



Michigan

Three thick, dark blue wavy lines that originate from the left edge of the page and curve downwards and to the right, meeting at a point before curving back to the right edge.

Welcome to the community

2021 Medicaid Member Handbook

Important toll-free telephone numbers

UnitedHealthcare Community Plan Member Services **1-800-903-5253**

Call us to:

- Change your Primary Care Provider (PCP)
- Ask about UnitedHealthcare Community Plan doctors or other health care providers
- Ask about covered medications or other pharmacy questions
- Ask about covered outpatient mental health services
- Ask about covered benefits
- Ask for a list of UnitedHealthcare Community Plan doctors and hospitals, a Provider Directory
- Obtain an audio reading of UnitedHealthcare Community Plan materials for the visually impaired
- Use the AT&T Language Line, interpretation services. We can help you in over 130 languages
- Get UnitedHealthcare Community Plan information or written materials
- Ask about Utilization Management decisions

Visit: UHCCommunityPlan.com/mi

Transportation or Gas Reimbursement **1-877-892-3995**

** It is best to call four days in advance to set up your ride or ask for gas reimbursement.**

To arrange non-emergency transportation to go to and from:

- Doctor's visits
- Medical equipment companies for supplies
- Mental health clinics
- Health departments
- Vision clinics
- Urgent visits to your doctor's office or Urgent Care centers
 - If you need an urgent ride to your doctor's office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you
 - Maternal Infant Health Program (MIHP)

To arrange emergency transportation or emergency ambulance services, call 911.

Vision Services **1-800-903-5253**

To set up your **free** routine vision exams, frames, and lens services.

Dental Services **1-800-642-3195**

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

Dental Services for Pregnant Members **1-800-903-5253**

Medicaid Help Line **1-800-642-3195**

Michigan Enrolls **1-888-367-6557** or **1-800-975-7630**

Michigan Relay (Hearing Impaired) **711**

The Michigan Relay Center makes it possible for hearing-impaired and/or speech-impaired persons to make calls. They can be reached 24 hours a day, 7 days a week.

These are all toll-free phone numbers!

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. Your PCP's phone number should be listed on the member ID card that you recently received in the mail. If you don't know your PCP's number, or if you'd like help scheduling a checkup, call Member Services at **1-800-903-5253**, TTY 711. We're here to help.

2. When you see your PCP, talk about all your health care needs.

Let your PCP know about any recent conditions or medicines you are taking. Ask questions. Set up a health plan with your PCP. Make sure you understand what you need to do next. You may need follow-up tests. Be sure to see your PCP every year for a checkup, even if you are not sick.

3. Take your Health Assessment.

You will soon receive a welcome phone call from us to help you complete a survey about your health. This survey helps us understand your needs so that we can serve you better. You can also fill out the survey online. See page 13 for details.

4. Get to know your health plan.

Start with the Health Plan Highlights section on page 9 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

5. Check your member ID card.

You should have received a member ID card in the mail. The card has the UnitedHealthcare Community Plan logo on it. You should have a separate ID card for each member of your family who is enrolled with us. If you did not get an ID card, or if the information on it is not correct, call Member Services at **1-800-903-5253**.

6. Transition to UnitedHealthcare Community Plan.

UnitedHealthcare Community plan assists members who are transitioning to the health plan. As soon as you become an active member, you will have access to all of the services we offer. Members will be provided with continued access to services the entire time they are a part of UnitedHealthcare Community Plan. If you need assistance in accessing care you can call Member Services at **1-800-903-5253**, TTY 711. If you would like to receive a copy of our transition of care policy you can call Member Services or view online at [UHCCommunityPlan.com/mi](https://www.uhc.com/mi).

4 **Questions?** Visit [UHCCommunityPlan.com/mi](https://www.uhc.com/mi), or call Member Services at **1-800-903-5253**, TTY 711.



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 the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8:30 a.m. – 5:30 p.m., Monday – Friday.

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

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, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY **711**, 8:30 a.m. – 5:30 p.m. Monday – Friday.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-800-903-5253, TTY 711**.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-903-5253, TTY 711**.

تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **1-800-903-5253** ، الهاتف النصي **711**.

注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-800-903-5253** ，
或聽障專線 (TTY) 711

MADETA: en maswtat lishana Aturaya, eten tishmiishta d lishana qa hayarta quray. Makhber **1-800-903-5253, TTY 711**.

LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số, **1-800-903-5352, TTY 711**.

VËMENDJE: Nëse flisni shqip, keni në dispozicion shërbime asistence gjuhësore pa gagesë. Telefono **1-800-903-5253, TTY 711**.

참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-903-5253, TTY 711**로 전화하십시오.

মনোযোগ: যদি আপনি বাঙ্গালী ভাষায় কথা বলেন, তবে আপনার জন্য ভাষা সহায়তা পরিসেবা বিনামূল্যে লভ্য হবে। ফোন করুন **1-800-903-5253** নম্বরে **TTY 711**.

UWAGA: jeżeli mówisz po polsku, możesz skorzystać z usługi bezpłatnej pomocy językowej pod numerem telefonu **1-800-903-5253, TTY 711**.

HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie **1-800-903-5253, TTY 711**.

ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-800-903-5253, TTY 711**.

ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-800-903-5253**、または**TTY 711**（聴覚障害者・難聴者の方用）までご連絡ください。

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел. **1-800-903-5253, TTY 711**.

PAŽNJA: Ako govorite srpsko-hrvatski, možete dobiti besplatnu pomoć za usluge jezika. Pozovite **1-800-903-5253, TTY 711**.

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mag serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-800-903-5253, TTY 711**.

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 coverage 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 — doctors, nurses, hospitals and pharmacies — so you have access to 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 1-800-903-5253, TTY 711.

You may also request a Member Services Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Materials can also be provided in Braille, large print or voice recorded CD formats for sight-impaired individuals, upon request. Member Services Advocates can also read member materials aloud if a member requires it. Call 1-800-903-5253, TTY 711 to request any of these services.



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Health plan highlights

Member ID card

The diagram shows a sample Member ID card for a UnitedHealthcare Michigan MA plan. Callouts point to various fields on the card:

- Your plan ID number:** 911-95467-00
- Your member ID number:** 001901398
- Member Services phone number:** 800-903-5253 TTY 711
- Name and phone number of your Primary Care Provider:** REISSUE B ENGLISHMED, (269)969-6123
- Information for your pharmacist:** Payer ID: 95467, Rx Bin: 610494, Rx Grp: ACUMI, Rx PCN: 4242
- Mental/Behavioral Health/Vision Services:** 800-903-5253

Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure that all the information is correct. If any information is wrong, call Member Services at 1-800-903-5253, TTY 711.

- Take your member ID card to your appointments
- Show it when you fill a prescription
- Have it ready when you call Member Services; this helps us serve you better
- Do not let someone else use your card(s). It is against the law

Show both cards. Always show your UnitedHealthcare ID card **and** your state **mihealth** card when you get care. This helps ensure that you get all the benefits available. It also prevents billing mistakes.

Lost your member ID card?

If you or a family member loses a card, you can print a new one at myuhc.com/CommunityPlan.

12 **Questions?** Visit UHCommunityPlan.com/mi, or call Member Services at **1-800-903-5253**, TTY **711**.

Discover your plan online

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

As a member of 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

Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store or scan this square with the QR reader on your smartphone.



Interpreter services and language assistance

Many of our Member Services employees speak more than one language. If you can't connect with one who speaks your language, you can use an interpreter to help you speak with Member Services.

Many of our network providers also speak more than one language. If you see one who doesn't speak your language, you can use our interpreter or sign language services to help you during your appointment. Arrange for your translation services at least 72 hours before your appointment. Sign language services require two weeks' notice.

You can also have any printed materials that we have translated in your language of choice and sent to you. To arrange for an interpreter or translation services, call Member Services at **1-800-903-5253**, TTY 711.

Assistance for members who are blind or hearing impaired

For members who are sight-impaired, materials are available in Braille, large print or voice recorded CD formats, upon request. Member Service Advocates can also read member materials aloud. Members who are hearing impaired can contact us using the 711 National Telecommunications Relay Service (TRS) TTY line. Call **1-800-903-5253**, TTY 711 to request any of these services.

Written materials for members with special needs

You may also request a Member Service Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Call **1-800-903-5253**, TTY 711 to request a Member Service Advocate.

English:

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-800-903-5253 (TTY: 711)**.

Spanish:

Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al **1-800-903-5253 (TTY: 711)**.

Arabic:

إن لم تكن المعلومات المرفقة بلغتك الأساسية، يُرجى الاتصال بـ UnitedHealthcare Community Plan على رقم **1-800-903-5253 (الهاتف النصي: 711)**.

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. UnitedHealthcare Community Plan does not deny reimbursement or coverage for services on any moral or religious grounds.

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 and if needed, a specialist can be your PCP. Our network also includes specialists, hospitals and pharmacies — giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call 1-800-903-5253, TTY 711.

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 29.

Medicines

Your plan covers prescription drugs with no copays for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

Hospital services

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

Laboratory services

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

Hospice services

You're covered for hospice services. Hospice provides end of life care. For more information, please call your PCP or Member Services at 1-800-903-5253, TTY 711.

Health plan highlights

Your Health Assessment

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

You may have or will receive a welcome call to complete your HRA. You can always call Member Services at 1-800-903-5253, TTY 711, to complete it by phone. It only takes a few minutes.

Transportation services or gas reimbursement

If you do not have a ride to get medical care and services, we may provide transportation or gas reimbursement for you.

Well-child visits

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

Maternity and pregnancy care

You are covered for doctor visits and dental 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

Your vision benefits include routine eye exams and glasses.

Preventive health

Preventive health is about making the right choices for good health habits. Seeing your doctor for routine care is a good preventive health habit that keeps you healthy.

Getting needed yearly preventive care is the first step!

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

Go to myuhc.com/CommunityPlan to sign up for web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Print a new member ID card
- Find a provider or pharmacy
- Search for a medicine in the Preferred Drug List
- Get benefit details
- Download a new Member Handbook

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 is available

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 1-800-903-5253, TTY 711.

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 1-800-903-5253, TTY 711.

Health plan highlights

Important information about MIChild premiums

The MIChild premium payment is \$10 per family, per month. MIChild will send you a letter if you have to pay a premium. If you have questions regarding the premium, please call MIChild at 1-888-988-6300 or TTY 1-888-263-5897. If you have any questions, please call Member Services at 1-800-903-5253, TTY 711.

If you get a bill

As a UnitedHealthcare Community Plan member, you do not have any copays or deductibles for covered services. If you receive a bill, do not throw it away. First, call the doctor, hospital or other health care provider and make sure they know you are a UnitedHealthcare Community Plan member. Tell them to send the bill to us or to call us. Do not pay for covered medical services yourself. If you need more help, call us at 1-800-903-5253.

We speak your language

If you speak a language other than English, we can help you. Or we can provide an interpreter who can help you understand printed materials. You'll find more information about Interpretive Services and Language Assistance on page 11. Or call Member Services at 1-800-903-5253, TTY 711.

Emergencies

In case of emergency, call 911

Important phone numbers

UnitedHealthcare Community Plan Member Services	1-800-903-5253 TTY 711
Transportation or Gas Reimbursement	1-877-892-3995
Vision Services	1-800-903-5253
Medicaid Help Line	1-800-642-3195
Michigan Enrolls	1-888-367-6557 or 1-800-975-7630
Michigan Relay (Hearing Impaired)	711
Dental Services	1-800-642-3195
Dental Services for Pregnant Members	1-800-903-5253

Dental services

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

The Healthy Kids Dental program is offered statewide to those who get Medicaid and are ages 0 through 20 years. You will be enrolled automatically. The two plans available are Blue Cross Blue Shield of Michigan and Delta Dental of Michigan. You will get an identification card from the dental plan. It will have the phone number for your plan. You can call your dental plan for help in finding a dentist.

Blue Cross Blue Shield 1-800-936-0935

Delta Dental 1-866-696-7441

Are you pregnant?

Dental services will be covered under UnitedHealthcare Community Plan for members who are or become pregnant, during their pregnancy and postpartum period. Please contact UnitedHealthcare Community Plan along with your case worker to notify the State of your pregnancy. For services, please call 1-800-903-5253.

You can start using your pharmacy benefit right away

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan's Preferred Drug List. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at myuhc.com/CommunityPlan. You can also search by a medicine name on the website. It's easy to start getting your prescriptions filled. Here's how:

1. Are your medicines included on the Preferred Drug List?

Yes

If your medicines are included on the Preferred Drug List, you're all set. Be sure to show your pharmacist your latest UnitedHealthcare member ID card and your green mihealth card every time you get your prescriptions filled.

No

If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

Not sure

View the Preferred Drug List online at myuhc.com/CommunityPlan (click on Find A Drug on the left side of the screen). You can also call Member Services. We're here to help.

2. Do you have a prescription?

When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. You can find a list of network pharmacies in the Provider Directory online at myuhc.com/CommunityPlan, or you can call Member Services.

3. Do you need to refill a drug that's not on the Preferred Drug List?

If you need refills of medicines that are not on the Preferred Drug List, you may be able to get a temporary 5-day supply. To do so, visit a network pharmacy and show your member ID card. If you don't have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member's claim using:

BIN: 610494

Processor Control Number: 4242

Group: ACUMI

If you receive a message that the member's medication needs a prior authorization or is not on our formulary, please call **OptumRx®** at **1-877-305-8952** for a transitional supply override.

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
- Coordinate your care with a specialist
- Treatment for colds and flu
- Other health concerns

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the non-network provider.

If you see a specialist without being sent by your PCP and without UnitedHealthcare Community Plan authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.

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

If you have a chronic health condition, you may be able to have a specialist as your PCP.

22 **Questions?** Visit UHCCommunityPlan.com/mi,
or call Member Services at **1-800-903-5253**, TTY **711**.

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.

Find the right PCP for you.

1. Use the Find-A-Doctor search tool at myuhc.com/CommunityPlan.
2. Call Member Services at 1-800-903-5253, TTY 711. We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Member Services and let us know. We will make sure your records are updated.

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. You can also submit a written request to:

UnitedHealthcare Community Plan
Uniprise C&S Project
3315 Central Avenue
Hot Springs, AR 71913-9950

Or request a change online at myuhc.com/CommunityPlan.

It is important that you, your PCP and other network providers have a good relationship. You will need to work with each other well so you can get the medical care that you need. You'll set up your medical plan together. **If you do not follow the medical plan with your network providers, we can: ask you to select a new PCP, select a new PCP for you or ask your PCP to find a new network provider for you. If you are non-compliant with your medical plan and inappropriate behaviors are noted, we may ask the State to disenroll you from our plan.**

Going to the doctor

Learn more about network doctors

You can learn information about network doctors, such as board certifications, and languages they speak, at myuhc.com/CommunityPlan, or by calling Member Services.

We can tell you the following information:

- Name, address, telephone numbers
- Professional qualifications
- Specialty
- Medical school attended
- Residency completion
- Board certification status

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.

Have tests on time to find health problems early. You have more care options when problems are found early. Be sure to have these checked:

- Blood pressure
- Cholesterol
- Diabetes
- Body Mass Index (BMI)
- Blood sugar
- Flu shots and immunizations: Covered as needed. You need a flu shot each year. Your doctor may also suggest the pneumonia shot.
- Smoking cessation: To help you quit smoking!
- STI testing (such as chlamydia): This is recommended for those who are sexually active.

For women

- Pap smear — helps detect cervical cancer
- Breast exam/Mammography — helps detect breast cancer

Women age 50 – 74 should have a mammogram to screen for breast cancer once every one to two years.

Women who are sexually active should have a Pap smear every three years to screen for cervical cancer.

Young women, ages 16 – 24, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease.

Women’s Health and Cancer Rights Act: Women’s health benefits include breast reconstruction services if elected after a mastectomy.

For men

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

Family planning

Family planning is an important part of staying healthy. Your PCP or a Family Planning Center can help you plan when to have children. You can also get information and prescriptions for birth control like condoms and birth control pills. Family Planning Centers or the Health Department can teach you about sexually transmitted diseases and give you other tips for staying healthy. You may go to any Family Planning Center without being sent by your PCP.

For moms-to-be and children

Care during and after pregnancy

The health services that a mom receives from a doctor, nurse or midwife before her baby is born is called “prenatal care.” The health services that a mom and infant receive after her baby is born is called “postpartum care.”

Prenatal care is important. It is a way to see how well the pregnancy is going. It is also a way to know if there are any problems. Even if a woman has been pregnant before, it is important that she get care for each pregnancy. If you think you are going to have a baby, you need a pregnancy test.

Postpartum care is important. It improves health results for moms and babies. It ensures you and your baby stay healthy after delivery.

Over-the-counter pregnancy tests are **free** to UnitedHealthcare Community Plan members. If you are going to do a test yourself, you need a doctor’s prescription. Take the prescription to a UnitedHealthcare Community Plan pharmacy to get your **FREE** pregnancy test.

If you are pregnant, you can:

- Call or visit your primary care doctor. He or she will care for you or help you find an OB/GYN; or
- Visit an OB/GYN or nurse-midwife on your own; or
- Visit a clinic that offers OB/GYN services
- Access dental services through UnitedHealthcare Community Plan during your pregnancy and postpartum period, starting July 1, 2018

Having a baby?

When you think you are pregnant, call your local Department of Human Services (DHS) office and Member Services at **1-800-903-5253**, TTY 711. This will help ensure you get all the services available to you.

Newborn enrollment

Call your caseworker as soon as you can if you have a baby. Your caseworker will add your baby to your case. This starts the process of signing your baby up for healthcare services

Your baby is covered by UnitedHealthcare Community Plan plan at the time of birth. Call us and tell us when you give birth. We will send you an ID card and info within 30 days of getting this info:

- The day you gave birth
- Your baby's name
- Your baby's Medicaid ID number that you get from your caseworker
- Call Member Services if you need help choosing a doctor for your baby
- Call your caseworker to change your records if your name changes

Getting regular prenatal care from the same provider all through your pregnancy is best. You should see your prenatal care provider **at least 10 times** during your pregnancy.

For the first 3 months	Visit your doctor every 4 weeks
4th – 6th month	Visit your doctor every 4 weeks
7th – 9th month	Visit your doctor every 2 weeks from the 32nd to the 36th week Visit your doctor every week from the 37th week until delivery
3 – 5 weeks after your baby is born	Visit your doctor to complete all of your care

UnitedHealthcare Community Plan providers

To find an OB/GYN, nurse-midwife or family planning center, go to our website at UHCCommunityPlan.com/mi. Or call Member Services at 1-800-903-5253, TTY 711. You really need to visit a prenatal care provider as soon as you think you are pregnant.

Women, Infants, and Children (WIC) – 1-800-262-4784

WIC offers healthy foods. WIC is for children up to age 5, pregnant women, and women who have just given birth and are breastfeeding. WIC will teach you about healthy eating for you, your baby and your other children.

Going to the doctor

Maternal Infant Health Program (MIHP) – 1-800-903-5253, TTY 711

Early prenatal care is important to you and your baby. Childbirth classes and other pregnancy education classes are covered too. The Maternal Infant Health Program (MIHP) can help you with health care, community services and other needs. If we know you are pregnant you are automatically referred to an MIHP. Your provider may also refer you or you can make an appointment with any MIHP you choose. Call **1-800-903-5253** for more information on receiving MIHP services.

They give you one-on-one education and support. MIHP services include:

- Nurses who teach you about:
 - Your pregnancy, labor and delivery
 - Your baby’s care and needs
- Dietitians who teach you:
 - To eat healthy while you are pregnant
 - What to feed your new baby
- Social workers who help you with housing, baby supplies, money matters and family concerns
- Childbirth education classes that teach you how to make labor and delivery easier
- Parent education classes that are fun, give you group support

Free rides – 1-877-892-3995

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide free rides for you to go to:

- The doctor’s office
- The X-ray center
- The pharmacy
- The lab for blood tests

It is best to call at least 4 days in advance.

Where’s my ride?

Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.

Stop Smoking Program – 1-800-784-8669

Smoking is a health hazard for everyone! If you are pregnant or think you may become pregnant and are ready to quit smoking, call the number listed above.

Mental Health Care – 1-800-903-5253

It is very important for expecting and new mothers to get rest, eat well and exercise. It is also important to talk about your feelings or thoughts. Babies need a healthy mother to take care of them. If you need a mental health care professional, call us or visit UHCCommunityPlan.com/mi to find a UnitedHealthcare Community Plan mental health provider to schedule your **free** outpatient mental health visits.

Get free gifts with Healthy First Steps

UnitedHealthcare Community Plan members can earn great rewards with our Healthy First Steps program. It is for pregnant moms and infants.

Your health is important. Staying healthy starts by going to the doctor. Your doctor can make sure your baby is growing well. After baby is born, their doctor can help you keep them safe and healthy.

Healthy First Steps is easy

1. Enroll. Sign up at uhhealthyfirststeps.com or call 1-800-599-5985. You will get appointment reminders by text or email.
2. Earn. Go to your appointments and record new ones.
3. Enjoy. Choose your rewards. Get gift cards, books or infant toys for going to the doctor.

Online answers, advice and fun with KidsHealth®

You and your family can now get answers to your health questions online through a partnership between UnitedHealthcare and KidsHealth. Visit the website at KidsHealth.org. Search by topic, read articles or watch videos. Parents can find answers they need. Teens can find straight talk and personal stories. Younger children can learn through health quizzes, games and videos.

Children’s Special Health Care Services (CSHCS)

If your child is chronically ill, they may qualify to become a Children’s Special Health Care Services (CSHCS) Member and get special services and transportation through our plan.

We offer high-quality health care services and care management with a coordinated care plan to those eligible for Michigan Medicaid – Children’s Special Health Care Services (CSHCS). Your child’s PCP works together with UnitedHealthcare Community Plan, you as the family support caregiver and other community agencies to make sure your child gets the best care.

CSHCS is a state of Michigan program that serves children, and some adults, with special health care needs. CSHCS covers more than 2,700 medical diagnoses.

Going to the doctor

Additional benefits for Medicaid health plan enrollees with Children’s Special Health Care Services

1. Help from your local health department with:

- Community resources — schools, community mental health, financial support, childcare, Early On, and the Women, Infants and Children (WIC) program
- Transitioning to adulthood
- Orthodontia
 - Only for specific CSHCS qualifying diagnosis, such as cleft palate/cleft lip
 - Medically necessary, related to condition
 - Not for cosmetic purposes
- Respite
 - CSHCS covers 180 hours of respite care annually when a beneficiary requires skilled nursing and a CSHCS nurse consultant determines appropriate

2. Help from the Family Center for Children and Youth with Special Health Care Needs:

- CSHCS Family Phone Line — a toll-free phone number (1-800-359-3722) available 8:00 a.m. – 5:00 p.m., Monday – Friday
- Parent-to-parent support network
- Parent/Professional training programs

3. Help from the Children’s Special Needs (CSN) Fund:

The CSN Fund helps CSHCS families get items not covered by Medicaid or CSHCS. To see if you qualify for help from the CSN Fund, call 517-241-7420.

Examples include:

- Wheelchair ramps
- Van lifts and tie downs
- Therapeutic tricycles
- Air conditioners
- Adaptive recreational equipment
- Electrical service upgrades for eligible equipment

Blood lead poisoning

Lead poisoning is dangerous to your child’s health. If you live in an older home (built before 1978), your child may have a higher chance of lead poisoning. Blood lead tests can be part of regular care by your child’s PCP. The test may only require a simple finger stick and one or two drops of blood.

Michigan law requires that doctors test Medicaid children for blood lead poisoning before age 1 and again before age 2 or between ages 3 and 6 years if not tested at age 1 and 2. Ask your child’s PCP for more information about lead poisoning and lead tests.

30 **Questions?** Visit [UHCommunityPlan.com/mi](https://www.uhc.com/communityplan/mi), or call Member Services at **1-800-903-5253**, TTY **711**.

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 visits are called Early and Periodic Screening, Diagnosis and Treatment or EPSDT. EPSDT visits occur for members under the age of 21. 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:

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

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevents two common liver infections
- **Rotavirus:** protects against a virus that causes severe diarrhea
- **Diphtheria:** prevents a dangerous throat infection
- **Tetanus:** prevents a dangerous nerve disease
- **Pertussis:** prevents whooping cough
- **HiB:** prevents childhood meningitis
- **Meningococcal:** prevents bacterial meningitis
- **Polio:** prevents a virus that causes paralysis
- **MMR:** prevents measles, mumps and rubella
- **Varicella:** prevents chickenpox
- **Influenza:** protects against the flu virus
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men

When your child is young, they should have shots at birth, 2, 4, 6, and 12 – 15 months for well-child care. Talk to your child's PCP to learn when older children need shots.

It is up to you to schedule and take your child to the visits to get these shots. Your child's PCP can help you set up regular visits to make sure they get all their shots when they need them.

Checkup schedule

It's important to schedule your well-child visits for these ages:

3 to 5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3 years
9 months	4 years
12 months	Once a year after age 5

Making an appointment with your PCP

Call your doctor's office directly. The number is on your member ID card. 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. This is how quickly you can expect to be seen:

How long it should take to see your PCP:	
Emergency	Same day or sent to an emergency facility
Urgent (but not an emergency)	Within 3 days
Routine	Within 30 days
Preventive, well-child and regular	Within 30 days

Preparing for your PCP appointment

Before the visit

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).
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:

- 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

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 office in the morning
- Go to the emergency room (ER)
- Get medicine from your pharmacy

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 doctor is called a specialist. You must see your PCP before you see most specialists. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart
- Pulmonologist — for problems with the lungs and breathing

Self-referral services

Most of the time you will work with your PCP first when you need medical care. But there are some kinds of care you can set up for yourself without being sent by your PCP. These are called “self-referral” services.

You do not need a referral from your PCP for:

- Emergency services
- OB/GYN
- Optometry (vision services)
- Behavioral
- Health/substance abuse professionals
- Chiropractors
- Pediatric services
- Pregnancy services

Going to the doctor

Out-of-plan specialty services

Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the provider.

If you see a specialist without being sent by your PCP and without our authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.

Getting a second opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or you can work with us to obtain a second opinion from an out-of-network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion.

Prior authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider's responsibility. If they do not get prior authorization, you will not be able to get those services.

You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant or for orthopedic services.

A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Most services provided in the home
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans
- Sleep studies

Continued care if your PCP leaves the network

Sometimes Primary Care Providers (PCP) leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes we 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 Community Plan.

If you need care when out of town or out of state

If you have a health emergency when you are out of town or out of state, we will cover the costs. Give the name and phone number of your PCP to the emergency room staff.

Emergency

If you have a medical emergency while you are not in Michigan, go to the nearest emergency room.

Non-emergency/urgent

If you need non-emergency care while traveling outside the service area or when you are not in the state of Michigan, call your PCP or our Member Services department first.

Routine medical care while you are outside the service area or when you are not in Michigan, unless you get it with a network provider, is not covered.

You must get authorization in advance from your PCP and UnitedHealthcare Community Plan for care with any non-network provider.

Transportation services or gas reimbursement

1-877-892-3995

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide transportation at no cost or gas reimbursement for you to go to:

- Doctor's visits
- Medical supply companies
- Dialysis clinics
- Health departments
- Any family planning clinic
- Hospitals for non-emergency care
- Network behavioral mental health providers or clinics
- Have lab, X-ray or other medical testing
- Network vision providers to have a vision exam or pick up glasses
- Urgent visits to your doctor's office or Urgent Care centers — if you need an urgent ride to your doctor's office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you

It is best to call 4 days in advance to arrange routine transportation or gas reimbursement.

Tell them about any special needs you have, like a wheelchair van, special lift or if you need help from your door to the car. If there is a bus service near you, you may be asked to use it unless there is a medical reason you cannot do so.

Members can request a ride online

UnitedHealthcare Community Plan has been working with LogistiCare to improve transportation services for members. Members can now reserve transportation online by visiting member.logisticare.com and requesting trips when it's convenient for them. Online trips are accepted 24/7, 365 days of the year. Members can also download the LogistiCare Trip Manager app to request trips and notify LogistiCare when they are ready for their ride home. The app is available on iTunes and the Google Play store.

Where's my ride?

Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.

Drive yourself?

You can get reimbursed for gas. Visit www.uhccommunityplan.com/mi. Click on See More Benefits and Features under Transportation to get more information and a form to complete.

Hospitals and emergencies

Emergency care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness
- Broken bones
- Heart attack
- Poisoning
- Severe cuts or burns

Don't wait

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

UnitedHealthcare Community Plan covers any emergency care at any hospital throughout the United States and its territories without prior authorization. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn't available or it's after clinic hours. Common health issues ideal for urgent care include:

- Sore throat
- Ear infection
- Minor cuts or burns
- Flu
- Low-grade fever
- Sprains

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Planning ahead

It's good to know what urgent care clinic is nearest to you. You can find an urgent care clinic in the Find-A-Doctor search tool at myuhc.com/CommunityPlan. Or you can call Member Services at 1-800-903-5253, TTY 711.

Hospitals and emergencies

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 us 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.

Emergency dental care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

Post-stabilization services

Post-stabilization services are covered and provided without prior authorization. These are services that are medically necessary after an emergency medical condition has been stabilized.

No medical coverage outside of the United States

If you are outside of the United States and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States.

Pharmacy

Prescription drugs

Your benefits include prescription drugs

Your plan covers a long list of prescription medicines, or drugs. Medicines that are covered are shown on the Preferred Drug List (PDL). Your doctor uses the PDL to make sure the medicines you need are covered by your plan. UnitedHealthcare Community Plan may cover other medicines with prior approval. If your drug does need prior approval, your care provider can request it for you. You can find the PDL for your plan on our website at myuhc.com/CommunityPlan. There, you can also search for a medicine by name.

What is the Preferred Drug List?

This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at myuhc.com/CommunityPlan.

Generic and brand-name drugs

UnitedHealthcare Community Plan requires all members to use generic drugs. Generic drugs have the same ingredients as brand-name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand-name drugs are covered or preferred. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

Prior approval of prescription drugs

If your prescription drug is not listed on the PDL, or is listed but requires prior approval, your care provider can request prior approval for you, so you can still get that drug. We will approve or deny the request within 24 hours. If a request is approved, you and your care provider will be informed of the decision in writing including the drug approval length of time. If a request is denied, you and your care provider will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and to file a complaint or grievance with UnitedHealthcare Community Plan.

Pharmacy

Changes to the Preferred Drug List

The list of covered drugs is reviewed by the Michigan Department of Community Health on a regular basis and may change when new generic drugs are available.

Some medicines are covered by the State and not UnitedHealthcare Community Plan. You may have a copay for those medicines. The pharmacist will tell you if the medicine you need is covered by the State. To see the list of medicines covered by the State, go to: <https://michigan.fhsc.com/Providers/DrugInfo.asp>. You will use your mihealth card to get the medicine.

Important pharmacy information

There is no copay when your Primary Care Provider (PCP) or UnitedHealthcare Community Plan Specialist writes you a covered prescription. **But you can get many over-the-counter (OTC) medicines free when you have a prescription.** You can get the medications listed on the following pages when they are medically necessary and you get a written prescription from your UnitedHealthcare Community Plan doctor and take it to a UnitedHealthcare Community Plan pharmacy.

To get your medicine:

- Take your prescription to a UnitedHealthcare Community Plan pharmacy. To find a pharmacy, call 1-800-903-5253 or go to myuhc.com/CommunityPlan.
- For your safety, we urge you to select a single pharmacy from which to get your drugs
- Get to know the pharmacist and build a relationship
- Ask your pharmacist if your prescription is available for a 90 day refill

If the UnitedHealthcare Community Plan pharmacy says they cannot fill your covered prescription:

Do **not** leave the pharmacy.

Do **not** pay for it yourself.

Ask the pharmacy why they cannot fill your prescription.

Response	Your solution
Not covered	<ul style="list-style-type: none"> • Ask them to call OptumRx right away to find out which medicine is covered • Ask them to call your doctor to see if you can get the covered medicine instead
Prior authorization needed	<ul style="list-style-type: none"> • Ask them to call your doctor for a prior authorization • You can call your doctor and ask that a prior authorization be sent to: UnitedHealthcare Pharmacy Prior Notification Service Fax 1-866-940-7328 Phone 1-800-310-6826
Refill too soon	<ul style="list-style-type: none"> • Ask what day it can be filled • Pick your prescription up the day it can be filled

You can get FDA (Food and Drug Administration)-approved generic (not brand-name) drugs or brand-name drugs (if generic drugs are not available).

UnitedHealthcare Community Plan uses a formulary. A formulary is a list of approved medicines. It helps your doctor when prescribing medicines for you. New drugs are introduced every year. UnitedHealthcare Community Plan will add drugs to its formulary as needed.

Most medicines you take (brand-name and generic drugs) are in our formulary.

UnitedHealthcare Community Plan requires generic drugs to be used when available. If a specific medicine is not listed on the formulary, your doctor or pharmacy may request a prior authorization from:

UnitedHealthcare Pharmacy Prior Notification Service
Fax 1-866-940-7328, Phone 1-800-310-6826

UnitedHealthcare Community Plan is responsible for most pharmacy services. Some medicines are not covered by Medicaid plans. Instead, the State of Michigan may pay your pharmacy directly for these medicines through its Fee-For-Service (FFS) program. These medicines would include drugs to treat behavioral health, Epilepsy, and antivirals for Hepatitis C and HIV. So, it is important to present your UnitedHealthcare Community Plan member ID card and MIHealth care when filling a prescription.

Questions? Visit UHCCommunityPlan.com/mi, 41
 or call Member Services at **1-800-903-5253**, TTY **711**.

Pharmacy

Over-the-Counter (OTC) medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. A network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

- Pain relievers
- Cough medicine
- First-aid cream
- Cold medicine
- Contraceptives

For a complete list of covered OTC medicines, go to myuhc.com/CommunityPlan. Or call Member Services at 1-800-903-5253, TTY 711.

Injectable medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home. In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at 1-800-903-5253, TTY 711. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan
PO Box 30991
Salt Lake City, UT 84130-0991

42 **Questions?** Visit UHCommunityPlan.com/mi, or call Member Services at 1-800-903-5253, TTY 711.

Benefits

Benefits covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services when you set them up with your PCP. (Remember to always show your current member ID card when getting services.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. Hospitals and doctors cannot bill members for covered services. Sometimes you will get a bill that should have been sent to us. If you get a bill you believe we should pay, call Member Services at 1-800-903-5253, TTY 711.

You may have to pay medical bills if you receive treatment from providers who are not part of UnitedHealthcare Community Plan's network.

Benefit	Coverage
Bariatric surgery*	Covered
Dental Services for pregnant members, during and after pregnancy	Covered
Durable Medical Equipment (DME) items like walkers, wheelchairs and customized equipment*	Covered
Emergency transportation and hospital billed ambulance services to and from the nursing facility or enrollees' homes	Covered
End Stage Renal Disease services*	Covered
Hearing and speech services	Covered
Home Health services*	Covered
Hospice care	Covered
Hospitalization in a semi-private room (when medically necessary)*	Covered

Benefits

Benefit	Coverage
Intermittent or short-term restorative or rehabilitative services in a nursing facility up to 45 days	Covered
Lab tests and X-rays	Covered
Medical supplies*	Covered
Office visits — including physical exams and preventive health screening	Covered
Outpatient surgery*	Covered
Physical, speech, language and occupational therapy	Covered
Podiatry services	Covered
Prescription drugs	Covered
Prosthetics and orthotics*	Covered
Restorative or rehabilitative services not in a nursing facility	Covered
Services by a chiropractor	Covered
Services by a hearing aid dealer	Covered
Surgery, anesthesia and related services*	Covered
Telehealth/Telemedicine	Covered
Transplants*	Covered
Visits to specialists (when your PCP sends you)	Covered
Weight reduction care*	Covered
Well-baby and well-child visits — including immunizations or shots	Covered
* Your provider may need to work with UnitedHealthcare Community Plan to obtain approval in advance to receiving the item and/or service.	

You are covered for these “Self-Referral” services without being sent by your PCP.

Benefit	Coverage
Certified nurse-midwife services	Covered
Certified pediatric and family nurse practitioner services	Covered
Eye exams, certain frames and lenses (every 24 months)	Covered
Family planning services at any family planning clinic	Covered
Immunizations or treatment of a communicable disease at any Health Department	Covered
Maternal Infant Health Program (MIHP) services at any Health Department, or MIHP Provider	Covered
Obstetrical care with any UnitedHealthcare Community Plan OB/GYN (prenatal and postnatal care) or certified nurse midwife	Covered
Pediatrician visits by children under the age of 18 to any UnitedHealthcare Community Plan pediatrician	Covered
Replacement frames and lenses (every 12 months – children may have two replacement pairs if lost or broken)	Covered
Services at any Adolescent Health Center	Covered
Outpatient mental health services	Covered
Transportation services	Covered
Well-woman care from any UnitedHealthcare Community Plan OB/GYN	Covered

These services are not covered through UnitedHealthcare Community Plan because Michigan Medicaid does not cover them:

- Elective abortions (as defined by Medicaid)
- Experimental procedures, treatment plans or medications
- Elective or cosmetic surgery, unless medically necessary
- Services for treatment of infertility

Services that may be covered by Michigan Medicaid

These services may be covered through Michigan Medicaid:

- Dental Services. Pregnant members are now covered by UnitedHealthcare Community Plan
- Services available through the intermediate school district
- Inpatient hospital psychiatric services
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) after 45 days
- Custodial care in a nursing facility
- Outpatient partial hospitalization psychiatric services
- Long-term outpatient mental health services
- Substance-abuse services including:
 - Screening and assessment
 - Detoxification
 - Intense outpatient counseling and other outpatient services
 - Methadone treatment
- Services including therapies provided to persons with developmental disabilities which are billed through Community Mental Health Service Program (CMHSP) providers or Intermediate School Districts
- Home and community-based waiver program services
- Personal care or home help services
- Traumatic Brain Injury Program services

- Transportation for services not covered by UnitedHealthcare Community Plan.
 - If you live in Wayne, Oakland or Macomb County and need a ride for dental, substance abuse and some mental health services, call 1-866-569-1902, 8:00 a.m. – 5:00 p.m., Monday – Friday
 - If you live in any other county, call your local DHS office to get a ride for dental, substance abuse and some mental health services

Important information about MIChild premiums

The MIChild premium payment is \$10 per family, per month. MIChild will send you a letter if you have to pay a premium. If you have questions regarding the premium, please call MIChild at 1-888-988-6300 or TTY 1-888-263-5897. If you have any questions, please call Member Services at 1-800-903-5253, TTY 711.

Outreach services

The outreach services listed below are not covered by UnitedHealthcare Community Plan. They may be available to you through the State of Michigan or another agency. For more information about the services below, call the phone number listed or the UnitedHealthcare Community Plan Member Services department.

These services are covered by the State of Michigan Medicaid program. Talk with your doctor or Department of Human Services, DHS caseworker for more details:

- Dental care
- Home and Community-Based waiver program services
- Personal care or home help service
- Custodial care in the home or nursing facility

Chore services (1-800-642-3195 or your DHS office)

If you need a Chore Services Worker, contact your local DHS office or visit www.michigan.gov/dhs. A Chore Services Worker can help to prepare meals or do household chores for people who are ill and unable to do these tasks.

Developmental disabilities

There are a lot of services available to you. Some services for persons with developmental disabilities are available through UnitedHealthcare Community Plan. Other services are available through your local school or Community Mental Health department.

Benefits

Domestic violence – 1-800-799-7233

If you are in an abusive relationship, get help. You can get help 24 hours a day, 7 days a week. Even if you want to speak in another language, someone is there to help you. You can get information about domestic violence and referrals to shelters.

Long-term behavioral health

If you have a serious problem that needs long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to set up your care. Sometimes UnitedHealthcare Community Plan may refer you directly to the Community Mental Health provider in your area.

Long-term nursing home care and alternatives

If you need long-term nursing home care longer than 45 days, it may be covered by Michigan Medicaid.

The Waiver Program offers an alternative to nursing home care. This service is for people who need nursing home care but do not want to leave their home. For more information and to see if you qualify, call the local Area Agency on Aging at 1-800-852-7795 or visit www.aaa1b.com. Or you can call the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230.

Substance abuse and gambling addictions

For help call:

- Prescription medication (medical detoxification):
517-373-4700 or www.michigan.gov/bhrecovery
- Street drugs or alcohol addictions:
www.michigan.gov/bhrecovery
- Gambling:
1-855-2CALLGA (1-855-222-5542) or www.gamblersanonymous.org

Sometimes it's hard to tell if you or someone you care about has an addiction. Addiction to drugs, alcohol, prescription medications or gambling can cause trouble: at work, at home and with your health. Some symptoms of addiction include:

- Violence or fighting with family and friends
- Using drugs, alcohol or gambling to deal with day-to-day problems
- Lying about alcohol, drugs and gambling use
- Using more and more alcohol, drugs or gambling
- Feeling guilty
- Don't feel healthy

48 **Questions?** Visit UHCCommunityPlan.com/mi, or call Member Services at **1-800-903-5253**, TTY **711**.

WIC (Women, Infants and Children) – 1-800-26-BIRTH or 1-800-262-4784

WIC is a program offered by the Michigan Department of Community Health. WIC offers healthy foods and nutritional education for children up to age 5, pregnant women, and women who have just given birth and are breastfeeding.

Vision Services – 1-800-903-5253

You do not need to be sent by your PCP for routine eye services.

Eye exams, frames and prescription lenses are covered when you see a participating provider.

UnitedHealthcare Community Plan covers routine vision services that include:

- Routine eye exams; certain frames and lenses are covered every 24 months
- Replacement frames and lenses are covered once every 12 months for adults and twice every 12 months for children
- Frame repairs are covered (aligning temples, insertion of screws or adjusting frames)
- If you select a frame not covered by UnitedHealthcare Community Plan, you are liable for the difference in cost
- Some special features on frames or lenses may not be covered

Non-routine eye exams for the treatment of a medical eye condition are covered.

If you are diabetic, it is important to have a dilated eye exam every year to screen for conditions that could cause blindness. UnitedHealthcare Community Plan covers an eye exam every year for our members with diabetes.

Mental Health – Optum Behavioral Health Services (OBHS) – 1-800-903-5253

You do not need to be sent by your PCP to see a UnitedHealthcare Community Plan behavioral health provider.

If you are having a personal or family problem, you can get help at no cost to you. Just call the phone number above. If you are suffering from a problem, get care right away.

People who have chronic illnesses often have depression. Sometimes after women have babies, they suffer from depression. Optum Behavioral Health Services (OBHS) can help you if you feel depressed.

If you need long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to get you the care you need. UnitedHealthcare Community Plan does not cover long-term behavioral health care.

UnitedHealthcare Community Plan contracts with OBHS so you can get your behavioral health services.

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Child and Adolescent Health Centers (CAHCs), Tribal Health Centers (THCs)

You can go to any FQHC, RHC, CAHC or THC without being sent by your PCP even if it is not a UnitedHealthcare Community Plan provider. You can get your behavioral health services here, too. You do not need prior authorization for these services.

Home Health Services

Home Health Services are for members who need follow-up medical care after being discharged from the hospital or who have a serious ongoing medical condition. Visiting nurses perform the medical services in the home. Your PCP or specialist can get this kind of care set up for you.

New technology

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs.

New medical ideas

We regularly review new technology. We cover new medical treatments and medicines after we review information about their safety and effectiveness. UnitedHealthcare Community Plan doctors and pharmacists review requests for new medical treatment and medicines. We review scientific evidence from medical literature to help decide whether we should approve the use of the equipment, procedure or medicine.

Disease and care management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available at no cost to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at **1-800-903-5253**.

Benefits

Wellness programs

UnitedHealthcare Community Plan has programs and tools to help keep you and your family healthy, including:

- Classes to help you quit smoking
- Pregnancy care and parenting classes

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Member Services at **1-800-903-5253**, TTY 711.

Community based support

UnitedHealthcare Community Plan will advocate and assist you with overcoming barriers to health care services. This includes connecting you with community resources. These services can be accessed by calling Member Services at **1-800-903-5253**, TTY 711.

Stop smoking programs – 1-800-784-8669

UnitedHealthcare Community Plan has a Smoking Cessation Program for you. This program is for everyone, including women who may be pregnant. If you are ready to quit, call for help.

UnitedHealthcare Community Plan covers smoking cessation medication (pills, patches, inhalers, nasal spray and gum). A personal Health Coach is also available to help you stop smoking. To learn more, and to get your toolkit, call today. You, your personal Health Coach and your PCP can all work together to help you quit smoking.

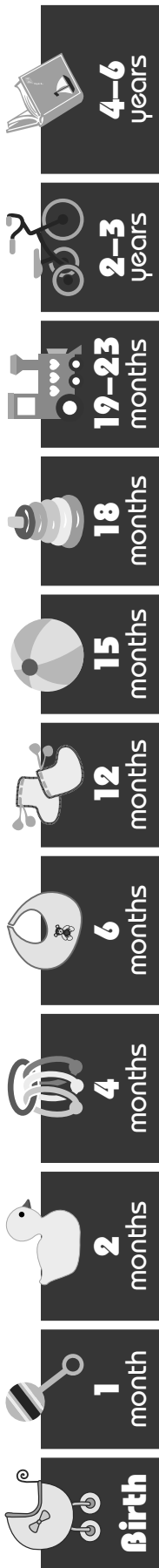
Recommended health screenings

We use preventive care guidelines from the U.S. Preventive Services Task Force. Coverage and reimbursement may vary depending on state or federal law. It may vary depending on your coverage plan. Call Member Services at the number shown on your ID card if you have any questions.

Clinical Laboratory Improvement Amendments (CLIA)

The Clinical Laboratory Improvement Amendments (CLIA) of 1988 are United States federal regulatory standards that apply to all clinical laboratory testing performed on humans in the United States, except clinical trials and basic research. CLIA defines a clinical laboratory as any facility which performs laboratory testing on specimens derived from humans for the purpose of providing information for diagnosis, prevention, or treatment of disease or impairment, and for health assessments. The laboratory's certification level is assigned by the Centers for Medicare and Medicaid Services (CMS) based on their level of expertise. For example, a laboratory that is certified to perform a white blood count might not be certified to conduct DNA testing. UnitedHealthcare wants to ensure that the laboratory your doctor is utilizing for your tests is certified to perform those tests. If a claim is rejected or denied as a result of UnitedHealthcare CLIA claims processing edits, the member will not be held responsible for the laboratory claim(s) billing.

2020 Recommended Immunizations for Children from Birth Through 6 Years Old



Age	RV	HepB	DTaP	Hib	PCV13	IPV
Birth		HepB				
1 month				Hib		
2 months	RV		DTaP	Hib	PCV13	IPV
4 months	RV		DTaP	Hib	PCV13	IPV
6 months		HepB				
12 months				Hib	PCV13	IPV
15 months				Hib	PCV13	IPV
18 months				Hib	PCV13	IPV
19-23 months				Hib	PCV13	IPV
2-3 years				Hib	PCV13	IPV
4-6 years				Hib	PCV13	IPV

Is your family growing? To protect your new baby against whooping cough, get a Tdap vaccine. The recommended time is the 27th through 36th week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

NOTE: If your child misses a shot, you don't need to start over. Just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children age 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- [§] Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 months after the first dose. All children and adolescents over 24 months of age who have not been vaccinated should also receive 2 doses of HepA vaccine.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he or she may need.

See back page for more information on vaccine-preventable diseases and the vaccines that prevent them.

For more information, call toll-free
1-800-CDC-INFO (1-800-232-4636)
 or visit
www.cdc.gov/vaccines/parents



U.S. Department of Health and Human Services
 Centers for Disease Control and Prevention

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

*DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.

Talk to your child’s doctor or nurse about the vaccines recommended for their age.

	Flu Influenza	Tdap Tetanus, diphtheria, pertussis	HPV Human papillomavirus	Meningococcal		Pneumococcal	Hepatitis B	Hepatitis A	Polio	MMR Measles, mumps, rubella	Chickenpox Varicella
				MenACWY	MenB						
7-8 Years	Black	Black	Light Gray	Black		Black	Black	Black	Black	Black	Black
9-10 Years	Black	Black	Light Gray	Black		Black	Black	Black	Black	Black	Black
11-12 Years	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
13-15 Years	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black
16-18 Years	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black	Black

More information: Everyone 6 months and older should get a flu vaccine every year.
 All 11- through 12- year olds should get one shot of Tdap.
 All 11- through 12- year olds should get a 2-shot series of HPV vaccine. A 3-shot series is needed for those with weakened immune systems and those who start the series at 15 years or older.
 All 11- through 12- year olds should get one shot of meningococcal conjugate (MenACWY). A booster shot is recommended at age 16.
 Teens 16–18 years old **may** be vaccinated with a serogroup B meningococcal (MenB) vaccine.



These shaded boxes indicate when the vaccine is recommended for all children unless your doctor tells you that your child cannot safely receive the vaccine.



These shaded boxes indicate the vaccine is recommended for children with certain health or lifestyle conditions that put them at an increased risk for serious diseases. See vaccine-specific recommendations at www.cdc.gov/vaccines/hcp/acip-recs/.

These shaded boxes indicate the vaccine should be given if a child is catching up on missed vaccines.

This shaded box indicates children not at increased risk may get the vaccine if they wish after speaking to a provider.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	Tdap* and Td** vaccines protect against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Human Papillomavirus	HPV vaccine protects against human papillomavirus.	Direct skin contact	May be no symptoms, genital warts	Cervical, vaginal, vulvar, penile, anal, oropharyngeal cancers
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR*** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pink eye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Meningococcal Disease	MenACWY and MenB vaccines protect against meningococcal disease.	Air, direct contact	Sudden onset of fever, headache, and stiff neck, dark purple rash	Loss of limb, deafness, nervous system disorders, developmental disabilities, seizure disorder, stroke, death
Mumps	MMR*** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	Tdap* vaccine protects against pertussis.	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Pneumococcal Disease	Pneumococcal vaccine protects against pneumococcal disease.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Polio	Polio vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Rubella	MMR*** vaccine protects against rubella.	Air, direct contact	Sometimes rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	Tdap* and Td** vaccines protect against tetanus.	Exposure through cuts on skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

*Tdap combines protection against diphtheria, tetanus, and pertussis.

**Td combines protection against diphtheria and tetanus.

***MMR combines protection against measles, mumps, and rubella.

If you have any questions about your child's vaccines, talk to your child's doctor or nurse.

Other plan details

Finding a network provider

We make finding a network provider easy. You have the freedom to choose any network provider. To find a network provider or a pharmacy close to you:

Visit myuhc.com/CommunityPlan for the most up-to-date information. Click on “Find a Provider.”

Call Member Services at 1-800-903-5253, 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 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 Provider” to use our online searchable directory.

If you would like a printed copy of our directory, please call Member Services at 1-800-903-5253, TTY 711, and we will mail one to you.

Your eligibility

- You must be eligible for Medicaid to be enrolled with UnitedHealthcare Community Plan
- If you enrolled with UnitedHealthcare Community Plan within the past 90 days, you can change to a new health plan when you call Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630
- If you have been enrolled with UnitedHealthcare Community Plan for more than 90 days, the State will not let you change to a new health plan for a year. When you can make a change, the State will send you information in the mail.

- UnitedHealthcare Community Plan cannot enroll, disenroll or change your health plan. You must contact Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630 to make a change.
- If you have an HMO as your primary insurance, you will not be able to enroll with UnitedHealthcare Community Plan
- Your UnitedHealthcare Community Plan benefits cannot be cancelled if you become sick

Ways to participate in UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a Board of Directors. This Board looks at the way we do business and makes suggestions. Some people who serve on the board are members just like you. If you would like to become a board member, give us a call. Members vote on a new board member when a seat opens up or when a term is up. If you can't be on the board but have some ideas, we would still like to hear from you. Call us so we can get your suggestions.

Utilization Review policy and procedures

UnitedHealthcare Community Plan has policies and steps we follow in decision making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We make sure that quality care is delivered. The criteria used in our decision-making are available to you and your doctor if you ask for it.

Our employees or providers are not rewarded in any way for not giving you the care or services you need or for saying that you should not get them.

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 a Utilization Review. We do not reward anyone for saying no to needed care. If you have questions about Utilization Management, you can talk to our staff. Our staff is available 8:30 a.m. – 5:30 p.m., Monday – Friday at 1-800-903-5253, TTY 711. Language assistance is available.

How UnitedHealthcare Community Plan pays our providers

UnitedHealthcare Community Plan pays our PCPs one of two ways. We pay them an agreed-upon fee every month to give our members all the primary care they need no matter how much it costs. This is called capitation. We also pay some of our PCPs and specialists every time they see one of our members. This is known as fee-for-service. We pay our hospitals and all other types of providers in our network the same way. They get paid each time they care for one of our members. We never hold back any payment to any of our providers for giving too much service. If you have any questions about these arrangements, call us.

Updating your information

You should tell DHS if you have any changes, including the following:

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

Please call MIEnrolls at **1-888-367-6557** or **1-800-975-7630**, TTY **711**, if any of this information changes. UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information.

Other insurance

If you have any other insurance, call Member Services 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 UnitedHealthcare Community Plan and your other insurance)

Benefits monitoring program

This program helps ensure you're using the correct benefits and services to manage your care. If the services you use aren't needed for your health condition, we'll enroll you in this program. We'll teach you the proper use of medical services and help you get services from appropriate providers. Examples of things that could get you enrolled in this program include:

- Going to the emergency room when it's not an emergency
- Seeing too many different doctors instead of your primary care doctor
- Getting more medicines than may be safe
- Or, activity that may indicate fraud

Using the right health services in the right amount helps us make sure you're getting the very best care.

Community Health Workers (CHW)

Community Health Workers (CHWs) are health workers within the community that assist members with navigating health care. CHWs bridge the gap between health care and social services for people within the community. CHW services include:

- Visits to member homes, including follow-up after hospitalization and emergency room
- Advocating for members with providers
- Arranging for social support services (i.e. locating food and housing assistance)
- Help boost member morale, sense of self-worth and encourage self-management skills
- Advocating and assisting with members to connect with healthcare services and community resources and reminders of the importance of scheduled visits

UnitedHealthcare Community Plan has CHWs that may reach out and work with you.

Fraud and abuse

Abuse includes actions that may result in: unnecessary cost to the health care system, improper payment, or payment for services that are medically unnecessary. An example of abuse are going to more than one doctor to get a prescription.

Fraud is the intentional misrepresentation or concealing of facts to obtain something of value. An example of fraud would be using someone else's UnitedHealthcare ID card to obtain medical care or changing a prescription written by a doctor.

Waste is the over utilization of services or other practices that, directly or indirectly that result in unnecessary costs to the health care system. This is typically not a violation of the law but it uses health care system money inappropriately. An example of waste is a provider orders lab tests for every member regardless if the test is medically indicated.

Help prevent fraud, waste and abuse. As a Medicaid HMO in Michigan, UnitedHealthcare Community Plan needs to make sure that funds are used in an ethical way. UnitedHealthcare Community Plan has steps in place to prevent, identify and deal with fraud, waste and abuse within our membership, our provider network and our internal business. We fully look into each incident. If we find that fraud, waste or abuse took place, our policies state that action will be taken.

Additional examples of fraud, waste and abuse may be when:

A member:

- Shares their UnitedHealthcare Community Plan ID card
- Shares their Medicaid ID card
- Overstates an illness or condition
- Alters a prescription or gets medication to resell it
- Alters a referral or medical record
- Uses transportation services for something other than getting medical care

A provider:

- Bills for services never provided
- Bills for the same services twice or uses improper coding
- Overstates a member's illness or condition
- Receives payment for making patient referrals
- Gives false information about credentials such as a college degree

You can report when you suspect there has been fraud, waste or abuse

You may remain anonymous. You will need to identify what you observed, when you observed it, who was present and any further information that may be of assistance. UnitedHealthcare Community Plan employees must report when they suspect a policy or the law has been broken. We have a “no retaliation” policy. We look into suspected fraud, waste and abuse when we are told about it. We report it to the right authorities as required by law.

If you suspect fraud, waste or abuse with a member or provider, you may report it to the following:

- Compliance Officer
UnitedHealthcare Community Plan
3000 Town Center, Suite 1400
Southfield, MI 48075
Or call toll-free: 1-800-903-5253
- Office of Inspector General
P.O. Box 30062
Lansing, MI 48909
Online at www.michigan.gov/fraud,
or toll-free 1-855-MI-FRAUD (643-7283)

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 1-800-903-5253, TTY 711
- Write to us at:

UnitedHealthcare Community Plan
Member Advocate
3000 Town Center, Suite 1400
Southfield, MI 48075

Advance Directives

The patient's right to decide

You have a right to file an “Advance Directive.” This document says, in advance, what kind of treatment you want or do not want if you have a serious medical condition that prevents you from telling your provider how you want to be treated. For example, if you were taken to a health care facility in a coma, an Advance Directive would let the facility’s staff know how you want your health care to be handled.

UnitedHealthcare Community Plan policy supports your rights to an Advance Directive according to Michigan Law. If you have concerns, questions or if you want to learn more about Advance Directives, call the State of Michigan or UnitedHealthcare Community Plan Member Services.

If you have a complaint concerning an Advance Directive:

For complaints about how your provider follows your wishes, write or call:

Bureau of Health Professions (BHP)

Complaint and Allegation Division

P.O. Box 30670

Lansing, MI 48909-8170

517-373-9196 or bhphelp@michigan.gov

www.michigan.gov/healthlicense (click on “filing a complaint”)

For complaints about how your health plan follows your wishes, write or contact:

Department of Insurance and Financial Services (DIFS)

Toll-free at 1-877-999-6442

or www.michigan.gov/difs

Living Will

A Living Will usually states the type of care you want or do not want. For example, if you have a terminal disease and you need an operation, a Living Will can tell the doctor not to go to any extremes to keep you alive. Examples of extreme care are machines that help you breathe or tubes that feed you. The Living Will, or advance directive for health care, begins when:

- Your doctor has a copy of it; and
- Your doctor states that you are incompetent and you are in a terminal condition or in a state of permanent unconsciousness

Michigan's Living Will law states that you may revoke a Living Will at any time, and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. Someone who saw or heard you revoke your statement may also tell your doctor or other health care provider.

Durable Power of Attorney for health care

This is a written statement naming a person you trust — a husband, wife, parent, adult child, sibling or friend — to make medical decisions if you are not physically or mentally able to.

You may also be able to combine both a Living Will and Durable Power of Attorney for Health Care into one statement. This statement would name someone to make health decisions for you AND say what type of care you should or should not receive.

Patient safety

Help improve your safety and take responsibility when it comes to your medical care:

- Tell your doctor all your health history
- Be part of every decision about your health care — talk with your doctor, ask questions
- Don't wait to hear — call your doctor, ask for test results
- Tell your doctor about any changes in your health
- Take your doctor's advice and follow instructions you both agreed to
- If you don't understand — ask again

Be an active part of your health care. Know how you can make a difference.

Member rights and responsibilities

Your rights

- To be treated with respect, consideration, and recognition of your dignity and right to privacy no matter what your race, religion, color, age, sex, health condition, familial status, height, weight, disability or veteran's status.
- To receive information about all health services including a clear explanation of how to obtain services.
- To choose a personal doctor from our list of UnitedHealthcare Community Plan Primary Care Providers (PCPs).
- To file a grievance, to request a fair hearing, or have an external review, under the Patient's Right to Independent Review Act.
- To voice grievances or appeals about UnitedHealthcare Community Plan or the care it provides.
- To make recommendations regarding UnitedHealthcare Community Plan member rights and responsibilities policies.
- To expect that your medical records and communications will be treated in a confidential manner as required by law.
- To expect UnitedHealthcare Community Plan staff and providers to comply with all enrollee rights requirements.
- To receive full information from your PCP or health care provider as to the nature and consequence of any treatment, test, or procedure that may be involved in your health care.
- To participate in decisions involving your health care and make decisions to accept or refuse medical treatment or surgical treatment from your health care provider.
- To candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
- To ask for and receive information about UnitedHealthcare Community Plan, its services, its structure, its operations, its providers and practitioners of who provide health care services.
- To ask if UnitedHealthcare Community plan has incentive arrangements including those that cover referral services that place the physician at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided. To get information call UnitedHealthcare Community Plan and ask for information about our physician payment arrangements.
- To see any UnitedHealthcare Community Plan OB/GYN for well-woman exams or obstetrical care without a referral from your PCP.

- To see any UnitedHealthcare Community Plan Pediatrician if you are under the age of 18 without a referral from your PCP.
- To get a copy of these rights and responsibilities or have them explained to you if you have any questions.

Your responsibilities

- To be an informed member. Read your handbook and call UnitedHealthcare Community Plan if you have any questions.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- To call UnitedHealthcare Community Plan for approval of all hospitalizations, except for emergencies or for urgently needed services.
- To inform UnitedHealthcare Community Plan of any other health insurance coverage, so that your medical bills may be considered appropriately.
- To tell your PCP your complete health history. To tell the truth about any changes in your health. To supply information (to the extent possible) that UnitedHealthcare Community Plan and its providers need in order to provide care.
- To listen to and follow your PCP's advice for care you have agreed on. To help them plan what treatment will work best for you.
- To know the name(s) of your medication(s), to know what they are for, and how to use them.
- To report any emergency treatment within 48 hours to your PCP. Report an emergency stay at a hospital soon after.
- To always carry your UnitedHealthcare Community Plan ID card.
- To respect the rights of other patients, doctors, office staff and staff at UnitedHealthcare Community Plan.
- To tell UnitedHealthcare Community Plan if you move or change phone numbers. Tell us about changes that affect your health, like childbirth. Call Member Services at **1-800-903-5253**, TTY **711**, and keep us informed.

Appeals and grievances

Grievance

We're here to help. We hope being a UnitedHealthcare Community Plan member will be trouble-free and easy for you, but we realize sometimes you may want to tell us about a problem or concern.

Examples of a grievance are:

- You are unhappy with the care or service your doctor is giving you
- You are unhappy about service you receive from UnitedHealthcare Community Plan staff
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You are receiving a bill for a service that should be covered by UnitedHealthcare Community Plan

To tell us about a grievance, call or write us. Call Member Services at **1-800-903-5253**, TTY 711, 24 hours a day, 7 days a week. You can send written grievances to:

UnitedHealthcare Community Plan
Attn: Grievance and Appeals Department
P.O. Box 30991
Salt Lake City, UT 84130-0991

Formal Appeal

It is possible that you might have a more serious concern that requires medical review. This type of concern is called a **Formal Appeal**. Examples of Formal Appeals are:

- The denial or limited authorization of a previously authorized service
- The reduction, suspension or termination of a previously authorized service
- The failure to provide services in a timely manner
- The failure of UnitedHealthcare Community Plan to act within the established time frames for grievance and appeal disposition
- Benefits or claims payment, handling or reimbursement for health care services
- The denial, in whole or in part, of payment for a properly authorized and covered service

If UnitedHealthcare Community Plan denies, reduces or terminates a medical service, an adverse determination letter is generated that is sent to the member and the provider requesting the service. The adverse determination letter includes the following information:

- The specific reason(s) for the denial
- A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial is based
- Notification that you or the practitioner can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial is based
- Explanation of the appeal process, including the right to member representation, the right to submit written comments, documents or other information relevant to the appeal and time frames for deciding appeals. The practitioner also receives notice of appeal rights.

Your rights – Complaint (grievance) and appeal

We hope being a UnitedHealthcare Community Plan member will be trouble-free and easy for you, but we realize sometimes you may want to tell us about a problem or concern.

Examples of grievances:

- You are unhappy with the care or service your doctor is giving you
- You are unhappy about service you receive from UnitedHealthcare Community Plan staff
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You are receiving a bill for a service that should be covered by UnitedHealthcare Community Plan

To tell us about a grievance, call or write our Customer Service department. You will get a response from the health plan within 90 days.

It is possible that you might have a more serious concern that requires medical review. This type of concern is called a “Formal Appeal.”

Examples of Formal Appeals:

- The denial or limited authorization of a service that requires prior authorization
- The reduction, suspension or termination of a previously authorized service
- The failure to provide services in a timely manner
- The failure of UnitedHealthcare Community Plan to act within the established time frames for grievance and appeal disposition
- Benefits or claims payment, handling or reimbursement of health care services
- The denial, in whole or in part, of payment for a properly authorized and covered service

Other plan details

Formal Appeals

If UnitedHealthcare Community Plan denies, reduces or terminates a medical service, a denial letter is generated that is sent to the member and the provider requesting the service. The adverse determination letter includes the following information:

- The specific reason(s) for the denial
- A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial is based
- Notification that you or the practitioner can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial is based along with access to records and other information related to the adverse determination at no cost to you
- Explanation of the appeal process, including the right to member representation, the right to submit written comments, documents or other information relevant to the appeal, and time frames for deciding appeals. Your provider also receives notice of appeal rights
- Your rights to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the enrollee may be required to pay the costs of these services
- If the denial is an urgent pre-service or urgent concurrent denial, a description of an expedited appeal process
- That a plan physician advisor, appropriate to the type of review conducted (e.g., physician or chiropractor), is available to discuss the denial determination with your provider

Receipt of services

If you file any type of Formal Appeal dispute for a decision to discontinue, reduce or change a service/items and you have been receiving the disputed service/items, you must continue to receive the disputed service/item at the previously authorized level until the Formal Appeal is resolved. The Formal Appeal must be hand-delivered or postmarked within 10 days from the date on the written notice of decision.

You can file a Formal Standard or Expedited Appeal by calling or writing

- You or your representative may submit a written Formal Appeal to UnitedHealthcare Community Plan at the following address up to 60 days after the date on the notice of the denial letter:

**UnitedHealthcare Community Plan
Grievance and Appeals Department
P.O. Box 30991
Salt Lake City, Utah 84130-0991
1-800-903-5253**

- If you need help writing a Formal Appeal, our UnitedHealthcare Community Plan Appeal Coordinator will help you
- The appeal coordinator will send you an Appeal Acknowledgment Letter
- If someone else asks for a Formal Appeal on your behalf, we will need your written approval to conduct the Formal Appeal

You must give us the following information:

- Your name
- The number on your UnitedHealthcare Community Plan card
- The kind of care you want
- The reason you want to appeal
- Your mailing address
- The name of the person we should call if we have questions about your appeal
- A daytime phone number

If you have not gotten the service yet

- We will review your Formal Appeal
- You will get an answer in writing within 30 calendar days
- If more time is needed and it will benefit the member, UnitedHealthcare Community Plan may ask you for 14 more calendar days
 - We can only ask you for more days one time

If you already got the service

- We will review your Formal Appeal
- You will get an answer in writing within 30 calendar days
- If more time is needed and it will benefit the member, UnitedHealthcare Community Plan may ask you for 14 more calendar days
 - We can only ask you for more days one time

Questions? Visit UHCCommunityPlan.com/mi, 71
or call Member Services at **1-800-903-5253**, TTY **711**.

Other plan details

In some cases, a UnitedHealthcare Community Plan Member Appeal Committee hearing will be held.

- You or your representative has the right to appear before the Appeal Committee to present the appeal
- The Appeal Committee completes its review of the appeal as fast as possible, but no more than 30 days from receipt of the appeal request
- If UnitedHealthcare Community Plan sees a need for additional information and it is in your best interest, the time frame to resolve the appeal is extended up to 14 calendar days. Upon initiating such an extension, UnitedHealthcare Community Plan notifies you in writing explaining the reason for the delay
- The Committee resolves the appeal and makes a final written determination

UnitedHealthcare Community Plan assistance

UnitedHealthcare Community Plan provides the following assistance:

- UnitedHealthcare Community Plan will provide assistive service for Members with disabilities in presenting their case at the review at no cost to the Member
- Qualified sign language interpreters, TTY/TDD for telephone inquiries or other commonly accepted alternative forms of communication
- Information to support UnitedHealthcare Community Plan's stance in a format that the Member can understand to discuss and/or refute
- Assistance in copying and presenting documents and other evidence for review by UnitedHealthcare Community Plan
- UnitedHealthcare Community Plan appropriate plan staff to represent you
- Provide you language interpreter service when requested by you at no cost to you
- Provide reasonable opportunity for you to present evidence and allegations of fact or law in person as well as in writing with accommodations provided by UnitedHealthcare Community Plan whether by telephone or in writing

External Appeal

You may request an external review once you have completed the internal Formal Appeal process. Instructions for submitting an external appeal:

1. Complete the internal UnitedHealthcare Community Plan internal formal appeal process first.
2. Submit a request for review within 127 days of receipt of the final adverse determination, pursuing external review under the Patient's Right to Independent Review Act (PRIRA).
3. UnitedHealthcare Community Plan will give you written notice of an adverse determination and includes the Health Care Request for External Review form (FIS 0018) at each level of the appeal procedure for Standard and Expedited Appeals. All requests for an external review, expedited or otherwise, are submitted to:

Send your request for External Review to:

DIFS – Office of General Counsel – Appeals Section

(by mail)

P.O. Box 30220

Lansing, MI 48909-7720

(by courier/delivery)

530 W Allegan Street, 7th Floor

Lansing, MI 48933

Fax: 517-284-8838, Phone: 1-877-999-6442

(electronically)

<https://difs.state.mi.us/Complaints/ExternalReview.aspx>

Fair Hearing

In addition to other rights, you may request a fair hearing only after you have filed a formal appeal of an adverse action and the decision has been upheld. You have 120 Days from the date of the formal appeal final resolution notice to request a Fair Hearing with the Department of Health and Human Services Administrative Law Tribunal by mailing the request form sent with the denial notice to:

Michigan Administrative Hearings

System for the Department of Health and Human Services

P.O. Box 30763

Lansing, MI 48909-7695

1-877-833-0870

Other plan details

Expedited Appeal

Your problem may be so urgent that you need a decision about your care very quickly. If the usual 30-day time frame for a Formal Appeal would cause serious harm to your life or health, you or your representative must file a request for an Expedited Appeal within 10 days of the adverse action. Your doctor must support this. You can ask for an Expedited Appeal 24 hours a day, 7 days a week either orally or in writing. You will have a decision about your care within 72 hours.

You, your personal representative or your doctor can also request an Expedited Appeal decision, from the Department of Insurance and Financial Services (DIFS) at the address below, immediately after filing with UnitedHealthcare Community Plan. You will have a decision about your care within 72 hours.

DIFS – Office of General Counsel – Appeals Section

(by mail)

P.O. Box 30220

Lansing, MI 48909-7720

(by courier/delivery)

530 W Allegan Street, 7th Floor

Lansing, MI 48933

Fax: 517-284-8838, Phone: 1-877-999-6442

Common terms

What does it mean?

Terms	Description
Action or Denial	A UnitedHealthcare Community Plan decision to deny or limit authorizations, services or payment.
Beneficiary	A person determined eligible by the State of Michigan for the Medical Assistance Program.
Benefits	Health care services provided for by Michigan Medicaid.
Formal Appeal	A request to review a UnitedHealthcare Community Plan adverse determination or denial of payment.
Grievance	A complaint submitted on behalf of a member.
Covered Services	Medically necessary health care services and benefits.
Family Practice and General Practice Doctors	Doctors trained to treat adults and children.
UnitedHealthcare Community Plan Provider or Specialist	Doctors, hospitals, pharmacies or other medical service providers you must use for your health care.
HMO	Health Maintenance Organization. A health plan where a PCP manages all your health care needs.
Internal Medicine Doctors	Doctors trained to treat adults.
Medically Necessary	The services, equipment or supplies necessary for the diagnosis, care or treatment of a member's physical or mental condition according to accepted medical practices and standards.
Member	A Medicaid Program recipient enrolled with UnitedHealthcare Community Plan.
Nurse Practitioner	A registered nurse who has advanced training and certification.

Questions? Visit UHCCommunityPlan.com/mi, 75
or call Member Services at **1-800-903-5253**, TTY 711.

Other plan details

Terms	Description
OB/GYN	Doctors trained to treat women.
PCP	Primary Care Provider (your personal doctor).
Pediatricians	Doctors trained to treat children and teens.
Physician Assistant	A health professional who works as part of a team with a doctor.
Referral	When your PCP sends you to a specialist for a covered service.
Utilization Management (UM) Decision	UnitedHealthcare Community Plan decisions made against set criteria. * See Utilization Review Policy and Procedures for more detail.

See your Certificate of Coverage for more definitions and details.

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.

Questions? Visit UHCCommunityPlan.com/mi, 77
or call Member Services at **1-800-903-5253**, TTY 711.

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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.



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-903-5253, TTY 711**. You can also visit our website at UHCCommunityPlan.com/mi.

UnitedHealthcare Community Plan
3000 Town Center, Suite 1400 Southfield, MI 48075

Toll-free telephone
24 hours a day, 7 days a week
1-800-903-5253, TTY 711

UHCCommunityPlan.com/mi

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