



Welcome to the
community.

Wisconsin

BadgerCare Plus

Welcome.

Welcome to UnitedHealthcare Community Plan.

Please take a few minutes to review this Member Handbook. We're ready to answer any questions you may have. You can find answers to most questions at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-800-504-9660, TTY 711**.

As a member of UnitedHealthcare Community Plan, you should get all your health care from doctors and hospitals in the UnitedHealthcare Community Plan network. See the UnitedHealthcare Community Plan Provider Directory for a list of these providers. You may also call our Member Services Department at **1-800-504-9660, TTY 711**. Providers accepting new patients are marked in the Provider Directory.

For help to translate or understand this, please call 1-800-504-9660, TTY 711.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-504-9660, TTY 711.

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-504-9660, TTY 711

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Если вам не все понятно в этом документе, позвоните по телефону 1-800-504-9660, TTY 711.

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Si lagaaga caawiyo turjumaadda ama fahamka taas, fadlan wac 1-800-504-9660, TTY 711.

如需協助翻譯或瞭解此內容，請致電 1-800-504-9660、聽障專線 711。

Getting started.

We want you to get the most from your health plan right away.

Start with these three easy steps:

1

Call your Primary Care Provider (PCP) and schedule a checkup.

Regular checkups are important for good health. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-800-504-9660**, TTY 711. We're here to help.

2

Take your Health Assessment. This is a short and easy way to get a big picture of your current lifestyle and health. This helps us match you with the benefits and services available to you. Go to myuhc.com/CommunityPlan to complete the Health Assessment today. Also, we will call you soon to welcome you to the UnitedHealthcare Community Plan. During this call, we can explain your health plan benefits. We can also help you complete the Health Assessment over the phone. See page 11.

3

Get to know your health plan. Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

Thank you for choosing
UnitedHealthcare Community Plan
for your health plan.

We're happy to have you as a member. You've joined the millions of members who have health insurance with UnitedHealthcare Community Plan. You've made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers so you have access to all the health services you need. We cover preventive care, checkups and treatment services. We're dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at myuhc.com/CommunityPlan. Or, you can call Member Services at **1-800-504-9660**, TTY 711.





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Health Plan Highlights

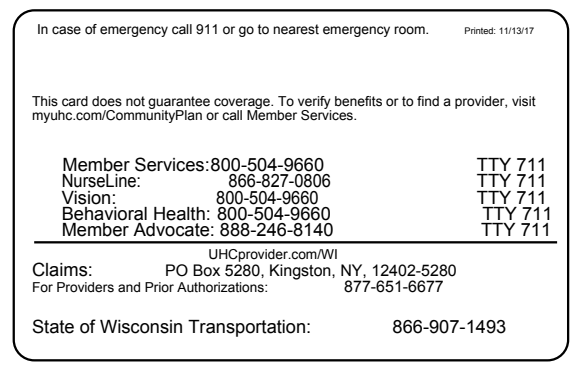
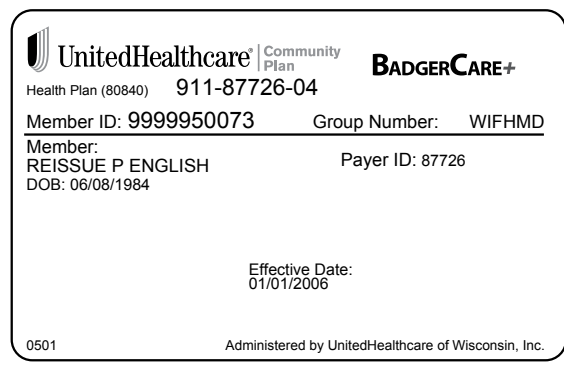
What is an HMO?

UnitedHealthcare is a Health Maintenance Organization (HMO). An HMO works with your doctor to coordinate your health care. As a member of our plan, you will have access to a large network of quality doctors, dentists, specialists and hospitals.

Three basic things to know as a UnitedHealthcare HMO member:

1. You must pick your own personal doctor called a Primary Care Physician.
2. You should call your Primary Care Physician with all your medical problems.
3. Work with your Primary Care Physician to decide the right specialists for your health needs.

Your ID Cards



Wisconsin Medicaid Member UnitedHealthcare ID Cards

UnitedHealthcare Community Plan issued member identification cards for all Wisconsin Medicaid health plans. These cards put important contact information in the hands of the member and the care provider.

The UnitedHealthcare Community Plan ID card is there for reference only. Members still need to present a valid Wisconsin Department of Health Services ForwardHealth ID card to care providers when receiving care.

The UnitedHealthcare Community Plan ID cards have the Group and Member ID numbers that members use to:

- Access the secure member portal at myuhc.com/CommunityPlan.
- Use the Health4Me mobile app to access their health plan information.

Features of the cards include:

- The Member ID number on the UnitedHealthcare Community Plan card will be the member's state-issued Medicaid ID number.
- The UnitedHealthcare Community Plan claims address is on the back of the card for your reference.

Your ForwardHealth ID card is the card you will use to get your BadgerCare Plus or Medicaid SSI benefits. Your ForwardHealth ID card is different from your HMO card. Always carry your ForwardHealth ID card with you, and show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also bring any other health insurance cards you may have. This could include any ID card from your HMO or other service providers.

Lost one of your ID cards?

If you or a family member loses your ForwardHealth ID Card, call **1-800-362-3002**.

If you or a family member loses your UnitedHealthcare ID Card, call **1-800-504-9660, TTY 711**.



Discover Your Plan Online

Manage your health care information 24/7 on myuhc.com.

As a member of a UnitedHealthcare Community Plan, you're just a click away from everything you need to take charge of your health benefits. Register on myuhc.com/CommunityPlan. The tools and new features can save you time and help you stay healthy. Using the site is free.

Great reasons to use myuhc.com/CommunityPlan.

- Look up your benefits.
- Find a doctor.
- Print an ID card.
- Find a hospital.
- Take your Health Assessment.
- Keep track of your medical history.
- View claims history.
- Learn how to stay healthy.

Register on myuhc.com/CommunityPlan today.

Registration is easy and fast. Sign up today! Just visit myuhc.com/CommunityPlan. Select "Register" on the Home Page. Follow the simple prompts. You're just a few clicks away from access to all types of information. Get more from your health care.

UnitedHealthcare Health4Me®.

UnitedHealthcare Community Plan has a new member app. It's called Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:

- Find a doctor, ER or urgent care center near you.
- View your ID card.
- Take your Health Assessment.
- Read your handbook.
- Learn about your benefits.
- Contact Member Services.

Go to the **App Store** on your iPhone or **Google Play** on your Android. Use your member ID card information to register. Or log-in with your myuhc.com username and password. And you'll be on your way!



Look for us in the community, we are always hosting events near you!
Visit us at UHCommunityPlan.com/wi/wi-healthplan.



UnitedHealthcare Community Plan. Follow us.

Join us on Facebook for community events and health plan updates.

Benefits at a Glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You'll find a complete listing in the Benefits section.



Primary Care Services.

You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.



Large Provider Network.

You can choose any PCP from our large network of providers. Our network also includes specialists and hospitals, giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call **1-800-504-9660, TTY 711**.



NurseLine.

NurseLine gives you 24/7 telephone access to experienced registered nurses. They can give you information, support and education for any health-related question or concern. Call NurseLine at **1-866-827-0806**.



Specialist Services.

Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 21.



Medicines.

Drugs are not covered by UnitedHealthcare Community Plan, but are covered by the State of Wisconsin. Use your ForwardHealth ID Card for prescription drugs. There may be a copay for your drugs.



Hospital Services.

You're covered for hospital stays. You're also covered for outpatient services. Outpatient services are services you get in the hospital without spending the night.



Laboratory and X-Ray Services.

Covered services include tests and X-rays that help find the cause of illness.



Well-Child Visits.

All well-child visits and immunizations are covered by your plan.



Maternity and Pregnancy Care.

You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.



Family Planning.

You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.



Vision Care.

Covered services include exam and eyeglasses. Find a complete list of network providers at myuhc.com/CommunityPlan or call 1-800-504-9660.

Your Health Assessment

A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and your health. When you fill it out, we can get to know you better. And it helps us match you with the many benefits and services available to you. We may call you to get additional information about your health assessment.

Please take a few minutes to fill out the Health Assessment at myuhc.com/CommunityPlan. Click on the Health Assessment button on the right side of the page, after you register and/or log in. Or call Member Services at 1-800-504-9660, TTY 711, to complete it by phone.

Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.



Website offers 24/7 access to plan details.

Register on myuhc.com/CommunityPlan and start getting more from your benefits. Registration is quick and simple:

1. Go to myuhc.com/CommunityPlan and click Register Now.
2. Enter your name, birthday, Zip Code and member ID or Social Security Number.
3. Create a username and password.
4. Confirm your contact information.



Get information on-the-go with the UnitedHealthcare Health4Me® mobile app.

Download the Health4Me mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the member handbook, find help and support in your community, or view your ID card.

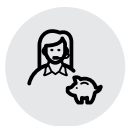


Member Services.

Member Services can help with your questions or concerns. This includes:

- Understanding your benefits.
- Help getting a replacement member ID card.
- Finding a doctor or urgent care clinic.

Call **1-800-504-9660, TTY 711**. Representatives are available Monday – Friday from 7:00 a.m. – 7:00 p.m. Central Time.



Member Advocates.

Member Advocates are here to help you:

- Get the personal care and services you need.
- Answer your questions about your benefits.
- If you are having trouble finding a doctor or specialist.
- And more.

You can reach a Member Advocate at **1-888-246-8140**.



Care Management program.

If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call Member Services at **1-800-504-9660, TTY 711.**



Transportation services are available.

Non-emergency transportation is offered through the State of Wisconsin and is not covered by UnitedHealthcare. Call the state transportation vendor at **1-866-907-1493.**



We speak your language.

If you speak a language other than English, we can provide translated printed materials. Or we can provide an interpreter who can help you understand these materials. You'll find more information about Interpretive Services and Language Assistance in the section called Other Plan Details. Or call Member Services at **1-800-504-9660, TTY 711.**



Emergencies.

In case of emergency, call. **911**



Other important numbers.

- NurseLine **1-866-827-0806**
- TDD/TTY (for the hearing impaired) **711**
- Behavioral Health (mental health and substance abuse) **1-800-504-9660**
- Dental **1-800-504-9660**
(Kenosha, Milwaukee, Ozaukee, Racine, Washington
and Waukesha Counties Only)
- Vision Services **1-800-504-9660**
- Enrollment Specialist **1-800-291-2002**
- State Ombudsman Program **1-800-760-0001**
- Healthy First Steps (pregnancy program) **1-800-599-5985**
- Community Resources **211**



Going to the Doctor

Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it's easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinating your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

You have options.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.
- Physician Assistant (PA) — cares for children and adults.

Women may also see a women's health specialist (for example, an OB/GYN doctor or nurse midwife) without a referral, in addition to choosing a PCP. If you are pregnant, your OB/GYN is your "OB medical home."

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. You don't need to call us before seeing one of these providers. There may be times when you need to get services outside of our network. If a needed and covered service is not available in-network, it will be covered out-of-network at no greater cost to you than if provided in-network. Call Member Services at **1-800-504-9660, TTY 711** to learn if they are covered in full. You may have to pay for those services.

Going to the Doctor

Choosing your PCP.

If you've been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you're looking for a new PCP, consider choosing one who's close to your home or work. This may make it easier to get to appointments.

There are two ways to find the right PCP for you.

1. Use the **Find a Doctor** tool at myuhc.com/CommunityPlan.
2. Call Member Services at **1-800-504-9660, TTY 711**. We can answer your questions and help you find a PCP close to you. We are also able to provide you with a printed Provider Directory upon request.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated. If you don't want to choose a PCP, UnitedHealthcare can choose one for you, based on your location and language spoken.

Changing your PCP.

It's important that you like and trust your PCP. You can change PCPs at any time. Call Member Services and we can help you make the change.

Learn more about network doctors.

You can learn information about network doctors online or by phone. Information available includes:

- Address and phone number.
- Qualifications.
- Specialty.
- Board Certification.
- Languages they speak.
- Medical school or residency (by phone only).

Visit myuhc.com/CommunityPlan or use the Health4Me app. Or call us toll-free at **1-800-504-9660, TTY 711**.

Annual Checkups

The importance of your annual checkup.

You don't have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they're usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what's right for you.

For women.

- Pap smear — helps detect cervical cancer.
- Breast exam or mammography — helps detect breast cancer.

For men.

- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.

Well-child visits.

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child's behavior and overall well-being, including:

- Behavior.
- Eating.
- Physical activity.
- Sleeping.
- Social interactions.

HealthCheck

HealthCheck is a preventive health checkup program for members under the age of 21. The HealthCheck program covers complete health checkups. These checkups are very important for those under 21. The doctor wants to see those under 21 for regular checkups, not just when they are sick.

The HealthCheck program has three purposes:

1. To find and treat health problems for those under 21.
2. To let you know about special child health services for those under 21.
3. To make those under 21 eligible for some health care not otherwise covered.

The HealthCheck program covers the medical care for any health problems found during the checkup including medical care, eye care and dental care.

The HealthCheck checkup includes:

- Age-appropriate immunizations (shots).
- Blood and urine lab tests (including blood lead level testing when age-appropriate).
- Dental screening and a referral to a dentist beginning at 1 year old.
- Health and developmental history.
- Hearing screening.
- Physical examination.
- Vision screening.

To schedule a HealthCheck exam or for more information, call our Member Services Department at **1-800-504-9660, TTY 711.**

HealthCheck Schedule

Ask your child's Primary Care Physician (PCP) when your child should have his or her next HealthCheck exam or call our Member Services Department at **1-800-504-9660, TTY 711**, for more information.

The HealthCheck schedule.

| Age | Number of screenings |
|-------------------|-----------------------|
| Birth to 1 Year | 6 screenings. |
| Age 1 to 2 Years | 3 screenings. |
| Age 2 to 3 Years | 2 screenings. |
| Age 3 to 21 Years | 1 screening per year. |

DTaP = Diphtheria, tetanus and pertussis
 HB = Hepatitis B
 Hep A = Hepatitis A
 Hib = Influenzae Type B
 Influenza (flu shot)
 IPV = Inactivated polio
 MMR = Measles, mumps and rubella
 PCV = Pneumococcal
 RV = Rotavirus
 Td = Tetanus, diphtheria (adults)
 Var = Varicella (chicken pox)

Recommended childhood vaccinations.*

| Child age | Name of vaccine | Hepatitis B options | Date of vaccination |
|----------------|-----------------------------|---------------------|---------------------|
| Birth | | Hepatitis B1 | |
| 2 months | DTaP/Hib, IPV, PCV, RV | Hepatitis B1 or B2 | |
| 4 months | DTaP/Hib, IPV, PCV, RV | Hepatitis B2 | |
| 6 months | DTaP/Hib, PCV, RV | | |
| 6 – 18 months | IPV | Hepatitis B3 | |
| 6 – 24 months | Influenza (flu shot) | | |
| 12 – 15 months | Hib, MMR, PCV | | |
| 12 – 18 months | Var (chicken pox) | | |
| 12 – 24 months | Hep A | | |
| 15 – 18 months | DTaP | | |
| 2+ years | Annual Influenza (flu shot) | | |
| 4 – 6 years | DTaP, IPV, MMR | | |
| 11 – 18 years | Td | | |

*Your doctor may revise this schedule to catch up on missed shots.

Making an Appointment With Your PCP

Call your doctor's office directly. When you call to make an appointment, be sure to tell the office what you're coming in for. This will help make sure you get the care you need, when you need it.

Preparing for Your PCP Appointment

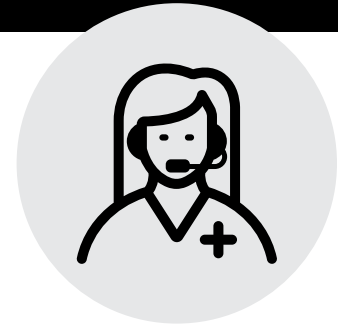
Before the visit.

- 1** Go in knowing what you want to get out of the visit. For example, relief from symptoms, a referral to a specialist, specific information, and more.
- 2** Make note of any new symptoms and when they started.
- 3** Make a list of any drugs or vitamins you take on a regular basis.

During the visit.

When you are with the doctor, feel free to:

- Make sure to take your ForwardHealth ID card with you.
- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don't understand.
- Ask for more information about any medicines, treatments or conditions.



NurseLine Services – Your 24-Hour Health Information Resource

When you're sick or injured, it can be difficult to make health care decisions. You may not know if you should go to the emergency room, visit an urgent care center, make a provider appointment or use self-care. An experienced NurseLine nurse can give you information to help you decide.

Nurses can provide information and support for many health situations and concerns, including:

- Choosing appropriate medical care.
- Common illnesses.
- How to take medication safely.
- Illness prevention.
- Men's, women's and children's health.
- Minor injuries.
- Nutrition and fitness.
- Questions to ask your provider.
- Recent diagnoses and chronic conditions.
- Self-care tips and treatment options.

You may just be curious about a health issue and want to learn more. Experienced registered nurses can provide you with information, support and education for any health-related question or concern.

Simply call the toll-free number **1-866-827-0806** or **TTY 711**. You can call the toll-free NurseLine number any time, 24 hours a day, 7 days a week. And, there's no limit to the number of times you can call.

If You Need Care and Your Provider's Office Is Closed

Call your PCP if you need care that is not an emergency. Your provider's phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center.
- Go to the emergency room (ER).
- Go to the office in the morning.
- Get medicine from your pharmacy.

You may also call the toll-free NurseLine number at **1-866-827-0806** or **TTY 711** any time.

Referrals and Specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This other doctor is called a specialist. You may need to see your PCP before you see a specialist. If you or your doctor need help finding a specialist, call Member Services at **1-800-504-9660, TTY 711**. A couple of examples of specialists include:

- Cardiologist – for problems with the heart.
- Pulmonologist – for problems with the lungs and breathing.

You do not need a referral from your PCP for:

- Emergency services.
- Family planning services.
- Routine vision care.
- HIV/AIDS treatment and treatment of sexually transmitted diseases (STDs).
- Native American members can access care at tribal clinics and Native American hospitals without approval.

What if I need to see a provider who is not my UnitedHealthcare Community Plan Primary Care Provider?

You should always see your PCP first. This is the provider who knows you best. He or she will help you manage your medical care. This provider also knows your health status and any past health concerns you have had. This provider will make sure all the care you get works together to keep you in the best health. You do not need a referral from your PCP to see a UnitedHealthcare Community Plan specialist.

Out-of-Network – If there are no providers in the network to treat a medically necessary covered service, the Plan will arrange services from a non-network provider.

Out-of-Network cost to member – If care from a non-network provider is approved, payment is set up by the Plan. The member's cost will be no more than with services from a network provider. Non-approved out-of-network services are not covered.

Getting a Second Opinion

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. If UnitedHealthcare does not have a doctor with the training and experience that you need, we will arrange for you to see an out-of-network provider. We will work with your PCP to get you this referral. You will not pay for this care. Contact your doctor or Member Services at **1-800-504-9660, TTY 711** for information.

Rural Area Residents With Only One HMO in Your County

If you live in a rural area with only one HMO and your current primary care physician is not a UnitedHealthcare Community Plan provider, you may continue to see this provider for up to 60 days. Please call your HMO as soon as you enroll to let them know who your provider is. If this provider is still not in the HMO network after 60 days, you will be given a list of participating providers to make a new choice.

Continued Care if Your PCP Leaves the Network

Sometimes PCPs leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes UnitedHealthcare Community Plan will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare.

If You Need Care When You Are Away From Home

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

- For true emergencies, go to the nearest hospital, clinic, or doctor. Call Member Services at **1-800-504-9660, TTY 711** as soon as you can to tell us what happened.
- For urgent or routine care away from home, you must first get approval from us to go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call us at **1-800-504-9660, TTY 711** for approval to go to a different doctor, clinic, or hospital.



Transportation

Non-emergency medical transportation (NEMT) is available through the DHS NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to receive a ride. Non-emergency medical transportation can include rides using:

- Public transportation, such as a city bus.
- Non-emergency ambulances.
- Specialized medical vehicles.
- Other types of vehicles, depending on a member's medical and transportation needs.

Additionally, if you use your own private vehicle for rides to and from your covered health care appointments, you may be eligible for mileage reimbursement.

You must schedule routine rides at least two business days before your appointment. You can schedule a routine ride by calling the NEMT manager at 1-866-907-1493 (or TTY 1-800-855-2880), Monday through Friday, from 7:00 a.m. until 6:00 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.



Hospitals and Emergencies

Emergency Care

Emergency care is care that is needed right away. Some examples are:

- Choking.
- Convulsions.
- Prolonged or repeated seizures.
- Serious broken bones.
- Severe burns.
- Severe pain.
- Severe or unusual bleeding.
- Suspected heart attack.
- Suspected poisoning.
- Suspected stroke.
- Trouble breathing.
- Unconsciousness.

If you need emergency care, try to go to a UnitedHealthcare Community Plan provider for help. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.

If you must go to a non-UnitedHealthcare Community Plan hospital or provider, call Member Services at **1-800-504-9660, TTY 711** as soon as you can to tell us what happened.

Remember, hospital emergency rooms are for true emergencies only. Unless you have a true emergency, call your doctor or our 24-hour emergency number at **1-866-827-0806, TTY 711** before you go to the emergency room. If you do not know if your illness or injury is an emergency, call NurseLine at **1-866-827-0806, TTY 711**. They will tell you where you can get care.

Don't wait.

If you need emergency care, call 911 or go to the nearest hospital.

Hospitals and Emergencies

Urgent Care

Urgent care is care you need sooner than a routine doctor's visit, but it is not emergency care. Some examples are:

- Bruises.
- Minor burns.
- Minor cuts.
- Most broken bones.
- Most drug reactions.
- Bleeding that is not severe.
- Sprains.

Planning ahead.

It's good to know what urgent care clinic is nearest to you. You can find a list of urgent care clinics in your Provider Directory. Or you can call Member Services at **1-800-504-9660, TTY 711.**

You must get urgent care from UnitedHealthcare Community Plan doctors unless you first get our approval to see a non-UnitedHealthcare Community Plan doctor. Do not go to a hospital emergency room for urgent care unless you get approval from UnitedHealthcare Community Plan first.

Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

Outpatient services include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor's office can help you schedule them.

Inpatient services require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact UnitedHealthcare Community Plan and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Going to the hospital.

You should go to the hospital only if you need emergency care or if your doctor told you to go.

Medical Services Received Outside of Wisconsin

If you travel outside Wisconsin and need emergency care, health care providers in the area where you travel can treat you and send the bill to UnitedHealthcare Community Plan. You may have copayments for emergency services provided outside Wisconsin.

UnitedHealthcare Community Plan does not cover any services, including emergency services, provided outside the United States, Canada, and Mexico. If you need emergency services while in Canada or Mexico, UnitedHealthcare Community Plan will cover the service only if the doctor's or hospital's bank is in the United States. Other services may be covered with HMO approval if the provider has a U.S. bank. Please call UnitedHealthcare if you get any emergency services outside the United States.

If you get a bill for services, call Member Services at **1-800-504-9660, TTY 711** right away.

Ambulance

UnitedHealthcare provides ambulance service for emergency care. Non-emergency trips may be covered by the state transportation vendor when arranged by your provider.



Pharmacy

Pharmacy Benefits

You may get a prescription from a UnitedHealthcare Community Plan doctor, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card. This service is provided by the State of Wisconsin, not UnitedHealthcare.

You may have copayments or limits on covered medications. If you cannot afford your copayments, you can still get your prescriptions.

For questions about prescriptions, you may call Wisconsin Medicaid Customer Service at 1-800-362-3002.



Benefits

Benefits Covered by UnitedHealthcare Community Plan

UnitedHealthcare provides all medically necessary covered services under the BadgerCare Plus Standard Plan. Some services may require a prior authorization. Specific covered services and copayment amounts are listed in the following comparison chart. The amount of your copay cannot be greater than it would have been in fee-for-service.

The following services are covered:

- Chiropractic services (covered through the State of Wisconsin).
- Dental services (see page 34 for more information about dental services).
- Disposable medical supplies.
- Drugs (covered through the State of Wisconsin).
- Durable Medical Equipment.
- Hearing services.
- Hospice services.
- Inpatient hospital services.
- Mental health and substance abuse treatment.
- Nursing home services.
- Outpatient hospital – emergency room.
- Outpatient hospital services.
- Physical therapy, occupational therapy, and speech therapy.
- Physician services.
- Podiatry (foot) services.
- Prenatal or maternity care.
- Preventive services (such as immunizations, lead testing, mammograms, and Pap tests).
- Reproductive health services.
- Smoking cessation services.

Benefits

- Transportation — ambulance, specialized medical vehicle, common carrier (covered through the State of Wisconsin).
- Vision services.

The following services may be covered when your doctor receives prior authorization:

- Inpatient Behavioral Health.
- Cosmetic and reconstructive surgery.
- Durable medical supplies and equipment greater than \$500.
- Gastric bypass evaluations and surgery.
- Home health care services.
- Hospice care (inpatient and outpatient).
- Inpatient hospital services (acute, sub-acute, rehabilitation, SNF).
- Non-contracted provider services (hospital and professional).
- Personal Care Worker services.
- Prosthetics and orthotics greater than \$500.
- Select outpatient procedures.
- Skilled nursing facility services.
- Transplant evaluation.

* A complete prior authorization list is available upon request.

The covered services information in the following chart is provided as general information from the State of Wisconsin. Your provider can refer you to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services and prior authorization (PA) information.

| Service | Coverage under the BadgerCare Plus Standard Plan |
|--|--|
| Ambulatory Surgery Centers | Coverage of certain surgical procedures and related lab services. No copayment. |
| Chiropractic (Benefit provided by the State of Wisconsin) | Full coverage. \$0.50 to \$3.00 copayment per service. |

Benefits

| Service | Coverage under the BadgerCare Plus Standard Plan |
|---|--|
| Dental | <p>Full coverage in Milwaukee, Racine, Kenosha, Waukesha, Washington and Ozaukee.</p> <p>If you live outside of the above counties, your benefits are covered by the State of Wisconsin and you may have a \$0.50 to \$3.00 copayment per service.</p> |
| Disposable Medical Supplies (DMS) | <p>Full coverage.</p> <p>No copayment.</p> |
| Drugs (Benefit provided by the State of Wisconsin) | <p>Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs.</p> <p>Members are limited to five prescriptions per month for opioid drugs.</p> <p>Copayments are as follows:</p> <ul style="list-style-type: none"> • \$0.50 for OTC drugs. • \$1.00 for generic drugs. • \$3.00 for brand name drugs. <p>Copayments are limited to \$12.00 per member, per provider, per month. Over-the-counter drugs are excluded from this \$12.00 maximum.</p> |
| Durable Medical Equipment (DME) | <p>Full coverage.</p> <p>No copayment.</p> |
| End-Stage Renal Disease (ESRD) | <p>Full coverage.</p> <p>No copayment.</p> |
| Health Screenings for Children | <p>Full coverage of HealthCheck screenings and other services for individuals under the age of 21.</p> <p>No copayment.</p> |

| Service | Coverage under the BadgerCare Plus Standard Plan |
|---|---|
| Hearing Services | Full coverage. No copayment. |
| Home Care Services (Home Health, Private Duty Nursing [PDN], and Personal Care) | Full coverage of PDN, home health, and personal care services. No copayment. |
| Hospice | Full coverage. No copayment. |
| Inpatient Hospital | Full coverage. No copayment. |
| Mental Health and Substance Abuse Treatment | Full coverage (not including room and board). No copayment. |
| Nursing Home Services | Full coverage. No copayment. |
| Outpatient Hospital – Emergency Room | Full coverage. No copayment. |
| Outpatient Hospital | Full coverage. No copayment. |
| Physical Therapy (PT), Occupational Therapy, and Speech and Language Pathology (SLP) | Full coverage. No copayment. |
| Physician | Full coverage, including laboratory and radiology. No copayment. |

Benefits

| Service | Coverage under the BadgerCare Plus Standard Plan |
|--|--|
| Podiatry | Full coverage. No copayment. |
| Prenatal/Maternity Care | Full coverage, including prenatal care coordination, and preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. No copayment. |
| Reproductive Health Service | Full coverage, excluding infertility treatments, surrogate parenting and related services, including but not limited to artificial insemination and subsequent obstetrical care as a non-covered service and the reversal of voluntary sterilization. No copayment for family planning services. |
| Routine Vision | Coverage includes exam and eyeglasses once per year. |
| Transportation – Ambulance, Specialized Medical Vehicle (SMV), Common Carrier | Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. Copayments are as follows: <ul style="list-style-type: none"> • \$2.00 copayment for non-emergency ambulance trips. • \$1.00 copayment per trip for transportation by SMV. • No copayment for transportation by common carrier or emergency ambulance. |

Note to Providers:

The covered services information in this chart is provided as general information from the State of Wisconsin. Providers should refer to their service-specific publications and the ForwardHealth Online Handbook for detailed information on covered and non-covered services. For UnitedHealthcare Community Plan prior authorization information, refer to UHCommunityPlan.com.

UnitedHealthcare Member Advocates

UnitedHealthcare Community Plan has a Member Advocate to help you get the care you need. You should contact your Member Advocate for help with any questions about getting health care and solving any problems you may have getting health care from UnitedHealthcare. You can reach the Member Advocate at 1-888-246-8140.



Vision Services

You do not need a referral from your Primary Care Physician for routine eye tests. No phone call is needed to get new eyewear or eyewear repairs. Just show your ForwardHealth ID card at one of the vision locations found in your Provider Directory.

Autism Treatment Services

Behavioral treatment services are a covered benefit under BadgerCare Plus. You may get covered autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

Mental Health and Substance Abuse Services

UnitedHealthcare provides mental health and substance abuse (drug and alcohol) services to all members. Call United Behavioral Health (part of Optum Health) at **1-800-504-9660** if you need these services. Visit www.liveandworkwell.com to view a list of providers close to you. If you need immediate help, you can call our 24-Hour NurseLine at **1-866-827-0806, TTY 711**, which is open seven days a week.

All services provided by UnitedHealthcare Community Plan are private.

LiveandWorkWell

LiveandWorkWell is a website supported by United Behavioral Health (part of Optum Health). It gives you helpful information for many different issues, such as:

- Education and Learning.
- Health and Wellness.
- Life Changes.

Visit this site at www.liveandworkwell.com. The access code to get into the site is “ubh.” You can see this site in Spanish. Just go to www.mentesana-cuerposano.com. You may also click on “en Español” on the main page.



Dental Services

If you live in Kenosha, Milwaukee, Ozaukee, Racine, Washington or Waukesha Counties, your dental benefits are provided by UnitedHealthcare Community Plan. Call our Member Services Department at **1-800-504-9660, TTY 711**, for the names of our dentists.

As a member of UnitedHealthcare, you have a right to a routine dental appointment within 90 days after your formal request.

If you live outside of Kenosha, Milwaukee, Ozaukee, Racine, Washington or Waukesha Counties, you may get dental services from any dentist who will accept your ForwardHealth ID card. Your dental services are provided by the State, not UnitedHealthcare.

To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

Dental emergency: A dental emergency is an immediate dental service needed to treat dental pain, swelling, fever, infection, or injury to the teeth.

1. If you already have a dentist who is with UnitedHealthcare:
 - Call the dentist's office.
 - Identify yourself as having a dental emergency.
 - Tell the dentist's office what the exact dental problem is. This may be something like a toothache or swollen face. Make sure the office understands that you are having a "dental emergency."
 - See Transportation Services on page 23 for ride options.
2. If you do not currently have a dentist who is with UnitedHealthcare:
 - Call our Member Services Department at **1-800-504-9660, TTY 711**. Tell us that you are having a dental emergency. We can help you get dental service.
 - Tell us if you need a ride to the dentist's office.
 - See Transportation Services on page 23 for ride options.

Chiropractic Services

Chiropractic services are a covered benefit under BadgerCare Plus. You may get covered chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card. To find a Medicaid-enrolled provider:

1. Go to www.forwardhealth.wi.gov.
2. Click on the Members link or icon in the middle section of the page.
3. Scroll down and click on the Resources tab.
4. Click on the Find a Provider link.
5. Under Program, select BadgerCare Plus.

Or, you can call ForwardHealth Member Services at 1-800-362-3002.

Health Education Services

UnitedHealthcare wants to keep you as healthy as possible. Please call our Member Services Department at **1-800-504-9660, TTY 711**, if you have a health problem. We will send you health education materials that will help you understand and manage your health problem.

You will also receive a member newsletter in the mail called *HealthTALK* every three months. The newsletter covers important topics about how to stay healthy and the importance of getting regular checkups.

Family Planning Services

We provide private family planning services to all members, including minors. If you do not want to talk to your primary care physician about family planning, call Member Services at **1-800-504-9660, TTY 711**. We will help you choose a UnitedHealthcare Community Plan family planning doctor who is different from your primary care physician.

We encourage you to get family planning services from a UnitedHealthcare Community Plan doctor so that we can better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of UnitedHealthcare Community Plan.

Quality Improvement Program

UnitedHealthcare has a quality program. Its purpose is to protect, maintain and improve quality of care and services. For more information, please call **1-800-504-9660, TTY 711**.

To provide you with the highest quality of care, we may from time to time ask for your opinion. We are always striving to improve our service to you.

Care Management Program

As a member of UnitedHealthcare Community Plan, you may be asked to talk with a trained staff member about your health care needs. This is your community health worker or care manager. Your community health worker or care manager will contact you within the first 60 days of your being enrolled with UnitedHealthcare Community Plan to schedule a time to talk about your medical history and the care you need. It is very important that you talk with your community health worker or care manager so that you can get the care and services you need. If you have questions or would like to contact UnitedHealthcare Community Plan directly to schedule a time to talk with your community health worker or care manager, please call **1-800-504-9660, TTY 711**.

We can help you:

- Arrange for medical supplies and home health care for you, if needed.
- Find a primary care physician, specialist, or urgent care facility.
- Find community resources and support.
- Get to and from doctor and pharmacy visits.
- Learn how to take care of yourself.
- Make medical appointments.
- Provide you with information and resources to help you quit smoking.

We are available to help with the following conditions:

- Asthma.
- Chronic Obstructive Pulmonary Disease (COPD).
- Congestive Heart Failure (CHF).
- Coronary Artery Disease (CAD).
- Diabetes.
- End Stage Renal Disease (ESRD).
- High-Risk Pregnancy and NICU.
- Human Immunodeficiency Virus (HIV).
- Hypertension.
- Sickle Cell Disease.
- Special Needs (SSI).

Call our Member Services Department at **1-800-504-9660, TTY 711** for more information about the Care Management Program.

For Moms-to-Be and Children

Pregnant women.

If you become pregnant, please let UnitedHealthcare Community Plan and your Income Maintenance (IM) Agency know right away, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to a UnitedHealthcare Community Plan hospital to have your baby. Talk to your UnitedHealthcare Community Plan doctor to make sure you know which hospital you are to go to when it is time to have your baby. Do not go out of area to have your baby unless you have UnitedHealthcare Community Plan approval. Your UnitedHealthcare Community Plan doctor knows your history and is the best doctor to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. We want you to have a healthy birth and a good birthing experience, so it may not be a good time for you to be traveling.

UnitedHealthcare Healthy First Steps™.

Our Healthy First Steps program makes sure that both mom and baby get good medical attention.

We will help:

- Get good advice on nutrition, fitness and safety.
- Get supplies, including breast pumps for nursing moms.
- Choose a doctor or nurse midwife.
- Schedule visits and exams.
- Arrange rides to doctor's visits.
- Connect with community resources such as Women, Infants and Children (WIC) services.
- Get care after your baby is born.
- Choose a pediatrician (child's doctor).
- Get family planning information.

Call us toll-free at 1-800-599-5985, TTY 711, Monday through Friday, from 8:00 a.m. to 5:00 p.m.

It's important to start pregnancy care early. Be sure to go to all of your doctor visits, even if this isn't your first baby.

Having a baby?

When you think you are pregnant, call your Income Maintenance (IM) Agency and Member Services at **1-800-504-9660, TTY 711**. This will help ensure you get all the services available to you.

UnitedHealthcare Baby Blocks™.

If you are pregnant, you can earn rewards with Baby Blocks. When you join, you get a gift card or cool gear for your baby. Then earn up to seven more rewards with doctor visits during pregnancy and your baby's first 15 months. You earn great rewards while both you and your baby get the care you need to stay healthy.

It's easy to get started.

1. Enroll at UHCBabyBlocks.com. Get appointment reminders by text or email.
2. Go to your appointments and record them at UHCBabyBlocks.com.
3. Choose your rewards for going to the doctor.

Text4baby program.

Text4baby is a free mobile information service that will help you through your pregnancy and baby's first year of life. Get free text messages on your cellphone each week. The text4baby messages will give you tips about:

- Breastfeeding.
- Exercise and healthy eating.
- Keeping healthy.
- Labor and delivery.
- The importance of immunizations.
- And much more.

To sign up for text4baby, simply text the word BABY to 511411. You will be asked for a participant code after you sign up. The participant code is HFS. This code will let text4baby know that you are a member of our health plan. It will also let us know you signed up for the service.

Give your baby the best possible start in life. Sign up for text4baby.

Newborns' and Mothers' Health Protection Act of 1996.

UnitedHealthcare follows federal guidelines that may not restrict a mother's or newborn's benefits for a hospital length of stay that is connected to childbirth. Our benefit covers a hospital stay of 48 hours after vaginal delivery and 96 hours following a delivery by caesarean section. However, the attending doctor may decide, after talking with the mother, to discharge the mother or newborn child earlier.

Healthy Savings

UnitedHealthcare Community Plan is working with Solutran, Inc., to bring a special program to our members. Healthy Savings is a program that will help you eat healthier.

This program offers more than \$150 in savings per month on healthy foods. Here's how it works:

- You will receive a Healthy Savings Reward Card in the mail.
- Enroll in the program on the internet or on a mobile device.
- Your Healthy Savings card is reloaded every Sunday with instant savings on healthy grocery store options.
- Use your card at any Pick 'n Save, Copps, Metro Market or Woodman's Markets when you go grocery shopping.

You could save on healthy grocery items like these:

- Lean meats.
- Milk.
- Bread.
- Cheese.
- Fruits.
- Vegetables.

Be sure to check your mail for your Healthy Savings Reward Card. And be sure to enroll in the program as soon as you get your reward card. Eat healthy and save!

www.HealthySavingsUHC.com



Other Plan Details

Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:



Visit myuhc.com/CommunityPlan for the most up-do-date information. Click on ***Find a Doctor***.



Call Member Services at **1-800-504-9660, TTY 711**. We can look up network providers for you. Or, if you'd like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our in-network providers.

Provider information changes often. Visit our website for the most up-to-date listing at myuhc.com/CommunityPlan. You can view or print the provider directory from the website, or click on ***Find a Doctor*** to use our online searchable directory.

If you would like a printed copy of our directory, please call Member Services at **1-800-504-9660, TTY 711**, and we will mail one to you.

Interpreter Services and Language Assistance

UnitedHealthcare offers services if you do not speak English or have hearing and speech barriers. These services are offered free of charge.

Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono 1-800-504-9660.

Yog xav tau kev pab txhais cov ntaub ntawv no kom koj totaub, hu rau 1-800-504-9660.

សិខាន់ខ្ញុំប្រាកដប្រាកដ តើខ្ញុំអាចយល់បានដែរឬទេ, រកគុណតែលេខ 1-800-504-9660

Если вам не всё понятно в этом документе, позвоните по телефону 1-800-504-9660.

Member Survey

Every year, UnitedHealthcare asks some of our members how they feel about UnitedHealthcare Community Plan. This survey helps us to decide which areas we should work on to make improvements and what we are doing well.

If you get a survey, please answer it. An outside firm takes the survey and we do not ever see your answers. Your privacy is guarded. Your responses will never be used to make decisions about you or your family's health care. Your answers, along with the answers of many other members, are combined to let us know how we are doing. It's your chance to "give us a grade." You can obtain a copy of the survey results by calling Member Services at **1-800-504-9660, TTY 711**. We want to hear your quality of care or quality of service concerns.

Living Wills, Privacy and Medical Records

Living will or power of attorney for health care.

You have the right to make decisions about your medical care. You have a right to accept or refuse medical or surgical treatment. You also have the right to plan and direct the types of health care you may receive in the future if you become unable to express your wishes.

You can let your doctor know about your feelings by completing a living will or power of attorney for health care form (also known as an advance directive). Contact your doctor for more information.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You may request help in filing a grievance.

UnitedHealthcare respects and encourages all enrollees to have a written advance directive and does not discriminate in providing care for individuals who execute their advance directive.

Confidentiality.

Your health care records will be kept confidential. A consent form must be filed when you need to send your records from doctor to doctor. UnitedHealthcare and other state agencies may review your records in order to provide BadgerCare Plus services.

UnitedHealthcare may need to use your health data for our health projects. The data helps our doctors and Member Advocates improve health outcomes. Your health data will remain confidential.

Confidentiality and security.

We limit access to your Health Information (HI) to our employees and providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your HI. We do regular audits to ensure secure handlings and use passwords to protect your personal information.

Right to medical records.

You have the right to ask for copies of your medical records from your provider(s). We can help you get copies of these records. Please call Member Services at **1-800-504-9660, TTY 711** for help.

Please note: You may have to pay to copy your medical records. You also may correct wrong information in your medical records if your doctor agrees to the correction.

Updating Your Information

To ensure that the personal information we have for you is correct, please call the number on the back of your ForwardHealth card.

- Address.
- Family size (new baby, death, etc.).
- Marital status.
- Member name.
- Other health insurance.
- Phone number.
- You become pregnant.

Other insurance.

If you have any other insurance, call Member Services at **1-800-504-9660, TTY 711** and let us know.

- If you are a member, your other health insurance will have to pay your health care bills first.
- When you get care, always show both member ID cards (for ForwardHealth and your other insurance).

Fraud and Abuse

Anyone can report potential fraud and abuse. If you become aware of fraud or abuse, call Member Services at **1-800-504-9660, TTY 711**, to report it. Some examples of fraud and abuse are:

- Receiving benefits in Wisconsin and another state at the same time.
- Altering or forging prescriptions.
- A person getting Medicaid benefits who is not eligible for benefits.
- Giving a UnitedHealthcare Community Plan ID card to someone else to use.
- Excessive use or overuse of Medicaid benefits.
- Doctors or hospitals that bill you or UnitedHealthcare for services that were not provided to you.
- Doctors or hospitals who bill UnitedHealthcare more than once for services you only had once.
- Doctors who submit false documentation to UnitedHealthcare so that you may receive services that are only provided when medically needed.

How to report fraud and abuse.

Tell us in one of the following ways:

- UnitedHealth Group maintains a 24-hour toll-free telephone line, known as the Compliance Helpline, at 1-800-455-4521. Callers may choose to remain anonymous.
- Contact Member Services toll-free at **1-800-504-9660, TTY 711**.
- If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to www.reportfraud.wisconsin.gov.

Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Member Services at **1-800-504-9660, TTY 711.**
- Write to us at:

UnitedHealthcare Community Plan
10701 W. Research Drive
Milwaukee, WI 53226

HMO Guidelines

HMO exemptions.

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you are not required to join an HMO to get your health care benefits. Most exemptions are granted for only a short period of time, primarily to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at 1-800-291-2002 for more information.

When you may be billed for services.

It is very important to follow the rules when you get medical care so you are not billed for services. You must receive your care from UnitedHealthcare providers and hospitals unless you have our approval. The only exception is for severe emergencies.

If you travel outside of Wisconsin and need emergency services, health care providers can treat you and send claims to UnitedHealthcare. You will have to pay for any service you get outside Wisconsin if the health care provider refuses to submit claims or refuses to accept UnitedHealthcare payment as payment in full.

UnitedHealthcare does not cover any service, including emergency services, provided outside of the United States, Canada and Mexico. If you need emergency services while in Canada or Mexico, UnitedHealthcare will cover the service only if the doctor or hospital's bank is in the United States. Other services may be covered with HMO approval, if the provider has a United States bank. Please call UnitedHealthcare if you receive any emergency services outside the United States.

Billing Enrollees

Covered and non-covered services.

Under BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments. To help ensure that you are not billed for services, you must see a provider in UnitedHealthcare Community Plan's network. The only exception is for emergencies. If you are willing to accept financial responsibility and make a written payment plan with your provider, you may ask for noncovered services. Providers may bill you up to their usual and customary charges for noncovered services.

If you get a bill for a service you did not agree to, please call Member Services at **1-800-504-9660, TTY 711**.

Copayments.

Under BadgerCare Plus, UnitedHealthcare Community Plan and its providers and subcontractors may bill you small service fees, called copayments. The following members do not have to pay copayments:

- Medicaid SSI members.
- Nursing home residents.
- Pregnant women.
- Members younger than 19 years old who are members of a federally recognized tribe.
- Members younger than 19 years old with incomes at or below 100 percent of the federal poverty level.

Other insurance.

If you have other insurance in addition to UnitedHealthcare, you must tell your doctor or other provider. Your health care provider must bill your other insurance before billing UnitedHealthcare. If your UnitedHealthcare doctor does not accept your other insurance, call the HMO Enrollment Specialist at **1-800-291-2002**. The Enrollment Specialist can tell you how to match your HMO enrollment with your other insurance so you can use both insurance plans.

If you move.

If you are planning to move, contact Income Maintenance (IM) Agency. If you move to a different county, you must also contact the IM Agency in your new county to update your eligibility.

If you move out of UnitedHealthcare's service area, call the HMO Enrollment Specialist at 1-800-291-2002. The Enrollment Specialist will help you choose an HMO that serves your area. UnitedHealthcare will only provide emergency care if you move out of our service area.

Health insurance after your eligibility ends.

You have the right to purchase a private health insurance policy from UnitedHealthcare when your eligibility ends. Call Member Services at **1-800-504-9660, TTY 711**. If you decide to purchase a policy from us, you have 30 days after the date your eligibility ends to apply.

The Health Insurance Marketplace.

Whether you have an accident, get sick, or just need a checkup, with the Marketplace, you're covered. Go to [HealthCare.gov](https://www.healthcare.gov) to learn more, apply, compare your plan options, and enroll.

For more information, visit [HealthCare.gov](https://www.healthcare.gov) or call **1-800-318-2596**. TTY users should call **1-855-889-4325**.

Utilization Management

UnitedHealthcare Community Plan does not want you to get too little care or care you don't really need. We also have to make sure that the care you get is a covered benefit. We use utilization management (UM) to make sure you are getting the right care at the right time and in the right place.

There are also some treatments and procedures we need to review before you can get them. Your providers know what they are, and they take care of letting us know to review them. The review we do is called Utilization Review.

We do not reward anyone for saying no to needed care. If you have questions about UM, you can talk to our Medicaid care management staff. Our nurses are available 8:00 a.m. to 5:00 p.m., Monday through Friday at **1-800-504-9660, TTY 711**. Language assistance is available.

Safety and Protection From Discrimination

Patient safety is very important to us. Although we do not direct care, we want to make sure that our members get safe care. We track quality-of-care issues, develop guidelines to promote safe care, provide information to members about patient safety, and work with hospitals, doctors and others to improve continuity and coordination between sites of care. If you would like more information on patient safety or places to get information, call Member Services at **1-800-504-9660, TTY 711**.

UnitedHealthcare Community Plan and its providers are prohibited from discriminating against anyone because of age, race, ethnicity, sex or religion. UnitedHealthcare Community Plan providers must follow the Americans with Disabilities Act and cannot discriminate on the basis of health or mental health, need for health care or pre-existing conditions. If you think you have been subject to any form of discrimination, please call Member Services at **1-800-504-9660, TTY 711**, immediately.

Clinical Practice Guidelines and New Technology

UnitedHealthcare Community Plan gives our providers clinical guidelines that have information about the best way to provide care for some conditions. Each clinical guideline is an accepted standard of care in the medical profession, which means other doctors agree with that approach. We want to improve your health by giving our providers information that supports their clinical practices, consistent with nationally recognized standards of care.

If you have any questions about UnitedHealthcare Community Plan's clinical guidelines or would like a paper copy of a clinical practice guideline, please call Member Services at **1-800-504-9660, TTY 711**. You can also find the clinical practice guidelines on our website at myuhc.com/CommunityPlan.

Member Rights and Responsibilities

UnitedHealthcare Community Plan rights and responsibilities statement.

As a UnitedHealthcare Community Plan member, you have certain rights and responsibilities. It is important that you understand them. These rights and responsibilities do not change your health care coverage in any way. If you have any questions about your rights or your health care coverage, please call Member Services at **1-800-504-9660, TTY 711**.

Knowing about physician incentive plan.

You have the right to ask if we have special financial arrangements with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Member Services Department at **1-800-504-9660, TTY 711** and request information about our physician payment arrangements.

Knowing provider credentials.

You have the right to information about our providers including the provider's education, board certification, and recertification. To get this information, call our Member Services Department at **1-800-504-9660, TTY 711**.

HMO Moral or Religious Objection.

The HMO will inform members of any covered Medicaid benefits which are not available through the HMO because of an objection on moral or religious grounds. UnitedHealthcare will inform members about how to access those services through the State.

Member rights.

As a UnitedHealthcare Community Plan member:

- You have the right to ask for an interpreter and have one provided to you during any BadgerCare Plus covered service.
- You have the right to receive the information provided in this Member Handbook in another language or another format.
- You have the right to receive health care services as provided for in federal and state law. All covered services must be available and accessible to you. When medically appropriate, services must be available 24 hours a day, 7 days a week.
- You have the right to receive information about treatment options, including the right to request a second opinion.
- You have the right to make decisions about your health care.
- You have the right to be treated with dignity and respect.
- You have the right to be free from any form of restraint or seclusion used as a means of force, control, ease or reprisal.
- You have the right to be free to exercise your rights without adverse treatment by the HMO and its network providers.
- You may switch HMOs without cause during the first 90 days of UnitedHealthcare enrollment.
- You have the right to switch HMOs, without cause, if the State imposes sanctions or temporary management on UnitedHealthcare.
- You have the right to receive information from UnitedHealthcare regarding any significant changes with UnitedHealthcare at least 30 days before the effective date of the change.
- You have the right to voice complaints or appeals about the HMO or the care you receive, and to appeal to the State Division of Hearings and Appeals for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by UnitedHealthcare.
- You have the right to expect that health care professionals are not prohibited or otherwise restricted from advising you about your health status, medical care or treatment regardless of benefit coverage.
- You have the right to make suggestions for this member rights and responsibilities policy.

Member responsibilities.

As a UnitedHealthcare Community Plan member, you have a responsibility to:

- Read your Member Handbook.
- Show your ForwardHealth ID card when you go to the doctor, hospital, pharmacy or for any other UnitedHealthcare service. Don't let others use your ForwardHealth ID card.
- Tell your doctor when you are sick or have problems.
- Ask your doctor questions about your health, so that you understand your health problems and help make goals for your treatment as much as possible.

Other Plan Details

- Keep appointments with your doctor.
- Be courteous to your health care providers and their staff.
- Tell us if you or your family have other health insurance.
- Share personal health-related information with your doctor and UnitedHealthcare that could help improve your health.
- Follow the plans and instructions for care that you agree to with your provider.

Your Civil Rights

UnitedHealthcare provides covered services to all eligible members regardless of:

- Age.
- Arrest or Conviction Record.
- Color.
- Disability.
- Marital Status.
- Military Participation.
- National Origin.
- Race.
- Religion.
- Sex.
- Sexual Orientation.

All medically necessary covered services are available and will be provided in the same manner to all members. All persons or organizations connected with UnitedHealthcare Community Plan that refer or recommend members for services shall do so in the same manner for all members.

Complaints, Grievances and Appeals

Complaint, grievance and appeal rights.

A complaint or grievance is an expression of dissatisfaction about any matter other than an appeal.

An appeal means a request for review of a denied or limited service.

You have special rights when you make a complaint, file a grievance or ask for an appeal:

- You may ask anyone you choose to help you make a complaint, file a grievance or ask for an appeal.
- If you do not speak or understand English, we can explain to you what our complaint, grievance and appeal policy is in your language.
- We cannot end or decrease your care because you made a complaint, filed a grievance or asked for an appeal.
- You may file your grievance directly with UnitedHealthcare or the State.
- UnitedHealthcare will respond to your written grievance or appeal within 10 business days of receipt or within 2 business days for emergency or urgent situations.

You will receive a letter of all ended or decreased services for you and your family.

State of Wisconsin HMO Ombudsman program.

The state has designated Ombuds (individuals who provide neutral, confidential and informal assistance) who can help you with any questions or problems you have as an HMO member. The Ombuds can tell you how to get the care you need from your HMO. The Ombuds can also help you solve problems or complaints you may have about the HMO program or your HMO. Call 1-800-760-0001 and ask to talk to an Ombuds.

Complaints, grievances and appeals.

We would like to know if you have a complaint about your care at UnitedHealthcare. Please call a UnitedHealthcare Member Advocate at 1-888-246-8140 if you have a complaint or write to us at:

UnitedHealthcare Community Plan, HMO Medicaid Advocate
10701 W. Research Drive
Milwaukee, WI 53226

or

Grievances and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131

If you want to talk to someone outside UnitedHealthcare Community Plan about the problem, call the HMO Enrollment Specialist at 1-800-291-2002. The HMO Enrollment Specialist may be able to help you solve the problem or write a formal grievance to UnitedHealthcare Community Plan or to the BadgerCare Plus and Medicaid SSI programs.

The address to complain to the Wisconsin BadgerCare Plus Program is:

Wisconsin BadgerCare Plus Program
Managed Care Ombuds
P.O. Box 6470
Madison, WI 53716-0470
1-800-760-0001

If your complaint or grievance needs action right away because a delay in treatment would greatly increase the risk to your health, please call Member Services as soon as possible at **1-800-504-9660, TTY 711**.

You will not be treated differently from other members because you file a complaint or grievance. Your health care benefits will not be affected.

Other Plan Details

When benefits are denied (Fair Hearings).

You have the right to appeal to the State of Wisconsin Division of Hearing and Appeals (DHA) for a fair hearing if you believe your benefits are wrongly denied, limited, reduced, delayed or stopped by UnitedHealthcare. An appeal must be made no later than 45 days after the date of the action being appealed. If you appeal this action to DHA before the effective date, the service may continue. You may need to pay for the cost of services if the hearing decision is not in your favor.

If you want a fair hearing, send a written request to:

Department of Administration
Division of Hearing and Appeals
P.O. Box 7875
Madison, WI 53707-7875

The hearing will be held with an administrative judge in the county where you live. You have the right to bring a friend or be represented at the hearing. If you need a special arrangement for a disability, or for English language translation, please call **1-608-266-3096** (voice) or **1-608-264-9853** (hearing impaired).

We cannot treat you differently than other members because you request a fair hearing. Your health care benefits will not be affected.

If you need help writing a request for a fair hearing, please call either the BadgerCare Plus and Medicaid SSI Ombuds at **1-800-760-0001** or the HMO Enrollment Specialist at **1-800-291-2002**.

Civil rights complaints.

UnitedHealthcare provides coverage for BadgerCare Plus covered services to all eligible members regardless of age, race, religion, color, handicap, sex, physical condition, sexual orientation, national origin, marital status, arrest or conviction record, or military participation.

All persons or organizations associated with UnitedHealthcare who refer or recommend members for services shall do so in the same manner for all members.

If you believe your rights have been violated, you may file a complaint by writing to:

Grievances and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2019.

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or email. We will also post the new notice at this website (www.uhccommunityplan.com). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

Other Plan Details

- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.

We may use or share your HI as follows.

- **As Required by Law.**
- **To Persons Involved With Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Workers' Compensation.** To comply with labor laws.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law. We may give HI to funeral directors.
- **For Organ Transplant.** To help get, store or transplant organs, eyes or tissue.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates if needed to give you services.** Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.

1. Alcohol and Substance Abuse
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information
6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete, you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

Other Plan Details

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).

Using Your Rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or **TTY 711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300
P.O. Box 1459
Minneapolis, MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Inc.; Symphonix Health Insurance, Inc.; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

Financial Information Privacy Notice

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2019.

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and Social Security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Other Plan Details

Questions About This Notice

Please **call the toll-free member phone number on your health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or **TTY 711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; CNIC Health Solutions, Inc.; Dental Benefit Providers, Inc.; gethealthinsurance.com Agency, Inc.; Golden Outlook, Inc.; HealthAllies, Inc.; LifePrint East, Inc.; Life Print Health, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Optum Women’s and Children’s Health, LLC; OrthoNet, LLC; OrthoNet of the Mid-Atlantic, Inc.; OrthoNet West, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; POMCO Network, Inc.; POMCO of Florida, Ltd.; POMCO West, Inc.; POMCO, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Services LLC; y UnitedHealthcare Services Company of the River Valley, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is completed as of the effective date of this notice. For a current list of health plans subject to this notice go to www.uhc.com/privacy/entities-fn-v2-en or call the number on your health plan ID card.

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

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

UHC_Civil_Rights@uhc.com

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 **1-800-504-9660, TTY 711**. Representatives are available Monday through Friday from 7:00 a.m. – 7:00 p.m. Central Time.

You can also file a complaint within 180 days 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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, qualified sign language interpreters, written materials in large print, audio, electronic, or other formats, or letters in other languages. Or, you can ask for an interpreter. To ask for help, please call **1-800-504-9660, TTY 711**. Representatives are available Monday through Friday from 7:00 a.m. – 7:00 p.m. Central Time.

We're here for you.

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-504-9660, TTY 711**. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare Community Plan
10701 W. Research Drive
Milwaukee, WI 53226

myuhc.com/CommunityPlan

1-800-504-9660, TTY 711



