anxiety and stress.
- Relationship difficulties.

If you need behavioral health support, visit [www.myUHC.com](http://www.myUHC.com) or call the member services

**Talk to a registered nurse 24/7** - When a health question comes up, you can talk with a registered nurse to help you find answers. You can:

- Answer questions about an illness or injury.
- Provide support on managing a chronic condition.
- Help you find doctors and schedule appointments.

As a member, you can connect with a nurse through the Health4Me app, or you can call 1-844-234-1202.

**Virtual Visits** - When you don't feel well or your child is sick, the last thing you want to do is leave the comfort of home to sit in a waiting room. Now, you don't have to. A Virtual Visit lets you see and talk to a doctor from your home computer or mobile device. There is a cost for Virtual Visits. See your health plan documents for coverage details. For information about what Virtual Visit provider groups are in the network, including the states in which each provider group operates, log in to myuhc.com. You also can access the provider groups through the UnitedHealthcare Health4Me® app or by going directly to a network Virtual Visit provider group's mobile app or website. Currently Doctor On Demand and Amwell are contracted virtual visit providers under UnitedHealthcare.

**Personal Health Support** - A licensed registered nurse is available if you require assistance managing complex health care needs, or if you are experiencing an injury, acute illness or post hospitalization follow-up. They can help you understand and maximize your benefits, access services and manage your condition according to your doctor's treatment plan. We will assign a personal nurse to each member (if applicable) to provide personalized health guidance and to coordinate care with member's physician and other health support resources.

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### COORDINATION OF BENEFITS

Coordination of Benefits (COB) applies to you if you are covered by more than one health benefits plan, including any one of the following:

- Another employer sponsored health benefits plan.
- A medical component of a group long-term care plan, such as skilled nursing care.
- No-fault or traditional "fault" type medical payment benefits or personal injury protection benefits under an auto insurance policy.
- Medical payment benefits under any premises liability or other types of liability coverage.
- Medicare or other governmental health benefit.

If coverage is provided under two or more plans, COB determines which plan is primary and which plan is secondary. The plan considered primary pays its benefits first, without regard to the possibility that another plan may cover some expenses. Any remaining expenses may be paid under the other plan, which is considered secondary. The secondary plan may determine its benefits based on the benefits paid by the primary plan.

#### Determining Which Plan is Primary - Order of Benefit Determination Rules

- If you are covered by two or more plans, the benefit payment follows the rules below in this order:
  - This Plan will always be secondary to medical payment coverage or personal injury protection coverage under any auto liability or no-fault insurance policy.
  - When you have coverage under two or more medical plans and only one has COB provisions, the plan without COB provisions will pay benefits first.
  - A plan that covers a person as an employee pays benefits before a plan that covers the person as a dependent.
- If you are receiving COBRA continuation coverage under another employer plan, this Plan will pay Benefits first.
- Your dependent children will receive primary coverage from the parent whose birth date occurs first in a calendar year. If both parents have the same birth date, the plan that pays benefits first is the one that has been in effect the longest. This birthday rule applies only if:
  - The parents are married or living together whether or not they have ever been married and not legally separated.
  - A court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.
- If two or more plans cover a dependent child of divorced or separated parents and if there is no court decree stating that one parent is responsible for health care, the child will be covered under the plan of:
  - The parent with custody of the child; then
  - The Spouse of the parent with custody of the child; then
  - The parent not having custody of the child; then
  - The Spouse of the parent not having custody of the child.
- Plans for active employees pay before plans covering laid-off or retired employees.
- The plan that has covered the individual claimant the longest will pay first.
- Finally, if none of the above rules determines which plan is primary or secondary, the allowable expenses shall be shared equally between the plans meeting the definition of Plan. In addition, this Plan will not pay more than it would have paid had it been the primary Plan.

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### Examples

- 1) Let's say you and your Spouse both have family medical coverage through your respective employers. You are unwell and go to see a Physician. Since you're covered as an Employee under this Plan, and as a Dependent under your Spouse's plan, this Plan will pay Benefits for the Physician's office visit first.
- 2) Again, let's say you and your Spouse both have family medical coverage through your respective employers. You take your Dependent child to see a Physician. This Plan will look at your birthday and your Spouse's birthday to determine which plan pays first. If you were born on June 11 and your Spouse was born on May 30, your Spouse's plan will pay first.