



# - @L@V k H J L @ D f ? @ K N C G J F < N C J Q 3 3 2 Q J L F M 1

O @ ? D < G @ @ A D M

. I 1 @ Q J L F

2 0 N I A 1 @ Q J L F

[Light blue rectangular box]

## 9 C < N J O 3 < S A I L 5 @ P D @ M

( J K < S M ) ~ ~ < I ? ( J D N O L < I > @ . ' ~ A I L  
( J P @ L @ ? - @ < O C ( < I @ 5 @ P D @ M

1 @ Q J L F

2 0 N I A 1 @ Q J L F

3 L @ P @ N D @ ( < I @ 5 @ P D @ M

' = I K G E G = M E I A A ; 9 = J = I M = J 9 = G F M < = < 9 J J G = ; A A < : P  
K @ = 1 9 A E K 1 I F K ; M K E 9 E < % % F I < 9 E ' 9 = % K % % " N M @ E F  
; F J K U @ 9 A E ? K F F L / 4 @ - J = J = I M = J 9 = ; 9 I < F E F F L I 9 ? =  
? = E < I 9 E < F K @ - I @ = 9 B @ - 9 K F I J / 5 E A E < + = 9 B @ 9 = 9 0 F ; F M I J  
F K @ I I F L M E = J = I M = J K @ 9 K D 9 P I + L A = 9 ; F G 9 P ; F M E J L I 9 E ; =  
F I < = < L ; M A G /

, E ; C < = J J = I M = J J L ; @ 9 I 2 F L M E = 7 = C E = J J ' @ ; B L G I ~  
, D D L E A 9 A E J ~ & I = 9 J K 1 L D G I ~ . 9 D D F ? I 9 G P 9 E < ' F C E I = K C  
' 9 E ; I 3 ; I = E A E ? V

2 A D @ 5 @ P D @ M F 5 D F I @ M . I K L S

% < < M K E 9 C F G 9 P J ~ < = < L ; M A G ~ F I ; F M E J L I 9 E ; = D 9 P 9 C G P  
N @ = E F F L I = ; = M F K @ - I J = I M = J 9 K F F L I G @ P I A A E T I F > A = / \* F I  
= O D G G ~ J L I ? = P 9 E < C N F I B Y

4 - G @ - 9 B @ A ; F M I < = 9 K @ - J 9 D = ; F J K U @ 9 = 9 J A K @ - F > A = /

\*After the Annual Medical Deductible has been met.

†Prior Authorization Required. Refer to COC/SBN.



(JK<SM)~<? (JDMQL< >@; ~AIL  
(JPA@? - @<OC( <L@5@PD@M

1@QJLF

2ONIA1@QJLF

%<<MFE9C FG9PJ~<=<L; IA@~FI; FMEJLI9E; =D9P9GGP  
N@-E PFL I; =MFK@-J=IMA=J 9KFFLI G@PJA@ETJ F>A~/\*FI  
-ODGG~JLI?~IP9E< @ NFIB

4-G@-9@A; FMI=< 9K@- J9D=; FJKI@9= 9J A K@- F>A~

/-NFIB&-E=>M 9= 9V9@ G FE@N@-E J=IMA=J 9=  
<=<M=< K@FL?@9( =JAE9<< 6ML9C' =NFIB11FMA=J FI  
! z f# 6ML9C6AKJ=IMA=J FE@'8FL; 9E >A< 9! z f# 6ML9C6AK  
11FMA=J P; FE@, M? LJ 9KDL@/, FDSFI K@-KGG@FE=  
ELD: =J FE PFLI , ( ; 9</

\*H@B@ >S( <L@

4@-H= A EF; FJKFI @-9@; 9= FI-EJA -ODAE9MEJ  
G-HID=< LE<=I 1L: @ +>@- 9NR \$fI IA

.I K<N@ N< <L@

-DAK< K "fi; FD: A=< NMM F>C@PJA9C@-H9GP F; ; LG9ME9C  
K@-H9GP9E< JG=; @K@-H9GPG-H P=9/

-DAK< K "fi <9PJ G-H P=9 A 9E ,EG9AEK2=@@ AN@ME  
\*9 AN@

4@: @KFI ,EG9AEK2=@@ AN@ME 3=IMA=J 9CG@J K 9EP  
; FD: A9ME F>C@PJA9C@-H9GP F; ; LG9ME9C@-H9GP 9E<  
JG=; @K@-H9GP

2OK<N@ N< <L@

\*After the Annual Medical Deductible has been met.  
!Prior Authorization Required. Refer to COC/SBN.



(JK<SM]~<? (JDMQL< >@; ' ~



-D/K<< K ŽfI/M/M F>GFJK; F; @E9I D/GSEK9L190@H19GP G-I  
P=9/

(JK<SM]~<? (JDMQL< >@.~AIL  
(JPa@? - @<OC( <L@5@PD@M

1@QJLF

2ONIA1@QJLF

(ARDA A EFK; FMA=< FLKF>E=NFIB' -O =GKFI LGIF LFI MAM  
G-H; 9GE<9 P=9 JFD 9EFEIE=NFIBGFMA=H K': =G9K 9K  
K@=E=NFIBGFMA@=E 9GGFMA< A 9<ME; =/

4@H9G-LIA K=9D=EKI A; C<=: LK9=EFK@A< K <ARDA  
AK9AEFLJ; @DFK@H9CP AK9AEFLJ A<LJAE'D=<A9C  
=<L; 9AEJ=MA=J 9E<I9<A9AE FE; F@?P

5OKK@M? 5@PD@M

4@H= A EF; FJKAE=NFIBFI 9Zfi<9JLGGPF>A JL@/

-DA< K 9JAE?G GLI; @QJ= G-H @-9AE? DG9A=< -9 =MPZ  
P=9J/

2=99A 9E<fFI I=GG =D=EKF>9@-9AE? 9A NFLG 9GGPF K@A  
@MA K@=J9D=D9EE=H 9J 9GLI; @QJ=

(JK<SM]~<? (JDMQ<I >@:~AIL  
(JPa@? - @<BC( <I@5@PD@M

1@QJLF

2ONIA1@QJLF

-DM<K E GFJK@HA <=M=G-I Q: G-I Q=H=/  
-DM9GG@J K) OHE9CIIFJK@HA (=M=J FEQ  
2-GMA 9E<fFI I=GG =D-EKF>9GFJK@HA <=M=

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(JK<SM]~<? (JDMQ<I >@:~AL  
(JPa@? - @<OC( <I@5@PD@M

1@QJF

2ONIA1@QJF

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(JK<SM]~<? (JDMQL< >@:~AIL  
(JPL@? - @<OC( <1@5@PD@M

1@QJLF

2ONIA1@QJLF

3@BND 5@PD@Vf8DVI

-DK<K L :KE? 9<=VOC9KE =MPLt DFE@/

-DK<K 9Lt DFE@JLGGP

7 =NCCP: =E=>M >FI FE@FE=NME

-DK<K FE; =-MPLt DFE@/

-DK<K FE; =-MPLt DFE@/



3C<LH <>S 3Gd ) @ADM

.I 1@QJLF

&I I O<G3C<LH <>S ) @?O>NB@

%EEL9C( =<L; IAG

4@: 1@9D9P( =<L; IAG A I@= 9DFLEKFFL GPP:FI G@9D9P  
-G-EJ=J G- P-9 : =FI= FFL : =?E I= =AA 1@9D9P  
&=E=AV

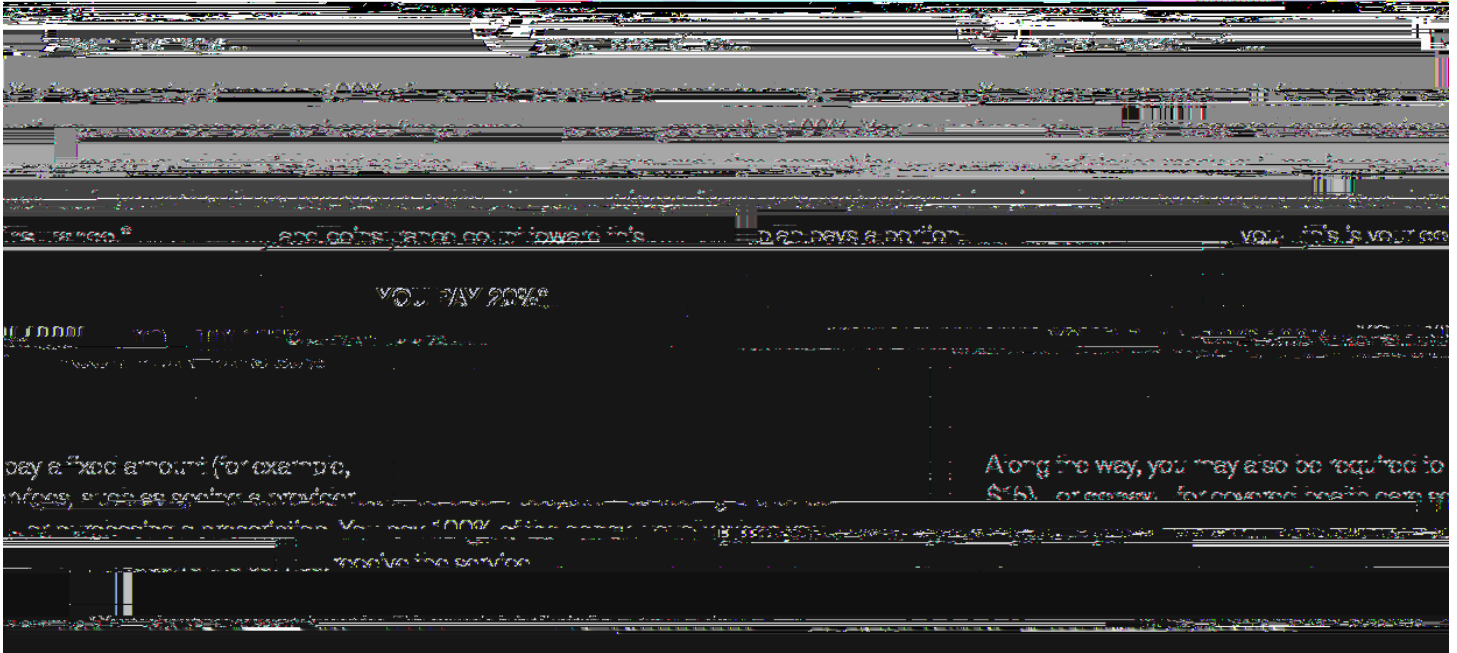
7KN <! ŽŦ-S

\*\* 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.

izCQ- fiŽ fi&Ž&fiŽ\*Q- 6fi #! #! #-fBŽI #Z\*&fi# (' Q- \*fiŽ Ž#6(. Ž\*fi Ž- i Ž,Ž\*&#Ž, Ž\* +fi- +e" ŽL\$, "Ž +fi-+(žLŽ&+fi i +ŽfiL" Ž\* Ž, / (\$)"fi&fiLŽ+fiO%#! #! #,( Q- \*fiL(-', (' &O"6L(&2(\*  
6fi#!! "Ž, -+(&Ž, fiŽ -&fiŽ\*( Q-\*i 6fi i izCQ- fiŽ' (, fi&Ž&fiŽ\*Q- 6fi . Ž/ ) ŽLŽ,Ž, #Z\*&fi# fi / Ž&(&Ž,(-"6L(& " Ž Ž#+/ "fi&fiLQ" Ž Ž#:



# 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](#)
- Choose **Find a provider**
- Choose **Network** to view providers in the health plan's network.



### Estimate costs

Use the [cost estimator](#) to estimate the cost of a service. You'll need to know the provider's name, the service you're looking for, and your plan's details. You can also use the [cost estimator](#) to estimate the cost of a service. You'll need to know the provider's name, the service you're looking for, and your plan's details.

- Go to [myuhc.com](#)
- Choose **Estimate costs**
- Enter the provider's name, the service you're looking for, and your plan's details.

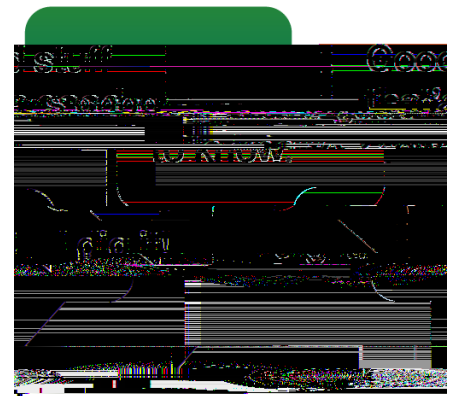


### Access your plan online.

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.



2ND@LBIKJLW NDA LH <NDI <=JONSJOL=@ @ADM

O@D<G R>GNDI M

#\* 48(\*5; 2743/ 1, \*1\*4//) 2\*5Žž \$(28\*4k54(200\*1)\* 6' 6 27 48\*9; 274 ži °~ 0\*1) 0\*16' 1) "). \*45-24' 1\*:' (6)\*5(43621 2+  
6\* 5\*48(\*5' 1) 5733\*56' 6 4 (28\*4) °625\* 9-(- ' 4\*:(//)\* 24/0.6) °' 1) 26\*46405' 1) (21).62152+(28\*4, \*.

< ~ (7371(84

< | 250\*6( #74\*4

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< Ž 21\*0\*4\*1(; (' 4 9-\*1 68' /1, 275)\* 6\*%#.

< " 2761\* fi\* i ' 4 ~) 76

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< &\*., -6 255! 4, 405

2ONK<ND N3L@MLBNDI ) LOB' @ @ADM

3C<LH <S \* R>GNDI M

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

# ~ Ž°/l "łfil ł" fl ~ Ą Ą Žł ž

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

3 ~ /,łł & /! ž žłł & + /% ! ( . ~ % ž ž ž % # žł , ł % % - / & % \* / ' \* - ł ( ž , ! & ! ž - / \* \* & % ' ) , . \$ ! ' ł ( ł # ! ' ! ( . ł ( ž . , ! ł ' ! ( . ) " ž ž ł ! ! - ~ " ) , 1 \$ ž ž ž " ! ( ! % ł ! \* , ) O ž ! ž % ž / , , ! , % ž ł ! ° fi ! - ž , ž ł ž ł ( ž ( \* , ! - ž , ž ł ž ) / . \* ł % ( . - / \* \* & % ° fl \$ % ž ) ! - ( ) . ł \* \* & . ) ž ž ł ! . ž - / \* \* & % - ł ( ž % ł ł & , - \* ł ž , - \* ! ž ž ž ł ž - ł ! ž ł - ž ) O , ! ž °

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

/ ° ł ł ł " # ) # ! \$ ( ł - ł ł & ) ' ł ł ) " # ) # ! \$ ( ~ # ) # ! \$ ( , Ń ž ! \* % fl ł ł \$ fl ( ! \$ ž ł ł \$ ) . # ) # ! \$ ( , ž ł ł ! fl # & \$ fl / . ł , ' ł ( fl ! & ) % \$ ~ ' fl ł ' % ~ ł ! " \$ ~ ~ / ° ł ł fl ž " ž ~ ł ž ž ł ž fi ~ / ł ž ž ł ł # fl fl ~ ł " ž ł ž ž

- Prescription Drug Products dispensed at the United States emergency department.
- . ł ( ł ) fl " \* & % " ( + ž ł ( & ł + fl ) ~ % fl # ł ' % ž ~ ł - ł ( ł ) fl " \* & % " ( + ž ł ( & ł + fl ) & ( % - ł & ) fl ž ł ž ( \$ ) ~ ! fl - ł ł ł ( \$ % ł & % \* \$ ł ł \* ! ł ł ž % " & % ž ž fi ° & ł ( ł ł , ł fl # ~ fl ž / ł ( fl ' ~

3 fi ! ž ) ( ) - ~ ) / ! + / ł , ž - % - % ( ł + # , ž % \* ! ( , ! ž - ) fl ) . O \$ % % ł ł ) , \* % & ( . + % # \$ ) ! ~ ) - \$ ! + % , - % - % ( ~ ł ž ž ž ) + % fl ) . ł ł ł \$ ) ! ž ł ł \* ł % ( ~ ! ž ! \* - % - \$ ) , ! ž ł , ! , O \$ ł - \$ ! ł ł , % ) " \* ł ž ! ( - ł ž ) + ( ł ! \$ ł & ) " fl ) . - \$ ! ł ) , \* % & ( . + % # \$ ) ! ~ ł ) ! ! ! ł & \$ ~ # ! ( ž ž ) + \$ ) ! ž ł ł , ! + ž ž , ł # ! ( ž ž ) + \$ ! + % - % - % ( ~ ž ) ! , ( ) - % ž ž ž ! , ! + ž ž , " + ž + # , ~

- We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid).



