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# Medical Benefits Member Guide

SEPTEMBER 1, 2016 – AUGUST 31, 2017

THIS GUIDE IS FOR:

**Active employees**

**Retirees who are not eligible for Medicare**

CONSUMER DIRECTED

**HealthSelect**<sup>SM</sup>

[www.myuhc.com/hs](http://www.myuhc.com/hs)  
[www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs)

(866) 336-9371



# Welcome

Consumer Directed HealthSelect<sup>SM</sup> is the state’s high-deductible health plan (HDHP) with a health savings account (HSA), available to Texas Employees Group Benefits Program (GBP) participants who are not eligible for Medicare.

Key information for Plan Year 2017:

- UnitedHealthcare administers the health insurance portion of Consumer Directed HealthSelect. The Employees Retirement System of Texas (ERS) sets the benefits and pays the claims, while UnitedHealthcare manages the provider network, processes claims and provides customer service.
- Optum Bank<sup>®</sup>, part of UnitedHealthcare’s financial services division, manages the HSA.
- Caremark will administer the Consumer Directed HealthSelect Prescription Drug Program through December 31, 2016. As of January 1, 2017, OptumRx<sup>®</sup>, an affiliate of UnitedHealthcare, will become the third-party administrator of the prescription drug program for Consumer Directed HealthSelect.
- Call the Customer Care Team toll-free at **(866) 336-9371 (TTY 711)**, 8 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT on Saturday.
- Create your personal **[www.myuhc.com/hs](http://www.myuhc.com/hs)** online account to find out if a provider is in the network, access personal information about your account and learn about other programs from UnitedHealthcare.
- To learn more about Consumer Directed HealthSelect, visit **[www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs)**.

Please read this guide carefully. It will help you find what you need, when you need it. For additional information and resources mentioned in this guide, visit **[www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs)**.

Let’s get started.

## Contents

<b>Your Plan Basics</b> .....	3–5
<b>Wellness Programs and Services</b> .....	6–7
<b>Key 2017 Benefits</b> .....	8–9
<b>Online Resources</b> .....	10–11
<b>Additional Tips and Resources</b> .....	12–13
<b>Key Terms</b> .....	14



## YOUR PLAN BASICS

Get off to a great start and learn the basics.

### How Consumer Directed HealthSelect Works

Consumer Directed HealthSelect is made up of two key parts:

- An HDHP, administered by UnitedHealthcare, and
- An HSA program, administered by Optum Bank, a subsidiary of United HealthCare Services, Inc.

To help cover the cost of the deductible and other eligible out-of-pocket health care expenses, this plan allows you to open and contribute to a tax-advantaged HSA.

- **You pay less when you stay in the network.** While you can use any doctor or hospital, out-of-network providers will charge you more. The UnitedHealthcare provider network includes more than 58,250 doctors in Texas and 851,000 nationwide. To find a network physician or hospital, go to [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs) and go to **Find a Doctor/Hospital**.
- **You do not need to choose a primary care physician (PCP) or get referrals to see a specialist.** Even though it's not required, you will likely get better results when you work with a PCP to help manage your care.
- **Preventive care is covered 100% when you use a network provider even if the deductible has not been met.**

### Preventive Services Covered at 100%

Preventive care can help you stay healthy. When you use a network provider, you have many preventive care benefits, including:

- Routine checkups
- Screenings
- Immunizations
- Prenatal care
- Well-woman visits
- Domestic violence screenings
- Contraception approved by the Food and Drug Administration

Under the Affordable Care Act (ACA), certain preventive health and women's services are paid at 100% (at no cost to the participant) based on physician billing and diagnosis. In some cases, you may be responsible for payment on certain related services that are not required to be paid at 100% by the ACA.

Visit [www.uhcpreventivecare.com](http://www.uhcpreventivecare.com) for preventive care guidelines and a checklist to use with your doctor.



## Your Go-to App for Health

The UnitedHealthcare Health4Me® app for smartphones provides instant access to critical health information.

Key features include the ability to:

- Search for network physicians or facilities
- View claims and benefit plan details
- Check the status of deductible and out-of-pocket spending
- View your medical ID card
- Connect with HealthSelect Customer Care
- View HSA balance
- Download Health4Me from the App Store® or Google Play™



Health4Me

## What Is an HSA?

An HSA is similar to a regular bank account. When you open an HSA through Optum Bank, you'll receive a debit card you can use to pay for qualified medical expenses, including your deductible and coinsurance. To deposit money into an HSA, you must be covered under the Consumer Directed HealthSelect HDHP and meet other eligibility rules, such as you are not enrolled in Medicare and you are not claimed as a dependent on someone else's tax returns. To learn more about eligibility rules, go to [www.myuhc.com/hs](http://www.myuhc.com/hs).

You own the money in your account, and you can make contributions, up to IRS limits. The state will also make a monthly contribution to your HSA. Detailed instructions on how to open your HSA will be sent to you after annual enrollment.

- Your savings grow tax-free.
- The balance accumulates from year to year — there is no “use it or lose it” rule.
- You can keep your HSA even if you change health plans or change health plans or employers.
- When you open an HSA with Optum Bank, the State will contribute \$45 per month (\$540 per year) for individual coverage and \$90 per month (\$1,080 per year) for family coverage. You can make additional contributions through salary deductions (for active employees only) or post-tax contributions to your account as well.

## How the Plan Works with Network Providers

Step 1: Your deductible	Step 2: Your coinsurance	Step 3: Your out-of-pocket maximum
You pay the full cost until you reach the deductible amount (\$2,100 individual/\$4,200 family). You can use your HSA to help pay for qualified medical expenses.	After you reach your deductible amount, you pay a portion of the costs. You can use your HSA to help pay your share.	When you reach your out-of-pocket maximum, your plan pays 100% of covered services for the rest of the year.
<b>Pay with your HSA or out of pocket for network expenses</b> Individual: \$2,100 Family: \$4,200	<b>Plan pays 80% + You pay 20% coinsurance</b> You can pay your share using your HSA.	<b>Plan covers 100%</b> Individual: \$6,450* Family: \$12,900*

Preventive care is covered at 100% when you use a network provider.\*\*

**Please note: Your deductible, coinsurance and out-of-pocket max amounts will be much higher when you use non-network providers.**

You will have different deductible, coinsurance and out-of-pocket limit amounts for non-network care.

\* Total out-of-pocket maximum will increase to \$6,550/Individual and \$13,100/Family on 01/01/17.

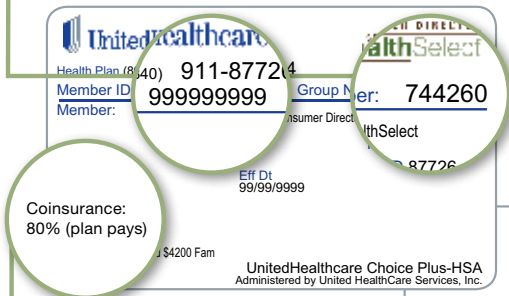
\*\* Preventive care is covered at 100% when appropriately coded as preventive care per the Affordable Care Act guidelines.

## Always Carry Your Medical ID Card

Your medical ID card has key information about you and your coverage. Keep your card in your wallet, your pocketbook or your purse so you won't forget it.

Show your medical ID card to your providers, so that they can update their records and know how to bill for the services they are providing to you.

**You'll need these numbers when you call to talk with a customer care professional**



**Call this number to talk to a customer care professional**

For more information on your coverage, to verify benefits, or to view claims, or find a provider, visit the website or call: [www.myuhc.com/hs](http://www.myuhc.com/hs) 866-336-9371

**Your cost for a medical visit (with network providers)**

**Visit this website for benefit and wellness information**

## Need a Temporary Medical ID Card?

If you lost your medical ID card or are waiting to receive it in the mail, you can print a temporary card to use until you receive a permanent replacement. Go to [www.myuhc.com/hs](http://www.myuhc.com/hs), log into your personal account and click "Print an ID Card." Remember, you can always view your medical ID card on the Health4Me app for smartphones.

## Things You Can Do at [healthselectoftexas.com/cdhs](http://healthselectoftexas.com/cdhs)

- Learn about your covered medical benefits
- Find a network doctor or hospital in your area
- Look up health and wellness education resources
- Review news and updates
- See Plan Year 2017 Master Benefit Plan Document (MBPD)
- Link to a member website at [www.myuhc.com/hs](http://www.myuhc.com/hs)

## Your Private Online Account

You can create a personal account where you can see your own claims history and use various tools. To set up your personal online account, go to [www.myuhc.com/hs](http://www.myuhc.com/hs). You will need information from your medical ID card.

Once you register and log into your personal account at [www.myuhc.com/hs](http://www.myuhc.com/hs), you can:

- Find out if a provider or hospital is in the network
- View your claims and claims history
- Contact a Nurse Advocate
- Access health and wellness information and programs, like Rally®
- Get health and vision product discounts

**Your health plan name and numbers**

**Quick access to useful tools**



**Information about new services**

**Educational websites**

**Quick access to a nurse**



## WELLNESS PROGRAMS AND SERVICES

Get involved in your health care decisions. Use these complimentary tools and resources to help maintain and improve your health. To learn more, call toll-free at **(866) 336-9371** or go to **[www.myuhc.com/hs](http://www.myuhc.com/hs)**.

### **Lose Weight with Real Appeal®**

Real Appeal is an online weight loss program that can help you develop healthy habits to lose weight and keep it off. Whether you want to drop a few pounds or make a more significant change, Real Appeal may be able to help you reach your weight-loss goals and lead a healthier life.

Real Appeal is available at no cost to eligible HealthSelect of Texas participants and dependents 18 and older (excludes Medicare primary participants) with a body mass index (BMI) of 23 or higher.

For more information or to enroll, visit **[healthselect.realappeal.com](http://healthselect.realappeal.com)**.

### **Your Nurse Advocate: Get Trusted Information\***

Registered nurses and master's-level specialists can help you anytime with:

- Symptoms and treatment options
- Doctors and hospitals
- Health condition management and more

You can reach a registered nurse toll-free at **(866) 336-9371** — simply say “speak with a nurse.”

### **Get Support for a Chronic Condition**

Nurse advocates\* can also provide resources for managing a chronic condition. A chronic condition may seem overwhelming and at times hard to manage. To help you, we offer many **Disease Management programs** that provide personalized support for the following conditions:

- Heart Failure
- Coronary Artery Disease (CAD)
- Diabetes
- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)

## Make an Informed Choice About Your Treatment

Our **Treatment Decision Support** gives you access to specially trained registered nurses\* — just call toll-free at **(866) 336-9371** and say “speak with a nurse.” They can answer your questions and help you make an informed choice about your treatment options for services related to these conditions:

- Coronary disease
- Chronic back pain
- Hip or knee replacement
- Benign prostate disease
- Prostate cancer
- Breast cancer
- Benign uterine condition
- Endometriosis
- Fibroids

## Enroll in a Health Coaching Program\*

Our Wellness Coaching programs support individuals interested in:

- Diabetes
- Exercise
- Heart Health
- Nutrition
- Stress Management
- Tobacco Cessation
- Weight Management

Our wellness coaches are experienced wellness consultants. They can help you set your goals and create a personalized plan to help you meet them. Members get assigned to one wellness coach at the beginning of their program and keep the same coach throughout their program.

If you are dealing with more than one issue, you can enroll yourself in multiple programs and receive unlimited telephone coaching or information through the mail. We have multilingual coaching, including Spanish-speaking coaches. To learn more, call toll-free at **(866) 336-9371**.

## Receive Personalized Guidance Throughout Your Pregnancy

The **Healthy Pregnancy** program helps expectant mothers through every stage of pregnancy and delivery. The program offers 24-hour access to experienced nurses, the online *Healthy Pregnancy Owner's Manual* and other materials, as well as complimentary gifts (subject to availability).

To enroll, call toll-free at **(888) 246-7389**.

**\*This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.** The information provided through the program is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time.

## Save on Wellness and Vision Products and Services

Enjoy a healthy lifestyle for less, with our discounted health and vision products and services. Get discounts on fitness club memberships, weight loss programs, glasses, contact lenses, laser vision correction and more. Access our health discount program\*\* at [www.myuhc.com/hs](http://www.myuhc.com/hs).



\*\*The health discount program is not insurance.

# KEY 2017 BENEFITS

Plan Overview	Consumer Directed HealthSelect	
	Network	Non-Network
<b>Deductible</b> (per participant/family)	\$2,100/\$4,200	\$4,200/\$8,400
<b>Coinsurance maximum</b> (per participant)	None	None
<b>Inpatient copayment maximum</b> (per participant)	None	None
<b>TOTAL ANNUAL OUT-OF-POCKET MAXIMUM</b> (per participant/family; includes copayments for medical services and prescription medications, deductibles and coinsurance)	<i>Effective January 1, 2016:</i> \$6,450 per participant, \$12,900 per family <i>Effective January 1, 2017:</i> \$6,550 per participant, \$13,100 per family	<i>Effective January 1, 2016:</i> \$12,900 per participant, \$25,800 per family <i>Effective January 1, 2017:</i> \$13,100 per participant, \$26,200 per family
<b>Lifetime maximum</b>	None	None
<b>Primary care physician (PCP) required</b>	No	No
Plan Details	Network	Non-Network
<b>PCP office visit</b>	20% coinsurance	40% coinsurance
<b>Specialist office visit</b>		
<b>Routine physicals*</b> (including vision screenings for children) and <b>well-woman exams*</b>	\$0	40% coinsurance
<b>Virtual visits</b>	20% coinsurance	Not covered
<b>Convenience care clinic</b> (no PCP referral required)	20% coinsurance	40% coinsurance
<b>Urgent care clinic</b> (no PCP referral required)		
<b>Eye exams</b> Routine exams are limited to one exam per year.	20% coinsurance	40% coinsurance
<b>Maternity care*</b> Physician charges only, including delivery fees; inpatient hospital benefit applies for the inpatient stay (complications of pregnancy are treated as any other medical condition)	\$0 for routine prenatal obstetrical office visits	40% coinsurance
<b>Office surgery and diagnostic procedures</b>	20% coinsurance	40% coinsurance
<b>Allergy antigens/serum</b> <b>Allergy injections</b> <b>Allergy testing</b>		
<b>DME (Durable Medical Equipment)</b> (3-year replacement limit) Prior Authorization required for DME over \$1,000.	20% coinsurance	40% coinsurance
<b>Diabetic Supplies</b>	20% coinsurance	20% coinsurance

\* Under the Affordable Care Act, certain preventive and women's health services are paid at 100% (at no cost to the participant) based on physician billing and diagnosis. In some cases, you will still be responsible for payment on some services.



Plan Details	Consumer Directed HealthSelect	
	Network	Non-Network
<b>Diagnostic low-tech radiology</b> X-rays Mammography Bone density scan Echocardiogram Ultrasound	20% coinsurance	40% coinsurance
<b>High-tech radiology</b> CT scan MRI Nuclear medicine Prior Authorization required.	20% coinsurance	40% coinsurance
<b>Chiropractic care</b> (benefit maximum of \$75 per visit and maximum 30 visits per calendar year, per participant)	20% coinsurance, plus amount over benefit maximum	40% coinsurance, plus amount over benefit maximum
<b>Inpatient hospital</b> Prior Authorization required.	20% coinsurance	40% coinsurance
<b>Inpatient physician</b> (per admission) You may have to pay additional costs if treated by a non-network physician during your hospital stay.	20% coinsurance	40% coinsurance
<b>Emergency room</b> In a non-emergency situation, consider less expensive options, such as a virtual visit, convenience care clinic or urgent care clinic.	20% coinsurance	20% coinsurance
<b>Outpatient day-surgery — Facility</b> (facility charges)	20% coinsurance	40% coinsurance
<b>Outpatient day-surgery — Physician</b> (physician charges)	20% coinsurance	40% coinsurance
<b>Hearing aids</b> Plan pays up to \$1,000 maximum benefit (per ear) for any consecutive three-year (36-month) period.	20% coinsurance (plus any amount over the benefit maximum)	20% coinsurance (plus any amount over the benefit maximum)
<b>Ambulance services</b> (Prior Authorization required for non-emergent air)	20% coinsurance	20% coinsurance
<b>Mental health and substance use disorder</b> Inpatient hospital Prior Authorization required.	20% coinsurance	40% coinsurance
Outpatient facility care (partial hospitalization/day treatment and intensive outpatient treatment)		
Outpatient physician or mental health provider services		

The charts on these two pages include out-of-pocket costs for common services. For detailed information about benefits, limitations and exclusions, refer to the Master Benefit Plan Document (MBPD) under the Publications and Forms tab at [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs) on or after September 1, 2016.



## ONLINE RESOURCES

Use these additional complimentary resources to get educational information online at [www.myuhc.com/hs](http://www.myuhc.com/hs).

### Virtual Doctor Visits

Now you can see a doctor without leaving your home or office with the new virtual doctor visit benefit available to HealthSelect plan members and covered dependents. A virtual visit is a convenient care option when your doctor is unavailable, when you become ill while traveling, or as an alternative to the emergency room or urgent care for non-emergency health issues.

Here's how it works:

- You must use network providers for services to be covered.
- Meet with a licensed virtual visit network provider from your computer or mobile device using secure online audio and video technology.
- Virtual visit providers can diagnose and treat a wide range of medical conditions such as sinus problems, sore throat, pink eye, bronchitis and more.
- Most virtual visits take 10 to 15 minutes and the service is available 24 hours a day, including weekends and holidays.
- A doctor is generally available within 30 minutes of your request, or you can schedule an appointment.
- If needed, virtual visit doctors can write an electronic prescription for pick up at your local pharmacy. Prescription services are currently available in Texas but may not be available in other states.
- After locating and registering with a network provider and requesting a visit, you pay your portion of the cost with a credit or debit card.

To locate a network virtual visit provider or for more information, log in to your personal online account at [www.myuhc.com/hs](http://www.myuhc.com/hs) and click on the *Virtual Visits* link.

Virtual Visit Member Health Cost	
Network	Non-Network
20% coinsurance	Not covered



## Health Care Lane®

Visit [www.healthcarelane.com/texas](http://www.healthcarelane.com/texas) for information about health and wellness topics. Make sure to check out Wellness Days, a fun-filled online festival of good health and wellness.

## Healthy Mind Healthy Body® Email Newsletter

Our award-winning *Healthy Mind Healthy Body* online publication provides the latest health news and tips, and allows you to select health topics that meet your personal needs and interests. Topics range from family health and fitness, to diabetes and asthma management. Sign up at [www.uhc.com/myhealthnews](http://www.uhc.com/myhealthnews).

## Reach Your Health Goals with Rally

Rally is a new interactive health experience on [www.myuhc.com/hs](http://www.myuhc.com/hs). It can help you get healthier one small step at a time. It shows you how to make simple changes to your daily routine and motivates you along the way.

- Take the Rally Health Survey to get an immediate, confidential assessment of your overall health compared to your actual age — called your Rally Age<sup>SM</sup>.
- Choose from recommended Missions — simple things you can do to improve your health, such as “focus on fruits and veggies” or “read for 20 minutes.”
- Step up to a Rally Health Challenge to help you reach your health goals.
- Earn Rally Coins for your efforts and use them to contribute to selected charities. Your coins will be combined with those of other Rally users to reach a certain goal. When the goal is reached, Rally will make a monetary contribution to that organization. You can rack up Rally Coins for joining Missions, pushing yourself in a challenge and even just for logging in each day.

To get started, log into your personal online account at [www.myuhc.com/hs](http://www.myuhc.com/hs).

## ADDITIONAL TIPS AND RESOURCES

Learn more about your care options, Prior Authorizations and delivery options for your health documents.

### Where to Go When You Are Sick or Injured

For most medical problems, you should try to go to your regular health care provider first. But if your doctor is not available, the chart below can help you choose the right place for care for your situation. **You can talk to a nurse to help you decide where to go for care — call anytime toll-free at (866) 336-9371 (simply say “speak with a nurse”). Remember, in a true emergency, it is always best to call 911.**

Care center	Why would I use this care center?	What type of care would they provide? <sup>1</sup>	What are the cost and time considerations? <sup>2</sup>
<b>Doctor's Office</b>	You need routine care or treatment for a current health issue. Your doctor knows your health history, can access your medical records, provide preventive and routine care, manage your medications and refer you to a specialist, if necessary.	<ul style="list-style-type: none"> <li>▶ Routine checkups</li> <li>▶ Immunizations</li> <li>▶ Preventive services</li> <li>▶ Help you manage your general health</li> </ul>	<ul style="list-style-type: none"> <li>▶ Often requires a copayment and/or coinsurance</li> <li>▶ Normally requires an appointment</li> <li>▶ Scheduled appointments can help reduce wait time</li> </ul>
<b>Virtual Visit</b>	You want a convenient way to speak with a doctor about a non-urgent condition without leaving your home or work place. A virtual visit lets you see and talk to a doctor in the virtual provider network from your mobile device or computer when you need non-emergency medical attention. No appointment or referral is needed.	<ul style="list-style-type: none"> <li>▶ Bladder infection/urinary tract infection</li> <li>▶ Bronchitis</li> <li>▶ Cold/flu</li> <li>▶ Diarrhea</li> <li>▶ Fever</li> <li>▶ Migraine/headaches</li> <li>▶ Pink eye</li> <li>▶ Rash</li> <li>▶ Sinus problems</li> <li>▶ Sore throat</li> <li>▶ Stomachache</li> </ul>	<ul style="list-style-type: none"> <li>▶ Often requires a copayment and/or coinsurance that is less than an office visit</li> <li>▶ Virtual visit providers are expected to deliver care within 30 minutes or less from the time of the patient's request</li> <li>▶ Patients can also make an appointment for another time with a virtual visit doctor</li> </ul>
<b>Convenience Care Clinic<sup>3</sup></b>	You can't get to your doctor's office, but your condition is not urgent or an emergency. Convenience care clinics are typically located in many retail stores offering services for minor health conditions. Staffed by nurse practitioners and physician assistants.	<ul style="list-style-type: none"> <li>▶ Common infections (for example, strep throat)</li> <li>▶ Minor skin conditions (for example, poison ivy)</li> <li>▶ Flu shots</li> <li>▶ Pregnancy tests</li> <li>▶ Minor cuts</li> <li>▶ Earaches</li> </ul>	<ul style="list-style-type: none"> <li>▶ Often requires a copayment and/or coinsurance similar to office visit</li> <li>▶ Walk-in patients welcome with no appointments necessary, but wait times can vary</li> </ul>
<b>Urgent Care Center<sup>3</sup></b>	You may need care quickly, but it is not an emergency, and your doctor may not be available. Urgent care centers offer treatment for non-life threatening injuries or illnesses. Staffed by qualified physicians.	<ul style="list-style-type: none"> <li>▶ Sprains</li> <li>▶ Strains</li> <li>▶ Minor broken bones (for example, a finger)</li> <li>▶ Minor infections</li> <li>▶ Minor burns</li> </ul>	<ul style="list-style-type: none"> <li>▶ Often a less costly alternative to the emergency room</li> <li>▶ Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first</li> </ul>
<b>Emergency Room (ER)</b>	You need immediate treatment of a very serious or critical condition. The ER is for the treatment of life-threatening or very serious conditions that require immediate medical attention. Do not ignore an emergency. <b>If a situation seems life-threatening, take action. Call 911 or your local emergency number right away.</b>	<ul style="list-style-type: none"> <li>▶ Heavy bleeding</li> <li>▶ Large open wounds</li> <li>▶ Sudden change in vision</li> <li>▶ Chest pain</li> <li>▶ Sudden weakness or trouble talking</li> <li>▶ Major burns</li> <li>▶ Spinal injuries</li> <li>▶ Severe head injury</li> <li>▶ Difficulty breathing</li> <li>▶ Major broken bones</li> </ul>	<ul style="list-style-type: none"> <li>▶ Requires a much higher copayment and/or coinsurance</li> <li>▶ Open 24/7, but waiting periods may be long based on the number of patients</li> </ul>

<sup>1</sup> This is a sample list of services and may not be all-inclusive.

<sup>2</sup> Costs and time information represent averages only and are not tied to a specific condition or treatment. Your out-of-pocket costs will vary based on plan design.

<sup>3</sup> Convenience Care Clinics and Urgent Care Centers may not be available where you live.

## Prior Authorizations for Certain Health Services

Certain health services like inpatient hospital stays, skilled nursing services, home health services and durable medical equipment over \$1,000 must be pre-authorized. When you use a network provider, that provider will be responsible for obtaining any Prior Authorizations required by the plan.

Ongoing treatments including outpatient rehabilitation therapies, such as physical therapy or occupational therapy, durable medical equipment and chiropractic treatment, must be considered medically necessary and would require the provider to submit a treatment plan.


### Thank You for “Going Green” with Us

HealthSelect participants automatically receive their Explanation of Benefits (EOB), health statements and claim letters online. An email is sent to you when your documents are ready for viewing.

Remember, an EOB is not a bill. Should you desire mail delivery, you can request printed versions of these documents — just call toll-free at **(866) 336-9371** and ask to change your communication preferences from online to paper delivery.

S WH-21181\*01\*097385-MO-12150-12529-AFJ 41S CP

San Antonio Service Center  
United HealthCare Services, Inc.  
PO BOX 740809  
ATLANTA, GA 30374-0809



Have more questions about your claim?  
Visit [www.myuhc.com/hs](http://www.myuhc.com/hs)  
for all your claim and benefit information.

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BARBARA SMITH  
1234 ANY STREET  
ANY TOWN, TX 55555

May 29, 2016

**Member/Patient Information**  
Member: BARBARA SMITH  
Member ID: 1234567  
Relationship: EE  
Group Name: HEALTHSELECT  
Group #: 0744260

**Explanation of Benefits Statement**  
This is not a bill. Do not pay. This is to notify you that we processed your claim.

**Claims Summary**  
Detailed claim information is located on the following page(s).

Dollar Amount	Description
\$1,265.10	<b>Amount Billed</b> This is the total amount that your provider billed for the services that were provided to you.
\$730.96	<b>Plan Discounts</b> Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
\$365.65	<b>Your Plan Paid</b> This is the portion of the amount billed that was paid by your plan.
\$168.49	<b>Total amount you owe the provider(s)</b> The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, co-pay, coinsurance and/or non covered charges. This amount does not include any payments made to the subscriber. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional.

For illustrative purposes — sample only

STD-EOB  
037504028

Use this EOB statement as a reference or retain as needed



## KEY TERMS

**Benefits:** Medical items and health services that are covered under the HealthSelect plan.

**Coinsurance:** The percentage of the cost that you have to pay for covered health services after you have paid any applicable deductibles and copayments.

**Deductibles:** The set dollar amount that you pay before the HealthSelect plan starts to pay for covered benefits, if applicable to your covered benefits.

**Health statement:** A document showing monthly claim activity and costs for all family members covered on your plan. It shows network and non-network information, as well as remaining balances for deductibles and out-of-pocket costs.

**Master Benefit Plan Document (MBPD):** A description of the benefits included in your plan.

**Medical ID card:** The card issued to you by UnitedHealthcare that includes your name, group and policy information, and important phone numbers, such as Customer Care.

**Network provider:** Doctors, hospitals, nursing homes, laboratories and other providers that have contracts with UnitedHealthcare. Sometimes called “in-network provider” or “participating network provider.” You will pay more for services provided by non-network providers.

**Non-network provider:** Doctors, hospitals and other providers that do not participate in the UnitedHealthcare network. Their services cost you more. Sometimes called “out-of-network provider” or “non-participating network provider.”

**Out-of-pocket costs:** The costs for health services that are your responsibility.

**Out-of-pocket maximum:** The most you have to pay for covered health services during the calendar year. Out-of-pocket maximum includes deductible, coinsurance and copayments, if applicable.

**Primary care physician (PCP):** This is the doctor you go to first when you are not feeling well. A PCP can be an Internist, OB/Gyn, Family Doctor or other provider listed in the PCP section of the Provider Directory and online Provider Search Tool at [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs).

- To see a complete Glossary of Health Coverage and Medical Terms, go to [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs), “Publications and Forms” tab.

## TO LEARN MORE ABOUT YOUR BENEFITS, TOOLS AND RESOURCES:

- ▶ Visit your personal online account at [www.myuhc.com/hs](http://www.myuhc.com/hs) or the HealthSelect website at [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs).
- ▶ Call the HealthSelect Customer Care Team toll-free at **(866) 336-9371 (TTY 711)**, 8 a.m. – 7 p.m. CT, Monday – Friday and 7 a.m. – 3 p.m. CT on Saturday.

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

Consumer Directed HealthSelect includes a high-deductible health plan and health savings account administered by UnitedHealthcare and Optum Bank, both subsidiaries of United HealthCare Services, Inc. Consumer Directed HealthSelect is a high-deductible health plan (HDHP) with a health savings account (HSA) that is designed to comply with IRS requirements and eligible enrollees may open a health savings account (HSA) with Optum Bank, Member of FDIC. The HSA refers only and specifically to the health savings account that is administered by Optum Bank, and not to the associated HDHP. Health savings accounts (HSAs) are individual accounts offered by Optum Bank®, Member FDIC, and are subject to eligibility and restrictions, including but not limited to restrictions on distributions for qualified medical expenses set forth in section 213(d) of the Internal Revenue Code. State taxes may apply. Fees may reduce earnings on account. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the health survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate (Advocate4Me) services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate 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.

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

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

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated.

Disclosure: The Health Discount Program is administered by HealthAllies®, Inc., a discount medical plan organization. The Health Discount Program is NOT insurance. The discount program provides discounts at certain health care providers for medical services. The discount program does not make payments directly to the providers of medical services. The discount program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc., is located at P.O. Box 10340, Glendale, CA, 91209, 1-800-860-8773, [www.unitedhealthallies.com](http://www.unitedhealthallies.com), [ohacustomer@optumhealth.com](mailto:ohacustomer@optumhealth.com). The health discount program is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific discounts and to encourage participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through the discount program. This program may not be available in all states or for all groups. Components subject to change.

NOTE: ERS cannot and does not guarantee the length of time that a specific or type of value-added product will be offered or that a product will be offered in the future. If you have questions or concerns about these products, please contact UnitedHealthcare directly.

All trademarks are the property of their respective owners.

## KEY HEALTHSELECT CONTACT INFORMATION

Consumer Directed HealthSelect Website [www.healthselectoftexas.com/cdhs](http://www.healthselectoftexas.com/cdhs)

Personal Online Account [www.myuhc.com/hs](http://www.myuhc.com/hs)

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Consumer Directed HealthSelect Customer Care **(866) 336-9371 (TTY 711)**

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24/7 Nurse Access **(866) 336-9371** (say “speak with a nurse”)

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Healthy Pregnancy **(888) 246-7389**

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Prescription Drug Program

- Caremark (through December 31, 2016) **(888) 886-8490**
  - HealthSelect Customer Care (beginning January 1, 2017) **(866) 336-9371 (TTY 711)**
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UnitedHealthcare Services, Inc., on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. UnitedHealthcare does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

UnitedHealthcare provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

If you believe that the Company has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy.

A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

Civil Rights Coordinator  
P.O. Box 30608  
Salt Lake City, UT 84130  
[UHC\\_Civil\\_Rights@UHC.com](mailto:UHC_Civil_Rights@UHC.com)

If you need help filing a grievance, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

You can also file a complaint directly with the U.S. Dept. of Health and Human Services online, by phone or mail:

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free 1-800-868-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

You have the right to get help and information in your language at no cost. To request an interpreter, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

This letter is also available in other formats like large print. To request the document in another format, please call toll-free 866-336-9371, TTY 711, Monday through Friday, 8 a.m. to 7 p.m. CT and Saturday, 7 a.m. to 3 p.m. CT.

1	Spanish	Tiene derecho a recibir ayuda e información en su idioma sin costo. Para solicitar un intérprete, llame al número de teléfono gratuito para miembros que se encuentra en su tarjeta de identificación del plan de salud y presione 866-336-9371 TTY 711
2	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 866-336-9371 TTY 711
3	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥打您健保計劃會員卡上的免付費會員電話號碼，再按 866-336-9371。聽力語言殘障服務專線 711
4	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 귀하의 플랜 ID카드에 기재된 무료 회원 전화번호로 전화하여 866-336-9371 번을 누르십시오. TTY 711
5	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل برقم الهاتف المجاني الخاص بالأعضاء المدرج ببطاقة مُعرّف العضوية الخاصة بخططك الصحية، واضغط على 866-336-9371. الهاتف النصي (TTY) 711
6	Urdu	آپ کو اپنی زبان میں مفت مدد اور معلومات حاصل کرنے کا حق ہے۔ کسی ترجمان سے بات کرنے کے لئے، ٹول فری ممبر فون نمبر پر کال کریں جو آپ کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 866-336-9371 دبائیں۔ TTY 711
7	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tawagan ang toll-free na numero ng telepono na nakalagay sa iyong ID card ng planong pangkalusugan, pindutin ang 866-336-9371 TTY 711
8	French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 866-336-9371 ATS 711.
9	Hindi	आप के पास अपनी भाषा में सहायता एवं जानकारी निःशुल्क प्राप्त करने का अधिकार है। दुभाषिए के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सूचीबद्ध टोल-फ्री नंबर पर फ़ोन करें, 866-336-9371 दबाएं। TTY 711

10	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 866-336-9371 را فشار دهید. TTY 711
11	German	Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 866-336-9371 TTY 711
12	Gujarati	તમને વિના મૂલ્યે મદદ અને તમારી ભાષામાં માહિતી મેળવવાનો અધિકાર છે. દુભાષિયા માટે વિનંતી કરવા, તમારા હેલ્થ પ્લાન ID કાર્ડ પરની સૂચીમાં આપેલ ટોલ-ફ્રી મેમ્બર ફોન નંબર ઉપર કોલ કરો, 866-336-9371 દબાવો. TTY 711
13	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 866-336-9371 Линия TTY 711
14	Japanese	ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳をご希望の場合は、医療プランのIDカードに記載されているメンバー用のフリーダイヤルまでお電話の上、866-336-9371を押してください。TTY専用番号は711です。
15	Laotian	ທ່ານມີສິດທີ່ຈະໄດ້ຮັບການຊ່ວຍເຫຼືອແລະຂໍ້ມູນຂ່າວສານທີ່ເປັນພາສາຂອງທ່ານບໍ່ມີຄ່າໃຊ້ຈ່າຍ. ເພື່ອຂໍຮ້ອງນາຍພາສາ, ໂທພຣີຫາຫມາຍເລກໂທລະສັບສໍາລັບສະມາຊິກທີ່ໄດ້ລະບຸໄວ້ໃນບັດສະມາຊິກຂອງທ່ານ, ກົດເລກ 866-336-9371 TTY 711