

The UnitedHealthcare CharterSM Plan

Frequently Asked Questions (FAQ)



UnitedHealthcare (Charter) is a health insurance product built on the fundamentals of patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs. Charter helps guide members through an increasingly complex health care system so they can get better information, make better decisions, and journey toward better health.

Charter focuses on primary care as the key to helping people live healthier lives. Members choose an Advocate Health Partners ACO network primary care physician (PCP) as their trusted partner to help them get the right care at the right time. A referral from an Advocate ACO PCP is required to see an Advocate ACO specialists. There is no coverage without a referral. There is no non-network coverage except for emergency care.

Charter offers you varying levels of coverage and plan designs so you can choose the solution that works best for you and your employees. This way, you can control expenses and give your employees access to quality, efficient care.

How is Charter different from other products?

Members must select a PCP, who will manage and coordinate their care, as well as make referrals to Advocate Health Partners ACO network specialists.

What is the Advocate Health Partners ACO network like?

Charter utilizes the Advocate Health Care network of PCPs, specialists and health care practitioners in the following Illinois counties: Cook, DuPage, Kane, Kendall, Lake, McHenry and Will.

Are there any rules about using the network?

Yes, employers must be situated in one of the network counties, and members must live in one of the network counties. Eligible members must select a PCP within Advocate Health Partners ACO.

Can this product be offered alongside other UnitedHealthcare products or plans?

Yes, **Charter** can be used with other UnitedHealthcare products.

How does the cost of Charter compare to other products?

We expect **Charter** will cost less because the product's focus on primary care, referral management and prior authorization for medical necessity are designed to deliver more efficient use of specialty care. Also, PCPs who have a consistent relationship with their patients can provide faster, more cost-effective care.

Is this an easy plan for my employees?

Members will likely find that working closely with their Advocate ACO PCP for their health care needs will simplify their health care experience.

Primary care physician (PCP).

What types of physicians can be PCPs?

PCPs can be general practitioners, family practitioners, internists or pediatricians.

How do members choose a PCP?

Members must select an Advocate ACO PCP upon enrollment. Each family member may select a different Advocate ACO PCP, or they may all use the same one, depending on their needs. Employees and all dependents (spouse and children) must select a PCP in the market in which the employee (subscriber) lives; this includes dependents who are living out of state. Advocate ACO PCPs may refer members to any Advocate Health Partners provider in the **Charter** network, if needed.

How do members find a PCP in the Charter Advocate network?

To find a network PCP, members need to go to the myuhc.com[®] website, click on “Find a Doctor” and then search the “Charter HMO” network. From this page, members can choose a doctor by location, specialty, gender or languages spoken.

Can members change their PCP?

Yes, members may request a change in PCP by calling the toll-free member phone number on their health plan ID cards or by visiting myuhc.com.

How long does it take?

- Changes are permitted once per month. Changes submitted on or before the 31st of the month will be effective on the first day of the following month.
- New health plan ID cards are issued whenever members change their PCPs.

Can a member see a new PCP before the effective date of his or her PCP change?

No, if the member sees a new PCP before the effective date of his or her PCP change, the member will be responsible for all charges. However, the member could see the new PCP *if the member receives a referral from his or her existing PCP*.

Will retroactive changes to the PCP effective date be permitted?

No, retroactive changes will not be permitted.

Referrals.

How does the referral process work?

Members must get referrals from their PCPs before they see any other network physician or specialist. The PCP submits referrals to UnitedHealthcare electronically. Referrals are effective immediately and can be viewed online by both members and physicians the next day.

What happens if members don't get a referral from their PCP first?

Members enrolled in **Charter** will have no coverage if they see another network physician or a specialist before getting a referral.

Are there any specialty physicians members can see without a referral from their PCP?

Members have direct access to network OB/GYNs, network mental health and substance use disorder providers, and to network providers for routine refractive eye exams. Direct access to other network specialists will be allowed as required by individual state regulations.

Can a specialist refer to another specialist?

No, specialists may not refer a member to another specialist in the network. Only the member's PCP can issue a referral.

Can members use a network convenience care clinic or urgent care clinic without a referral from their PCP?

Yes, members can go to any urgent care or convenience care clinic *that is part of the **Charter** network* without a referral from their PCP.

Resources.

Who do my employees call if they have questions?

If your employees don't have access to the Internet, need translation services or have questions, they can call the toll-free member phone number on their health plan ID card.

What other member resources and tools are included with Charter?

- UnitedHealthcare's member website, myuhc.com, provides access to benefit information, online tools and programs to help members keep their health on track.
- NurseLineSM and Care24[®] put members in touch with licensed professionals over the phone, 24 hours a day, seven days a week.
- Disease management programs offer support and resources to help members manage chronic conditions, such as diabetes and asthma.
- An Employee Assistance Program (EAP) and behavioral health benefits assure your employees that they have support in difficult situations.

Prior authorization.

Certain services and procedures require prior authorization by UnitedHealthcare for medical necessity. If a member is receiving care from a network physician, most often that physician is responsible for obtaining the prior authorization. Members can find the procedures and services that require them to get the prior authorization in their Schedule of Benefits and other plan documents. If UnitedHealthcare decides the procedure or service is not medically necessary, the request for authorization will be denied. UnitedHealthcare will notify both the physician and the member of the decision. If the member decides to have the service or procedure, even though it has not been authorized, the member will have to pay the charges.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com.[®] Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the UnitedHealthcare Health4Me[®] mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits. Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer. NurseLineSM is for informational purposes only. Nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time. The Care24[®] Program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action with UnitedHealthcare, or its affiliates, or any entity through which the caller is receiving UnitedHealthcare, or its affiliates, services directly or indirectly (e.g., employer or health plan). The Care24 Program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.