



**Welcome to your  
global health benefits.**

**Nabors Global Holdings II - TCN**



A photograph of a young woman with long brown hair smiling and hugging a man from behind. The man has dark curly hair and is wearing a grey t-shirt. He has a large black backpack with blue straps on his back. The woman is holding a small, dark red passport in her left hand. The background is a blurred outdoor setting, possibly an airport or travel area. A large blue circular graphic is on the left side of the image.

**Wherever you go,  
UnitedHealthcare Global  
is there with you.**

# Your plan is as mobile as you are.

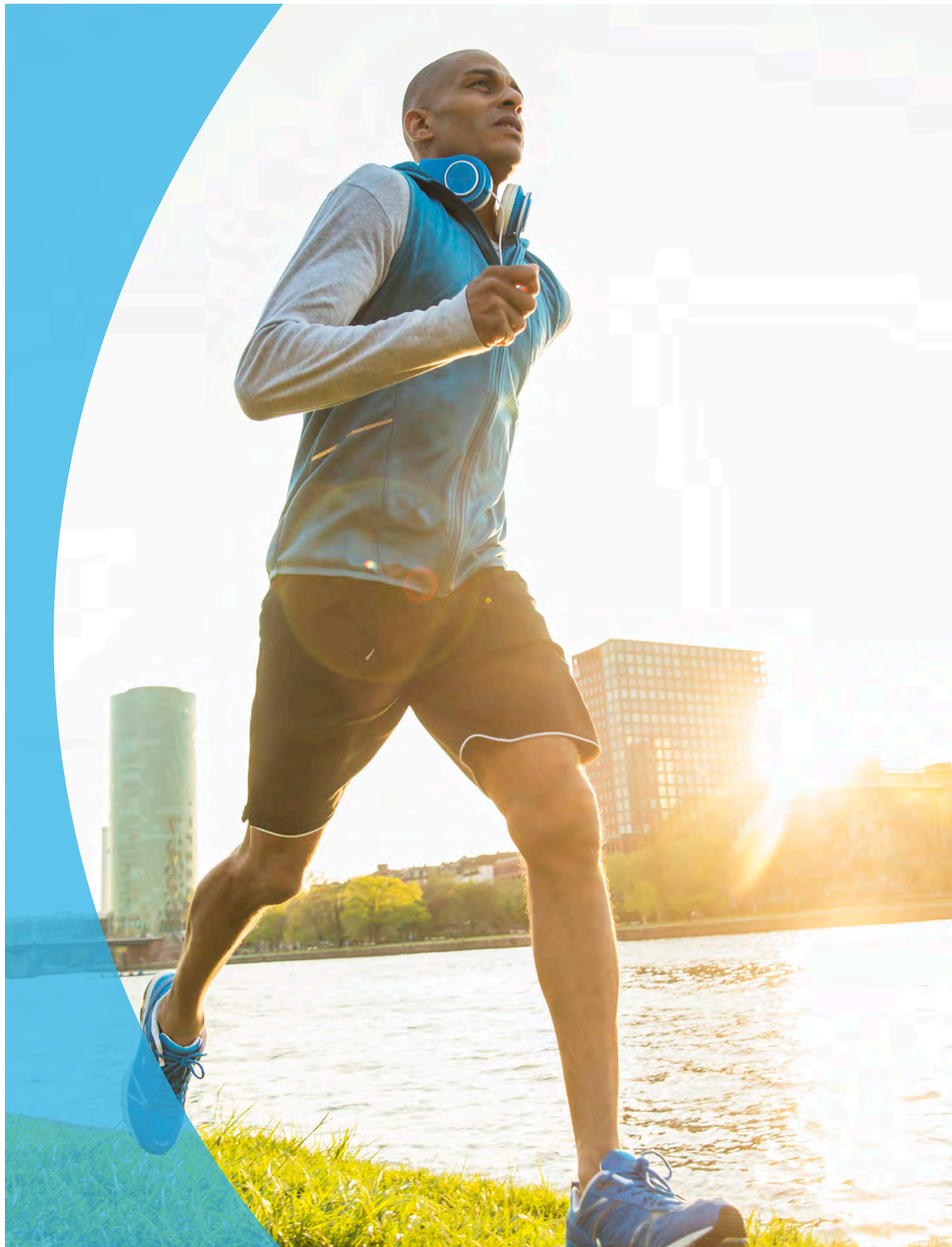
No matter where your assignment takes you, you have access to the health care resources you need. Your UnitedHealthcare Global insurance plan works efficiently and simply, wherever you are in the world.

Health care can be complicated, so this guide is designed to make it simple. Facts and tips are organized into sections that guide you through everything you need to know. We suggest you read through the guide once and then save it for future reference.

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# 1 Get Started

## Your expatriate journey

### Helping you navigate



Adjusting to life as an expatriate and accessing health care while on assignment can be more challenging than at home. UnitedHealthcare Global is providing this welcome information and additional resources to make sure you have the support you need, every step of the journey. We'll help you navigate the health system in your host country and overcome language or cultural barriers. We're also here to help your covered family members, who may not have made the journey with you.

#### New expatriate journey

**Welcome Call:** Your journey begins with a Welcome call. Your Customer Care team invites you to schedule or request a personalized overview of your health benefits, the resources available to you, and all of the ways we can help.

**Assignment Readiness:** We will provide pre-deployment planning and clinical support to identify any specific needs you may have.

#### Existing expatriate journey

**Continuity of Care:** If you are already on assignment, we're here to consult with you and your family to help make sure you can continue to receive appropriate care for any conditions or treatment plan.

**Your ID Card:** You will receive an ID card, which provides doctors' offices and hospitals with important information regarding your coverage. Take your ID card with you to your health care appointment.

**The Global Network:** We'll help you find doctors, hospitals and retail pharmacies to get the care you and your family needs, anywhere you are.

**Customer Care:** We're here for you 24/7/365 by phone or through our self-service tools.

**Technology Tools:** A range of mobile and desktop tools provides you with options for managing your health.

**Health Management and Wellness:** Members with health conditions or requiring additional support can connect with a clinician or a professional counselor.

**Re-integration support:** After successfully completing your assignment, we're here to help transition to life and work in your home country.

## Get Started



# Your medical ID card, one website, one number to call

## Review your medical ID card



## Always keep your ID card with you.

Your ID card contains valuable information about your coverage, so it's important to know what everything means.

- 1. Member ID:** Identifies you as a covered individual and is how we keep track of your benefit usage. When you call Customer Care, you will be asked for this number.
- 2. Group number:** Identifies your employer and your plan.
- 3. Member:** The name of the person who carries the plan.
- 4. Dependents:** Names of everyone covered under the plan.
- 5. Office:** Amount you owe at a primary care physician visit.
- 6. ER:** Amount you owe at an emergency room visit.
- 7. UrgCare:** Amount you owe at a visit to an urgent care center.
- 8. Spec:** Amount you owe at a specialist visit.
- 9. Rx Bin & Rx Grp:** Identifies you as a UnitedHealthcare member for OptumRx prescription drug administration in the U.S.
- 10. myuhc.com:** Your member website, where you can manage your benefits.
- 11. +1.877.844.0280:** 24/7 Customer Care number to call.



Health Plan

**1** Member ID: 123456789 **2** Group Number: 999999

**3** Member: SUBSCRIBER SMITH  
Dependents:  
**4** SPOUSE SMITH  
CHILD1 SMITH  
CHILD2 SMITH  
CHILD3 SMITH

**5** U.S. Copays: Office: \$25 **6** ER: \$250  
**7** UrgCare: \$10 **8** Spec: \$35

0501

UnitedHealthcare Expat InsuranceChoice Plus  
Administered by United Healthcare Services, Inc.

### Expatriate Insurance

Payer ID 99999

**9**  OPTUMRX  
Rx Bin: 999999  
Rx PCN: 9999  
Rx Grp: UHEALTH

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: **10** myuhc.com **11** +1.877.844.0280  
Calls Outside U.S.: +1.763.274.7362

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For U.S. Providers: www.UnitedHealthcareOnline.com 877-842-3210  
For Non-U.S. Providers: +1 763-274-7362  
International Claim Fax: +1 813-877-8167  
Medical Claims: PO Box 740111, Atlanta, GA 30374-0111

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Pharmacy Claims: PO Box 740111, Atlanta, GA 30374-0111  
For U.S. Pharmacists: 888-290-5416

## Register at myuhc.com



### It's your direct connection, day and night.

Use your secure web portal to find information and tools to help you get the most out of your benefits.

- **See what's covered**
- **Find a network doctor, clinic or hospital**
- **Submit and track claims**
- **Translate medical and pharmacy terms**
- **Get a replacement for your member ID card**
- **And much, much more**

### Registration is easy.

Registering at **myuhc.com** will give you one universal login – your HealthSafe ID – that you can use on **myuhc.com**, or on the **Health4Me®** smartphone app.

Have your ID card ready (or you can use your Social Security Number if you have one and date of birth) and then:

- 1 Go to [www.myuhc.com](http://www.myuhc.com)
- 2 Select Register Now
- 3 Follow the step-by-step instructions - you will be guided along the way with helpful onscreen feedback. Remember to sign up for paperless communications, which allow us to communicate important updates to you via email.

If you have previously registered for myuhc.com as a UnitedHealthcare member, you will need to register again for access to your UnitedHealthcare Global benefits and information.

### One password is all you need.

Register at **myuhc.com**, and use the same HealthSafe ID username and password to log in to:

- **myuhc.com** health benefits portal
- **Health4Me** mobile application



## Get Started



## Download the Health4Me® mobile app

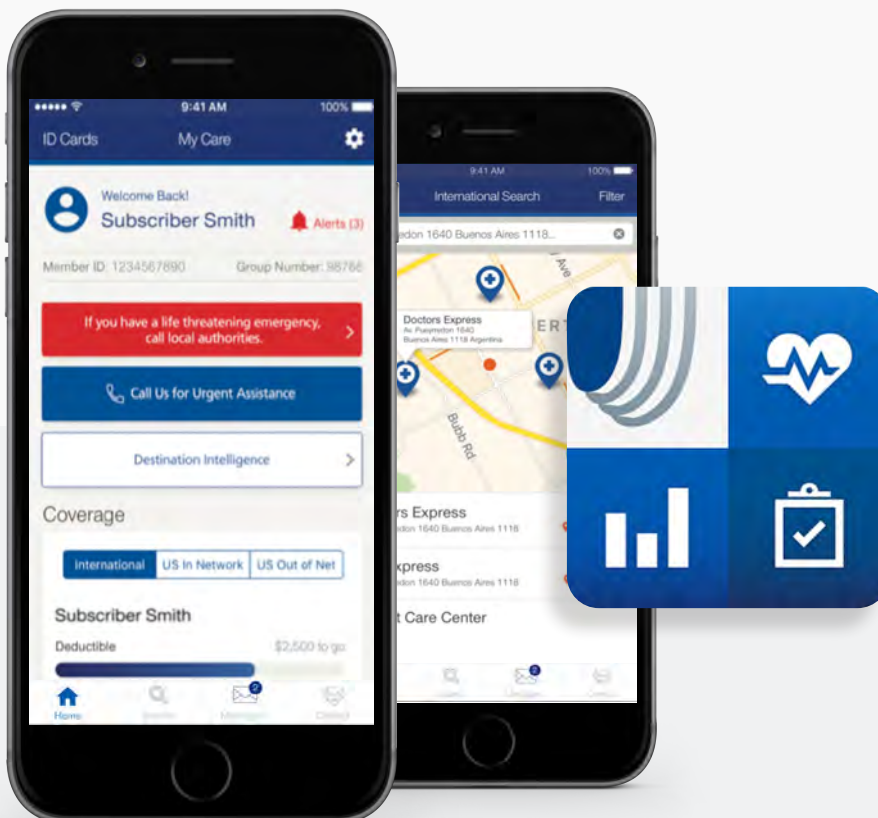


## You can do so much with Health4Me

With mobile functionality designed especially for expatriates, the award-winning Health4Me app travels with you, wherever you are. You can download it from the App Store® or Google Play™ in the U.S., Singapore, and the United Arab Emirates. Once downloaded, it works around the world.

Use the same credentials you use to log in to myuhc.com. Then:

- **Find a doctor, hospital or clinic nearby**
- **Identify providers who accept direct payments from UnitedHealthcare Global**
- **View recent medical and security alerts globally or by country**
- **Subscribe to receive future medical and security alerts for up to 10 countries, including your current GPS location of the mobile device**
- **Call us for urgent help with one touch**
- **Review your coverage**
- **Upload and track claims**
- **Share your ID card with your doctor**



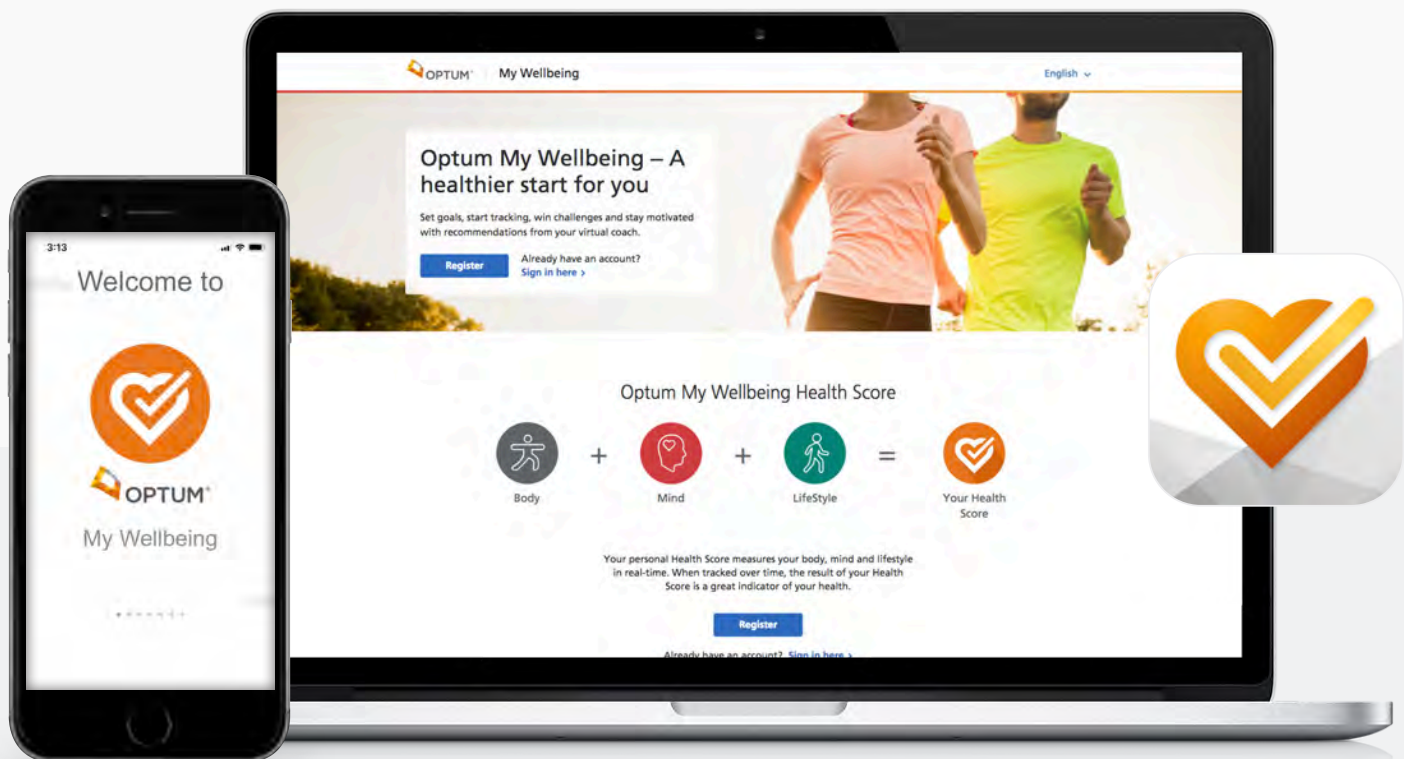
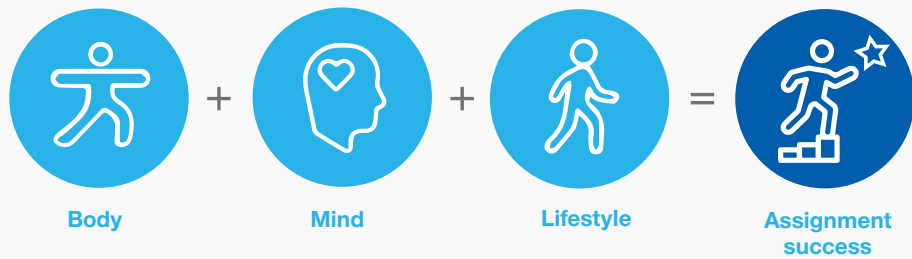


# My Wellbeing



## For a healthier journey

My Wellbeing is a digital health platform provided by Optum®, a UnitedHealth Group® company, designed to help you and your dependents create and sustain positive behavioral changes and inspire the development of healthy habits for life.



## Get Started

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## My Wellbeing (cont.)



### Personalized Goals and Challenges

- Set personal goals
- Join online group activity challenges
- Choose from social, physical or nutrition programs

### Real-time Health and Activity Tracking

- Discover your Health Score and use it to track your results to achieve your goals
- Get support from a virtual coach

### Stay Connected, Stay Focused

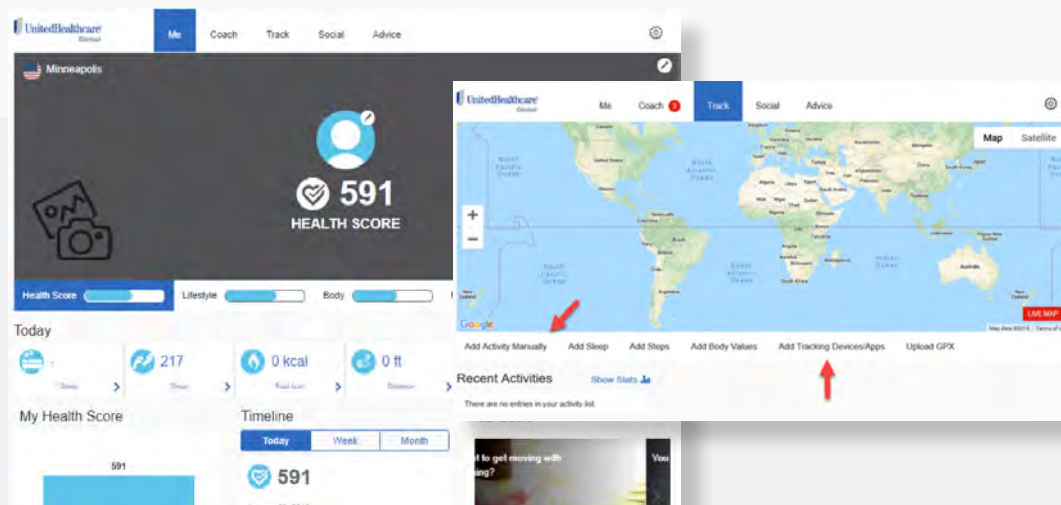
- Get inspired and focused with online communities
- Receive timely coach check-ins and reminders that can help you set goals and stay inspired
- Support available in 12 languages

### Seamlessly Connected

- Easily accessed by smartphone or online
- Connects to health-related devices and apps, such as heartrate and blood pressure trackers

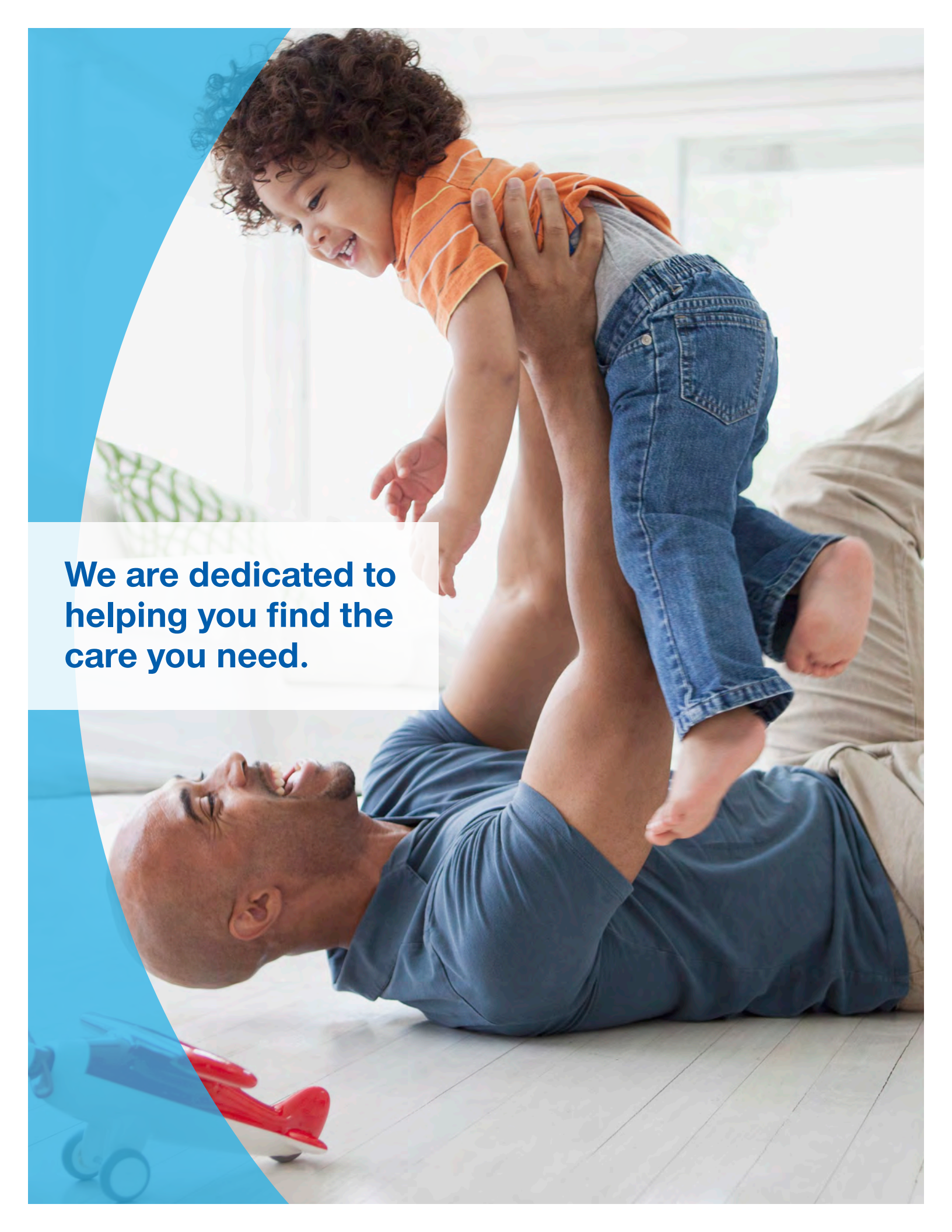
Available at [mywellbeingsolution.com](http://mywellbeingsolution.com).  
Enter Company Access Code **uhcglobal**.

Download the **Optum My Wellbeing app** from your favorite app store.



[illegible]



A photograph of a man with a shaved head and a goatee, wearing a blue t-shirt and khaki pants, lying on his back on a light-colored wooden floor. He is smiling and holding a young child with curly hair, wearing an orange and white striped shirt and blue jeans, up in the air with both hands. The child is also smiling and looking towards the camera. In the bottom left corner, there is a blue graphic overlay with a white airplane icon. The background is a bright, out-of-focus indoor space with large windows.

**We are dedicated to  
helping you find the  
care you need.**

# Quality care, direct payment

## When you need care



Your plan provides access to a global network of health professionals, hospitals, clinics and diagnostic facilities so that you can get the care you need at home or on assignment.

### Visit [myuhc.com](https://myuhc.com):

- For **International Provider searches** select: View Global > Find an International Provider > then enter information about your location and the type of care we can help you find
- For **U.S. provider searches**, select: View United States > Find A Doctor

### Outside the U.S. and Canada:

- Call the Direct Access Number for the country from which you are calling. Visit <https://www.business.att.com/bt/access.jsp> for a list of direct access codes by country. At the prompt, dial **+1.877.844.0280**.
- If your country isn't listed, call **+1.763.274.7362**.

### In the U.S. or Canada:

Toll-free **+1.877.844.0280**

## Is it an emergency?

Follow the **“first call”** protocol for the country you are in. For instance, in the U.S., that means “Call 911.” The Health4Me smartphone app displays the local emergency numbers for most countries worldwide.

Visit

[https://travel.state.gov/content/dam/students-abroad/pdfs/911\\_ABROAD.pdf](https://travel.state.gov/content/dam/students-abroad/pdfs/911_ABROAD.pdf)  
for a list of global first protocol numbers.

## When you need care



## Virtual Visits



### Direct Payment System

UnitedHealthcare Global has set up a direct payment system with our global network providers. This means health care bills come to us for payment, minimizing your out-of-pocket expenses. There may be some circumstances in which you need care from a provider who does not have an existing direct payment agreement with UnitedHealthcare Global. If that happens, call Customer Care. In many cases, we can arrange direct payment.

Seeing a doctor at home and on assignment should be simple. That's why we are pleased to offer Virtual Visits as part of your UnitedHealthcare Global benefits program.

Whenever you need care – day or night – Virtual Visits from UnitedHealthcare Global can be a great option. From treating colds and fevers, to caring for migraines and allergies, use the website or mobile app\* to connect with a doctor.

- **Real time visits with medical professionals**
- **Physicians who can diagnose and prescribe\***
- **Health care beyond normal clinic hours**
- **More time at work, not time driving to or waiting for an office visit**

### Register for Virtual Visits:

**Inside the United States** visit: [uhc.com/virtualvisits](https://uhc.com/virtualvisits)

**Outside the United States** visit: International Provider Search on [myuhc.com](https://myuhc.com) to locate non-U.S. Virtual Visit providers.

\*Products and services may be limited or excluded by applicable law, location and provider. UnitedHealth Group cannot guarantee clinical outcomes.



## Submit claims



UnitedHealthcare Global will make sure your claims are paid quickly and accurately, no matter where you are. At **myuhc.com**, you can submit claims online and see your claims history.

### Four ways to submit a claim:



#### **ONLINE at myuhc.com:**

**For International claims:** Select “View Global” and then “Submit a Claim,” then provide details regarding the health care visit on the New Claim form



#### **MOBILE:**

Via the **Health4Me app** on your smartphone.



#### **MAIL:**

UnitedHealthcare Global Insurance  
P.O. Box 740111  
Atlanta, GA 30374-0111



#### **FAX:**

##### **Outside the U.S. or Canada:**

Call the Direct Access Number for the country from which you are calling. Visit **<https://www.business.att.com/bt/access.jsp>** for a list of direct access codes by country. At the prompt, dial **+1.877.370.4150**.

##### **In the U.S. or Canada:**

Toll-free **+1.877.370.4150** or **+1.813.870.0796**

A copy of the claim form is included with this kit. You can download a claim form at **myuhc.com** (available in multiple languages).

## Care & Claims

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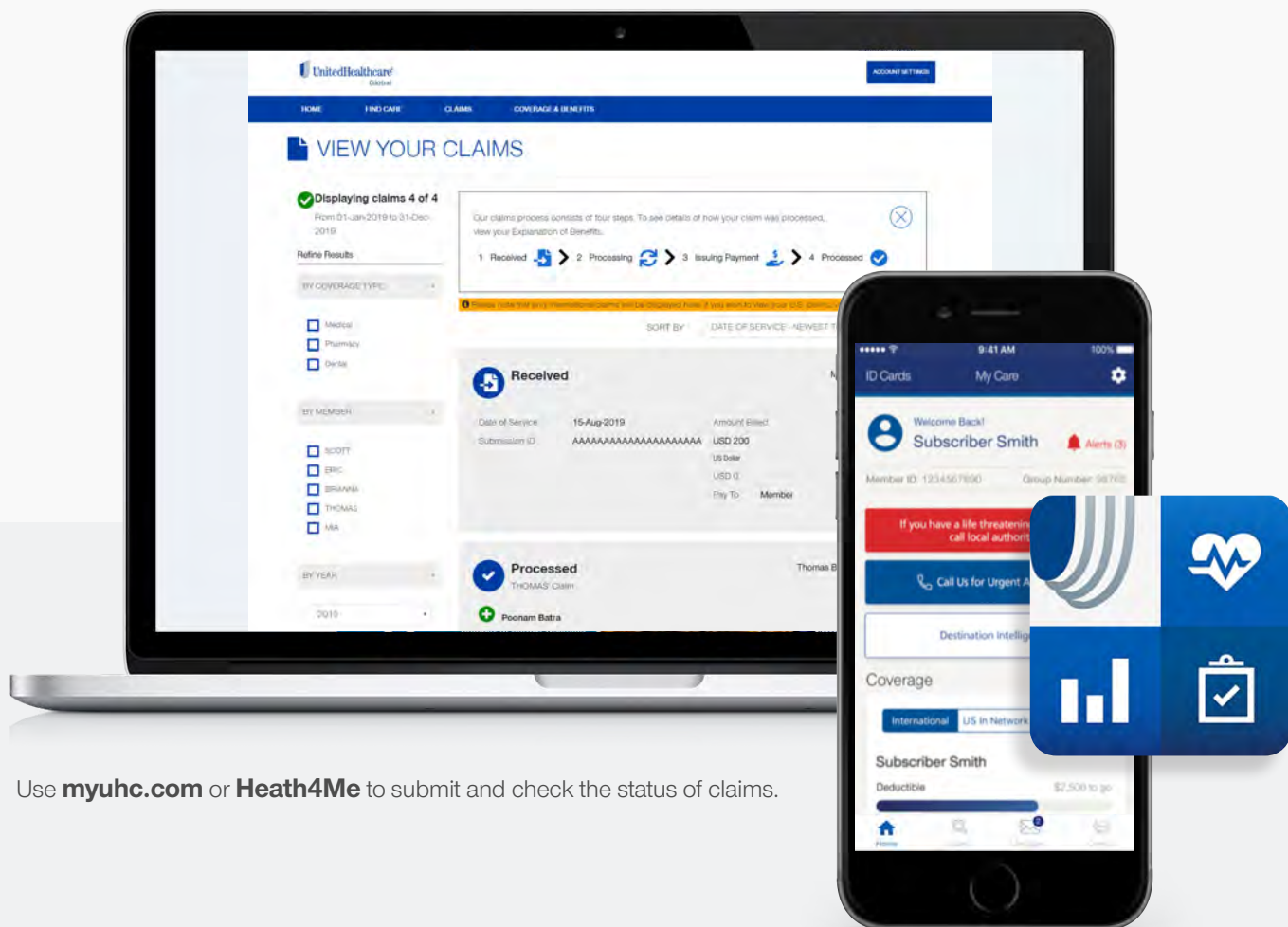
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## Check the status of a claim

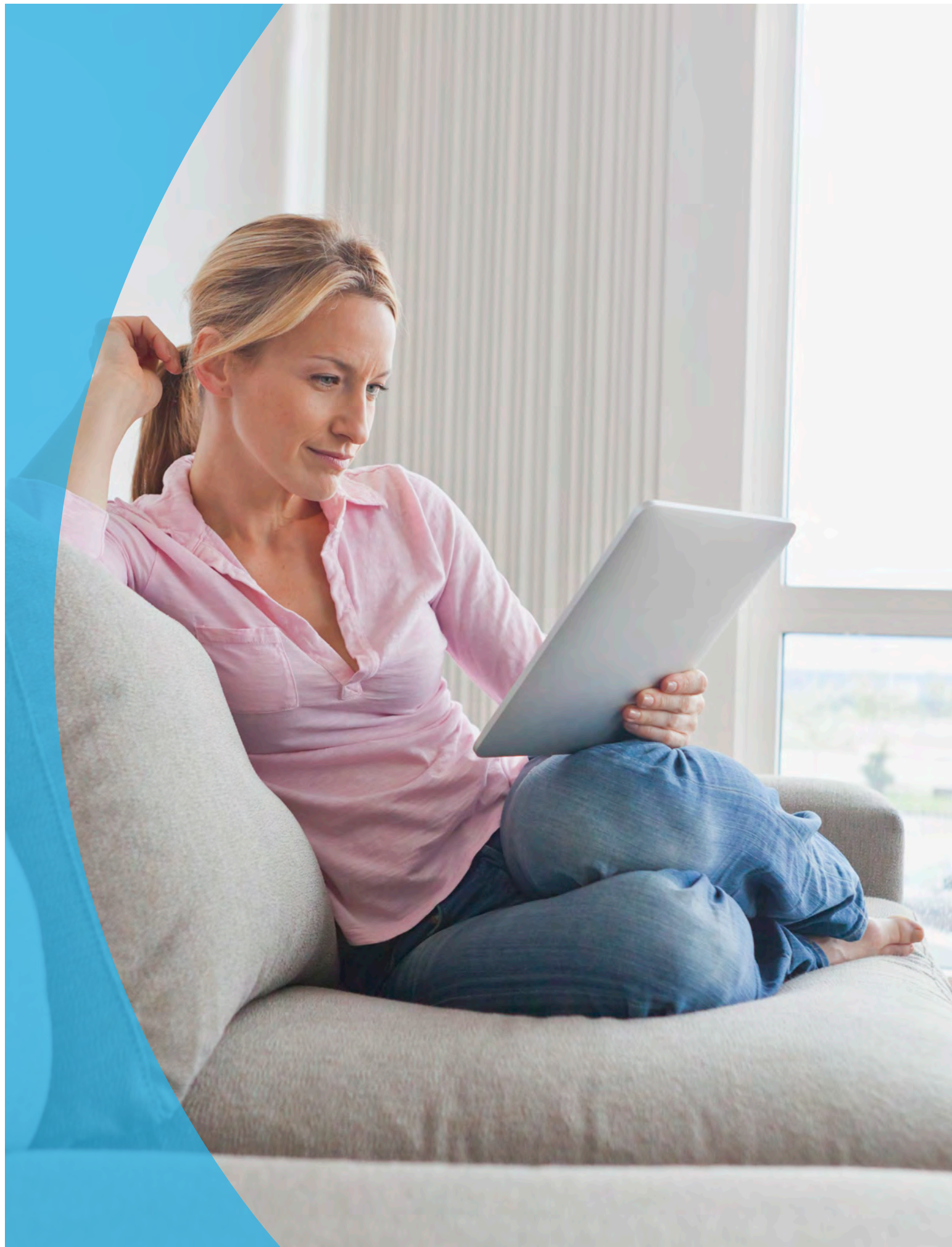
It's easy. To check on the status of a claim, visit **myuhc.com** or the **Health4Me** app on your smartphone. You can also reference your past claims history.



Use **myuhc.com** or **Health4Me** to submit and check the status of claims.

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# Safe and easy medication management

## Getting your prescriptions



**OptumRx** is your plan's pharmacy benefits manager and works to offer safe, easy and cost-effective ways for you to get the medication you need. Show your member ID card at retail pharmacies in the U.S. to limit your out-of-pocket expenses

OptumRx also offers the convenience of receiving prescription medications delivered to your U.S. address. You can order a three-month supply, often with a reduced copayment compared to copay at retail pharmacies. U.S. federal regulations prohibit shipment of prescription medications outside the U.S., Puerto Rico and Guam.

## Filling prescriptions before you leave

You can receive up to a one-year supply of prescription medication. Call **Customer Care** before you go to get help filling your prescriptions prior to departure or at retail pharmacies in your host country. OptumRx will help determine if your medication is suitable for long-term supply and how it should be stored.

In the U.S., Puerto Rico and Guam, you and covered family members can fill prescriptions at more than 67,000 in-network retail pharmacies. Locate pharmacies at [myuhc.com](https://myuhc.com) or call **Customer Care** for help.

## Buying prescriptions abroad

Because U.S. federal regulations prohibit shipment of prescription medication outside of the U.S., Puerto Rico and Guam, it's best to fill your prescriptions at local retail pharmacies while on assignment. Call **Customer Care** for help in finding retail pharmacies nearby. You can pay for your medication and submit a claim to us for reimbursement.

## What if the medication name is different?

Medication names and strengths can vary from country to country. Visit [myuhc.com](https://myuhc.com) to see drug name translations and get detailed information on medications. Call **Customer Care** for help in understanding medication differences and your benefits.

## Pharmacy Facts

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### A few things to note:

- Your plan covers prescription medication only. Pharmacy benefits will not apply if your medication is available over-the-counter in the host country.
- If you can't get a specific medication in another country, there may be a comparable option. Discuss this with your doctor ahead of time so you are prepared.

### Reach customer care:

When you need help, our multilingual Customer Care Center is here to support you.



#### PHONE:

##### Outside the U.S. or Canada:

Call the Direct Access Number for the country from which you are calling. Visit <https://www.business.att.com/bt/access.jsp> for a list of direct access codes by country. At the prompt, dial **+1.877.844.0280**.

If your country isn't listed, call **+1.763.274.7362**.

##### In the U.S. or Canada:

Toll-free **+1.877.844.0280**



#### EMAIL:

To send emails securely to our team:

Log onto **myuhc.com**, select > Message Center

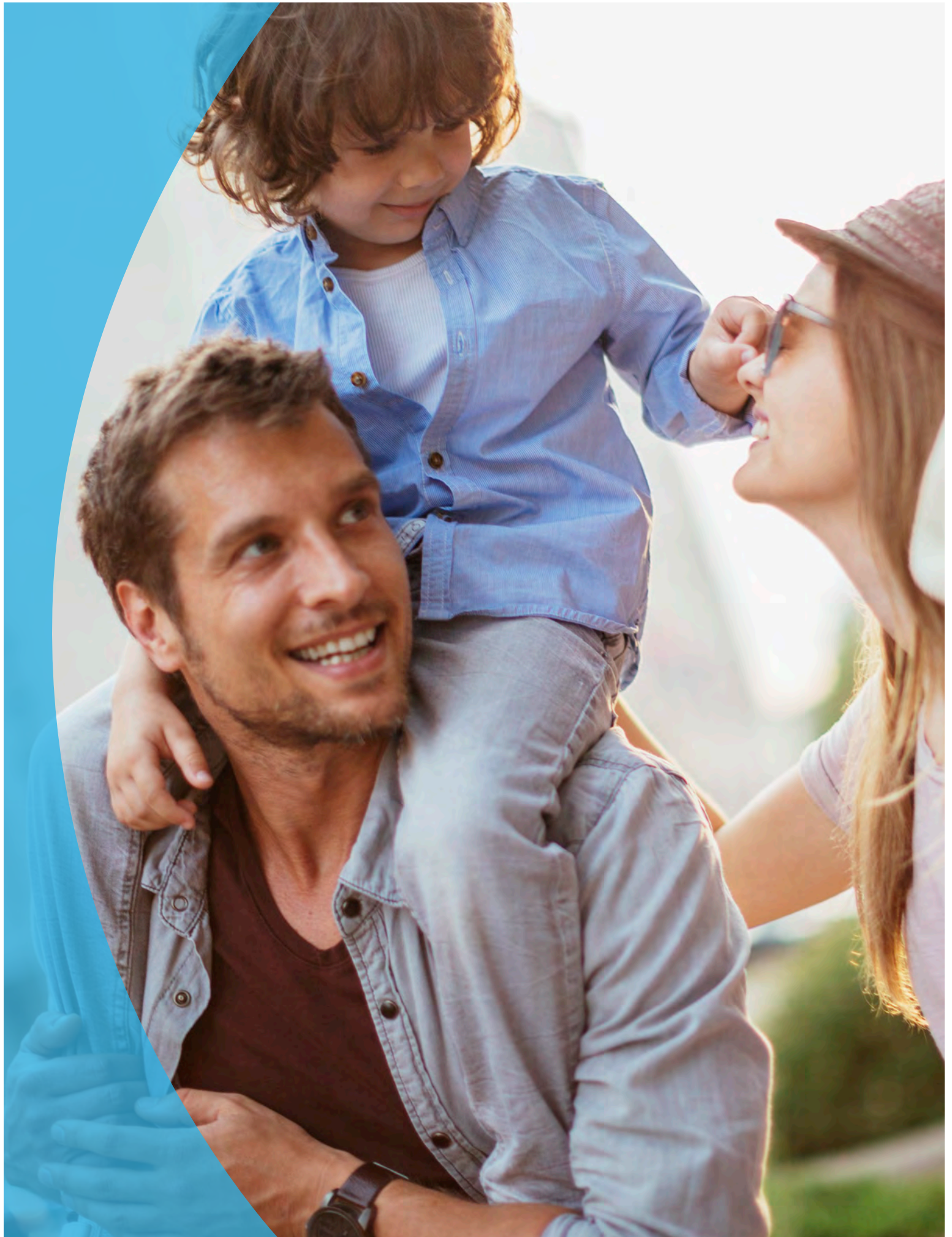
Alternatively, for general queries, email us at:

**expatinsurance\_memberservices@uhcglobal.com**

Note: You can also chat with customer services at any time once logged onto myuhc.com.



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# Health management and wellness services



Living and working in another country can be challenging. You may experience situations you have never had to address before. Our goal is to make sure you have the resources you need to get acclimated to your new environment and to succeed.

## Welcome call

You can schedule or request a welcome call from an experienced team member at UnitedHealthcare Global Customer Care. They will give you a short background on UnitedHealthcare and how we can help. They also will confirm or collect your email address so we can connect with you in case we need to reach you during your assignment. This is your time to share any concerns you or your family have while you are on assignment.

## Health Management Program

UnitedHealthcare Global offers the Health Management program to all covered expatriates and their families to help you access the resources you need to manage your health and chronic conditions, whether at home or on global assignment in an unfamiliar location.

The UnitedHealthcare Global Health Management program focuses on the specific needs of you and your family, wherever you are in the world. Clinicians provide targeted support and assistance and help expatriate families overcome the challenges of accessing care and resources for complex, high risk conditions. These clinicians develop a trusting relationship with program participants, getting to know their case history and needs on a personal level to help members and their families manage their health and successfully complete expatriate assignments.

The Health Management program is designed and staffed especially for expatriate populations, with focus on alleviating health-related anxieties for members and their families.

The Health Management program leverages UnitedHealthcare Global's expertise in culture, language and health care intelligence, enabling the clinicians to:

- **Identify and engage high risk individuals and families**

## More Program Details

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- **Assess the member's unique needs**
- **Assist you in navigating complex health systems in your home and host counties**
- **Facilitate continuity of care**
- **Reduce the risk of complications**
- **Promote improved clinical outcomes**

The program provides expatriate families with a clinician who will help identify solutions to alleviate medical issues, empowering you to:

- **Adapt to any changes in your clinical condition or situation**
- **Consistently stay on your medication or treatment plan**
- **Optimally manage your health**
- **Remain focused, productive and on assignment**

The UnitedHealthcare Global clinical team identifies members who may benefit from the Health Management program. Referral sources range from member self identification (i.e. pre-trip planning, continuity of care needs identification, requests for medical assistance) as well as utilization reviews by our clinical team including data indicators.

Clinicians outreach to you and begin to develop in-depth knowledge of your health issues, identify challenges and barriers to care, and develop strategies to optimize health. The cornerstone of this relationship is personal interaction and the development of an ongoing trusting relationship.

Health care professionals support participants' health needs in 5 areas of focus:

- **Medication management**
- **Durable medical equipment and supplies**
- **Dietary management**
- **Specialty providers for high impact conditions**
- **Action planning for urgent needs**

The Health Management program helps members with the following chronic conditions and more:

- **Diabetes**
- **Coronary artery disease**
- **Hypertension**
- **Back pain**
- **Asthma**

- **Chronic obstructive pulmonary disease (COPD)**
- **Cancer**
- **Chronic disease**  
(i.e. Multiple Sclerosis, Parkinson's, End-Stage Renal Disease, Chron's)
- **High-risk obstetrics (OB)**
- **Premature infant**
- **Human Immunodeficiency Virus (HIV)**
- **Traumatic brain injury**
- **Stroke**
- **Renal failure/kidney disease**
- **Special needs of children**

## International Employee Assistance Program (IEAP)

The challenges you face each day can overwhelm you. Your home life, your happiness and your performance at work all can suffer. We're here to help. Your International Employee Assistance Program provides support for those everyday challenges and for more serious problems. It's available around the clock anytime you need it.

You may be struggling with stress at work, seeking financial or legal advice, or coping with the death of a loved one. Maybe you just want to strengthen your relationship with your family. Your IEAP offers assistance and support for these concerns and more:

- **Depression, anxiety and stress**
- **Substance abuse**
- **Problems or conflicts at work**
- **Parenting and family struggles**
- **Financial or legal issues**
- **Isolation and loneliness**
- **Culture shock**
- **Re-integration support**
- **Legal and financial consulting**

We will not share your personal records with your employer or anyone else without your permission. Information about you and the services you use is confidential in accordance with the applicable laws and regulations.

The service is included in your expatriate medical plan. Depending on your needs,



## More Program Details

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there may be a cost for further help. Any costs will be made clear to you, and you are able to decide whether to proceed. Please refer to your employer benefit plan for further information.

## Behavioral Health Services

UnitedHealthcare Global is helping you take steps toward feeling healthier, happier, and more in control of your well-being with behavioral services from Optum's Live and Work Well program.

Benefits include:

- **Access to the latest news, events and library of expert articles and advice**
- **Learn about conditions and issues that may be affecting life**
- **Self-help services**
- **Interactive tools**
- **Talk to a licensed therapist or psychiatrist online**
- **Action-oriented advice**
- **Find a provider**
- **Discover local community and work-life resources**
- **Quickly and confidentially connect to expert guidance regarding conditions and situations**

Live and Work Well program is 100% digital, making it easy, convenient and safe for members to find the support they need to live their best life.

## Say goodbye to tobacco



We are committed to your wellness. If you want to kick the habit, we are here to support you. UnitedHealthcare Global covers certain over-the-counter and prescription tobacco cessation medications at \$0 cost-share, when you meet the requirements.<sup>1</sup>

### How to qualify for tobacco cessation benefits

There are just a few requirements to receive medications at \$0 cost-share. You must:

- **Be 18 or older**
- **Try an over-the-counter nicotine product** (covered only if supplied directly from the provider)
- **Get a prescription for a covered tobacco-cessation medication**
- **Fill your prescription at a network pharmacy in the U.S. or submit a claim for reimbursement if you fill your prescription at an international pharmacy.**

|  |  |   |
|--|--|---|
| <b>Over-the counter medications</b><br>Covered in the U.S., prior authorization is not required.<br>Not covered outside the U.S. | Nicotine replacement gum<br>Nicotine replacement lozenge<br>Nicotine replacement patch |   |
| <b>Prescription medication</b><br>Covered globally, prior authorization is not required.   | Bupropion sustained-release (generic Zyban) tablet                                     |   |
|  | Nicotrol Inhaler<br>Nicotrol Nasal Spray<br>Chantix Tablet                             | Covered after you have tried:<br><br>1) One over-the-counter nicotine product (covered only when purchased at provider's office; not covered at retail pharmacies) and<br><br>2) Bupropion sustained-release (generic Zyban) separately |

<sup>1</sup> Tobacco cessation coverage at \$0 copay is available to members enrolled as part of a fully insured group. Contact UnitedHealthcare Global Customer Care to confirm program eligibility.

# Your dental benefits

## 7 key facts about your dental plan



- 1 You can use the services of any dentist or dental specialist around the world. Call **Customer Care**, and we'll help you find one nearby.
- 2 In the U.S., you can save money by using a dentist or dental specialist within the UnitedHealthcare National Options PPO 30 network.
- 3 Need to see a dental specialist? You won't need a referral.
- 4 Preventive services are covered at little or no cost to you.
- 5 It's a good idea to get an estimate for dental services that may cost more than \$500. Call **Customer Care** so that we can attempt to arrange direct payment with the provider you have selected.
- 6 To find facts about your dental benefits, log in to **myuhc.com**, your member portal.
- 7 **Customer Care** is here 24/7 to offer help and answer your questions.

Taking care of your teeth and gums is important to your overall health, wherever you are in the world. Your dental benefits are designed to help you find dentists and specialists nearby so you can get the care you need.

## About your ID card

- Use your member ID card for both your medical and dental needs. You will not need a separate card to use your dental benefits.
- Bring your member ID card with you every time you visit a dental office.
- You can always print a copy of your member ID card at your member portal, **myuhc.com**.

## What your dental plan covers

Preventive services are covered at little or no cost to you, as long as you use a dentist or dental specialist who is part of our network. Preventive care includes:

- **Routine exams**
- **Cleanings**
- **Oral cancer screenings for adults**
- **Sealants for children**
- **Two preventive visits in 12 consecutive months**
- **Extra visits are at no added charge for pregnant women** (ask your dentist to include the name of your obstetrician and your due date on the claim form. We'll take care of the rest).

### Other types of care

Your dental plan also covers fillings. Some plans cover only silver fillings for back teeth. If you choose white fillings, you may need to pay the difference. To see how other services are handled, log in to **myuhc.com** and select Plan Information for details.

## Tips for choosing dental care

### Globally

You are free to seek care from dentists wherever your assignment takes you. We encourage you to call **Customer Care** for help in finding providers nearby. Our team works to set up a direct-pay arrangement with the dental office, which helps keep your expenses lower.

### In the United States

Search **myuhc.com** for dentists who participate in the UnitedHealthcare National Options PPO 30 dental network. They have agreed to discount their services for our members by 20 to 30 percent (on average). Dentists who are not part of our network will bill you the difference between what we pay our network dentists and what your dentist typically charges.

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### In the Gulf Cooperation Council plus Lebanon

Expatriates and covered families in the Gulf Cooperation Council plus Lebanon use the NextCare network of dental providers. If you are on assignment in these countries, you will receive an additional medical/dental ID card from ASNIC, the insurer in these countries. Use only the ASNIC ID Card in these countries. Providers in these countries will not accept the UnitedHealthcare Global insurance card in these countries:

- **Bahrain**
- **Kingdom of Saudi Arabia**
- **Kuwait**
- **Lebanon**
- **Oman**
- **Qatar**
- **United Arab Emirates**

For help in finding dental care, call the number on the back of your ASNIC member ID card. File claims using ASNIC forms and submit them directly to ASNIC.

All services provided in the Gulf Cooperation Council plus Lebanon are subject to the local Table of Benefits (TOB) provided by ASNIC in your regional welcome materials.



# Preventive care services



Your benefits include preventive care services, including routine tests, pre-assignment immunizations, and screenings. Early detection enables doctors to evaluate treatment options and begin therapies that may reduce complications and the risk of disease progression. This chart displays examples of services that are typically covered. Other screenings may also be covered, up to the limit detailed on your schedule of benefits. Subject to usual & customary as well as country-appropriate guidelines. Log in to **myuhc.com** to view your benefits limits or call **Customer Care**.

| Service Category                      | Tests and Examinations  | Service Guidelines   |
|---------------------------------------|---|--|
| Physical Examination                  | Review analysis of health questionnaire<br>Physical examination by physician<br>Measurement of blood pressure<br>Height and weight<br>Rectal examination              |  |
| Blood Test                            | BUN, Creatinine<br>T-cholesterol, Triglycerides<br>HDL-cholesterol, LDL-cholesterol<br>Glucose, HbA1c<br>Na, K, Cl<br>CBC (complete blood count)<br>Rubella screening | Rubella screening - child-bearing years.   |
| Hepatitis Panel                       | Hepatitis B & C   |  |
| Urinalysis                            | Ph, specific gravity, protein, ketones, nitrite<br>glucose occult blood, bilirubin, urobilinogen  |  |
| Stool Test                            | Occult Blood in Stool   |  |
| Cancer Screening                      | Pap smear with HPV – preventive – female only   | Recommend for women age 21 or older.   |
|                                       | Mammogram screening – female only   |  |
|                                       | Prostate specific antigen (PSA) test – male only  | Urologic Society screening recommendations for men less than age 70.   |
|                                       | Screening for lung cancer with low-dose computed tomography   | Annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.   |
| Cancer Screening<br>(Choose only one) | Colonoscopy   | Recommended starting at age 40-45 if high risk (a personal history of CRC or adenomatous polyp; a genetic syndrome predisposing to CRC (i.e. hereditary nonpolyposis colorectal cancer (HNPCC); familial adenomatous polyposis (FAP), one or more first-degree relatives with CRC; two or more second-degree relatives with CRC; IBD causing pancolitis or longstanding (>8 to 10 years) active disease; certain other clinical situations (such as a personal history of childhood cancer requiring abdominal radiation therapy). |
|                                       | Sigmoidoscopy   | Age 50-75 years, every 5 years combined with high-sensitivity fecal occult blood testing.  |
|                                       | Fecal Immunochemical Test   | Age 50-75 years, yearly.   |
|                                       | Fecal DNA   | Age 50-75, every 3 years.  |

## More Program Details



| Service Category                                   | Tests and Examinations  | Service Guidelines   |
|--|---|--|
| <b>STD Screening</b>                               | Chlamydia infection screening<br>Gonorrhea screening<br>HIV screening<br>Syphilis screening<br>HPV (human papilloma virus)  |  |
| <b>Behavioral Health Screenings and Counseling</b> | Interventions to reduce alcohol misuse<br>Chemoprevention of breast cancer (counseling)<br>Screening for depression<br>Behavioral counseling to promote a healthful diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors<br>Screening for obesity<br>Behavioral counseling to prevent sexually transmitted infections<br>Counseling and interventions to prevent tobacco use<br>Behavioral counseling to prevent skin cancer<br>Screening for intimate partner violence<br>Counseling regarding prevention of falls in community dwelling adults 65 years or older |  |
| <b>Immunization</b>                                | Routine immunizations   |  |
| <b>Other Screenings and Tests</b>                  | Abdominal aortic aneurysm (AAA) screening – male only   | One-time screening by ultrasonography in men ages 65 to 75 years who have ever smoked.   |
|  | Osteoporosis – female only  | Women 65 and over.   |
|  | Dual energy X-ray absorption for osteoporosis screening – female only   | Women 65 years and older or younger women with increased fracture risk.  |
|  | Evaluation for BRCA testing and BRCA lab screening – female only  | Screening typically offered to women 18+ yrs. who have family members with breast, ovarian, tubal or peritoneal cancer and who have been screened with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes. Family history factors associated with increased likelihood of potentially harmful BRCA mutations include breast cancer diagnosis before age 50, bilateral breast cancer, family history of breast and ovarian cancer, presence of breast cancer in > 1 male family member, multiple cases of breast cancer in the family, >1 or more family members with 2 primary types of BRCA-related cancer, and Ashkenazi Jewish ancestry.<br><br>Several familial risk stratification tools are available to determine the need for in-depth genetic counseling, such as the Ontario Family History Assessment Tool, Manchester Scoring System, Referral Screening Tool, Pedigree Assessment Tool, and FHS-7. Women with positive family history and positive screening results may receive genetic counseling and if indicated after counseling, BRCA testing. This test may NOT be given to women whose family history is not associated with an increased risk of mutation or who don't have screening associated with increased risk for BRCA mutation.<br><br>The screening and history may need to be documented before BRCA testing would be allowed. |
|  | Latent TB Screening Latent TB Screening   | Recommended for adults and children.   |

NOTES: Preventive services are those performed on a person who:

1. Has not had the preventive screening done before and does not have symptoms or other studies suggesting abnormalities; or
2. Has had screening done within the recommended interval with the findings considered normal; or
3. Has had diagnostic services results that were normal after which the physician recommendation would be for future preventive screening studies using the preventive services intervals.
4. Has a preventive service done that results in a therapeutic service done at the same encounter and as an integral part of the preventive service (e.g. polyp removal during a preventive colonoscopy). The therapeutic service would still be considered a preventive service.

ANY of the above services MAY be appropriate if the patient has signs or symptoms of disease but then the tests are DIAGNOSTIC not PREVENTIVE and the reason for the test must be given.

# Getting care in Africa

## Your passport to care



For enhanced access to health care in certain geographies, UnitedHealthcare Global has allied with Johannesburg-based Medical Services Organisation (MSO), one of Africa's leading third party administrators, for:

- **Access to a network of providers**
- **Preferred pricing**
- **Clinical monitoring of your care**
- **Direct settlement**
- **Expedited claims**

## More about MSO

The network includes approximately 45,000 hospitals, clinics, doctors, dentists and pharmacies – all available for direct settlement. If there is a health care provider you would like to see added to the network, please let us know about them.

## What happens first

First, you will receive your UnitedHealthcare Global Welcome Kit and ID card by email or postal mail as soon as you enroll.

You can view an annotated sample image of your ID card in section one, "Get Started," of this guide.

## How your benefits work

When you are outside of Africa, you and your eligible family members have access to care through UnitedHealthcare Global. Follow the instructions you received from UnitedHealthcare Global.

## Carry your ID card

It's a good idea to keep your UnitedHealthcare Global ID card with you at all times. Use this card to access care in Africa and around the world.

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## Getting care in Africa

Always notify UnitedHealthcare Global before seeking treatment with any provider, even if you know they are in the network. We will verify your benefits and coordinate your Guarantee of Payment with MSO so you can visit this provider.

## Important for international assignments

- Schedule a travel medical appointment with your doctor four to eight weeks before your international assignment begins. Visit **cdc.gov** for a list of recommended vaccines and medicines.
- Contact the destination embassy before departure to see if your medication is on the List of Restricted and Controlled Drugs. Find contact information at **state.gov**.
- Keep all medications in their original prescription containers along with a copy of your prescription.
- If you have a medical condition, wear medical alert tags.
- If you have a medical condition requiring injections, bring your own supply of needles and syringes. Carry a letter from your doctor explaining your medical need.
- For help with pre-trip planning, call UnitedHealthcare Global **Customer Care** at **+1.877.844.0280**.
- For detailed country-specific medical and security reports, visit **myuhc.com**.

# Getting care in the Gulf Cooperation Council\*, Jordan and Lebanon

## Your passport to care



To support our members with enhanced access to health care in the Gulf Cooperation Council, Jordan and Lebanon, UnitedHealthcare Global has engaged the regional expertise of United Arab Emirates (UAE)-based Al Sagr National Insurance Company (ASNIC). This strategic alliance with ASNIC provides our members with:

- **Access to a network of preferred providers**
- **Preferred pricing**
- **Clinical monitoring of your care**
- **Direct settlement**
- **Expedited claims**

## More about ASNIC

ASNIC has over 30 years of experience in serving expatriate communities.

## What happens first

**You will receive two communications** containing member materials. Please read both of these sets of materials carefully.

1. Your UnitedHealthcare Global Welcome Kit and ID card will arrive by email or postal mail as soon as you enroll.
2. ASNIC will send you a Welcome Kit, containing:
  - a. Printed Welcome Letter, including a website where you can locate helpful resources such as an ASNIC Member Guide, mobile app user guide, claim form, funds transfer request form (direct deposit form), instructions on how to locate an in-network provider, and more.
  - b. ID Cards for you and your eligible dependents (if applicable)
  - c. Printed tables of benefits (medical, dental, vision)

\*The Gulf Cooperation Council includes Bahrain, Kingdom of Saudi Arabia, Kuwait, Oman, Qatar, and United Arab Emirates.



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### How your benefits work

You and your eligible family members have access to network health care professionals throughout the Gulf Cooperation Council, Jordan and Lebanon. Follow the instructions you receive from ASNIC.

When you are outside of the Gulf Cooperation Council, Jordan and Lebanon, you and your eligible family members have access to care and services through your UnitedHealthcare Global plan. Follow the instructions you received from UnitedHealthcare Global.

### Carry both of your ID cards

It's a good idea to keep both of your ID cards with you at all times.

- When you are in the Gulf Cooperation Council, Jordan and Lebanon, you will need to show your ASNIC ID card to providers to show them you are covered and to benefit from direct pay arrangements.
- Carry the UnitedHealthcare Global ID card so you can contact us at any time, or in case you or your dependents need care outside of the Gulf Cooperation Council, Jordan and Lebanon.

### Getting care

The Asnicare Service Center is available to help ensure that you always receive optimal service. Refer to guides on ASNIC website for locating provider.

## After you arrive

The Asnicare Service Center is open 24/7 here to help you find doctors and hospitals that meet your needs. Contact information for the Asnicare Regional Service Center is detailed on the back of the ID card you will receive from ASNIC.

It is recommended to contact the Service Center prior to seeking care to obtain a Guarantee of Payment (GOP) if needed.

Some of the most skilled practitioners in the region participate in the network and are accessible to you. In-network medical, dental and vision services, if your plan offers them, are available on a direct payment basis. Please refer to the information in your ASNIC Welcome Kit for information on how to locate a provider. It is recommended to contact the Service Center prior to seeking care to obtain a Guarantee of Payment (GOP) if needed. However, if you incur expenses from a non-network provider, please use the reimbursement form and the funds transfer form in the ASNIC member kit on the ASNIC website to receive a reimbursement by check or direct deposit. You may also use the mobile app to submit a claim for reimbursement. Advance planning will help ensure you get prompt, quality care when you need it.

## Important for international assignments

- Schedule a travel medical appointment with your doctor four to eight weeks before your international assignment begins. Visit **[cdc.gov](https://www.cdc.gov)** for a list of recommended vaccines and medicines.
- Contact the destination embassy before departure to see if your medication is on the List of Restricted and Controlled Drugs. Find contact information at **[state.gov](https://www.state.gov)**.
- Keep all medications in their original prescription containers along with a copy of your prescription.
- If you have a medical condition, wear medical alert tags.
- If you have a medical condition requiring injections, bring your own supply of needles and syringes. Carry a letter from your doctor explaining your medical need.
- For help with pre-trip planning, call UnitedHealthcare Global **Customer Care** at **+1.877.844.0280**.
- For detailed country-specific medical and security reports, visit **[myuhc.com](https://myuhc.com)**.

Trademarks of ASNIC are the property of Al Sagr National Insurance Company. Trademarks of NEXtCARE are property of Arab Gulf Health Services – NEXtCARE.

Compliant insurance and regional network coverage in the United Arab Emirates and Kingdom of Saudi Arabia is provided by Al Sagr National Insurance Company or their affiliates. Insurance coverage and regional network access is also extended by Al Sagr National Insurance Company to Kuwait, Bahrain, Oman, Qatar and Lebanon. Insurance coverage in all other locations is provided by or through UnitedHealthcare Insurance Company or its affiliates.

# Getting care in Eastern Europe

## Your passport to care



For better access to health care in certain underserved geographies, UnitedHealthcare Global has allied with AP Companies for:

- **Preferred pricing**
- **Clinical monitoring of your care**
- **Direct settlement**
- **Expedited claims**

## More about AP Companies

The network includes approximately 2,000 hospitals, clinics, doctors, dentists and pharmacies – all available for direct settlement. If there is a provider you would like to see added to the network, please let us know about them.

## What happens first

First, you will receive your UnitedHealthcare Global Welcome Kit and ID card by email or postal mail as soon as you enroll.

You can view an annotated sample image of your ID card in section one, “Get Started,” of this guide.

## How your benefits work

When you are in Eastern Europe, you and your eligible family members have network access to care and services through AP Companies. Follow the instructions you receive from AP Companies. When you are outside of Eastern Europe, you and your eligible family members have network access to care and services through your UnitedHealthcare Global plan. Follow the instructions you received from UnitedHealthcare Global.

## Carry your ID card

Your UnitedHealthcare Global ID card also displays the AP Companies logo. It's a good idea to keep your UnitedHealthcare ID card with you at all times. Use this card to access care in Eastern Europe, except for the Czech Republic. You will receive a separate card from MAXIMA for use in the Czech Republic.



## Getting care in Eastern Europe

Always notify UnitedHealthcare Global before seeking treatment with any provider, even if you know they are in the network. We will verify your benefits and coordinate your Guarantee of Payment with AP Companies so you can visit this provider.

## Important for international assignments

- Schedule a travel medical appointment with your doctor four to eight weeks before your international assignment begins. Visit **cdc.gov** for a list of recommended vaccines and medicines.
- Contact the destination embassy before departure to see if your medication is on the List of Restricted and Controlled Drugs. Find contact information at **state.gov**.
- Keep all medications in their original prescription containers along with a copy of your prescription.
- If you have a medical condition, wear medical alert tags.
- If you have a medical condition requiring injections, bring your own supply of needles and syringes. Carry a letter from your doctor explaining your medical need.
- For help with pre-trip planning, call UnitedHealthcare Global **Customer Care** at **+1.877.844.0280**.
- For detailed country-specific medical and security reports, visit **myuhc.com**.

















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## Reference



# Choice Plus plan details, all in one place.

Use this benefit summary to learn more about this plan’s benefits, ways you can get help managing costs and how you may get more out of this health plan.

| Check out what’s included in the plan   |   | Choice Plus   |
|---|---|---|
|    | <b>International and U.S. Network and out-of-network benefits</b><br>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. |    |
|    | <b>Virtual Visits</b><br>Talk to a doctor 24/7 who can diagnose and treat a wide range of non-emergency medical conditions, such as colds and rashes.   |    |
|    | <b>Vision</b><br>With this plan, you have coverage for an annual eye exam.  |    |
|   | <b>Preventive care covered at 100%</b><br>There is no additional cost to you for seeing an International or U.S. network provider for preventive care.  |   |
|  | <b>Pharmacy benefits</b><br>With this plan, you have coverage that helps pay for prescription drugs and medications.  |  |
|  | <b>Evacuation &amp; Repatriation</b><br>With our program, you are covered for certain assistance benefits and services, including medical evacuations and repatriations.  |  |
|  | <b>Intelligence</b><br>The Global Intelligence Center provides real-time, country-specific medical and security details, risks, quality of care assessments, threats and immunizations requirements.                    |  |

This Benefit Summary is to highlight your Benefits. Don’t use this document to understand your exact coverage. If this Benefit Summary conflicts with the Certificate of Coverage (COC), Schedule of Benefits, Riders, and/or Amendments, those documents govern. Review your COC for an exact description of the services and supplies that are and are not covered, those which are excluded or limited, and other terms and conditions of coverage.

# Here's a more in-depth look at how Choice Plus works.

## Medical Benefits

|                           | International | U.S. Network | U.S. Out-of-Network |
|---------------------------|---------------|--------------|---------------------|
| Annual Medical Deductible |               |              |                     |
| Individual                | \$300         | \$8,000      | \$30,000            |
| Family                    | \$900         | \$16,000     | \$60,000            |

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

You're responsible for paying 100% of your medical expenses until you reach your deductible. For certain covered services, you may be required to pay a fixed dollar amount - your copay.

| Annual Out-of-Pocket Limit | International | U.S. Network | U.S. Out-of-Network |
|----------------------------|---------------|--------------|---------------------|
| Individual                 | \$2,250       | \$8,000      | \$30,000            |
| Family                     | \$4,500       | \$16,000     | \$60,000            |

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan - coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year. Your co-pays, co-insurance and deductibles (including pharmacy) count towards meeting the out-of-pocket limit.

## What You Pay for Services

| Copays (\$) and Coinsurance (%) for Covered Health Care Services   | International | U.S. Network | U.S. Out-of-Network |
|--|---------------|--------------|---------------------|
| Preventive Care Services   |               |              |                     |
| Preventive Care Services   | No copay      | No copay     | 50%*                |
| Includes services such as Routine Wellness Checkups, Immunizations, and Lab and X-ray services for Mammogram, Pap Smear, Prostate and Colorectal Cancer screenings.  |               |              |                     |
| Certain preventive care services are provided as specified with no cost-sharing to you. These services are based on your age, gender and other health factors. UnitedHealthcare also covers other routine services that may require a copay, co-insurance or deductible. |               |              |                     |
| Office Services - Sickness & Injury  |               |              |                     |
| Primary Care Physician   | No copay      | \$25 copay   | 50%*                |
| Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.   |               |              |                     |
| Specialist   | No copay      | \$50 copay   | 50%*                |
| Additional copays, deductible, or co-insurance may apply when you receive other services at your physician's office. For example, surgery.   |               |              |                     |
| Urgent Care Center Services  | No copay      | \$100 copay  | 50%*                |
| Additional copays, deductible, or co-insurance may apply when you receive other services at the urgent care facility. For example, surgery.  |               |              |                     |

\*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

|                | International | U.S. Network | U.S. Out-of-Network |
|----------------|---------------|--------------|---------------------|
| Virtual Visits | No copay      | No copay     | Not covered         |

Benefits are available only when services are delivered through a Designated Virtual Network Provider. You can find a Designated Virtual Visit Network Provider by contacting us at [myuhc.com](http://myuhc.com)® or the telephone number on your ID card.

|              |          |            |       |
|--------------|----------|------------|-------|
| Vision Exams | No copay | \$25 copay | 50% * |
|--------------|----------|------------|-------|

Limited to 1 exam every 12 months.

For U.S. Benefits find a listing of Spectera Eyecare Network Vision Care Providers at [myuhcvision.com](http://myuhcvision.com).

### Emergency Care

|   |            |             |             |
|---|------------|-------------|-------------|
| Ambulance Services - Emergency Ambulance                  | No copay * | 20% *       | 20% *       |
| Ambulance Services - Non-Emergency Ambulance <sup>1</sup> | No copay * | 20% *       | 50% *       |
| Dental Services - Accident Only                           | No copay * | 20% *       | 20% *       |
| Emergency Health Care Services - Outpatient <sup>1</sup>  | No copay   | \$200 copay | \$200 copay |

### Inpatient Care

|   |   |       |       |
|---|---|-------|-------|
| Congenital Heart Disease (CHD) Surgeries <sup>1</sup> | No copay *  | 20% * | 50% * |
| Hospital - Inpatient Stay <sup>1</sup>                | No copay *  | 20% * | 50% * |
| Habilitative Services - Inpatient <sup>1</sup>        | The amount you pay is based on where the covered health care service is provided. |       |       |

Limit will be the same as, and combined with, those stated under Skilled Nursing Facility/Inpatient Rehabilitation Services.

|  |            |       |       |
|--|------------|-------|-------|
| Skilled Nursing Facility/Inpatient Rehabilitation Facility Services <sup>1</sup> | No copay * | 20% * | 50% * |
|--|------------|-------|-------|

Limited to 120 days per year.

### Outpatient Care

|                      |          |            |       |
|----------------------|----------|------------|-------|
| Acupuncture Services | No copay | \$25 copay | 50% * |
|----------------------|----------|------------|-------|

Limited to \$2,500 per year.

|                                    |          |            |       |
|------------------------------------|----------|------------|-------|
| Habilitative Services - Outpatient |          |            |       |
| All other Habilitative Services    | No copay | \$25 copay | 50% * |
| Manipulative Treatment             | No copay | 20% *      | 25% * |

For outpatient therapies (physical therapy, occupational therapy, manipulative treatment, speech therapy, post-cochlear implant aural therapy, cognitive therapy), limits will be the same as, and combined with those stated under Rehabilitation Services.

Limits do not apply to physical therapy and for Manipulative Treatment for the treatment of back pain.

\*After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

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

|   | International | U.S. Network | U.S. Out-of-Network |
|---|---------------|--------------|---------------------|
| Home Health Care <sup>1</sup>   | No copay *    | 20% *        | 50% *               |
| <i>Limited to 120 visits per year.</i>  |               |              |                     |
| <i>One visit equals up to four hours of skilled care services. This visit limit does not include any service which is billed only for the administration of intravenous infusion.</i> |               |              |                     |
| Lab, X-Ray and Diagnostic - Outpatient - Lab Testing <sup>1</sup>   | No copay      | No copay     | 50% *               |
| <i>Limited to 18 Presumptive Drug Tests per year.</i>   |               |              |                     |
| <i>Limited to 18 Definitive Drug Tests per year.</i>  |               |              |                     |
| Major Diagnostic and Imaging - Outpatient <sup>1</sup>  | No copay *    | 20% *        | 50% *               |
| Physician Fees for Surgical and Medical Services  | No copay *    | 20% *        | 50% *               |
| Rehabilitation Services - Outpatient Therapy and Manipulative Treatment   |               |              |                     |
| All other Rehabilitative Services   | No copay      | \$25 copay   | 50% *               |
| Manipulative Treatment  | No copay      | 20% *        | 25% *               |
| <i>Limited to 20 visits of physical therapy per year.</i>   |               |              |                     |
| <i>Limited to 30 visits of post-cochlear implant aural therapy per year.</i>  |               |              |                     |
| <i>Limited to 20 visits of occupational therapy per year.</i>   |               |              |                     |
| <i>Limited to 20 visits of cognitive rehabilitation therapy per year.</i>   |               |              |                     |
| <i>Limited to 36 visits of cardiac rehabilitation therapy per year.</i>   |               |              |                     |
| <i>Limited to 20 visits of speech therapy per year.</i>   |               |              |                     |
| <i>Limited to 20 visits of pulmonary rehabilitation therapy per year.</i>   |               |              |                     |
| <i>Limited to 20 visits of manipulative treatments per year.</i>  |               |              |                     |
| <i>Limits do not apply to physical therapy, occupational therapy and speech therapy required for the treatment of Autism Spectrum Disorder for Covered Persons under age 21.</i>      |               |              |                     |
| <i>Limits do not apply to physical therapy and for Manipulative Treatment for the treatment of back pain.</i>   |               |              |                     |
| Scopic Procedures - Outpatient Diagnostic and Therapeutic   | No copay *    | 20% *        | 50% *               |
| <i>Diagnostic/therapeutic scopic procedures include, but are not limited to colonoscopy, sigmoidoscopy and endoscopy.</i>   |               |              |                     |
| Surgery - Outpatient <sup>1</sup>   | No copay *    | 20% *        | 50% *               |
| Therapeutic Treatments - Outpatient <sup>1</sup>  | No copay *    | 20% *        | 50% *               |
| <i>Therapeutic treatments include, but are not limited to dialysis, intravenous chemotherapy, intravenous infusion, medical education services and radiation oncology.</i>            |               |              |                     |
| Lab, X-Ray and Diagnostic - Outpatient - X-Ray and other Diagnostic Testing <sup>1</sup>  | No copay      | No copay     | 50% *               |

\*After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.



## What You Pay for Services

| Copays (\$) and Coinsurance (%) for Covered Health Care Services   | International   | U.S. Network | U.S. Out-of-Network |
|--|---|--------------|---------------------|
| <b>Supplies and Services</b>   |   |              |                     |
| Diabetes Self-Management and Training/Diabetic Eye Exams/Foot Care <sup>1</sup>  | The amount you pay is based on where the covered health care service is provided.   |              |                     |
| Diabetes Self-Management Items <sup>1</sup>  | The amount you pay is based on where the covered health care service is provided under Durable Medical Equipment (DME), Orthotics and Supplies or in the Prescription Drug Benefits Section.  |              |                     |
| <i>For insulin drugs the total amount of Co-payment and/or Co-insurance shall not exceed \$100 for an individual prescription up to a 30-day supply not subject to the deductible.</i> |   |              |                     |
| Durable Medical Equipment (DME), Orthotics and Supplies <sup>1</sup>   | No copay*   | 20%*         | 50%*                |
| <i>Limited to a single purchase of a type of DME or orthotic every three years.</i>  |   |              |                     |
| <i>Repair and/or replacement of DME or orthotics would apply to this limit in the same manner as a purchase. This limit does not apply to wound vacuums.</i>                           |   |              |                     |
| Hearing Aids   | No copay*   | 20%*         | 50%*                |
| <i>Limited to a single purchase per hearing impaired ear every three years.</i>  |   |              |                     |
| <i>Repair and/or replacement of a hearing aid would apply to this limit in the same manner as a purchase.</i>  |   |              |                     |
| Ostomy Supplies  | No copay*   | 20%*         | 50%*                |
| <i>Limited to \$2,500 per year.</i>  |   |              |                     |
| Pharmaceutical Products - Outpatient   | No copay*   | 20%*         | 50%*                |
| <i>This includes medications given at a doctor's office, or in a covered person's home.</i>  |   |              |                     |
| Prosthetic Devices <sup>1</sup>  | No copay*   | 20%*         | 50%*                |
| <i>Limited to a single purchase of each type of prosthetic device every three years.</i>   |   |              |                     |
| <i>Repair and/or replacement of a prosthetic device would apply to this limit in the same manner as a purchase.</i>  |   |              |                     |
| <b>Pregnancy</b>   |   |              |                     |
| Pregnancy - Maternity Services <sup>1</sup>  | The amount you pay is based on where the covered health care service is provided except that an Annual Deductible will not apply for a newborn child whose length of stay in the Hospital is the same as the mother's length of stay. |              |                     |
| <b>Mental Health Care &amp; Substance Related and Addictive Disorder Services</b>  |   |              |                     |
| Inpatient <sup>1</sup>   | No copay*   | 20%*         | 50%*                |
| <i>Initial depression screening is covered at 100% for In-Network only.</i>  |   |              |                     |
| Outpatient <sup>1</sup>  | No copay  | \$25 copay   | 50%*                |
| <i>Initial depression screening is covered at 100% for In-Network only.</i>  |   |              |                     |

\*After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

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

Partial Hospitalization<sup>1</sup>

No copay \*

20% \*

50% \*

*Initial depression screening is covered at 100% for In-Network only.*

### Other Services

Autism Spectrum Disorder Services<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Cellular and Gene Therapy<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Not covered

Clinical Trials<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

*To be a qualifying clinical trial for services outside the United States, a clinical trial must meet all of the criteria as described under Clinical Trials in the Certificate of Coverage.*

Culturally Based Services

No copay \*

Benefits are not available

Benefits are not available

Gender Dysphoria<sup>1</sup>

The amount you pay is based on where the covered health care service is provided or in the Prescription Drug Benefits Section.

Hospice Care<sup>1</sup>

No copay \*

20% \*

50% \*

Iatrogenic Infertility Services<sup>1</sup>

No copay \*

20% \*

50% \*

Infertility Services with Pharmacy<sup>1</sup>

No copay \*

20% \*

50% \*

*Limited to \$10,000 per Covered Person per lifetime.*

*Limited to \$5,000 for Prescription Drug Products for Infertility per Covered Person.*

Medical Foods<sup>1</sup>

No copay \*

20% \*

50% \*

Private Room - Hospital Inpatient Stay

No copay \*

20% \*

50% \*

*The Coinsurance and/or Copayment is in addition to the Coinsurance and/or Copayment required as described under Hospital Inpatient Stay.*

Reconstructive Procedures<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Temporomandibular Joint (TMJ) Services<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Transplantation Services<sup>1</sup>

The amount you pay is based on where the covered health care service is provided.

Not covered

Vision Materials

No copay

No copay

No copay

*Benefits for these services will be paid as reimbursements. When obtaining these services, you will be required to pay all billed charges at the time of service. You may then obtain reimbursement from us.*

*Includes Eyeglass Frames, Eyeglass Lenses, and Contact Lenses.*

*Limited to a maximum reimbursement of \$100 every 12 months.*

Wigs

No copay \*

20% \*

50% \*

\*After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

## What You Pay for Services

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

|   | International | U.S. Network               | U.S. Out-of-Network        |
|---|---------------|----------------------------|----------------------------|
| <b>Evacuation and Repatriation Services</b>   |               |                            |                            |
| Emergency Evacuation <sup>1</sup><br><i>Limited to a per diem of \$300 for up to 30 days towards the living expenses incurred by the person(s) accompanying you.</i>                    | No copay      | Benefits are not available | Benefits are not available |
| Emergency Family Reunion <sup>1</sup><br><i>Limited to a per diem for living expenses for immediate family members of \$300 while the Covered Person is hospitalized up to 30 days.</i> | No copay      | No copay                   | Benefits are not available |
| Medical Repatriation <sup>1</sup><br><i>Benefits include Repatriation of Children (under age 18) and adult family members.</i>  | No copay      | No copay                   | Benefits are not available |
| Repatriation of Remains <sup>1</sup><br><i>Benefits include Return of Children (under age 18) and adult family members.</i>   | No copay      | No copay                   | Benefits are not available |
| <b>International Pharmacy Benefits</b>  |               |                            |                            |
| Outpatient Prescription Drugs<br><i>Prescriptions must be paid for out-of-pocket and submitted to us for reimbursement.</i>   | No copay      | Benefits are not available | Benefits are not available |

<sup>\*</sup>After the Annual Medical Deductible has been met.

<sup>1</sup>Prior Authorization Required. Refer to COC/SBN.

U.S. Pharmacy Benefits

| Pharmacy Plan Details                |                       |  |                                    |
|--------------------------------------|-----------------------|--|------------------------------------|
| Pharmacy Network                     |                       | National                                     |                                    |
| Prescription Drug List               |                       | Advantage                                    |                                    |
| U.S. In Network and Out of Network   |                       |  |                                    |
| Annual Pharmacy Deductible           |                       |  |                                    |
| Individual                           |                       | You do not have to pay a pharmacy deductible |                                    |
| Family                               |                       | You do not have to pay a pharmacy deductible |                                    |
| Prescription Drug Product Tier Level | Up to a 31-day supply |  | Up to a 90-day supply              |
|                                      | U.S. Retail Network   | U.S. Out-of-Network Pharmacy                 | U.S. Mail Order Network Pharmacy** |
| Tier 1 \$                            | \$10                  | \$10   | \$25                               |
| Tier 2 \$\$                          | \$25                  | \$25   | \$62.50                            |
| Tier 3 \$\$\$                        | \$60                  | \$60   | \$150                              |

\* After the Annual Pharmacy Deductible has been met.

\*\* 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.

If you are a member, you can find individualized information on your benefit coverage, determine tier status, check the status of claims and search for network pharmacies by logging into your account on myuhc.com® or calling the Customer Care number on your ID card. If you are not a member, you can view prescription information at welcometouhc.com > Benefits > Pharmacy Benefits.

For members that need to take their prescription drugs with them outside the United States, up to 365 day supply may be obtained with a prescription from a Network provider. Certain limitations may apply, such as controlled narcotics or drugs with a limited shelf-life.

# Other important information about your benefits.

## Medical Exclusions

Services your plan generally does NOT cover. It is recommended that you review your COC, Amendments and Riders for an exact description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage.

- Private-Duty Nursing
- Weight Loss Programs
- Bariatric Surgery
- Long-Term Care
- Cosmetic Surgery
- Glasses
- Routine Foot Care

## Outpatient Prescription Drug Benefits

For Prescription Drug Products dispensed at a retail Network Pharmacy, you are responsible for paying the lowest of the following: 1) The applicable Copayment and/or Coinsurance; 2) The Network Pharmacy's Usual and Customary Charge for the Prescription Drug Product; and 3) The Prescription Drug Charge for that Prescription Drug Product. For Prescription Drug Products from a mail order Network Pharmacy, you are responsible for paying the lower of the following: 1) The applicable Copayment and/or Coinsurance; and 2) The Prescription Drug Charge for that Prescription Drug Product. For an out-of-Network Pharmacy, your reimbursement is based on the Out-of-Network Reimbursement Rate, and you are responsible for the difference between the Out-of-Network Reimbursement Rate and the out-of-Network Pharmacy's Usual and Customary Charge.

See the Copayment and/or Coinsurance stated in the Benefit Information table for amounts. We will not reimburse you for any non-covered drug product.

For a single Copayment and/or Coinsurance, you may receive a Prescription Drug Product up to the stated supply limit. Some products are subject to additional supply limits based on criteria that we have developed. Supply limits are subject, from time to time, to our review and change.

Specialty Prescription Drug Products supply limits are as written by the provider, up to a consecutive 31-day supply of the Specialty Prescription Drug Product, unless adjusted based on the drug manufacturer's packaging size, or based on supply limits, or as allowed under the Smart Fill Program. Supply limits apply to Specialty Prescription Drug Products obtained at a Preferred Specialty Network Pharmacy, a Non-Preferred Specialty Network Pharmacy, an out-of-Network Pharmacy, a mail order Network Pharmacy or a Designated Pharmacy.

Certain Prescription Drug Products for which Benefits are described under the Prescription Drug Rider are subject to step therapy requirements. In order to receive Benefits for such Prescription Drug Products you must use a different Prescription Drug Product(s) first. You may find out whether a Prescription Drug Product is subject to step therapy requirements by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.

Before certain Prescription Drug Products are dispensed to you, your Physician, your pharmacist or you are required to obtain prior authorization from us or our designee to determine whether the Prescription Drug Product is in accordance with our approved guidelines and it meets the definition of a Covered Health Care Service and is not an Experimental or Investigational or Unproven Service. We may also require you to obtain prior authorization from us or our designee so we can determine whether the Prescription Drug Product, in accordance with our approved guidelines, was prescribed by a Specialist.

If you require certain Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products. If you are directed to a Designated Pharmacy and you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you will be subject to the Out-of-Network Benefit for that Prescription Drug Product.

Certain Preventative Care Medications may be covered at zero costshare. You can get more information by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your ID card.



Benefits are provided for certain Prescription Drug Products dispensed by a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy. The Outpatient Prescription Drug Schedule of Benefits will tell you how mail order Network Pharmacy and Preferred 90 Day Retail Network Pharmacy supply limits apply. Please contact us at myuhc.com or the telephone number on your ID card to find out if Benefits are provided for your Prescription Drug Product and for information on how to obtain your Prescription Drug Product through a mail order Network Pharmacy or Preferred 90 Day Retail Network Pharmacy.

## Other important information about your benefits.

### Pharmacy Exclusions

The following exclusions apply. In addition see your Pharmacy Rider and SBN for additional exclusions and limitations that may apply.

- Prescription Drug Products when prescribed to treat infertility unless required by state law.
- A Prescription Drug Product with either: an approved biosimilar, a biosimilar and Therapeutically Equivalent to another covered Prescription Drug Product.
- Certain Prescription Drug Products for tobacco cessation.
- General vitamins, except Prenatal vitamins, vitamins with fluoride, and single entity vitamins when accompanied by a Prescription Order or Refill.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Prescription Drug Products, including New Prescription Drug Products or new dosage forms, that we determine do not meet the definition of a Covered Health Care Service.
- Certain compounded drugs.
- Medications used for cosmetic purposes.
- Diagnostic kits and products.
- Durable Medical Equipment, including insulin pumps and related supplies for the management and treatment of diabetes, for which Benefits are provided in your Certificate. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Experimental or Investigational Services and medications.
- 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.
- Growth hormone therapy unless required by state law.
- Drugs which are prescribed, dispensed or intended for use during an Inpatient Stay.
- Any Prescription Drug Product to the extent payment or benefits are provided or available from the local, state or federal government (for example, Medicare).
- Certain New Prescription Drug Products and/or new dosage forms until the date they are reviewed and placed on a tier by our PDL Management Committee.
- Any product for which the primary use is a source of nutrition, nutritional supplements, or dietary management of disease, and prescription medical food products even when used for the treatment of Sickness or Injury, except as required by state mandate.
- Drugs available over-the-counter.
- A Pharmaceutical Product for which Benefits are provided in your Certificate.
- Publicly available software applications and/or monitors that may be available with or without a Prescription Order or Refill.
- Prescription Drug Products when prescribed as sleep aids.
- Prescription Drug Products designed to adjust sleep schedules, such as for jet lag or shift work.
- Certain Prescription Drug Products for which there are Therapeutically Equivalent alternatives available.

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](mailto: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 others 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 LƯU Ý:** Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

**알림:** 한국어 (**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

**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.

**ВНИМАНИЕ:** бесплатные услуги перевода доступны для людей, чей родной язык является русский (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

**توضيح:** خدمات الترجمة متاحة مجاناً (**Arabic**)، لأي شخص يتحدث اللغة العربية. يرجى الاتصال بالرقم المجاني على بطاقة هويتك.

**ATANSYON:** Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye 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:** Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. 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 an.

**注意事項：**日本語 (**Japanese**) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

**توجه:** اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

**ध्यान दें:** यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

**CEEB TOOM:** Yog koj hais Lus Hmoob (**Hmong**), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

**ΠΡΟΣΟΧΗ :** Αν μιλάτε Ελληνικά (**Greek**), υπάρχει δωρεάν βοήθεια στη γλώσσα σας. Παρακαλείστε να καλέσετε το δωρεάν αριθμό που θα βρείτε στην κάρτα ταυτότητας μέλους.

**PAKDAAR:** Nu saritaem ti Ilocano (**Ilocano**), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

**DÍÍ BAA'ÁKONÍNÍZIN:** Diné (**Navajo**) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nítł'izi bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'í biká'ígíí bee hodiilnih.

**OGOW:** Haddii aad ku hadasho Soomaali (**Somali**), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

**ગુજરાતી (Gujarati):** ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો આપને ભાષાકીય મદદરૂપ સેવા વગરના મૂલ્યે પ્રાપ્ય છે. મહેરબાની કરી તમારા આઈડી કાર્ડની સૂચિ પર આપેલા સભ્ય માટેના ટોલ-ફ્રી નંબર ઉપર કોલ કરો.

|   | NON-ORTHODONTICS                           |  | ORTHODONTICS                        |   |     |
|---|--|--|-------------------------------------|---|-----|
|   | INTERNATIONAL/NETWORK                      | NON-NETWORK                              | INTERNATIONAL/NETWORK               | NON-NETWORK   |     |
|   | Individual Annual Calendar Year Deductible | \$50                                     | \$50                                | \$0   | \$0 |
|   | Family Annual Calendar Year Deductible     | \$150                                    | \$150                               | \$0   | \$0 |
| Maximum (the sum of all Network and Non-Network benefits will not exceed annual maximum)  | \$1,500 per person per Calendar Year       | \$1,5000 per person per Calendar Year    | \$1,000 per person per lifetime     |   |     |
| New enrollee's waiting period:  | None                                       |  |                                     |   |     |
| Annual deductible applies to preventive and diagnostic services<br>Annual deductible applies to orthodontic services<br>Orthodontic eligibility requirement |  |  | No (In Network)    No (Out Network) |   |     |
|   |  |  | No                                  |   |     |
|   |  |  | Children Only (Up to the age of 19) |   |     |
| COVERED SERVICES*   |  | INTERNATIONAL/<br>NETWORK PLAN<br>PAYS** | NON-NETWORK<br>PLAN PAYS***         | BENEFIT GUIDELINES  |     |
| DIAGNOSTIC SERVICES   |  |  |                                     |   |     |
| Periodic Oral Evaluation  |  | 100%                                     | 100%                                | Limited to 2 times per consecutive 12 months.   |     |
| Radiographs   |  | 100%                                     | 100%                                | Bite-wing: Limited to 1 series of films per Plan Year.<br>Complete/Panorex: Limited to 1 time per consecutive 36 months.  |     |
| Lab and Other Diagnostic Tests  |  | 100%                                     | 100%                                |   |     |
| PREVENTIVE SERVICES   |  |  |                                     |   |     |
| Prophylaxis (Cleanings)   |  | 100%                                     | 100%                                | Limited to 2 times per consecutive 12 months.   |     |
| Fluoride Treatment (Preventive)   |  | 100%                                     | 100%                                | Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months.   |     |
| Sealants  |  | 100%                                     | 100%                                | Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.  |     |
| Space Maintainers   |  | 100%                                     | 100%                                | For Covered Persons under the age of 16 years, limited to 1 per consecutive 60 months.  |     |
| BASIC SERVICES  |  |  |                                     |   |     |
| Restorations (Amalgam or Anterior Composite)*   |  | 80%                                      | 80%                                 | Multiple restorations on one surface will be treated as a single filling.   |     |
| Emergency Treatment / General Services  |  | 80%                                      | 80%                                 | Palliative Treatment: Covered as a separate benefit only if no other service was done during the visit other than X-rays.<br>General Anesthesia: When clinically necessary.   |     |
| Simple Extractions  |  | 80%                                      | 80%                                 | Limited to 1 time per tooth per lifetime.   |     |
| Oral Surgery (includes surgical extractions)  |  | 80%                                      | 80%                                 |   |     |
| Periodontics  |  | 80%                                      | 80%                                 | Perio Surgery: Limited to 1 quadrant or site per consecutive 36 months per surgical area.<br>Scaling and Root Planing: Limited to 1 time per quadrant per consecutive 24 months.<br>Periodontal Maintenance: Limited to 2 times per consecutive 12 months following active and adjunctive periodontal therapy, exclusive of gross debridement |     |
| Endodontics   |  | 80%                                      | 80%                                 |   |     |
| MAJOR SERVICES  |  |  |                                     |   |     |
| Inlays/Onlays/Crowns*   |  | 50%                                      | 50%                                 | Limited to 1 time per tooth per consecutive 60 months.  |     |
| Dentures and other Removable Prosthetics  |  | 50%                                      | 50%                                 | Full Denture/Partial Denture: Limited to 1 per consecutive 60 months. No additional allowances for precision or semi-precision attachments.   |     |
| Fixed Partial Dentures (Bridges)*   |  | 50%                                      | 50%                                 | Once per tooth per consecutive 60 months.   |     |
| ORTHODONTIC SERVICES  |  |  |                                     |   |     |
| Diagnose or correct misalignment of the teeth or bite   |  | 50%                                      | 50%                                 | Course of treatment is typically 24 months, with the initial payment at banding of 20% and remaining payment spread over the course of the treatment  |     |

\* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

\*\*The network percentage of benefits is based on the discounted fees negotiated with the provider.

\*\*\*The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

The Prenatal Dental Care and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

# UnitedHealthcare/Dental Exclusions and Limitations

## General Limitations

PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.

COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to one time per consecutive 36 months. Exception to this limit will be made for Panorax Radiograph if taken for diagnosis of molars, Cysts or neoplasms

BITEWING RADIOGRAPHS Limited to 1 series of films per Plan Year

EXTRAORAL RADIOGRAPHS Limited to 2 films per Plan Year

DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.

FLUORIDE TREATMENTS Limited to Covered Persons under the age of 16 years, and limited to 2 times per consecutive 12 months.

SEALANTS Limited to Covered Persons under the age of 16 years and once per first or second permanent molar every consecutive 36 months.

SPACE MAINTAINERS Limited to Covered Persons under the age of 16 years. Limited to 1 per consecutive 60 months. Benefit includes all adjustment within 6 months of installation

RESTORATIONS Multiple restorations on 1 surface will be treated as a single filling.

PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.

INLAYS AND ONLAYS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.

POST AND CORES Covered only for teeth that have had root canal therapy.

SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam were performed on the same tooth during the visit.

SCALING AND ROOT PLANING Limited to 1 time per quadrant, per consecutive 24 months.

ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.

PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.

FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.

RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.

REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 time per consecutive 6 months.

PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than exam and radiographs, were performed on the same tooth during the visit.

OCCUSAL GUARDS Limited to 1 guard every consecutive 36 months and only if prescribe to control habitual grinding.

FULL MOUTH DEBRIDMENT Limited to 1 time every consecutive 36 months.

GENERAL ANESTHESIA Covered only when clinically necessary.

OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.

PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 per quadrant or site per consecutive 36 months per surgical area

REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.

## General Exclusions

The following are not covered:

1. Dental Services that are not necessary.
2. Hospitalization or other facility charges.
3. Any dental procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
4. Reconstructive Surgery regardless of whether or not the surgery which is incidental to a dental disease, injury, or Congenital Anomaly when the primary purpose is to improve physiological functioning of the involved part of the body.
5. Any dental procedure not directly associated with dental disease.
6. Any procedure not performed in a dental setting.
7. Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
8. Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.
9. Expenses for dental procedures begun prior to the covered person becoming enrolled under the policy.
10. Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
11. Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child.
12. Replacement of crowns, bridges, and fixed or removable prosthetic appliances inserted prior to plan coverage unless the patient has been eligible under the plan for 12 continuous months. If loss of a tooth requires the addition of a clasp, pontic, and/or abutment(s) within this 12 month period, the plan is responsible only for the procedures associated with the addition.
13. Replacement of missing natural teeth lost prior to the onset of plan coverage until the patient has been covered under the policy for 12 continuous months.
14. Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is necessary because of patient non-compliance, the patient is liable for the cost of replacement.
15. Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
16. Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
17. Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
18. Placement of dental implants, implants-supported abutments and prostheses. (Not applicable for plans with implants)
19. Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
20. Treatment of benign neoplasms, cysts or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
21. Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue
22. Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jawbone surgery (including that related to the temporomandibular joint). No coverage is provided for orthognathic surgery, jaw alignment or treatment for the temporomandibular joint. (Not Applicable for Plans with TMJ).
23. Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia
24. Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
25. Charges for failure to keep a scheduled appointment without giving the dental office 24-hour notice.
26. Occlusal guard used as safety items or to affect performance primarily in sports-related activities
27. Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
28. Orthodontic coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, any surgical procedure to correct a malocclusion, replacement of lost or broken retainers and/or habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.

## Notes:

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# UnitedHealthcare Global Expatriate Insurance Claim Form

Return this form with a copy of the bill(s) or receipt(s) via mail, fax, or email.

Claim Type(s): ☐ Medical ☐ Dental ☐ Vision ☐ Pharmacy/Rx

**Website:**

Submit Claims online  
at [www.myuhc.com](http://www.myuhc.com)

**Mobile:**

Submit claims via the  
Health4Me app on  
your smartphone

**Address:**

UnitedHealthcare Global  
PO Box 740111  
Atlanta, GA 30374-0111

**Fax:**

+1.877.370.4150

**Direct Dial Fax:**

+1.813.870.0796

**Please complete all sections of this claim form.** Claims may be delayed if all sections of this form are not completed. However, this does not guarantee that additional information will not be requested from you to process the claim. You will be notified should additional information be required.

**In order to be considered for payment:**

**International:** Filing deadline is 365 days from the date of service.

**U.S.:** Please refer to your Certificate of Coverage document in [www.myuhc.com](http://www.myuhc.com).

**Please complete a new and separate claim form for:**

- Each patient
- Each currency type
- Each inpatient hospital stay
- Each different healthcare provider (unless multiple invoices with provider information are attached)

**Questions? Call Customer Care: CCNum1 OR CCNum2.**

UnitedHealthcare Global will accept calls from a relay service for the hearing impaired.

## Section 1 – Patient Information

Member ID

Group number

Name (Last, First, MI) \_\_\_\_\_ Date of Birth  /  /  (mm/dd/yyyy)

Gender: ☐ Male ☐ Female

Relationship to Subscriber/Policyholder: ☐ Subscriber/Policyholder ☐ Spouse/Partner ☐ Child ☐ Other Dependent

Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Street \_\_\_\_\_ Town/city \_\_\_\_\_

Region/State \_\_\_\_\_ Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Is the patient covered under another insurance health plan? ☐ Yes ☐ No If Yes: Name address and phone number of other insurance carrier: \_\_\_\_\_

Reimburse: ☐ Member ☐ Provider ☐ Other If Other selected, please provide name \_\_\_\_\_

If reimbursement is to provider or other, please provide your signature here \_\_\_\_\_

## Section 2 – Member Reimbursement Options

(In order to save you time, you may access [www.myuhc.com](http://www.myuhc.com) to verify and securely update your banking and currency preference.)

**Note: If no selection is made, reimbursement will be via a U.S. dollar check.**

☐ Use previously provided banking details ☐ Payment by check ☐ Electronic funds transfer payment

\*Please check current payment preference on file prior to selection

Bank Name \_\_\_\_\_ Account Name/Payee \_\_\_\_\_

Bank Branch Address \_\_\_\_\_

SWIFT/BIC Code \_\_\_\_\_ IBAN \_\_\_\_\_

Beneficiary bank routing/Sort code \_\_\_\_\_ Account Number \_\_\_\_\_

Would you like to keep the banking details above on file for future reimbursements? ☐ Yes ☐ No

## Section 3 – Claim Information

Provider/facility name \_\_\_\_\_

Provider/facility full address \_\_\_\_\_

Where did the treatment take place? City \_\_\_\_\_ Country \_\_\_\_\_

### Section 3 – Claim Information (cont.)

| Type of Treatment | Description of Illness | Date of Service (mm/dd/yy) | Amount billed | Currency |
|-------------------|------------------------|----------------------------|---------------|----------|
|                   |                        |                            |               |          |
|                   |                        |                            |               |          |
|                   |                        |                            |               |          |

Are the services provided related to an accident? ☐ Yes ☐ No

(mm/dd/yyyy)

Type of Accident: ☐ Work ☐ Auto ☐ Other \_\_\_\_\_

Date of accident

/  /

I authorize my physician to release medical information and records necessary to process this claim.

(mm/dd/yyyy)

Signature \_\_\_\_\_

Date

/  /

Patient Signature (or Legal Representative)

### Section 4 – To Be Completed by Treating Physician for Any Services Listed Below

**Type of care:** ☐ Inpatient Admission ☐ Outpatient surgery ☐ Diagnostic Testing ☐ Home Health Care  
☐ Injectable Medications ☐ Radiation Therapy ☐ Chemotherapy ☐ Outpatient Therapy

**Complete Applicable Information Below (Please Print)**

(mm/dd/yyyy)

Diagnosis \_\_\_\_\_

Date symptoms first started

/  /

Physical Evaluation \_\_\_\_\_

Physician's Orders or Prescription \_\_\_\_\_

Diagnostic Test Results \_\_\_\_\_

Prior History Treatment \_\_\_\_\_

Co-morbid Conditions \_\_\_\_\_

Physician's notes/Comments \_\_\_\_\_

Physician Name (please print) \_\_\_\_\_

Medical Profession \_\_\_\_\_

Phone number (with country code) \_\_\_\_\_

E-mail \_\_\_\_\_

Physician's Full Address \_\_\_\_\_

Country \_\_\_\_\_

Signature of Treating Physician \_\_\_\_\_

Date

/  /

(mm/dd/yyyy)

By signing below, I am stating that the information above is correct. Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information, may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Member/Legal Guardian

Signature of Minor Member or Member's Representative

Relationship to Member \_\_\_\_\_

Date

/  /

(mm/dd/yyyy)

Please maintain a copy of this document for your records.



## Contact us:

When you need help, our multilingual Customer Care Center is here to support you.



### PHONE:

#### Outside the U.S. or Canada:

Call the Direct Access Number for the country from which you are calling. Visit <https://www.business.att.com/bt/access.jsp> for a list of direct access codes by country. At the prompt, dial **+1.877.844.0280**.

If your country isn't listed, call **+1.763.274.7362**.

#### In the U.S. or Canada:

Toll-free **+1.877.844.0280**



### EMAIL:

To send emails securely to our team:

**Log onto myuhc.com**, select > Message Center

Alternatively, for general queries, email us at:

**expatinsurance\_memberservices@uhcglobal.com**

Note: You can also chat with customer services at any time once logged onto myuhc.com.