



Member and Provider Guide to Care

Information for Members

The UnitedHealthcare® Group Medicare Advantage (PPO) plan offers a unique set of benefits to members. Because of this, you and your doctor may not be familiar with all of the details of the plan. This flyer will help give you and your doctor information on how this plan works, so that you can get the most out of your plan benefits. The other side of this flyer contains important information that can help guide your doctor in providing you with covered services.

You can seek care from any doctor or provider that participates in Medicare and accepts this plan.

- This Preferred Provider Organization (PPO) plan gives you the freedom to go to any doctor or other licensed medical professional (provider) that participates in Medicare and accepts this plan, anywhere in the United States.
- The provider does not have to be contracted and part of the UnitedHealthcare network.

Most doctors and providers will accept the plan and continue to treat you.

- Providers who have a contract with UnitedHealthcare (“in-network”) must accept this plan and continue to treat you if you are a current patient.
- Similar to traditional PPO plans, providers who do not have a contract with UnitedHealthcare (“out-of-network”) have the choice to accept the plan and treat you, except in the case of a medical emergency when they must accept the plan and provide you treatment.

What to do next.

If your doctor is part of the UnitedHealthcare network, you don’t need to do anything. If your doctor or provider is not part of UnitedHealthcare’s network, it’s best to check before your first appointment to make sure he/she will accept the plan. If your doctor indicates that he or she may not accept, please call Customer Service. We will be happy to call your doctor’s office for you and help explain your new plan. In most situations, a little more detailed information on how the plan works, is all that is needed.

The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.



You pay the same co-pay or co-insurance whether your provider is in- or out-of-network.

- Any co-pay for covered services can be paid to the provider at the time of service.
- Most out-of-network providers will bill UnitedHealthcare on your behalf.

Questions? Give us a call. We’re happy to help.



Call Customer Service at the number listed on the back of your member ID card.



Provider Guide to Care

Important information for Care Providers for UnitedHealthcare® Group Medicare Advantage (PPO) Members — A Unique Plan with No Referrals Required!

Welcome! We are pleased you are caring for a patient who is a UnitedHealthcare Group Medicare Advantage (PPO) plan member. This plan offers a unique set of benefits that is different from many traditional health plans. Because many providers are not familiar with the details of this plan, please review this document for information about our plan and processes for working with us — whether you participate in our network or not.

The UnitedHealthcare Group Medicare Advantage (PPO) plan is a Preferred Provider Organization (PPO) plan only offered to groups, such as employers, unions and government sub-entities. The benefits are customized to meet the specific needs of each group.

Plan highlights:

- Members may see any provider, in-network or out-of-network, who participates in Medicare and accepts the plan for the same cost share. The co-payments or co-insurance will be the same for both in- and out-of-network care providers. This is different from other UnitedHealthcare Medicare PPO plans that may incur higher member cost sharing for out-of-network services.
- Members do not need a referral, prior authorization or notification to see out-of-network providers.

For network providers

Please refer to the UnitedHealthcare Provider Administrative Guide at UnitedHealthcareOnline.com > Tools and Resources > Medicare > PPO Group Retiree for information about our prior authorization and notification policies.

If you do not participate in our network

- If you do not participate with UnitedHealthcare Group Medicare Advantage, but do participate in Medicare, you may bill UnitedHealthcare up to the Medicare allowable charge. We will pay any additional charges. Your patient will not incur any charges.
- You do not need to request prior authorization or notification to provide services to UnitedHealthcare Group Medicare Advantage (PPO) plan members.
- We pay out-of-network providers according to Medicare's allowable fee schedule or Medicare limiting charge, where applicable.

Claims and Payment

You may submit claims the following ways:

- UnitedHealthcareOnline.com > Claims & Payments
- Electronic claims submission using the clearinghouse of your choice with UnitedHealthcare Payer ID 87726
- Mail to the address on the back of your patient's member ID card.

For more information about claims and payment, please visit UnitedHealthcareOnline.com > Claims & Payment or call 877-842-3210.

For information about joining our network, call 877-842-3210. Select "other professional services" then "credentialing."



Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

PCA17532_20150821