

EPO plan details, all in one place.

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	network providers.	<input checked="" type="checkbox"/>
	You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input type="checkbox"/>
	<p>~!RU !S~ !/ ŽfS'fifH ~° ~° !/ž#R/1 ~ Ž (Ž %A # +\$) #fffi (\$' flfY(i . . . , (flfS/(\$&* t \$%A + ! žf+ &Sfiž+ fPžŁ " i #Ł fl +\$) &/Ł fl " i /Ł f#&S!fffi%R \$# \$# +\$) &PŁ # * Ž #fffi (\$/ i \$S' fl i . . .</p>	<input type="checkbox"/>
	<p>Referrals required ~#(-ž" ffY %RPP%ž.P%! *#(% . . ~ ff#%i &ffžŁ . &Sfi žžŁ #%Łfi'žŁ i fPž Ł i fi žŁ i . %i &fPž fR</p>	<input type="checkbox"/>
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	<p>~ i . Łfi . . ž . . fl . . ž ° RZ%RŁS " i ž ~ (! &ff" i . ! i # fi %R%fi P' \$" (/ # \$. # %ž ~ #RfS "ž ~ ž i ~ Ł " %ž \$</p>	<input checked="" type="checkbox"/>
	<p>~ /ž ~ i / fl ~ fi Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input type="checkbox"/>
	<p>~ fi . fl / ~ v ~ . / Ł ffi You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input checked="" type="checkbox"/>
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Here's a more in-depth look at how EPO works.

Medical Benefits

What You Pay for Services

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Emergency Care

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Inpatient Care

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Outpatient Care

* D K L N = ? P 7ANWAO

~ \$ " ? K L = U

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Network

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Supplies and Services

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!!' i

5ANKNI A@B =5* 5 4BPA

~ž" ?KL=J

5ANKNI A@B =7LA?EHOP4BPA

~\$" ?KL=J

*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Network

5KQDAP? +AREAO

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OPAN =H

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Pregnancy

2 =FAN IRU =J@3AS >KN * =NA

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Mental Health Care & Substance Related and Addictive Disorder Services

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3K ?KL=U

4PDAN4CR =FAJ P7AN?AO/B ?IQ@B C5=NEH / KOLEP=IB=HKJ L+ =J SNA=RP AJ R/ IED OPAJ OIRJ 4CR =FAJ P OPAJ OIRA 4CR =FAJ P SNA=RP AJ P

3K ?KL=U

4CR =FAJ P4HRA: IED

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Other Services

(>KNKJ 7AN?AO

3K ?KL=U

(OODIRA * KI I OJE=HKJ +AREAOBKN(CHO 7LA?PQI +IKN@AN

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* IB E+ =BNE@

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/ KOLEA * =NA

OL =FAJ P

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*After the Annual Medical Deductible has been met.

!Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

Copays (\$) and Coinsurance (%) for Covered Health Care Services

Network

OBANBRJ7ANWAO

8DA=I KOJ PUKQL=UID>=CA@KJ SDANA PDA?KRAM@DA=HD?=MAONWPA IDLNKRE@A@I

2A@P=H7CLLHRO

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Pediatric Services - Dental

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2A@P=H7U3A?AO=NU4NEK@KJ RPOX

"†††

5MRAJ HERA 7ANWAO

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*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

Copays (\$) and Coinsurance (%) for



Pharmacy Benefits

Pharmacy Plan Details	
5D-NI =?U 3A5 KING) NK=@ 6T 3A5 KING
5MCPNLRKJ +NOC 1ED	(@R-JPCA
In Network	
Annual Pharmacy Deductible	
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-=I BJ	7AA PDA (JJQH+2 A@P-++ A@CPH-A OA?HKJ

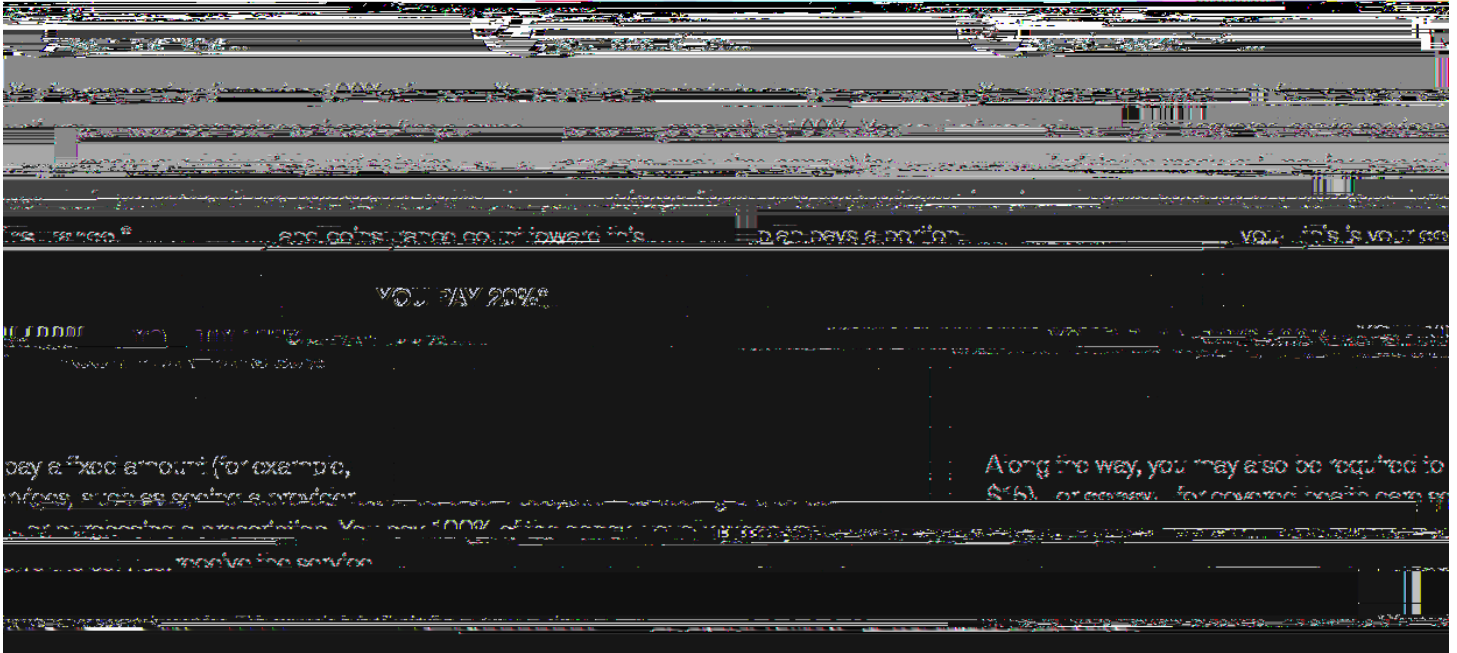
Prescription Drug Product Tier Level	Up to a 31-day supply	Up to a 90-day supply
	Retail and Specialty Pharmacy Network	In-Network Mail Order Pharmacy**
Tier 1 \$!!'	!!'
Tier 2 \$\$!!'	!!'
Tier 3 \$\$\$!!'	!!'

** Only certain Prescription Drug Products are available through mail order; please visit myuhc.com® or call Customer Care at the telephone number on the back of your ID card for more information. You will be charged a retail Copayment and/or Coinsurance for 31 days or 2 times for 60 days based on the number of days supply dispensed for any Prescription Order or Refills sent to the mail order pharmacy. To maximize your Benefit, ask your Physician to write your Prescription Order or Refill for a 90-day supply, with refills when appropriate, rather than a 30-day supply with three refills.

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Here's an example of how the plan's costs come into play.



More ways to help manage your health plan and stay in the loop.



Find providers in and out of our network

You can go to providers in and out of our network — but when you stay in network, you'll likely pay less for care. To get started:

- Go to [myuhc.com](#) and click on "Find a Doctor"
- Choose "In-Network" or "Out-of-Network"
- Choose "All" to view providers in the health plan's network.



Check your medication costs

Use the [Drug Cost Estimator](#) to see how much you'll pay for your medication. You can also use the [Prescription Savings Card](#) to get extra savings on your prescriptions.

- Go to [myuhc.com](#) and click on "Drug Cost Estimator"
- Enter your medication name and quantity
- Click "Estimate Cost"

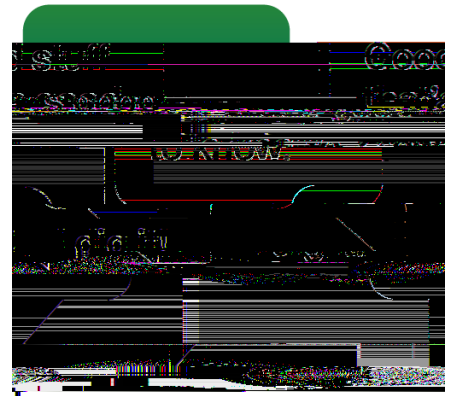


Access your plan online.

With [myuhc.com](#), you've got a personalized health hub to help you find a doctor, manage your claims, estimate costs and more.



When you're out and about, the UnitedHealthcare® app puts your health plan at your fingertips. Download to find nearby care, video chat with a doctor 24/7, access your health plan ID card and more.



Other important information about your benefits.

Medical Exclusions

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6* 5* 48(*5' 1) 5733* 56' 6 4 (28* 4) ° 625* 9-(- ' 4 *: (77) * 24/0.6) ' ' 1) 26* 46405' 1) (21) .62152+(28* 4, *.
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Outpatient Prescription Drug Benefits

Other important information about your benefits.

Pharmacy Exclusions

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- Certain Prescription Drug Products that are FDA approved as a package with a device or application including smart package sensors and or embedded drug sensors

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- Diagnostic kits and products, including associated services.
- Drugs available over-the-counter, except for smoking cessation drugs, over-the-counter preventive drugs or devices provided in accordance with the comprehensive guidelines supported by HRSA or with an "A" or "B" rating from USPSTF, or as otherwise provided in this Certificate.

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- Experimental or Investigational or Unproven Services and medications for any drug prescribed or dispensed in a manner contrary to standard medical practice. If coverage is denied, you are entitled to an Appeal as described in the Utilization Review and External Appeal sections of the Certificate of Coverage.

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- Prescription Drug Products dispensed at the United States emergency department.
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- We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).



UnitedHealthcare does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Online: UHC_Civil_Rights@uhc.com

Mail: Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608, Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m. You can also file a complaint with the U.S. Dept. of Health and Human Services.

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 **1-800-368-1019, 1-800-537-7697** (TDD)

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

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN L U Ý: Nếu bạn nói tiếng Việt (**Vietnamese**), chúng tôi cung cấp dịch vụ trợ giúp ngôn ngữ miễn phí. Vui lòng gọi số hotline miễn phí mà chúng tôi có sẵn.

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PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

4 (Russian).

4 (Arabic)

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Je eli mówisz po polsku (**Polish**), udostępnili my darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: in caso la lingua parlata sia l'italiano (**Italian**), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises 1-800-368-1019 an.