

UnitedHealthcare DefinitySM Health Reimbursement Arrangement Plan

A member guide on your benefits with a health reimbursement account.

UnitedHealthcare **DefinitySM HRA**



State Health Benefit Plan

 **UnitedHealthcare[®]**
Healing health care. Together.[®]

Welcome to UnitedHealthcare

We're glad you're here.

While no one can predict the future, you can prepare for it. Your UnitedHealthcare benefits provide you with access to people, resources, and tools to help you when you aren't feeling your best. With more than 15,600 doctors and more than 150 acute care hospitals in Georgia and more than 590,000 doctors and health care professionals nationwide we have you covered whether you're at home or traveling in the United States. We also have unique programs to help you improve your health and wellness. We believe knowledge is the heart of health care, so we want to give you resources to help you:

- Be active with your health care
- Make healthy choices
- Find answers
- Save money
- Take charge of your health

This guide will help you find exactly what you need, when you need it.

Let's get started.

Getting started

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myuhc.com – your personal benefit Web site

We've created myuhc.com to help you manage your benefits and your personal health easier for you. Get easy access to details about your coverage, doctors, health conditions and medical claims by visiting this personal and powerful Web site.



Your health care plan name and numbers you may need

Quick access to items most often used

Information about new services and programs

Health tools and resources in different languages

Quick access to nurse

A	<p>Claims & Accounts</p> <p><i>Claim information</i></p> <ul style="list-style-type: none"> • Amount paid • Date processed and other details • Claim status • Amount applied to deductible • Out-of-pocket information • Patient responsibility • Claim forms • Mailing address for claim submissions 	<p><i>Account information</i></p> <ul style="list-style-type: none"> • Medical claims summary • Flexible spending account • View health statements • View claim letters • Coordination of benefits <p><i>Problem solving</i></p> <ul style="list-style-type: none"> • How to file an appeal • How to voice a complaint
B	<p>Physicians & Facilities</p> <ul style="list-style-type: none"> ▶ Find network doctors, hospitals, laboratories, pharmacies, vision care, mental health clinician, and medical equipment/supplies ▶ View tips for choosing health care ▶ Treatment cost estimator 	<p><i>UnitedHealth Premium® designation program</i></p> <ul style="list-style-type: none"> • View doctor quality and cost efficiency • View high performing hospitals
C	<p>Pharmacies & Prescriptions</p> <ul style="list-style-type: none"> ▶ Pharmacy location ▶ Prescription drug list information ▶ Prescription claim form 	<ul style="list-style-type: none"> ▶ Price medication ▶ Order and Refill prescriptions
D	<p>Benefits & Coverage</p> <ul style="list-style-type: none"> ▶ How your plan works for medical, preventive care, pharmacy, vision, mental health and substance abuse, extra programs ▶ Verify eligibility/covered dependents 	<ul style="list-style-type: none"> ▶ Deductible amounts ▶ Out-of-pocket amounts ▶ Benefit plan documents
E	<p>Personal Health Record</p> <ul style="list-style-type: none"> ▶ Create personal health profile ▶ Track your health, conditions, allergies, medications and more 	<ul style="list-style-type: none"> ▶ View claims and create reports
F	<p>Health & Wellness</p> <ul style="list-style-type: none"> ▶ Take a confidential health assessment ▶ Access to hundreds of health and wellness articles ▶ Health calculators 	<ul style="list-style-type: none"> ▶ Drug guide ▶ Do you have the cold or flu? Symptom checker ▶ Health improvement tools and features and much more



Don't have access to a computer or need to talk to a Customer Care Professional?

Call 1-800-396-6515



Health plan terms

Health insurance has its own language. We want to make it easier for you to understand. Here are some basic definitions:

Benefits: Items and services that are covered by your insurance plan.

Coinsurance: This basically means you and your health plan share expenses. Each of you pays part of the total.

Deductible: The amount you pay out of your own pocket before your insurance pays.

Out-of-pocket costs: These costs are the amounts you pay as your share of your medical costs in a plan. Out-of-pocket costs include deductibles, copayments, and coinsurance.

Out-of-pocket maximum: The most you would have to pay in a single year out of your own pocket.

Eligible expense: The costs from a doctor's visit or other medical service that meets the requirements of your health care benefits. These are paid by the medical plan.

Health care: This is when doctors and other specialists help you when you are ill or need treatment.

Health Reimbursement Arrangement: With this type of health plan, the State Health Benefit Plan (SHBP) puts dollar credits in an account to help you pay your eligible medical and pharmacy expenses.

Health statement: This document shows all claims processed in a month for all family covered on your plan, plus remaining balances for deductibles and out-of-pocket costs. If there are no claims, you will not receive a health statement for that month. [Insert print link here]

Medical claim form: A form you will need to fill out if you receive care from a doctor who is not in our network. Our network doctors normally take care of claim forms for you.

Network: A list of doctors, hospitals and other health care professionals with whom we have negotiated the best prices.

Out-of-network provider: Doctors, hospitals and other health care professionals who have not contracted with us, therefore, your cost may be higher.

Primary care provider: This is a doctor who you go to first when you are not feeling well. Sometimes called "Primary care physician."

Summary plan description: A document that tells you what is covered and not covered by your benefit plan. Your Summary Plan Description explains your level of benefits, share of costs and other details.



Technology terms

e-mail: A system for sending and receiving messages electronically over computer networks and personal computers.

Web site: A set of Web pages that are maintained as a collection of information by a person, group or organization.

e-newsletter: A collection of news stories delivered to you by email or by visiting a Web site. Our *Healthy Mind Healthy Body* e-newsletter is delivered to you by email and allows you to choose the wellness information that best fits your daily life. (You will find information on page 13 on how to sign-up for this free e-newsletter.)

Online: When you are connected to the Internet or computer network.

You also should know that we make sure medical technology is safe for you — including new tests and treatments, as well as what's currently available. We continually review scientific evidence about the safety of care.

Useful symbols used in this guide

You will see symbols on some pages in the guide that point you to additional information on your benefits;



Callout symbol: Designates important facts and information



Phone symbol: Text indicates to call for service



Internet symbol: Web address is listed



Understanding your HRA plan

A medical plan with an account to help pay your medical expenses

The Health Reimbursement Arrangement (HRA) is designed to help you understand how much health care really costs and then to give you choice and control over your own health care purchases.

The unique benefit of the plan is that the State Health Benefit Plan (SHBP) puts dollar credits in your HRA to help you pay your eligible medical and pharmacy expenses. In addition, you get personalized support and information along the way to help you stay healthy and get care when you need it.

The plan is made up of two parts:

Medical Plan

- You have network and non-network coverage with an annual deductible and coinsurance. You are also protected from major expenses with an out-of-pocket maximum.
- 100% coverage for preventive care for in-network services based on national age and gender guidelines. See your official benefit plan information for details.

Health Reimbursement Account:

- Funded 100% by the SHBP to help you meet part of your annual deductible
- Pays for your eligible medical and pharmacy expenses as long as you have credit dollars available.
- Unused dollars from your HRA will carry over to next year, and SHBP will again fund the full amount of the HRA

HRA Plan Advantages

- You choose how your health care dollars are spent
- Generally, you pay less if you choose a doctor from our network
- There is a limit on how much you will pay each year
- Emergencies are covered anywhere in the world
- Unused HRA dollars carry over to next year's plan, and SBHP will again fund your HRA, further reducing your out-of-pocket portion of your annual deductible
- Tools on myuhc.com help you:
 - check eligible expenses
 - check costs for treatment before doctor visits
 - find the best doctors and hospitals
 - manage your claims
- You and your spouse can each earn extra dollars for your HRA. You may each earn \$125 extra in your HRA by taking the Health Assessment and getting your annual wellness exam. If you complete the Health Assessment without getting your annual wellness exam, you each will earn \$25.



How your HRA plan works

1

Your health expenses are paid by your HRA first

- ▶ SHBP contributes dollar credits to your account each year

Employee	\$500
Employee+Spouse	\$1,000
Employee+Child(ren)	\$1,000
Family	\$1,500

- ▶ Your HRA pays your eligible medical and pharmacy expenses as long as there are funds in it
- ▶ These payments apply towards your annual deductible
- ▶ Take advantage of adding additional dollar HRA credits by taking the Health Assessment and by getting your annual wellness exam

2

Then, you pay the rest of your deductible

Your annual deductible is the amount you need to pay before your medical plan pays. The annual deductible is:

Employee	\$1,100
Employee+Spouse	\$1,900
Employee+Child(ren)	\$1,900
Family	\$2,750

- ▶ If you use all of your HRA, you pay the rest of the deductible amount out of your own pocket
- ▶ Preventive care is covered at 100% by the medical plan whether or not you have met your deductible when using an in-network provider and does not come out of your HRA.

3

After that, you pay only coinsurance

Once you have met your deductible, you and the medical plan share expenses. This is called coinsurance. The percentage you owe is:

In-Network	Out-of-Network
15%	40%

For your protection, there is a limit on how much you need to pay out of your own pocket. Once you reach the amounts shown below, you are covered 100% for the rest of the plan year. (See your Summary Plan Description for specific out-of-pocket information)

Out of Pocket Maximum:	Employee	\$2,500
	Employee+Spouse	\$4,100
	Employee+Child(ren)	\$4,100
	Family	\$5,700

- ▶ After you reach your out-of-pocket maximum, all eligible medical and pharmacy expenses are covered at 100% for the rest of the plan year. Remember, your HRA credit dollars are used to offset your out-of-pocket responsibility





Finding the right doctor

We can't emphasize enough how important the relationship between you and your doctor is. No matter what kind of coverage you have, when you choose the right doctor – someone you feel comfortable with – you're choosing a partner for good health.

And, because UnitedHealthcare is about helping you to become a **careful** and **educated** consumer, we can provide some helpful tools in your search:

1. A choice of over 590,000 network doctors and 4,900 hospitals

Search doctors in our network to find the one that has the right experience, credentials, services and fees to meet your needs.

2. Access to quality and efficiency ratings

Look for a doctor who has received UnitedHealth Premium® designation. UnitedHealth Premium assesses doctors and hospital performance against quality and cost-efficiency criteria.*

3. Treatment Cost Estimator on myuhc.com

Find out how much you can expect to pay for an office visit or procedure before you go.

- 
1. Log on to myuhc.com 
 2. Click "Find a doctor."
 3. Begin your search by name or location.
 4. Look for the stars.

UnitedHealthcare Network

- . 595,000 doctors
- . 4,965 hospitals



Money-saving tip:



Using network doctors usually saves you money.

It will cost you more for services you get from doctors that are not in our network. If you seek care outside the network, we only pay a portion of the charges, and you're responsible for paying the remainder. Whenever possible, use network doctors.

To find a network doctor, visit myuhc.com or call the Customer Care number on the back of your medical ID card.

To make sure you're not billed at out-of-network rates for your lab or diagnostic imaging services, tell your doctor that you want to be referred to a network provider.

* The UnitedHealth Premium designation program is intended as a resource for informational purposes only. Designations are displayed in UnitedHealthcare on-line physician directories at myuhc.com. You should always consult myuhc.com for the most current information. Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing the physicians from whom you receive care. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician. Please see myuhc.com for detailed program information and methodologies. UnitedHealth Premium may not be available in all geographic locations.

Preparing for your doctor's visit

Before your appointment

Here's a checklist to help you prepare for your medical appointment.

1. **Bring your member ID card.**
2. **Bring a list of your medications.**
3. **Gather records** from any previous visits you've had for a similar problem. It's good background information for your doctor.

- 
1. Log on to myuhc.com 
 2. Select "Estimate Health Care Costs"
 3. Select the state and city
 4. Select the condition, service or treatment

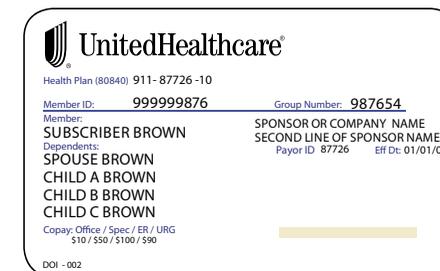
Checking in at your appointment

1. Present your member ID card.

When you get to your appointment, present your UnitedHealthcare member ID card at check-in. **Important note: The physician's office should submit a claim to UnitedHealthcare first before you pay anything.** This can be a confusing part of how your HRA works. Present them with the paper wallet card included with this guide, which will help explain how they should work with you regarding billing for the appointment.

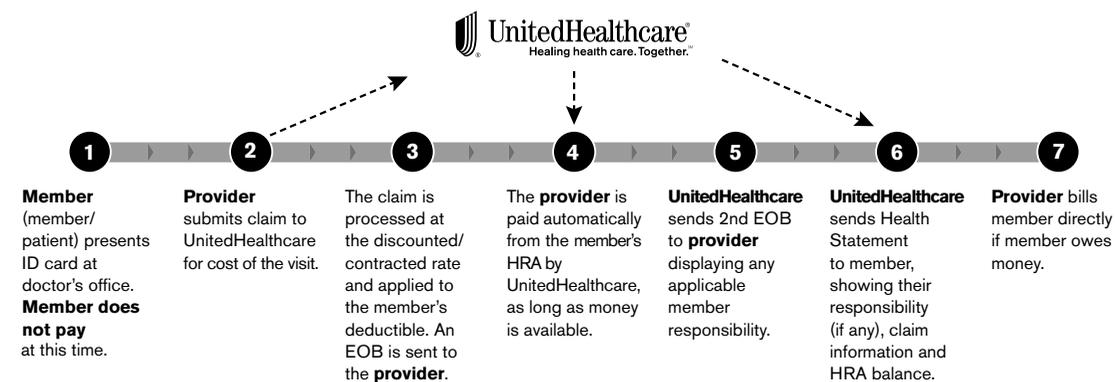
2. Preventive Care is covered up to 100%.

When you see a network doctor for **preventive care** services, you usually don't need to pay a copayment. (Be sure to remind your doctor's office staff) This can include routine check-ups, screenings, immunizations and prenatal care. See your benefit plan coverage documents for details.



How your claim is paid

UnitedHealthcare has specially negotiated rates with network providers. Your doctor's office needs to "bill" UnitedHealthcare first to make sure you get this best price. UnitedHealthcare will pay your doctor directly when medical services are paid by your medical plan or you have available funds in your HRA account. Once your claims are processed through your medical plan and HRA, your doctor will bill you for any amount you owe. You can check the amount paid by the medical plan and your HRA at myuhc.com.



* For illustration purposes only. Diagram illustrates network benefits.





Your pharmacy benefit

Your UnitedHealthcare (UHC) pharmacy benefit provides coverage for a comprehensive selection of prescription medications. UnitedHealthcare administers your pharmacy benefit program. UnitedHealthcare uses Medco Health Solutions, Inc. (Medco) for certain pharmacy administrative services such as claims processing and customer care.

Getting medication

We believe that more options make for better benefits. There are more than 2,000 pharmacies in our network in Georgia and 60,000 pharmacies nationwide, which means you can get your prescriptions close to home, close to work or on the road, whenever you need them.

With your UnitedHealthcare pharmacy benefit, log on to myuhc.com to find:

- Medication pricing
- Benefit and coverage information
- Participating retail pharmacies
- Prescription history

What you will pay:

You are responsible for paying the prescription drug cost for the covered drug prescribed by your doctor until your deductible is met. Once you have met your deductible, you are responsible for paying the applicable coinsurance amount listed below in addition to any ancillary charges when a drug is obtained from a network or non-network retail pharmacy. (Please note: Always show your ID card when presenting a prescription. In addition, ancillary charges will apply when you request the Pharmacist to dispense a brand name drug when a generic equivalent at a lower cost is available.)

Pharmacy benefits are provided for covered outpatient prescription drug products dispensed by a retail network or non-network pharmacy.

Definity HRA	
Network Pharmacy	In-Network
	Coinsurance for up to a 31-day supply for a network pharmacy
Generic drugs	15% of the Prescription Drug Cost.
Brand name drugs	25% of the Prescription Drug Cost.

Non-Network Pharmacy	Out-of-Network
	Coinsurance for up to a 31-day supply for a network pharmacy
Generic drugs	40% of the Prescription Drug Cost.
Brand name drugs	40% of the Prescription Drug Cost.

- If the usual and customary charge for a prescription drug is less than the coinsurance amount, the member will pay the lesser of the two.
- If a physician indicates "Brand Necessary" on a prescription, then only a brand name medication can be dispensed instead of its generic equivalent. The member will be responsible for the brand name medication coinsurance.
- If a physician does not indicate "Brand Necessary" and the member chooses a brand name medication over its available generic equivalent, the member will be required to pay the generic coinsurance and will also be responsible for paying the difference in the cost between the generic and the brand name drug. This difference in member cost is referred to as an "ancillary charge."
- For prescription drug products dispensed from a Non-network pharmacy the same coverage rules apply for reimbursement.
- Certain medications are considered maintenance drugs and are eligible for a 90-day supply.



Money-saving tips:

Buy generic.

Generic medications contain the same active ingredients — the chemicals that make a medication work — as brand medications, and they must meet the same strict U.S. Food and Drug Administration (FDA) standards for quality, strength and purity as brand medications. Many commonly prescribed medications have generic equivalents. In many cases, generics cost less than name-brand alternatives, and are just as effective. Both generics and brand-name medications are manufactured under the same FDA guidelines, which require that generics and brands contain the same active ingredients and meet the same quality requirements. You and your doctor should consider prescription medication choices and select the appropriate medication to meet your needs. Be sure to check prices at myuhc.com to determine your lowest cost option.

Look into Over-the-Counter options

Ask your doctor or pharmacist about over-the-counter (OTC) medications. An OTC medication can be a good treatment for many conditions. These medications are generally not covered under your pharmacy benefit, but they may cost less than your out-of-pocket expenses for prescription medications.

Additional Coverage Information

For specific prescribed drugs, certain requirements (rules) may apply. Those requirements may include Notification (also referred to as prior authorization), ProgressionRx, and Supply Limits, such as limits on the day supply amount of the prescribed drug, and/or limits on the number of approved units/tablets of drug per prescription.

For complete benefit information such as plan exclusions, please consult the benefit plan documents which includes a Summary Plan Description (SPD). This information is available at www.dch.georgia.gov/shbp.

Remember for additional information or if you have any questions regarding your pharmacy benefit please call the Customer Care number on the back of your ID card or log on to myuhc.com.

Deductible waived for certain medications

As a member of the HRA plan, for certain asthma, diabetes and cardiac drugs, your deductible is waived and the plan coinsurance applies. The coinsurance responsibility you have for these medications (15% of the negotiated price for generic drugs and 25% of the negotiated price for brand name drugs) will be deducted from your available HRA dollar credits. After you have exhausted all of your dollar credits, you will continue to pay your coinsurance for these medications until you meet your maximum out-of-pocket. **If you enroll in the asthma, diabetes or cardiac disease state management (DSM) program and you are compliant with the program guidelines; you may be eligible to receive these drugs at no cost. You may call the Customer Care number on the back of your ID card for additional information and a listing of the drugs eligible under these DSM programs.**

Please note prescription drug tiers and Prescription Drug Lists do not apply to the HRA plan. To determine the cost of a medication and possible lower cost alternatives, log on to myuhc.com and click on "Pharmacies and Prescriptions."



Live well. Your wellness resource guide

There's nothing more important than your health. UnitedHealthcare is committed to helping you achieve your healthy living goals. So, whether you want to eat right, exercise more, stop smoking, or just relax, our wellness programs can help.



Take a health assessment

Complete a confidential online questionnaire to help determine your overall state of health. Once completed, you will receive an immediate personalized report with suggestions on how to improve your health. These results can be added to your Personal Health Record to help you keep track of your health improvement goals. You and your spouse can each earn up to \$125 extra for your HRA by taking the Health Assessment online and getting an annual routine exam. Just log on to myuhc.com and click on the "Health and Wellness Assessment" section to find out how to take your Health Assessment.

Create a personal health record

Take a great leap in managing your health by using this electronic medical record. You can enter health information related to medical tests and procedures, immunizations, medications and claims. Then use this interactive tool on myuhc.com to track your health and well-being. It's easy to set up your Personal Health Record. Just click on the 5-Step quick start program to show you how.

Get answers from NurseLineSM Health Coaches

Talk to registered nurses to answer your questions about health and wellness concerns. There is also an audio library with more than 1,100 health and well-being topics and you can also get help with stress management, smoking cessation and balancing work and home. Health coaches are nutritionists, fitness instructors, or nurses who can work with you to lose weight, eat better, exercise more, stop smoking, deal with stress or manage diabetes or heart disease. Interact with a health coach online, by phone or mail.

These professionals can help you:

- Assess your symptoms
- Plan for a visit to your doctor or hospital
- Manage high-risk pregnancies
- Manage medication that requires special attention
- Manage chronic diseases such as diabetes, asthma and heart failure

Call the number on the back of your medical ID card to access these services.

Spanish-speaking nurses and translation for 140 languages are available. If you have hearing impairments, access a NurseLine services nurse through the National Relay Center at 1-800-828-1120.

Start with online wellness programs

How ready are you to improve your health and make lifestyle changes? Get help with seven important wellness goals through our online health coaching programs. These 5-week programs cover issues such as fitness, weight loss, nutrition, stress, heart health, diabetes and smoking cessation. You will get help tailored to where you are in your effort to improve your health. These programs offer evidence-based support tools and educational information that you can put to immediate use.



You can also get assistance through Live-Nurse Chat

Connect online with a nurse 24 hours a day, 7 days a week

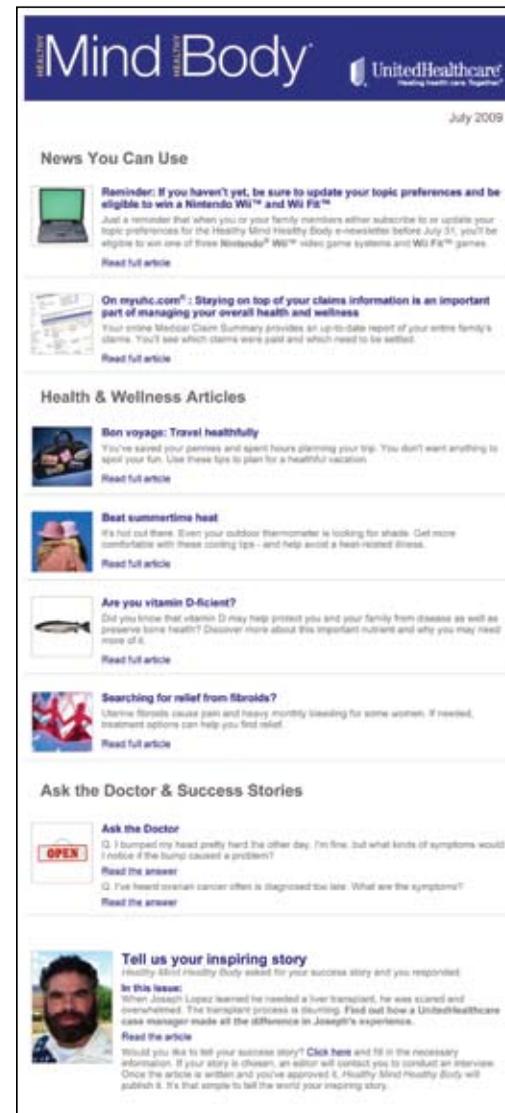
1. Log on to myuhc.com
2. Select "Live Nurse Chat"



Healthy Mind Healthy Body[®]

Our *Healthy Mind Healthy Body* e-newsletter allows you to choose the wellness information that best fits your daily life. We also feature members like you who have improved their health through lifestyle changes and with care provided through our network. Each month we'll send you an e-mail with the newsletter.

A recent survey reported that 90 percent of our members found the newsletters to be helpful in making health decisions.



Sign up today by visiting www.uhc.com/myhealthnews.



You can create your very own monthly health and wellness newsletter. Just check the boxes next to the topics that interest you.





Source4Women

Health Care Central for active women and busy moms

Finally there's a single health and wellness resource designed just for women, (but men are welcome too!). UnitedHealthcare's Source4Women.com helps you manage your health care, and more importantly, learn how to keep your entire family healthy. It's the one place where you can find out about health benefit plan options, talk to health experts and even connect with women who have similar family or health concerns.

Source4Women helps women make informed health care decisions, proactively manage their family's health care spending, and help keep themselves and their family as healthy and happy as possible.



Log on to www.uhc.com/source4women to learn more.



Source4Women sponsors free Web presentations and hosted chats on topics important to women of all ages. Be sure to check the Source4Women Web site often to view a schedule of events.

Care CoordinationSM

Facing a long-term chronic illness or other complex health issue can take a huge toll on you and your family. You may feel overwhelmed trying to find health care information. Our Care Coordination program was designed specifically to ease your worries and assist you every step of the way – so you'll have extra support if you or a loved one has a health issue.

What is Care Coordination?

With Care Coordination, you'll have access to a registered nurse should a health concern arise. The nurse can help you take full advantage of the resources already available to you, tell you about additional services that may be helpful and send you educational information in the mail. Not only that, the nurse will be there to answer questions about any health care concerns and work with you as needed.

What is the purpose of this program?

Our purpose is to provide you with Care Coordination so you'll have added information and support if you or a family member has a chronic condition. It's important that you have the tools and resources you need to take an active role in your health care.

Will this program cost me any money?

No. Care Coordination is offered at no additional cost to you and your family.

Does this mean I no longer need to talk to my doctor?

No, none of the services offered through Care Coordination are meant to take the place of your doctor's care. In fact, these programs are meant to support your doctor's instructions.

How do I participate?

Enrolling in Care Coordination is easy. If a nurse calls, all you have to do is accept the invitation to join.

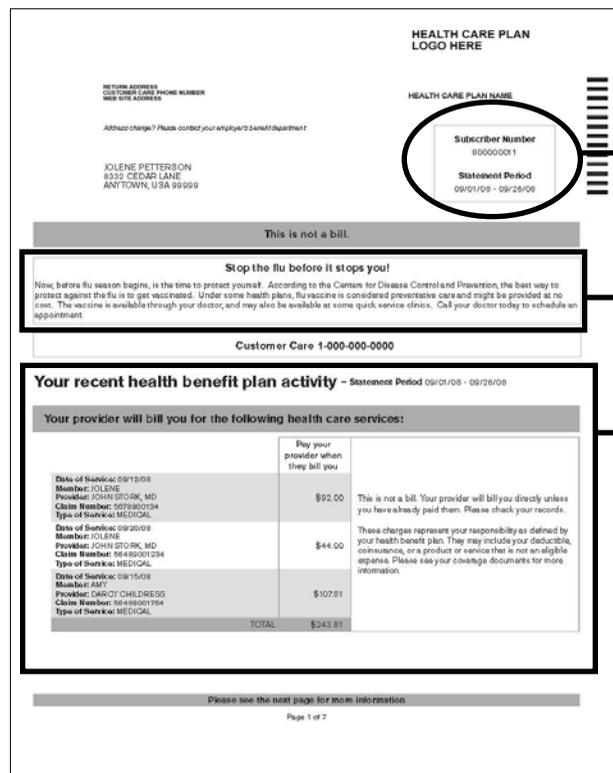


Understanding your health statements

Health statements are mailed to you each month you use your benefit plan. You can see all claims processed for that period, plus remaining balances for your in-network and out-of-network balance information and deductibles. If there are no claims in a month, no statement will be mailed.

You'll have one easy-to-read record of your claims for a more complete view of your health care expenses. And less paperwork means fewer headaches for you and less impact on the environment. If you'd like to go paperless and just receive health statements online, go to myuhc.com and select "Account Settings," then "Mailing Preferences."

You can view your past health statements, Explanation of Benefits or current claims activity at any time of the day or night by logging on to myuhc.com.



Subscriber number

Your unique number that protects your Social Security number.

Statement period

Your benefit plan activity during a period of time.

Message center

Messages that promote better health awareness.

What you owe

The amount you need to pay your health care professional if you did not pay at the time you received services.



Go Green! Go paperless and just receive health statements online. Just go to myuhc.com and select "Account Settings," then "Mailing Preferences." You can view your past health statements, Explanation of Benefits or current claims activity at any time of the day or night by logging on to myuhc.com.

Quicken HealthSM Expense Tracker

Quicken Health Expense Tracker will display your active claims and break them down so you can see exactly what you owe and why. It also stores your family's medical claim history and provides answers to basic claim questions.

How Quicken Health Expense Tracker helps you

- Automatically downloads and organizes employee and family health care expenses all in one place
- Tracks health care expenses to better estimate future spending or how much to budget for an Flexible Spending Account (FSA) and Health Savings Account (HSA)
- Instant status for individual and family deductibles and out-of-pocket maximums
- Simplifies tax time by automatically organizing and tracking total medical expenses
- E-mail alerts when an insurance claim has an outstanding balance or needs other follow-up



Log on to myuhc.com to open your Quicken Health Expense Tracker.



- Turns complex medical terms and codes into everyday language
- Shows exactly what you owe and why
- Explains why a claim needs a follow-up
- Clearly shows how claims are calculated and explains the math

Have a Health Reimbursement Account?

You can:

- Check your balance
- If needed, pay the difference with a few clicks

*Bill pay function will be available in early 2010



United Behavioral Health

Sometimes the challenges you face can feel like too much to handle. Your UnitedHealthcare benefits include services provided by United Behavioral Health (UBH). We provide confidential support for a wide range of personal issues – from everyday challenges to more serious problems. And it is available around-the-clock, whenever you need it.

United Behavioral Health can:

- Answer questions about mental health and substance abuse concerns (in potentially life-threatening emergencies, always call 911)
- Provide names of participating clinics, counselors and doctors near you
- Monitor treatment progress and ensure you receive the best services possible.
- Help resolve problems or concerns you may have with your treatment

Access to a wide range of support services for various concerns

- Depression, stress and anxiety
- Parenting and family problems
- Childcare and eldercare stress
- Relationship difficulties
- Substance abuse and recovery
- Dealing with domestic violence
- Eating disorders
- Balancing work and life issues
- And more



One toll-free call is all it takes to talk to someone about your situation. Call the number on the back of your member ID card or visit www.liveandworkwell.com to learn more about your UBH services.

Our trained staff has the knowledge and experience to connect you with resources that match your unique needs. And all information is kept confidential according to state and federal laws.

United Behavioral Health has achieved full NCOA Managed Behavioral Healthcare Organization accreditation for its offices that support health plan business. For more information go to www.ncqa.org. United Behavioral Health is accredited for Health Utilization Management by URAC. For more information, go to www.urac.org.



www.liveandworkwell.com

Our Web site provides free, confidential access to your benefits. You will also find tools, information and resources to help enhance your health, work and life.



Healthy Pregnancy Program

Get personalized help through pregnancy and delivery. Whether this is your first pregnancy or you have other children, you need information to make healthy choices. The UnitedHealthcare Healthy Pregnancy Program delivers the support and resources you need - all at no extra charge to you.



Personal attention

When you call our Healthy Pregnancy Program, a care coordinator will fill out a pregnancy assessment with you over the telephone. They'll ask questions about your health, lifestyle and other factors that may affect your pregnancy.

The care coordinator will review your completed assessment and determine if you have special pregnancy needs. If you are identified as having special needs, a nurse will offer to work with you to provide individualized support throughout your pregnancy. We want to give you all the support and resources you need to work closely with your doctor so that you can have a healthy pregnancy and delivery.

Education materials

Everyone who enrolls receives important education materials covering a wide array of topics, including proper nutrition, preparing for childbirth, exercise during pregnancy, warning signs and things to avoid. The Healthy Pregnancy Program also offers enrollees a significant discount on PJ's Comfort®, Hospital grade breast pump.

24-hour help

After you enroll in the program, you can call our maternity nurses 24 hours a day to ask questions or talk over your concerns. Call 1-800-411-7984 whenever you choose.

After delivery, many moms still find they need support or answers to their questions. Experienced nurses are available to answer your questions over the phone, even after your baby is born.



To enroll

Call 1-800-411-7984 toll free to enroll. It's best to enroll during the first 12 weeks of your pregnancy but you can enroll whenever you like through your 33rd week of pregnancy.



More information

www.healthy-pregnancy.com





Cancer Support Program

Dedicated and highly experienced nurses

The Cancer Support Program is available to you or your dependents covered under your benefit plan. The Cancer Support Program covers all types of cancer and gives you and your family a single source for personal support through an experienced cancer nurse and cancer centers of excellence. These services are provided by experienced cancer nurse advocates who provide information about treatment options, symptoms and side effects, while giving support to help you maintain health and well-being during treatment and recovery.



Choosing a doctor and cancer center

Cancer nurses can help you choose a doctor and cancer center that best meet your needs based on your specific type of cancer. The Cancer Support Program provides access to the Cancer Centers of Excellence network. Through this network, you have access to top cancer specialists at cancer centers across the country with coverage at your available benefit level with the lowest out-of-pocket cost to you.

Call before you begin receiving care

You may be eligible for reimbursement of travel and lodging expenses when getting care at a cancer center that is part of the Cancer Centers of Excellence network. To make the most of this benefit, you must call the Cancer Support Program before you begin receiving care at a participating cancer center.

Cancer Centers of Excellence Network

Cancer Centers of Excellence are nationally respected organizations chosen because of their high quality results. Each center provides care through:

- Specialized teams of clinicians with extensive experience in cancer diagnosis and treatment including complex and rare cancers.
- Second opinion services to confirm a diagnosis or recommend treatment.
- Experience in performing a large number of cancer surgeries and other complex treatments and procedures.
- Access to newer treatments and clinical trials.



Call for immediate support

To seek support or to find more information about the Cancer Support Services Program and the Cancer Centers of Excellence network, call 1-866-936-6002 between 7 a.m. and 7 p.m. CST, Monday through Friday.



You can call a clinical consultant toll-free at 1-888-936-7246 between 8 a.m. and 5 p.m. Central Time, Monday through Friday, excluding holidays.



Kidney Resources Program

We're here to help

If you have kidney disease, UnitedHealthcare's Kidney Resource Services (KRS) is here to help. This program is designed for those who have been diagnosed with chronic kidney disease, and for those with end stage renal disease (ESRD) who are receiving dialysis.

Helping manage your disease

Dialysis

Finding the right dialysis center can be one of the most important parts of managing kidney disease. However, a recent study of U.S. dialysis facilities shows that 34 percent of these facilities do not meet Medicare standards for the treatment of anemia, and 36 percent do not meet Medicare standards for dialysis treatment.* Kidney Resource Services can help you find the nation's top-performing dialysis centers so you can get the best care possible.



* Centers for Medicare and Medicaid Services General Accounting Office, October 2003

Clinical Consultants

Our clinical consultants are nurses who are available to help you understand your kidney disease and associated health issues such as:

- Anemia management
- Medication management
- Monitoring of high blood pressure
- Nutrition management
- Home dialysis, if appropriate
- Kidney transplantation, if appropriate



When to use emergency, urgent care or convenience care centers

If you've ever had a child with an ear infection, his or her misery at 2 a.m. may have left you thinking "emergency!" But, it's important to know the difference between conditions that require immediate medical attention and those that can be taken care of through a doctor's appointment, urgent care or a trip to a convenience care center.

Okay, it's not an emergency or even urgent.

For routine, primary or preventive care or for non-urgent treatment, we recommend you go to your doctor's office for medical care. Your doctor knows you and your health history, and has access to your medical records. You may also pay the least amount out of pocket when you receive care in your doctor's office

Care at your convenience.

Sometimes you may not be able to get to your doctor's office, and your condition is not urgent or an emergency. In these situations you may want to go to a Convenience Care Center. Many of these centers are conveniently located in malls, neighborhood retail stores or pharmacies. They offer services without the need for an appointment and the care may be provided at a lower out of pocket cost than urgent care centers. Convenience Care Centers normally treat patients 18 months or older and the services they offer vary per center. Conditions that may be treated at a Convenience Care Center include:

- Common infections (such as bronchitis, bladder infections, strep throat)
- Minor skin conditions (such as athlete's foot, cold sores, minor sunburn, poison ivy)
- Flu shots
- Pregnancy tests

We do recommend, however, that you seek routine medical care from your primary care doctor whenever possible.

In the event of an emergency, call 911 or go to the nearest hospital.

Some examples of emergency conditions may include:

- Heavy bleeding
- Chest pain
- Sudden weakness or trouble talking
- Difficulty breathing

If you're not sure your symptoms meet the above criteria, call your doctor. If you are sure you need immediate attention, no matter if you're at home or out of town, call 911 or go to an emergency room. And remember, if it's an emergency, you'll be covered at network rates no matter where you go. (You may be transferred to an in-network facility once the condition has stabilized)



Many ailments can be treated at an urgent care center.

An urgent care center can help with:

- Sprains and strains
- Minor broken bones (example: finger)
- Small cuts



Our **NurselineSM** services give you access to registered nurses to answer your questions. Call the number on the back of your medical ID card. 

Spanish-speaking nurses and translation for 140 languages are available. If you have hearing impairments, access a nurse through the National Relay Center.



Evaluation of new technologies - UnitedHealthcare's Medical Technology Assessment Committee reviews clinical evidence that impacts the determination of whether new technology and health services will be covered. The Medical Technology Assessment Committee is composed of Medical Directors with diverse specialties and subspecialties from throughout UnitedHealthcare and its affiliated companies, guest subject matter experts when required, and staff from various relevant areas within UnitedHealthcare. The Committee meets monthly to review published clinical evidence, information from government regulatory agencies and nationally accepted clinical position statements to review new and existing medical technologies and treatments, to assist UnitedHealthcare in making informed coverage decisions.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates.

Health Plan coverage provided by or through a UnitedHealthcare company.

On topical articles (giving tips and advice to members)

The information and therapeutic approaches in this article are provided for informational and/or educational purposes only. They are not meant to be used in place of professional clinical consultations for individual health needs. Certain treatments may not be covered in some benefit plans. Check your health plan regarding your coverage of services.

The medical centers and programs in UnitedHealthcare's network and within United Resource Networks are independent contractors who render care and treatment to UnitedHealthcare members. UnitedHealthcare does not provide health services or practice medicine. The medical centers and programs are solely responsible for medical judgments and related treatments. UnitedHealthcare is not liable for any act or omission, including negligence, committed by any independent contracted health care professional, medical center or program.

UnitedHealthcare's DefinitySM Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program can not diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

For informational purposes only. The NurseLineSM service can not diagnose problems or recommend specific treatment. The information provided through the NurseLine service is not a substitute for your doctor's care.

UnitedHealth Allies is a program that offers discounts on health products/services to UnitedHealthcare members. It is **NOT** an insurance product but is offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. UnitedHealthcare does not endorse or guarantee health products/services available through UnitedHealth Allies. This program may not be available in all states or for all groups. Components subject to change.

For a complete description of the UnitedHealth Premium[®] designation program, including details on the methodology used, geographic availability, and program limitations, please see myuhc.com[®].

UnitedHealth Wellness[®] is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes.

