



2015 Benefits Guide

Simple.
Personal. Empowering.

An easy-to-use guide to understanding
your UnitedHealthcare benefits offered
by MSD Washington Township.



Open Enrollment is
July 15, 2015 - August 10, 2015

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Visit welcometouhc.com/msdwt
Call 800-985-3850 (Español 1-800-940-1508)





Simple. Personal. Empowering.

All plans include the IU Health & Wellness Center at Northview Middle School.

All services obtained from the Wellness Center are free to health plan participants.

No copay is required for services received from the Wellness Center.

IMPORTANT NOTE: All benefits described in this guide are valid through September 30, 2015 and are subject to change.

About UnitedHealthcare

- Our mission is to **Help people live healthier lives™**.
- Our headquarters is near Minneapolis, Minnesota.
- We serve more than 45 million people worldwide.
- We work with more than 820,000 health care providers and 6,000 hospitals nationwide.
- Our parent company, UnitedHealth Group, has been ranked #1 in the insurance and managed care sector on Fortune's **"World's Most Admired Companies"** list for four straight years.

FORTUNE® Magazine, February 2014. FORTUNE is a registered trademark of Time, Inc. FORTUNE and Time Inc. are not affiliated with, and do not endorse products or services of, UnitedHealth Group.



Call us at 800-985-3850 or go to welcometouhc.com/msdwt

- Learn about your benefits
- Find network providers
- Estimate plan costs
- Learn about the many tools and resources available and more

Health Plan Benefit Information

COVERED SERVICES

Here is a summary of the many services the plans will cover. See page 4 for coverage details.

- ▶ Doctor office visits
- ▶ Emergency services
- ▶ Hospital care
- ▶ Lab services
- ▶ Mental health and substance use disorder services
- ▶ Outpatient care services
- ▶ Pregnancy and newborn care
- ▶ Preventive care services
- ▶ Rehabilitative services and devices
- ▶ Wellness services



Your preventive care is covered 100% in our network.

You don't have to pay any out-of-pocket costs for preventive care as long as you use a network doctor.

FIND A NETWORK DOCTOR OR HOSPITAL

Health care providers who are in our network have agreed to charge lower prices, which helps lower your health care costs. There are two ways to find out if your local doctor, clinic or hospital is in our network.



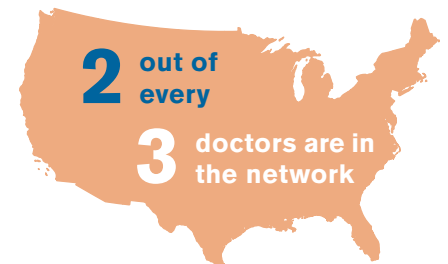
Go online

- 1** welcometouhc.com/msdwt
- 2** When you do your search, you can search by:
 - Doctor or facility name
 - Specialty or condition
 - Location
 - Gender or Language



Call us

Call Customer Care at **800-985-3850** if you need help with your search.



About the network

More than 750,000 doctors and health care professionals (that's 2 out of every 3 doctors)

More than 5,600 hospitals and health care facilities

Local access to 98% of the U.S. population



Meet Tekoa Kuntz

Tekoa needed heart surgery. Before he was even born, UnitedHealthcare helped his mom and dad find a UnitedHealth Premium® surgeon at a children's hospital that is recognized for treating complex heart conditions. Four years later – and after three surgeries – Tekoa loves to go to the pool. And he can leap off the couch like a super hero.

Learn more about the UnitedHealth Premium program at welcometouhc.com/msdwt.

HEALTH PLAN BENEFITS AT A GLANCE

Medical	Choice 1 (\$750 Deductible)	Choice 2 (\$2,850 Deductible)
	Network/Non-network	Network/Non-network
Deductible*		
Individual	\$750 / \$1,500	\$2,850 / \$5,000
Family	\$1,000 / \$3,000	\$5,700 / \$10,000
Out-of-pocket limit**		
Individual	\$2,500 / \$5,000	\$2,850 / \$10,000
Family	\$5,000 / \$10,000	\$5,700 / \$20,000
Lifetime maximum	Unlimited	Unlimited
Covered Services		
Doctors and specialists		
Doctor visit	\$25 copay / 70% after Deductible	Deductible; then 100% / 70%
Specialist visit	\$50 copay / 70% after Deductible	Deductible; then 100% / 70%
Preventive care		
Well-child visits	100% no copay / No coverage	100% No Deductible / No coverage
Mammogram	100% no copay / No coverage	100% No Deductible / No coverage
Immunizations	100% no copay / No coverage	100% No Deductible / No coverage
Annual Physical	100% no copay / No coverage	100% No Deductible / No coverage
Urgent and emergency care		
Urgent care visit	\$50 copay / 70% after Deductible	Deductible; then 100% / 70%
Emergency room	\$150 copay / \$150 copay	Deductible; then 100% / 100%
Ambulance	Deductible; then 90% / 90%	Deductible; then 100% / 100%
Hospital care		
Outpatient surgery	Deductible; then 90% / 70%	Deductible; then 100% / 70%
Lab and X-ray	Deductible; then 90% / 70%	Deductible; then 100% / 70%
Hospital stay	Deductible; then 90% / 70%	Deductible; then 100% / 70%



*Per calendar-year, resets January 1. Does not apply to benefits with copays. Copays count towards the Out-of-pocket limit, but they do not count towards the Deductible.

** Includes the Deductible, Coinsurance, and Copays (Including prescription copays - see pages 5 and 6 for Rx copay details).

This information is a brief, general description of your coverage; it is not a contract and does not replace your Certificate of Coverage/Summary Plan Description. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts conflict with official benefit coverage documents, the official benefits coverage documents prevail.



CHOICE 1 (\$750 DEDUCTIBLE)

You have the freedom to use any doctor or hospital you want.

But you can save money when you choose doctors (including specialists), hospitals and labs in our network. Health care providers who are in the network have agreed to charge lower prices.

You also have coverage if you receive care outside the network. However, you will likely pay more for the service.

You do not need to choose a primary care provider.

But a primary care provider (PCP) can be helpful in managing your care.

You do not need a referral to see a specialist.

See any doctor, including specialists, without referrals.

HOW THE PLAN WORKS

- 1 You will pay a **co-payment** for doctor visits.^{1,2} A co-payment is the fixed amount of money you have to pay each time you see a doctor.
- 2 You will have a **deductible**.^{1,2} The deductible is the amount you owe for covered services before your plan starts to pay.
- 3 Your plan will have **co-insurance**.^{1,2} Your plan will pay a percentage of each covered service, and you will pay the rest.
- 4 You are protected with an **out-of-pocket limit**. This is the most you will have to pay during a plan year for covered services. If you reach the out-of-pocket limit, the plan will pay 100% of covered services for the rest of the plan year.

You may be required to receive approval for some services before they can be covered by your plan.

See page 4 for details about the plan.

A national network to help lower your costs.

No matter where you are in the U.S., a network doctor is likely nearby.

Prescription Drugs

Prescription Drug benefits are administered by Express Scripts

(Group #6934) 844-567-8527

Retail copays for up to a 31 day supply
\$10 / \$35 / \$60

Mail order copays for up to a 90 day supply: \$25 / \$88 / \$150

¹ Does not apply for eligible preventive care expenses
² Included in the out-of-pocket limit



Choice 2 (\$2,850 Deductible) and Health Savings Account

You have the freedom to use any doctor or hospital you want.

But you can save money when you choose doctors (including specialists), hospitals and labs in our network. Health care providers who are in the network have agreed to charge lower prices.

You also have coverage if you receive care outside the network. However, you will likely pay more for the service.

You do not need to choose a primary care provider.

But a primary care provider (PCP) can be helpful in managing your care.

You do not need a referral to see a specialist.

See any doctor, including specialists, without referrals.

YOU CAN OPEN A HEALTH SAVINGS ACCOUNT (HSA).

This plan lets you open an HSA. An HSA is a personal bank account to help you save and pay for health care, while giving you real tax savings.

You can use the HSA to pay for qualified medical expenses.

Use it for covered services such as doctor visits and prescriptions. Use it for other qualified medical expenses like dental and vision services.

You own the HSA. The money is yours to keep.

- There's no "use it or lose it" rule. The money stays in the account until you use it.
- If you leave your employer, change health plans or retire, you take it with you.
- Use it to pay for services today or save it for a future need – even into retirement.

You don't have to pay federal or, in most instances, state income taxes:

- Deposits you or others make
- Money you spend on qualified expenses
- Interest earned while money is in the account

You must be eligible to have an HSA. Visit welcometouhc.com/msdwt to see eligibility requirements, estimate tax savings and more.

See page 4 for details about the plan.

A national network to help lower your costs.

No matter where you are in the U.S., a network doctor is likely nearby.

Prescription Drugs

Prescription Drug benefits are administered by Express Scripts

(Group #6934) 844-567-8527

Retail and Mail Order copays: \$0, after Deductible is satisfied

2 STEPS TO START YOUR SAVINGS

1 Open your HSA.

You may be able to open your HSA through MSD Washington Township. See your health plan documents for details.

2 Set a savings goal.

Even small deposits can make a big difference. Check with your employer to see if you can make regular, pretax deposits through payroll deductions.

2015 HSA Limits

The IRS limits how much you can put into your HSA each year. The 2015 limits are:

- \$3,350 for individual coverage
- \$6,650 for family coverage

Are you 55 or older?

You can put in an extra \$1,000 this year.

HOW THE PLAN WORKS

Here's how the plan works in three simple steps. Remember, the plan covers your preventive care at 100% when you use network doctors.

STEP 1 Your deductible – You pay until you reach the deductible.

The deductible is the amount that you pay for covered health care services before your health plan starts to pay. You will pay for all covered services (medical and pharmacy) until you pay your deductible.

You can pay for services with the money in your HSA. Or, you can pay another way (cash, credit card or check) and let your HSA grow.

STEP 2 Your co-insurance – You and your plan share the cost of services.

After paying the deductible, your plan will have co-insurance. Co-insurance is when you and your plan share the cost of covered services.

STEP 3 Your out-of-pocket limit – You are done paying.

If your deductible and co-insurance payments reach the out-of-pocket limit, you are done paying. Your plan will pay 100% of covered services for the rest of the plan year. This limit is there to protect you if you have a major medical event.



Paying for prescriptions

You will have to pay the full cost of your covered prescriptions until you've paid the deductible. This might be a big change for you. But you can use your HSA to help pay. Be sure to talk to your doctor or pharmacist about ways to help manage and lower your costs.

STEP
1

Your deductible

**Pay with your HSA or
pay another way**

STEP
2

Your co-insurance (After you reach the deductible)

**Your plan
pays %** + **You pay %**

**You can pay your share
using your HSA.**

STEP
3

Your out-of-pocket limit

**You are
done paying**

**When you reach the limit,
the plan pays 100%.**

Preventive care is covered 100% when received by a network doctor.

If you're asked to pay at the doctor's office: Most health care providers will send your bill (claim) to UnitedHealthcare before you are asked to pay anything. However, some providers may ask you to pay some of the cost during your visit. If you make a payment, it will apply to your deductible and out-of-pocket limit.

AFTER YOU ENROLL:

MYUHC.COM[®]

USE MYUHC.COM TO TAKE CHARGE OF YOUR HEALTH CARE.

As a member, **myuhc.com** is where to go for all of your UnitedHealthcare benefit information.

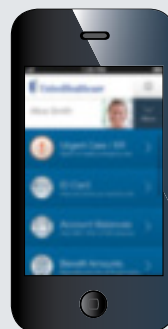
But it offers you more than that. You'll have easy access to tools to help you make decisions about your health, organize your health information and even improve your health.

Take charge of your health care. Be sure to register on myuhc.com after you sign up for your benefits.



Use **myuhc.com** wherever you are.

Download the UnitedHealthcare Health4Me[™] mobile app.



Health4Me provides instant access to your family's critical health information – anytime and anywhere.



CHECK OUT THESE HELPFUL TOOLS.

Easily estimate health care costs.

myHealthcare Cost Estimator shows you the estimated costs for a treatment or procedure. You'll even see what you could be responsible for paying based on your plan. Finally there's a tool that makes searching for health care costs an easy and personal shopping experience.

Easily find high quality doctors.

The **UnitedHealth Premium[®] designation program** makes it easy to find network doctors who meet national standards for quality and local market benchmarks for cost efficiency. When you do an online search for a network doctor, Look for this symbol:



Easily manage and pay your claims.

myClaims Manager provides a clearer explanation of your claims and costs, which helps you better understand and track your expenses. You can even pay your health care providers online for any claim that shows a 'You Owe' amount.





AFTER YOU ENROLL:

HEALTH & WELLNESS

RALLYSM – A NEW WAY TO SUPPORT YOUR HEALTH JOURNEY

Rally is a user-friendly digital experience on myuhc.com that will engage you in a new way by using technology, gaming and social media to help you understand, learn and support you on your health journey.

What Is Rally?

With the online Rally Health Survey, personalized Missions, rewards and connections to wearables like Fitbit®, Jawbone® and more, we make it easier for you to get motivated to be healthier. When you sign up for Rally, the first thing you'll learn is your Rally Health Age, which tells you how your body is feeling right now. Then you can start exploring all the great digital tools that may help you make healthier choices based on your life, schedule and needs.

Get Started: Personal Missions

Go to myuhc.com and click on the Health and Wellness tab located in the upper right-hand corner. You will need to create a username and password the first time you visit the site. Once you have completed the Health Survey, we have the data we need to suggest action steps or “Missions.” “Move,” “Eat,” “Feel,” and “Care” Missions are interactive and provide choices that may help improve or maintain your health. They're also linked to promotions, reminders and tracking accomplishments, giving you just the push you need to keep going.

Tracking Is Simple, Fun and Full of Rewards

Health trackers monitoring weight loss, physical activity and more are tightly integrated with motivating messages and personally relevant information, to keep you inspired. You can also connect with wearables like FitBit and JawBone for mobile access.

To help you create new healthy habits, coins are awarded every time you engage — even in small ways — essentially rewarding you every time a health or tracking activity takes place. Coins can be used to enter sweepstakes or to earn company-sponsored rewards. An email notification tells if a reward activity is complete or if you have registered for a sweepstakes.

With Rally, you can also join an online challenge, share your accomplishments with others through moderated health communities, choose an Avatar, connect with a personal wellness coach or join a competition to increase the fun.



The logo for Rally, featuring the word "RALLY" in a bold, sans-serif font. The letter "A" is stylized with an orange triangle pointing upwards, and the word is followed by a trademark symbol (™).



AFTER YOU ENROLL:

PERSONAL CARE

PERSONAL CARE WHEN YOU NEED IT

You'll get personal attention if you need help finding the right care or managing a complex health condition. Here are just some of the clinical programs and services that are available. These are included at no extra cost to you and your covered dependents.

If you need clinical, wellness or counseling help

Care24® is a health and well-being service that connects you with a single registered nurse to guide you to clinical, wellness, financial, legal or counseling help. This service is available 24/7. Your nurse can:

- Answer questions about an illness or injury
- Provide support on managing a chronic condition
- Help you find high quality network doctors and scheduling appointments
- Explain medications, drug interactions or medication alternatives
- Inform you about preventive care

You can access Care24 with the Health4Me or you can call **800-985-3850**.

If you are pregnant or thinking about having a baby

The Healthy Pregnancy Program will help you through every stage of your pregnancy and delivery. Members can enroll by calling **1-888-246-7389** or by going to **healthy-pregnancy.com**. When you sign up, you will have access to:

- Experienced nurses 24/7
- Information to help you identify risks and special needs
- Our online Healthy Pregnancy Owner's Manual and other materials
- Complimentary gifts and money saving coupons

If you need care management

Through care management, we'll work with your doctors and other health care providers to help you understand your treatment options if you need care. We'll also let you know about special programs to help you make informed health care decisions or to help manage a condition.

If you are in need of a transplant

The Transplant Resource Services program provides one-on-one patient education and support if you or a dependent is in need of any type of transplant. The program can help you find national leading Centers of Excellence for transplants. And, experienced nurses will provide outreach and ongoing support to help you manage



If you need to be informed about health risks

You may receive a personal newsletter on myuhc.com or in the mail called *HealthNotes*SM that will tell you about ways to improve your health, reduce future health risks and let you know how you can save money on medications. We'll also send it to your doctor(s).

AFTER YOU ENROLL:

STAY INFORMED ABOUT YOUR BENEFITS AND THE LATEST HEALTH NEWS.

SIGN UP FOR HEALTHY MIND HEALTHY BODY®, YOUR PERSONALIZED HEALTH E-NEWSLETTER.

Healthy Mind Healthy Body® is an award-winning monthly e-newsletter filled with tips and strategies you and your family can use. Our plain-language approach and at-a-glance layout make it easy to get right to quick tips and information you want for healthier living.

SIGN UP FOR BENEFIT AWARENESS TO GET NEWS ABOUT YOUR BENEFITS.

Get monthly news and information on tools and resources to help you get the most out of your UnitedHealthcare benefits. You will receive news to help you stay informed on preventive care, learn about cost saving tools and tips and how to make your health care experience easier.



Signing up is easy.

You can sign up now when you visit uhc.com/myhealthnews or you can sign up when you register/log in to myuhc.com and go to your Preference Center to sign up.

VISIT SOURCE4WOMEN.COM FOR ANSWERS TO YOUR HEALTH AND WELLNESS QUESTIONS.

Source4Women® gives you answers to your health and wellness questions in plain language. From interactive seminars and presentations to healthy recipes and tips from the experts, we give you information to help you make more informed decisions.

Connect with us.

For upcoming online seminars, the latest information, health tips, and more, follow us at:



@Source4Women



Source4WomenUHC



Source4Women



Source4Women



AFTER YOU ENROLL:

PREVENTIVE CARE

TAKE ADVANTAGE OF PREVENTIVE CARE TO HELP MANAGE YOUR HEALTH.

What does preventive care do for me?

Regular preventive care visits and health screenings may help to identify potential health risks, and may help you avoid serious health problems. Your doctor will determine what preventive care services or health screenings may be right for you.

What is covered as a preventive care service?

When a service is provided specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will usually be considered preventive care.

Preventive care services will be based on many factors such as your age, gender, overall health status, personal health history and your current health condition.

Preventive care services may include many types of services, including:

Physician office services:

- Routine physical examinations
- Well baby and well child care
- Immunizations

Lab, X-ray or other screening tests:

- Screening mammography
- Colorectal cancer screening
- Cervical cancer screening
- Osteoporosis screening

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

When you visit your doctor, the services you receive will be considered either preventive care or non-preventive care depending on many factors. See if you can determine whether the care received in the following scenarios would be considered preventive or non-preventive.

Situation 1	Situation 2
A woman visits her network doctor for her screening Mammogram.	A man visits his network doctor for his preventive care exam and based on his age, his doctor recommends a screening colonoscopy.
Answer: This is considered preventive care because her visit is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.	Answer: This is considered preventive care because this service is part of a routine annual exam and has not been prompted by any sort of previous diagnosis.

For more information about the preventive care services that may be right for you visit www.uhcpreventivecare.com.



Will my health plan consider medications a preventive service?

If your plan provides a pharmacy benefit, you may be eligible for certain medications covered as preventive care including:

- Certain FDA approved women's contraceptives
- Aspirin to prevent cardiovascular disease in men and women
- Folic acid supplements for women who may become pregnant
- Iron supplements for children at risk for anemia

Generally, over-the-counter medications are excluded from coverage. Always refer to your health plan documents for your specific preventive care coverage guidelines.

¹ The guidelines are based on the recommendations of the U.S. Preventive Services Task Force (USPSTF), U.S. Department of Health and Human Services and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your health plan ID card.



BE SURE TO CHECK OUT:
UHC TVSM

LEARN. LAUGH. BE INSPIRED.

UHC TV is an Internet TV network that inspires people to choose healthier living and educates them to get the most out of their health benefits. From short, original videos with health insurance explanations to tips on healthy eating, seeing your doctor, and living well, it's available anytime from a computer, tablet, or mobile device.

WHAT CAN YOU DO AT UHC TV?



Ask questions

Submit your questions to our cooking, nutrition, and medical experts and view their video answers.



Unwind with a laugh

Take a stress break and watch a few two-minute comedy bits. It's good for your heart.




Unravel health insurance mysteries

Get simplified definitions to help you sort out the basics of health insurance. We all need to understand more than we do.

Share with friends

Share video links by email or embed your favorite videos on your blog or Facebook page. It's great content you can pass along.

 On YouTube at [uhctv](#)

 On Facebook

 On Twitter @UHCTV



Stay informed

Subscribe to receive new videos as they are posted so you don't miss a thing.

BE SURE TO CHECK OUT:

MEDICARE MADE CLEAR™



Medicare helps nearly 50 million Americans get health benefits. You may know that when you turn 65 you qualify for Medicare. But did you know that when it comes to Medicare, you have choices regarding how you want to receive your benefits?

YOUR MEDICARE CHOICES

Step 1

Enroll in Original Medicare when you become eligible.

Original Medicare

 **PART A** +  **PART B**

Covers hospital stays Covers doctor and outpatient visits

Government-provided

Step 2

If you need more coverage, you have choices.


Option 1

or

Option 2

Keep Original Medicare and add:

Medicare Supplement Insurance




Covers some or all of the costs not covered by Parts A & B

Offered by private companies

and/or


Medicare Part D





Covers prescription drugs

Offered by private companies

Medicare Advantage (Part C)

 Combines Parts A & B

 Additional benefits

 Most plans cover prescription drugs

Offered by private companies

*Adapted from UnitedHealthcare's award winning Medicare Made Clear education series.

WORKING AT 65 AND BEYOND

If you choose to work past age 65, check with your employer to understand your health care coverage options. You may only be able to sign up for Part A (Original Medicare hospital coverage). For most people, there is no monthly premium for Part A. Many people choose to delay signing up for Part B (medical expenses) until they lose your health plan coverage through their employer because Part B has a monthly premium based on income. In other instances people sign up for both Parts A and B. In fact, some employers may ask that you to do so. Review your budget to understand how signing up for Original Medicare (Parts A and B) will work with the coverage you have today.

RETIRING AT 65

If you're planning to retire at age 65, you can enroll in Original Medicare (Parts A and B). If you need additional coverage, you can sign up for a Medicare Advantage (Part C) plan, prescription drug plan (Part D) and/or a Medicare Supplement Insurance Plan within two months after your employer health plan coverage ends. Apply before the month you turn 65 so your coverage becomes effective at the beginning of your birthday month. If you wait, you may be without coverage until the next Medicare Open Enrollment period.

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



MedicareMadeClear.com

Interested in learning more?

Check out MedicareMadeClear.com to watch videos, sign up for our newsletter, take quizzes find tools and get answers to your Medicare questions.

Stay informed:



Additional information resources:

- Visit **Medicare.gov**
- Call **1-800-MEDICARE (1-800-633-4227)**, TTY **1-877-486-2048**, 24 hours a day, 7 days a week
- Call your local State Health Insurances Assistance Program (SHIP) to see if you qualify for any financial assistance

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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

As a company dedicated to helping people to live healthier lives, UnitedHealthcare encourages our enrollees to receive preventive health services. The health care reform law requires the coverage of certain preventive services, based on your age, gender and other health factors, with no cost-sharing. UnitedHealthcare covers preventive services, as specified in the health care reform law, at 100% without charging a copayment, coinsurance or deductible, as long as they are received in the health plan's network. UnitedHealthcare also covers other routine services, which may require a copayment, coinsurance or deductible. Always refer to your plan documents for your specific coverage. 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.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Source4Women content and materials are for information purposes only, are not intended to be used for diagnosing problems and/or recommending treatment options, and are not a substitute for your doctor's care. Lists of potential treatment options and/or symptoms may not be all inclusive.

YouTube is a registered trademark of Google, Inc. Facebook is a registered trademark of Facebook Inc. Twitter is a registered trademark of Twitter, Inc.

The Care24® program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's 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.

Information for individuals residing in the state of Louisiana or have policies issued in Louisiana: Health care services may be provided to you at a network health care facility by facility-based physicians who are not in your health plan. You may be responsible for payment of all or part of these fees for those non-network services, in addition to applicable amounts due for copayments, coinsurance, deductibles, and non-covered services. Specific information about network and non-network facility-based physicians can be found at myuhc.com or by calling the toll-free Customer Care telephone number that appears on the back of your health plan ID card.