



Kyrene Employee Benefit Trust (KEBT) - A Guide to Your 2013 UnitedHealthcare Plan Benefits

Look inside to learn about:

Open Enrollment - April 22nd to May 10th

Your health plan options

Your prescription coverage

Your preventive care coverage

Care24 Nurseline 1-888-887-4114

welcometouhc.com



BEFORE YOU ENROLL



Need help? Visit
welcometouhc.com

- See coverage details
- See if your doctor is in the network

Choose with confidence.

Our UnitedHealth Premium® designation program takes the guesswork out of your doctor search because it recognizes physicians and hospitals for meeting quality and cost-efficiency guidelines. Just look for the ★★ to find them.

- Estimate the cost of a plan.
- Find a network pharmacy.
- See recommended preventive care services based on your age and gender.



THANK YOU FOR CONSIDERING UNITEDHEALTHCARE.

Kyrene Employee Benefit Trust (KEBT) is committed to giving you access to a better health care experience. As you review this guide, here are some helpful tips for you to use.

1 Take some time.

Choosing your health plan is an important decision. We hope you take time to review all of the benefits available to you. As you look through this guide, be sure to ask yourself:

- Is my doctor in the network?
- Will I have coverage outside of the network?
- How much will the plan cost, including my plan premiums?
- What services are covered and not covered?
- What are the extras I get?

2 Choose your plan.

Your enrollment period is April 22nd to May 10th. After you enroll, the only time you can make changes is when you have a qualifying event. This can include a marriage, divorce or a new baby.

3 Open Enrollment April 22nd - May 10th

All employees who work 30 hours or more per week in regular non-temporary positions are required to log-in to the i-Visions Self Service portal to complete the enrollment, even if you waive all benefit plans. No benefits roll over from the prior year.

A LOOK AT THE PLAN FEATURES

Here are some key features you should consider when choosing your plan.

| Health plan | Non-network coverage | No referrals required | No primary care physician required | Health account |
|-------------|----------------------|-----------------------|------------------------------------|----------------|
| PPO Plans | ● | ● | ● | |
| PPO Plans | ● | ● | ● | |
| HSA Plan | ● | ● | ● | ● |

You save money when you use our network.

Whether you are home, traveling for work or vacation, or have a child going to school in another state, a network doctor is likely nearby. Plus, emergency care is covered at the network level of benefits for you and your covered dependents, anywhere in the world.



Source: UnitedHealthcare Network and national network data provided by Strenuus and industry standard access requirements for hospitals and primary care physicians, May 2012

Your preventive care is covered.

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 percent 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.

You have coverage for a wide range of prescriptions.

You can fill your prescriptions through one of our 60,000 + retail network pharmacies across the U.S. If you have our mail-order service, you may save money with a three-month medication supply, which is mailed to you with standard shipping at no additional cost to you.



See your benefit plan documents for details about your specific coverage.

BENEFITS AT A GLANCE

| Medical | | | |
|----------------------------------|---|---|-----------------------|
| | Premium Plan | Standard Plan | HSA Plan |
| | Network / Non-network | Network / Non-network | Network / Non-network |
| Deductible | | | |
| individual | none / \$500 | \$500 / \$750 | \$1,500 / \$2,500 |
| family | none / \$1,000 | \$1,000 / \$1,500 | \$3,000 / \$5,000 |
| Maximum Out-of-Pocket | | | |
| individual | \$2,000 / \$6,000 | \$3,000 / \$6,000 | \$4,500 / \$6,000 |
| family | \$5,000 / \$18,000 | \$8,000 / \$18,000 | \$11,000 / \$27,000 |
| Coinsurance | 10% / 40% | 20% / 40% | 20% / 40% |
| Doctors and specialists | | | |
| Doctor visit | 10% / 40% | 20% / 40% | 20% / 40% |
| Specialist visit | 10% / 40% | 20% / 40% | 20% / 40% |
| Preventive care | | | |
| Well-child visits | \$0 / not covered | \$0 / not covered | \$0 / not covered |
| Mammogram | \$0 / not covered | \$0 / not covered | \$0 / not covered |
| Immunizations | \$0 / not covered | \$0 / not covered | \$0 / not covered |
| Annual Physical | \$0 / not covered | \$0 / not covered | \$0 / not covered |
| Urgent and emergency care | | | |
| Urgent care visit | \$25 then 10% / \$25 then 40% | \$25 then 20% / \$25 then 40% | 20% / 40% |
| Emergency room | \$150 then 10% / \$150 then 10% | \$150 then 20% / \$150 then 20% | 20% / 20% |
| Ambulance (emergency usage only) | \$0 / \$0 | \$0 / \$0 | 20% / 20% |
| Hospital care | | | |
| Outpatient surgery | 10% / 40% | 20% / 40% | 20% / 40% |
| Lab and X-ray | 10% / 40% | 20% / 40% | 20% / 40% |
| Hospital stay | \$250 copay then 10% / \$250 copay then 40% | \$250 copay then 20% / \$250 copay then 40% | 20% / 40% |
| Maternity stay | \$250 copay then 10% / \$250 copay then 40% | \$250 copay then 20% / \$250 copay then 40% | 20% / 40% |

| Pharmacy (Only certain Prescription Drug Products are available through mail order. See your benefit plan documents for details.) | | | |
|---|---------------------|-----------------------|--|
| | Network/Non-network | Network / Non-network | Network / Non-network |
| Retail Cost (up to 31 day supply) | | | |
| Tier 1 Tier 2 Tier 3 | \$5 \$30 \$60 | \$5 \$30 \$60 | 20% The amount you pay after the combined medical and pharmacy deductible has been met. Certain preventive drugs covered at 100%. |
| Mail Order Cost (up to 90 day supply) | | | |
| Tier 1 Tier 2 Tier 3 | \$10 \$60 \$120 | \$10 \$60 \$120 | 20% The amount you pay after the combined medical and pharmacy deductible has been met. Certain preventive drugs covered at 100%. |

*Deductible does not apply to In-Network Preventative care.
Contraceptive products in Tier 1 will have no cost to you. If you choose a covered contraceptive product in a higher-cost tier, then you will need to pay the higher copay deductible or co-insurance amounts.*

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.



You have the freedom to use any doctor or hospital in our network.

You save money when you choose doctors (including specialists), pharmacies, and hospitals in our network. They've agreed to charge lower rates. You will have coverage if you receive care outside of our network, but it might cost more money.

You do not need referrals.

You are not required to choose a primary care physician, but it might help to have one. And if you need to see a specialist, you can do so without a referral.

HOW THE PLAN WORKS

- 1.** You will pay a coinsurance and/or deductible for covered expenses. This does not apply for eligible preventive care expenses.
- 2.** You may be required to receive approval to receive certain services from network doctors or hospitals. **Without it, you could be responsible for the entire cost of the care.**
- 3.** You are protected with an out-of-pocket maximum, which is the most you will have to personally pay in the plan year for covered services.

The plan will then pay 100 percent of all remaining covered expenses for the rest of the plan year.



Visit welcometouhc.com to learn more about the coverage details for this plan



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Don't leave free money on the table.

Kyrene Employee Benefit Trust (KEBT) is contributing to the HSA. But you can only get this money by enrolling in the plan. See your benefit plan documents for enrollment details.

HSA Plan

Please note the HSA Plan has a non-embedded deductible and out-of-pocket maximum. No one in the family is eligible for benefits until the family deductible is satisfied.

YOUR HEALTH PLAN

Coverage and freedom of choice similar to a PPO

You can see any doctor you want.

You save money when you choose doctors (including specialists), pharmacies, and hospitals in our network. They've agreed to charge lower rates. If you receive care outside of our network, you'll be covered, but it might cost more money. Plus, emergencies are covered anywhere in the world.

You do not need referrals.

You are not required to choose a primary care physician, but it helps to have one. And if you want to see a specialist, you can do so without a referral.

A HEALTH SAVINGS ACCOUNT

A personal bank account to help you save for health care

Your plan gives you the option of opening a health savings account (HSA), if you are eligible. An HSA is a personal bank account that you own. You can use it to save money, federal income-tax-free, to pay for qualified medical expenses. When you have medical expenses, including those that may apply to your annual deductible, you can choose to pay for them using the money in your HSA. Or, you can save the money for a future need – even into retirement. It's your choice.

Visit welcometouhc.com to learn about HSA eligibility requirements.

You own the HSA.

Any money deposited into your HSA is yours to keep. There is no “use it or lose it” rule. And if you leave Kyrene Employee Benefit Trust (KEBT) or change health plans, you can take your HSA with you.

You will pay less in taxes.

When you deposit money into an HSA, you won't have to pay federal income tax on:

- Deposits you or others make to your HSA
- Money you spend from your HSA on qualified expenses
- Interest earned from the HSA



Visit welcometouhc.com to learn more about the coverage details for this plan

HOW THE PLAN WORKS

Your plan has an annual deductible. The deductible must be paid before your plan will help pay for eligible health care expenses. You do not need to pay anything out of your pocket for eligible preventive care as those will be covered 100 percent when received in the network. Read on to learn about how the plan works before and after you meet your deductible.

1. **Your deductible** – You pay out-of-pocket until you reach the deductible.

When you have an eligible expense, like a doctor visit, the entire cost of the visit will apply to your deductible. You will pay the full cost of your health care expenses until you meet your deductible.

You can choose to pay for care from your HSA or you can choose to pay another way (i.e., cash, credit card) and let your HSA grow. It's your money, it's your choice.

2. **Your coverage** – Your plan pays a percentage of your expenses.

Once the deductible is paid, your health plan has coinsurance. With coinsurance, the plan shares the cost of expenses with you. The plan will pay a percentage of each eligible expense, and you will pay the rest. For example, if your plan pays 80% of the cost, you will pay 20%.

3. **Your out-of-pocket maximum** – You are protected from major expenses.

An out-of-pocket maximum protects you from major expenses. The out-of-pocket maximum is the most you will have to personally pay in the plan year for covered services. The plan will then pay 100 percent of all remaining covered expenses for the rest of the plan year. Your deductible and coinsurance will go toward your out-of-pocket maximum.

2013 HSA Limits

The IRS limits how much you can deposit into your HSA each year. The 2013 limits are:

\$3,250 for individual coverage

\$6,450 for family coverage

Are You 55 years old or Older?

You can deposit an extra \$1,000 during the year. This is called a "catch up contribution."

Paying for Prescriptions

The plan has a combined medical and pharmacy deductible. This means that eligible prescription costs will apply to your deductible. You can use your HSA to pay out-of-pocket for prescriptions and qualifying medicines until you meet the deductible.

See all your benefit plan documents for all of the details about prescription coverage.

1.

Your deductible

You choose to pay out of your pocket OR with your HSA

2.

Your coverage

Your plan pays % + You pay %

COINSURANCE

3.

Your out-of-pocket maximum

You are protected

When you reach your out-of-pocket maximum, the plan pays 100%.

Preventive care is covered 100% in the network.



LEARN MORE ABOUT YOUR PRESCRIPTION BENEFITS

You have many choices.

- We have more than 60,000 retail pharmacies in our network.
- We provide a wide variety of U.S. Food and Drug Administration (FDA) approved prescription medications.

You will have special services to help you make better decisions and help you save.

- **Mail-order services:** You may save money when you order up to a three-month supply of medication instead of refilling your prescription each month. With mail-order, your medications will be mailed to you with standard shipping at no additional cost to you. Note: If you are using mail-order now, you may need to request a new prescription.
- **Specialty medications:** If you are taking an injectable or specialty medication, you will have access to designated specialty pharmacies to fill your prescription. Specialty pharmacies will also provide educational and clinical support.
- **Medication pricing tools:** With myuhc.com, you will be able to search and compare prescription medication costs and see costs based on your specific plan. It's an easy way to find lower cost options, like generic medications. Remember to ask your doctor if a lower-cost alternative medication is right for you.

What is a Prescription Drug List, or PDL?

A Prescription Drug List, or PDL, is a list that places commonly prescribed medications for certain conditions into “tiers.” The list includes brand and generic prescription medications approved by the FDA.

How do I use my PDL?

When choosing a medication, you and your doctor should consult the PDL to find lower-cost options that may be available to treat your condition.

You can locate the PDL on myuhc.com along with other pricing tools.

What are tiers and what do they mean?

Prescription medications are placed into tiers. Each tier is assigned a cost. Tier 1 is usually the lowest-cost tier option.



Tier 1
Your lowest-cost
medications



Tier 2
Your midrange-cost
medications



Tier 3
Your highest-cost
medications

For illustrative purposes only. Some plans can have more tiers.

BE IN THE KNOW WITH MYUHC.COM[®].

The more you know about cost and the options you have, the easier it is for you to make better decisions. Log on day or night to access information on how you can manage your health care and improve your health.

- Track claims and expenses for each family member
- Plan ahead for tests and treatments
- Stay on top of your medical history
- Receive tips and advice for improving your health.

See below for just some of the helpful tools on **myuhc.com** that you will have access to.



UnitedHealthcare Health4MeSM mobile app

Download our Health4Me mobile app to your smartphone or tablet and see how easy it is to find nearby physicians, check the status of a claim or speak directly with a nurse.



Health4Me

Choose a doctor with confidence.

It isn't always easy to find a doctor who is right for you. UnitedHealth Premium provides simple tools that can help you make more confident decisions.



Quality Care

UnitedHealthcare awards one star to physicians who meet national standards for quality care.



Cost-Efficient Care

UnitedHealthcare awards a second star to physicians who meet local area benchmarks for cost-efficient use of resources in delivering health care.



UnitedHealth Premium Two-Star Physicians

Two-star physicians have been recognized for providing quality and cost-efficient care to their patients. They meet or exceed nationally recognized guidelines, and they're likely to recommend the right tests and treatments for a variety of conditions.

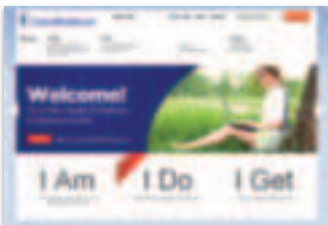
Take charge. Know more.

Take Charge. Know More.

myHealthcare Cost Estimator is your personalized online tool to make smart health care decisions. You can access important information that will enable you to better understand your choices in procedures, providers, even estimated prices. It's available to assist you 24/7, at no additional cost, to help you find meaningful ways to increase your savings and improve your health.

Believe in a healthier you.

The Health and Wellness tab is your own personal website that is designed to help you reach your wellness goals and even celebrate your accomplishments.



I Am

- Learn about healthy behaviors that you can use every day
- Organize your health information into the Personal Health Record

I Do

- Follow action program based on your health status and goals
- Monitor your progress with Health Trackers
- Enroll in coaching programs to stop smoking, lose weight, manage diabetes and more

I Get

- Receive encouragement for reaching goals and making healthy lifestyle changes
- View inspirational reminders (created by you!)

WELLNESS



PROGRAMS AND TOOLS TO HELP YOU MEET YOUR PERSONAL WELLNESS GOALS

There's nothing more important than your health and UnitedHealthcare is committed to helping you achieve your healthy living goals. Whether you want to eat right, exercise more, stop smoking, or just relax. We can help with these online tools and resources available with myuhc.com.

Find discounts that can add up to big savings.

Save from 5 to 50 percent on fitness club memberships, teeth whitening and more through our Health Discount Program.

Jenny Craig

Curves

GAIAM
Live Green. Live Happy.

VisionDirect.com
Presented by drugstore.com



Discover how to eat better and understand nutrition.

You can work with an online health coach to improve your food choices and meet your nutritional needs. You'll learn tips and information on understanding the nutritional content of different foods. And, you'll have interactive tools to help you develop healthy eating plans.



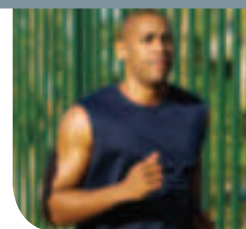
Get help to manage your stress.

An online health coach will help you find ways to identify your individual stress type. They'll also provide tips on managing your stress. And you'll have interactive tools to help you cope and reduce the stress factors in your life.

Get help to lose weight.

There are real advantages to losing weight. Being overweight can lead to diseases, such as heart disease, diabetes, high blood pressure and high cholesterol. Our online health coaches will guide you through a staged approach to learning about proper nutrition and how to plan healthy meals.

- Learn different ways to lose weight
- Plan more nutritional meals
- Manage your exercise and track your progress
- Avoid temptations



PERSONAL CARE

PROGRAMS AND SERVICES TO GIVE YOU PERSONAL SUPPORT WHEN YOU NEED IT

You will have access to services and clinical support across the range of health and wellness goals. From staying healthy and getting healthy to managing a chronic condition, there is a program or service to meet your unique health care needs.



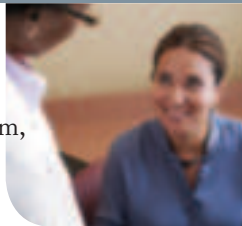
If you need to speak with a registered nurse at any time.

With Care24® you can call a registered nurse or master's-level specialists at any time, any day. They can help answer questions like “Can you help me find a network doctor?,” “Does my medication have side effects?” and “What are my treatment options?” They can direct you to network doctors and even schedule appointments.



If you are dealing with the challenges of disease.

Through the Disease Management Program, you will have access to experienced nurses who can provide support for you and your family to deal with conditions or diseases that affect your livelihood. Please see your benefit plan documents to learn what disease programs are available to you. Depending on the benefit plan provided to you by your employer, program offerings will vary.



If you are pregnant or thinking about having a baby.

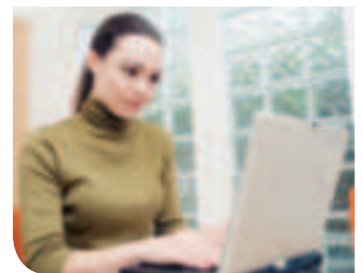
The Healthy Pregnancy Program will help you through every stage of your pregnancy and delivery. You will receive:



- 24-hour access to experienced nurses
 - Helpful information or facts to help you identify risks and special needs
 - Access to our online Healthy Pregnancy Owner's Manual and other materials
 - Complimentary gifts and money-saving coupons
- Current members can enroll today by calling **1-800-411-7984** or you can visit **www.healthy-pregnancy.com**

Go green with online health statements

You get convenient delivery of your health documents. All your information is organized online reducing unnecessary paper. If we have your email address, we'll email you every time you have a new statement. View, download or print your statements at your convenience. You can turn on online delivery in your mailing preferences.

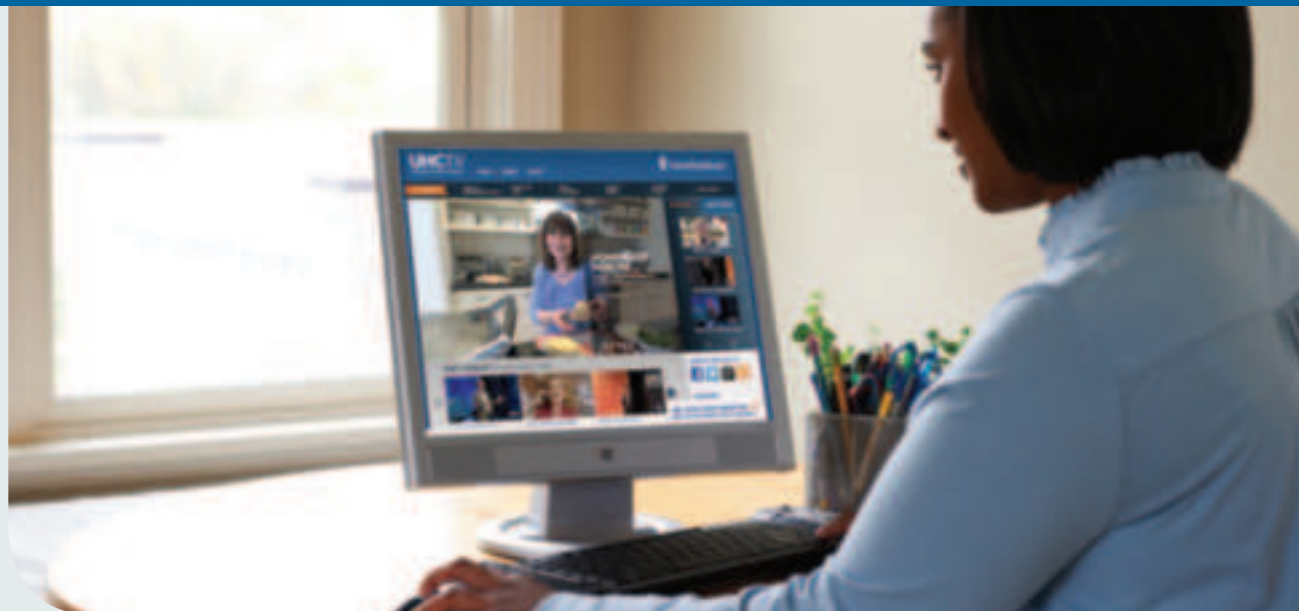


FIND INFORMATION THAT YOU WANT ON YOUR SCHEDULE

UHC.TV

FOR HEALTH AND HAPPINESS

UHC.TV is a new online television network that presents relevant, focused, educational and entertaining video programs about good health and living well to help people get inspired to grow healthy and live better.



Sidewalk Talk

What's a copay? What does out-of-pocket maximum mean? Watch this series to hear how the "average Joe and Jane" across America answer these questions plus more about health care, insurance and other health-related topics.



Health.Inspired

Get inspired by watching short motivational talks by well-known speakers including authors Dan Buettner and Gail Sheehy, futurist Jack Uldrich, former U.S. Surgeon General Dr. Jocelyn Elders and Olympic Gold Medalist Scott Hamilton.



Laugh Rx

Stress contributes to the majority of health issues in America today – and according to the Mayo Clinic, "when it comes to relieving stress, more giggles and guffaws are just what the doctor ordered." So relieve your stress by watching comedians do their thing.



SUBSCRIBE TO *HEALTHY MIND HEALTHY BODY*[®], YOUR PERSONALIZED HEALTH E-NEWSLETTER.

Healthy Mind Healthy Body[®] is an award-winning newsletter, providing health and medical news that is personalized to your interests. Once you sign up, you can choose the topics that you care about and we email the newsletter to your personal email account each month.

Topic choices include:

- Healthy living
- Fitness, nutrition and weight management
- Family and child health
- Women's and men's health
- Diabetes
- Asthma and more

Help your mind and help your body. Visit www.uhc.com/myhealthnews to sign up today.

LADIES, GET REAL ANSWERS TO YOUR HEALTH AND WELLNESS QUESTIONS AT SOURCE4WOMEN.COM.

- **Manage your family's health** – Connect to tools that help you review health claims, create personal health records and locate doctors in your area.
- **Join our online community** – Connect with other women about managing health and wellness for the whole family.
- **Understand health care coverage** – Learn about different health care plans, including costs, terms and benefits.
- **Access expert commentary** – Stay up-to-date on the latest health and wellness information via live seminars hosted by leading experts.



Follow @Source4Women on Twitter!



UNDERSTANDING PREVENTIVE CARE

UnitedHealthcare is dedicated to helping people live healthier lives, and we encourage our members to receive age and gender appropriate preventive health services.

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.

What is Preventive Care?

Preventive care focuses on evaluating your current health status when you are symptom free. Preventive care allows you to obtain early diagnosis and treatment, to help avoid more serious health problems. Your preventive care services may include physical examinations, immunizations, laboratory tests and other types of screening tests. During your preventive visit your doctor will determine what tests or health screenings are right for you based on many factors such as your age, gender, overall health status, personal health history and your current health condition.

Which health services are NOT considered preventive care?

Medical treatment for specific health issues or conditions, on-going care, laboratory tests or other health screenings necessary to manage or treat an already-identified medical issue or health condition are considered diagnostic care, not preventive care.

What is the difference between preventive care and diagnostic care?

Certain services can be done for either preventive or diagnostic reasons. When a service is performed specifically for preventive screening, and there are no known symptoms, illnesses, or history, the service will be considered Preventive Care, subject to age, gender and other factors when received by a network physician and subject to the person's benefit plan.

Services are considered **Preventive Care** when a person:

- Does not have symptoms or any abnormal studies indicating an abnormality.
- Has had a screening done within the recommended age and gender guidelines with the results being considered normal.
- Has had a diagnostic service with normal results, after which the physician recommends future preventive care screenings using the appropriate age and gender guidelines.
- Has a preventive service that results in diagnostic care or treatment being done at the same time and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy), subject to benefit plan provisions.

Services are considered **Diagnostic Care**¹ when:

- Services are ordered due to current issues or symptoms(s) that require further diagnosis.
- Abnormal result on a previous preventive or diagnostic screening test requires further diagnostic testing or services.
- Abnormal test results found on a previous preventive or diagnostic service requires the same test be repeated sooner than the normal age and gender guideline recommendations would require.

¹ A diagnostic service is not covered as preventive care, but may be covered under the applicable non-preventive medical benefit, subject to your Benefit Plan provisions.



Examples of: Diagnostic Care

1. A patient had a polyp found and removed during a prior preventive screening colonoscopy. Based on the new recommendations for more frequent screening after finding and removing the polyp, all future colonoscopies are considered diagnostic.
2. A patient had an elevated cholesterol level on a prior preventive screening test, and is now under observation and treatment. Further testing is considered diagnostic rather than preventive, even if the patient is not taking medication.



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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.

The UnitedHealthcare HSA Plan with a Health Savings Account (HSA) is a high deductible health plan 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 OptumHealth Bank, Member of FDIC.

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. All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that is entered, either the new myHealthcare Cost Estimator or the current Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator will be launched soon, and additional ZIP codes and procedures will be added soon.

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, 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.

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.

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Consumer 6/12

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