

EPO plan details, all in one place.

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	network providers.	<input checked="" type="checkbox"/>
	You may receive care and services from network and out-of-network providers and facilities — but staying in the network can help lower your costs.	<input type="checkbox"/>
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	<p>Referrals required ~#(-ž" firy %RPP%ž.P%#) *#(% . . ~ fff%&ffžŁ . &Sfi ž ž& #%&f'žŁ i fPž ž i fi ž i i . %&fPž fR</p>	<input type="checkbox"/>
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	<p>~ /ž ~ i / f i ~ ž Using Tier 1 providers may bring you the greatest value from your health care benefits. These PCPs and medical specialists meet national standard benchmarks for quality care and cost savings.</p>	<input type="checkbox"/>
	<p>~ f i . f E / ~ v ~ . / Ł f i You may pay less when you use certain freestanding centers — health care facilities that do not bill for services as part of a hospital, such as MRI or surgery centers.</p>	<input checked="" type="checkbox"/>
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Here's a more in-depth look at how EPO works.

Medical Benefits

What You Pay for Services

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Inpatient Care

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Outpatient Care

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*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

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

Network

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Supplies and Services

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*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

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

Network

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Pregnancy

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Mental Health Care & Substance Related and Addictive Disorder Services

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Other Services

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*After the Annual Medical Deductible has been met.

!Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

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

Network

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Pediatric Services - Dental

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*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



What You Pay for Services

Copays (\$) and Coinsurance (%) for
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Pharmacy Benefits

Pharmacy Plan Details	
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In Network	
Annual Pharmacy Deductible	
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-=I BJ	7AA PDA (JJQH+2 A@P-++ A@CPH-A OA?HKJ

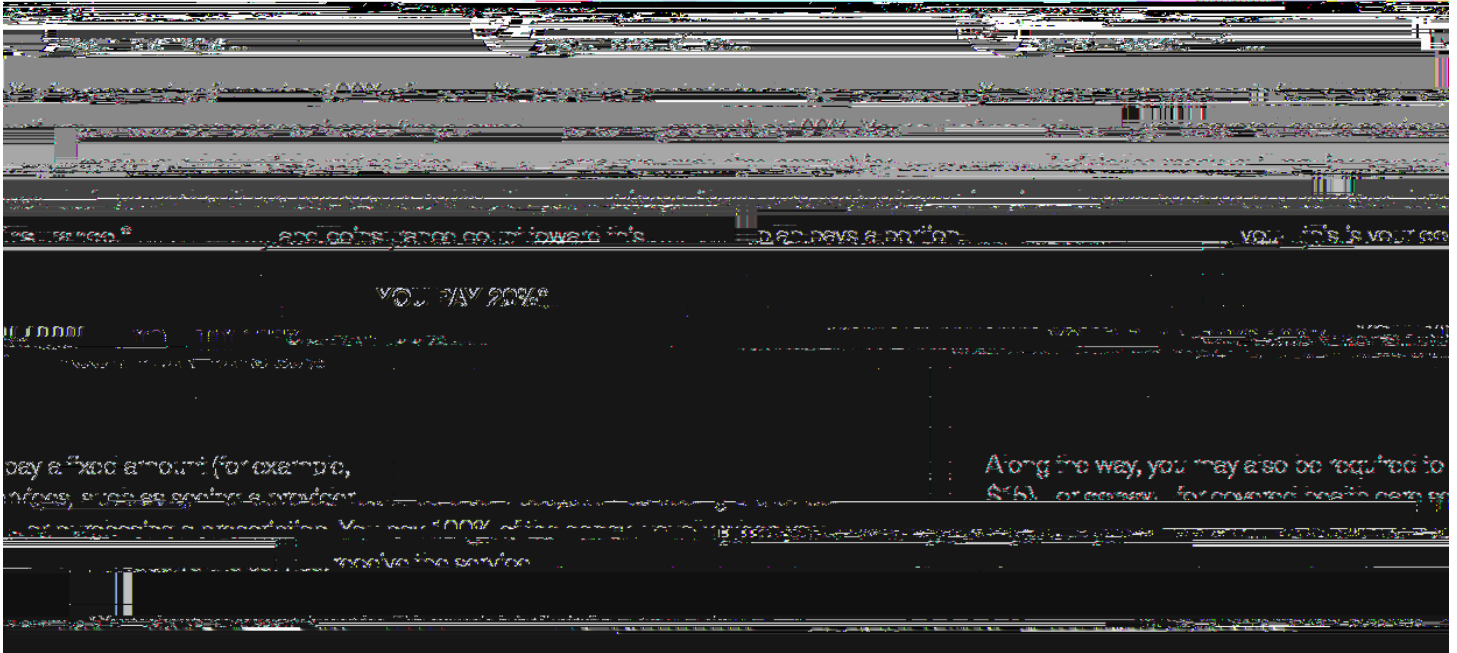
Prescription Drug Product Tier Level	Up to a 31-day supply	Up to a 90-day supply
	Retail and Specialty Pharmacy Network	In-Network Mail Order Pharmacy**
Tier 1 \$!!'	!!'
Tier 2 \$\$!!'	!!'
Tier 3 \$\$\$!!'	!!'

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

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



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



Find providers in and out of our network

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

- Go to [myuhc.com](#) to find providers in and out of our network.
- Choose **Find Providers** (top right)
- Choose **Find** to view providers in the health plan's network.



Estimate costs for services

Use the **Cost Estimator** to get a rough idea of what you might pay for a service. This tool is only for informational purposes and does not guarantee a specific cost. Actual costs may vary based on your plan, provider, and location.

- Go to [myuhc.com](#) to use the Cost Estimator.
- Click **Cost Estimator** (top right)
- Enter the service you want to estimate costs for.
- Click **Estimate** to see the estimated cost.

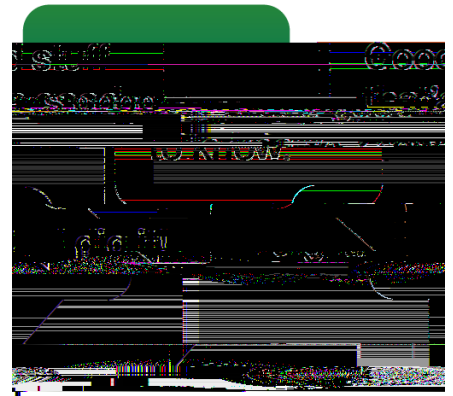


Access your plan online.

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



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



Other important information about your benefits.

Medical Exclusions

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Outpatient Prescription Drug Benefits

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

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

Online: UHC_Civil_Rights@uhc.com

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

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

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

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

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

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

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

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

XIN L U Ý: Nếu bạn nói tiếng Việt (**Vietnamese**), quý vị sẽ có cung cấp dịch vụ trợ giúp ngôn ngữ miễn phí. Vui lòng gọi số hotline miễn phí mà sau đây là thành viên của quý vị.

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

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: (Russian).

: (Arabic)

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

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

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

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

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

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises 1-800-368-1019 an. (A38D03eGB71E336621 (e)-7)OC935ae