Welcome to the **community.**

**Michigan**
Medicaid Member Handbook
Important Toll-Free Telephone Numbers

UnitedHealthcare Community Plan Customer Service ........................................ 1-800-903-5253

Call us to:
• Change your Primary Care Provider (PCP).
• Ask about UnitedHealthcare Community Plan doctors or other health care providers.
• Ask about covered medications or other pharmacy questions.
• Ask about covered short-term outpatient mental health services.
• Ask about covered benefits.
• Ask for a list of UnitedHealthcare Community Plan doctors and hospitals, a Provider Directory.
• Obtain an audio reading of UnitedHealthcare Community Plan materials for the visually impaired.
• Use the AT&T Language Line, interpretation services. We can help you in over 130 languages.
• Get UnitedHealthcare Community Plan information or written materials.
• Ask about Utilization Management decisions.

Visit: UHCCommunityPlan.com

Transportation or Gas Reimbursement ................................................................. 1-877-892-3995

** It is best to call four days in advance to set up your ride or ask for gas reimbursement. **

To arrange non-emergency transportation to go to and from:
• Doctor’s visits.
• Medical equipment companies for supplies.
• Mental health clinics.
• Health departments.
• Vision clinics.
• Urgent visits to your doctor’s office or Urgent Care centers.
  – If you need an urgent ride to your doctor’s office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you.

To arrange emergency transportation or emergency ambulance services, call 911.

Vision Services (by VSP) .................................................................................. 1-800-877-7195

To set up your FREE routine vision exams, frames, and lens services.

Dental Services ................................................................................................. 1-800-642-3195

The State of Michigan Medicaid program, not UnitedHealthcare Community Plan, covers dental services. You can go to any dentist that accepts Medicaid and present your green mihealth card. Ask your doctor or call your DHS Case Worker for more details.

Medicaid Help Line ......................................................................................... 1-800-642-3195

Michigan Enrolls ............................................................................................. 1-888-367-6557 or 1-800-975-7630

Michigan Relay (Hearing Impaired) ................................................................. 711

The Michigan Relay Center makes it possible for hearing-impaired and/or speech-impaired persons to make calls. They can be reached 24 hours a day, 7 days a week.

These are ALL toll-free phone numbers!
Getting started.

We want you to get the most from your health plan right away. Start with these three easy steps:

1. **Call your Primary Care Provider (PCP) and schedule a checkup.**
   Regular checkups are important for good health. Your PCP’s phone number should be listed on the member ID card that you recently received in the mail. If you don’t know your PCP’s number, or if you’d like help scheduling a checkup, call Customer Service at 1-800-903-5253, TTY: 711. We’re here to help.

2. **When you see your PCP, talk about all your health care needs.**
   Let your PCP know about any recent conditions or medicines you are taking. Ask questions. Set up a health plan with your PCP. Make sure you understand what you need to do next. You may need follow-up tests. Be sure to see your PCP every year for a checkup, even if you are not sick.

3. **Take your Health Assessment.**
   You will soon receive a welcome phone call from us to help you complete a survey about your health. This survey helps us understand your needs so that we can serve you better. You can also fill out the survey online. See page 11 for details.

4. **Get to know your health plan.**
   Start with the Health Plan Highlights section on page 7 for a quick overview of your new plan. And be sure to keep this booklet handy, for future reference.

5. **Check your member ID card.**
   You should have received a member ID card in the mail. The card has the UnitedHealthcare Community Plan logo on it. You should have a separate ID card for each member of your family who is enrolled with us. If you did not get an ID card, or if the information on it is not correct, call Customer Service at 1-800-903-5253.

**Language Assistance.**

**English:**
If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-903-5253, TTY: 711.

**Spanish:**
Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-800-903-5253, TTY: 711.

**Arabic:**
إن لم تكن المعلومات المرفقة بلغتك الأساسية، يرجى الاتصال بـ UnitedHealthcare Community Plan على رقم 1-800-903-5253 (الإلتelize النصبي: 711).
Thank you for choosing UnitedHealthcare Community Plan for your health plan.

We’re happy to have you as a member. You’ve joined the millions of members who have health coverage with UnitedHealthcare Community Plan. You’ve made the right choice for you and your family.

UnitedHealthcare Community Plan gives you access to many health care providers — doctors, nurses, hospitals and pharmacies — so you have access to the health services you need. We cover preventive care, checkups and treatment services. We’re dedicated to improving your health and well-being.

Remember, answers to any questions you have are just a click away at myuhc.com/CommunityPlan. Or, you can call Customer Service at 1-800-903-5253, TTY: 711.

You may also request a Customer Service Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Materials can also be provided in Braille, large print or voice recorded CD formats for sight-impaired individuals, upon request. Customer Service Advocates can also read member materials aloud if a member requires it. Call 1-800-903-5253, TTY: 711 to request any of these services.
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Your member ID card holds a lot of important information. It gives you access to your covered benefits. You should have received your member ID card in the mail within 10 days of joining UnitedHealthcare Community Plan. Each family member will have their own card. Check to make sure that all the information is correct. If any information is wrong, call Customer Service at 1-800-903-5253, TTY: 711.

- Take your member ID card to your appointments.
- Show it when you fill a prescription.
- Have it ready when you call Customer Service; this helps us serve you better.
- Do not let someone else use your card(s). It is against the law.

**Show both cards.** Always show your UnitedHealthcare ID card and your state mihealth card when you get care. This helps ensure that you get all the benefits available. It also prevents billing mistakes.
Discover Your Plan Online

Manage your health care information 24/7 on myuhc.com.
As a member of a UnitedHealthcare Community Plan, you're just a click away from everything you need to take charge of your health benefits. Register on myuhc.com/CommunityPlan. The tools and new features can save you time and help you stay healthy. Using the site is free.

Great reasons to use myuhc.com/CommunityPlan.
- Look up your benefits.
- Find a doctor.
- Print an ID Card.
- Find a hospital.
- Take your Health Assessment.
- Keep track of your medical history.
- View claims history.
- Learn how to stay healthy.

Register on myuhc.com/CommunityPlan today.
Registration is easy and fast. Sign up today! Just visit myuhc.com/CommunityPlan. Select “Register” on the Home Page. Follow the simple prompts. You’re just a few clicks away from access to all types of information. Get more from your health care.

Health4Me™.
UnitedHealthcare Community Plan has a new member app. It’s called Health4Me. The app is available for Apple® or Android® tablets and smartphones. Health4Me makes it easy to:
- Find a doctor, ER or urgent care center near you.
- View your ID card.
- Take your Health Assessment.
- Read your handbook.
- Learn about your benefits.
- Contact Customer Service.

Download the free Health4Me app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store or scan this square with the QR reader on your smartphone.
Interpreter Services and Language Assistance

Many of our Customer Service employees speak more than one language. If you can’t connect with one who speaks your language, you can use an interpreter to help you speak with Customer Service.

Many of our network providers also speak more than one language. If you see one who doesn’t speak your language, you can use our interpreter or sign language services to help you during your appointment. Arrange for your translation services at least 72 hours before your appointment. Sign language services require two weeks’ notice.

You can also have any printed materials we send you translated for you. To arrange for interpreter or translation services, call Customer Service at 1-800-903-5253, TTY: 711.

Assistance for members who are blind or hearing impaired.
For members who are sight-impaired, materials are available in Braille, large print or voice recorded CD formats, upon request. Customer Service Advocates can also read member materials aloud. Members who are hearing impaired can contact us using the 711 National Telecommunications Relay Service (TRS) TTY line. Call 1-800-903-5253, TTY: 711 to request any of these services.

Written materials for members with special needs.
You may also request a Customer Service Advocate for assistance understanding your handbook. They are trained to assist members with mental conditions or illnesses who may require additional help. Call 1-800-903-5253, TTY: 711 to request a Customer Service Advocate.

English:
If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-903-5253 (TTY: 711).

Spanish:
Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-800-903-5253 (TTY: 711).

Arabic:
إذا لم تكون المعلومات المرفقة بلغتك الأساسية، يرجى الاتصال بـ UnitedHealthcare Community Plan على رقم 1-800-903-5253 (الهاتف النصي: 711).
Benefits at a Glance

As a UnitedHealthcare Community Plan member, you have a variety of health care benefits and services available to you. Here is a brief overview. You’ll find a complete listing in the Benefits section.

Primary Care Services.
You are covered for all visits to your Primary Care Provider (PCP). Your PCP is the main doctor you will see for most of your health care. This includes checkups, treatment for colds and flu, health concerns and health screenings.

Large Provider Network.
You can choose any PCP from our large network of providers. Our network also includes specialists, hospitals and pharmacies — giving you many options for your health care. Find a complete list of network providers at myuhc.com/CommunityPlan or call 1-800-903-5253, TTY: 711.

Specialist Services.
Your coverage includes services from specialists. Specialists are doctors or nurses who are highly trained to treat certain conditions. You may need a referral from your PCP first. See page 26.

Medicines.
Your plan covers prescription drugs with no co-pays for members of all ages. Also covered: insulin, needles and syringes, birth control, coated aspirin for arthritis, iron pills and chewable vitamins.

Hospital Services.
You’re covered for hospital stays. You’re also covered for outpatient services. These are services you get in the hospital without spending the night.

Laboratory Services.
Covered services include tests and X-rays that help find the cause of illness.
Your Health Assessment.
A Health Assessment is a short and easy survey that asks you simple questions about your lifestyle and health. When you fill it out and send it to us, we can get to know you better. And it helps us match you with the many benefits and services available to you.

You may fill out the Health Assessment at myuhc.com/CommunityPlan. Click on the Health Assessment button on the right side of the page, after you register and/or login. Or call Customer Service at 1-800-903-5253, TTY: 711, to complete it by phone. It only takes a few minutes.

Transportation Services or Gas Reimbursement.
If you do not have a ride to get medical care and services, we may provide transportation or gas reimbursement for you.

Well-Child Visits.
All well-child visits and immunizations are covered by your plan.

Maternity and Pregnancy Care.
You are covered for doctor visits before and after your baby is born. That includes hospital stays. If needed, we also cover home visits after the baby is born.

Family Planning.
You are covered for services that help you manage the timing of pregnancies. These include birth control products and procedures.

Vision Care.
Your vision benefits include routine eye exams and glasses.
Member Support

We want to make it as easy as possible for you to get the most from your health plan. As our member, you have many services available to you, including transportation and interpreters if needed. And if you have questions, there are many places to get answers.

Website offers 24/7 access to plan details.
Go to myuhc.com/CommunityPlan to sign up for Web access to your account. This secure website keeps all of your health information in one place. In addition to plan details, the site includes useful tools that can help you:

- Print a new member ID card.
- Find a provider or pharmacy.
- Search for a medicine in the Preferred Drug List.
- Get benefit details.
- Download a new Member Handbook.

Get information on-the-go with the UnitedHealthcare Health4Me™ mobile app.
Download the Health4Me mobile app to your Apple® or Android® smartphone or tablet and see how easy it is to find nearby doctors, view the member handbook, find help and support in your community, or view your ID card.

Customer Service is available.
Customer Service can help with your questions or concerns. This includes:

- Understanding your benefits.
- Help getting a replacement member ID card.
- Finding a doctor or urgent care clinic.

Call 1-800-903-5253, TTY: 711.

Care Management program.
If you have a chronic health condition, like asthma or diabetes, you may benefit from our Care Management program. We can help with a number of things, like scheduling doctor appointments and keeping all your providers informed about the care you get. To learn more, call 1-800-903-5253, TTY: 711.
If you get a bill.
As a UnitedHealthcare Community Plan member, you do not have any co-pays or deductibles for covered services. If you receive a bill, do not throw it away. First, call the doctor, hospital or other health care provider and make sure they know you are a UnitedHealthcare Community Plan member. Tell them to send the bill to us or to call us. Do not pay for covered medical services yourself. If you need more help, call us at 1-800-903-5253.

We speak your language.
If you speak a language other than English, we can help you. Or we can provide an interpreter who can help you understand printed materials. You'll find more information about Interpretive Services and Language Assistance on page 9. Or call Customer Service at 1-800-903-5253, TTY: 711.

Emergencies.
In case of emergency, call 911.

Important Phone Numbers.
UnitedHealthcare Community Plan Customer Service 1-800-903-5253 TTY: 711
Transportation or Gas Reimbursement 1-877-892-3995
Vision Services, VSP (Vision Service Plan) 1-800-877-7195
Dental Services 1-800-642-3195
Medicaid Help Line 1-800-642-3195
Michigan Enrolls 1-888-367-6557 or 1-800-975-7630
Michigan Relay (Hearing Impaired) 711
You can start using your pharmacy benefit right away.

Your plan covers a long list of medicines, or prescription drugs. Medicines that are covered are on the plan’s Preferred Drug List. Your doctor uses this list to make sure the medicines you need are covered by your plan. You can find the Preferred Drug List online at myuhc.com/CommunityPlan. You can also search by a medicine name on the website. It’s easy to start getting your prescriptions filled. Here’s how:

1. **Are your medicines included on the Preferred Drug List?**

   **Yes.**
   If your medicines are included on the Preferred Drug List, you’re all set. Be sure to show your pharmacist your latest member ID card every time you get your prescriptions filled.

   **No.**
   If your prescriptions are not on the Preferred Drug List, schedule an appointment with your doctor within the next 30 days. They may be able to help you switch to a drug that is on the Preferred Drug List. Your doctor can also help you ask for an exception if they think you need a medicine that is not on the list.

   **Not sure.**
   View the Preferred Drug List online at myuhc.com/CommunityPlan (click on Find A Drug on the left side of the screen). You can also call Customer Service. We’re here to help.
Do you have a prescription?
When you have a prescription from your doctor, or need to refill your prescription, go to a network pharmacy. Show the pharmacist your member ID card. You can find a list of network pharmacies in the Provider Directory online at myuhc.com/CommunityPlan, or you can call Customer Service.

Do you need to refill a drug that’s not on the Preferred Drug List?
If you need refills of medicines that are not on the Preferred Drug List, you may be able to get a temporary 5-day supply. To do so, visit a network pharmacy and show your member ID card. If you don’t have your member ID card, you can show the pharmacist the information below. Talk to your doctor about your prescription options.

Attention Pharmacist

Please process this UnitedHealthcare Community Plan member’s claim using:

**BIN:** 610494  
**Processor Control Number:** 9999  
**Group:** ACUMI

If you receive a message that the member’s medication needs a prior authorization or is not on our formulary, please call OptumRx® at 1-877-305-8952 for a transitional supply override.
Your Primary Care Provider (PCP)

We call the main doctor you see a Primary Care Provider, or PCP. When you see the same PCP over time, it’s easier to develop a relationship with them. Each family member can have their own PCP, or you may all choose to see the same person. You will see your PCP for:

- Routine care, including yearly checkups.
- Coordinate your care with a specialist.
- Treatment for colds and flu.
- Other health concerns.

What is a Network Provider?

Network Providers have contracted with UnitedHealthcare Community Plan to care for our members. Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the non-network provider.

If you see a specialist without being sent by your PCP and without UnitedHealthcare Community Plan authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.

You have options.

You can choose between many types of network providers for your PCP. Some types of PCPs include:

- Family doctor (also called a general practitioner) — cares for children and adults.
- Gynecologist (GYN) — cares for women.
- Internal medicine doctor (also called an internist) — cares for adults.
- Nurse Practitioner (NP) — cares for children and adults.
- Obstetrician (OB) — cares for pregnant women.
- Pediatrician — cares for children.
- Physician Assistant (PA) — cares for children and adults.
Choosing your PCP.
If you’ve been seeing a doctor before becoming a UnitedHealthcare member, check to see if your doctor is in our network. If you’re looking for a new PCP, consider choosing one who’s close to your home or work. This may make it easier to get to appointments.

Find the right PCP for you.
2. Call Customer Service at 1-800-903-5253, TTY: 711. We can answer your questions and help you find a PCP close to you.

Once you choose a PCP, call Customer Service and let us know. We will make sure your records are updated.

Changing your PCP.
It’s important that you like and trust your PCP. You can change PCPs at any time. Call Customer Service and we can help you make the change.

It is important that you, your PCP and other network providers have a good relationship. You will need to work with each other well so you can get the medical care. You’ll set up your medical plan together.
If you do not follow the medical plan with your network providers, we can: ask you to select a new PCP, select a new PCP for you or ask your PCP to find a new network provider for you. If you are non-compliant with your medical plan and inappropriate behaviors are noted, we may ask the State to disenroll you from our plan.

Learn more about network doctors.
You can learn information about network doctors, such as board certifications, and languages they speak, at myuhc.com/CommunityPlan, or by calling Customer Service.

We can tell you the following information:
- Name, address, telephone numbers.
- Professional qualifications.
- Specialty.
- Medical school attended.
- Residency completion.
- Board certification status.
Annual Checkups

The importance of your annual checkup.
You don’t have to be sick to go to the doctor. In fact, yearly checkups with your PCP can help keep you healthy. In addition to checking on your general health, your PCP will make sure you get the screenings, tests and shots you need. And if there is a health problem, they’re usually much easier to treat when caught early.

Here are some important screenings. How often you get a screening is based on your age and risk factors. Talk to your doctor about what’s right for you.

For women.
- Pap smear — helps detect cervical cancer.
- Breast exam/Mammography — helps detect breast cancer.

Women age 50 – 74 should have a mammogram to screen for breast cancer once every 1 to 2 years.

Women who are sexually active should have a Pap smear every three years to screen for cervical cancer.

Young women, ages 16 – 24, who are sexually active should have a Chlamydia test every year to screen for this sexually transmitted disease.

Women’s Health and Cancer Rights Act: Women’s health benefits include breast reconstruction services if elected after a mastectomy.

For men.
- Testes exam — helps detect testicular cancer.
- Prostate exam — helps detect prostate cancer.

Family Planning

Family planning is an important part of staying healthy. Your PCP or a Family Planning Center can help you plan when to have children. You can also get information and prescriptions for birth control like condoms and birth control pills. Family Planning Centers or the Health Department can teach you about sexually transmitted diseases and give you other tips for staying healthy. You may go to any Family Planning Center without being sent by your PCP.
For Moms-to-Be and Children

Care during pregnancy.
The health services that a woman receives from a doctor, nurse or midwife before her baby is born is called “prenatal care.”

Prenatal care is important. It is a way to see how well the pregnancy is going. It is also a way to know if there are any problems. Even if a woman has been pregnant before, it is important that she get care for each pregnancy. If you think you are going to have a baby, you need a pregnancy test.

Over-the-counter pregnancy tests are free to UnitedHealthcare Community Plan members. If you are going to do a test yourself, you need a doctor’s prescription. Take the prescription to a UnitedHealthcare Community Plan pharmacy to get your FREE pregnancy test.

If you are pregnant, you can:

- Call or visit your primary care doctor. He or she will care for you or help you find an OB/GYN; or
- Visit an OB/GYN or nurse-midwife on your own; or
- Visit a clinic that offers OB/GYN services.

Getting regular prenatal care from the same provider all through your pregnancy is best. You should see your prenatal care provider at least 10 times during your pregnancy.

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<th>For the First 3 Months</th>
<th>Visit your doctor every 4 weeks</th>
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<tr>
<td>4th – 6th Month</td>
<td>Visit your doctor every 4 weeks</td>
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</table>
| 7th – 9th Month         | Visit your doctor every 2 weeks from the 32nd to the 36th week
|                        | Visit your doctor every week from the 37th week until delivery |
| 3 – 5 Weeks After Your Baby Is Born | Visit your doctor to complete all of your care |

Having a baby?
When you think you are pregnant, call your local Department of Human Services (DHS) office and Customer Service at 1-800-903-5253, TTY: 711. This will help ensure you get all the services available to you.
UnitedHealthcare Community Plan providers.
To find an OB/GYN, nurse-midwife or family planning center, go to our website at UHCCommunityPlan.com. Or call Customer Service at 1-800-903-5253. You really need to visit a prenatal care provider as soon as you think you are pregnant.

The UnitedHealthcare Community Plan Healthy First Steps (HFS) Program provides case management and support services to women who are going to have babies. If you don’t get a call from us about your pregnancy, call UnitedHealthcare Community Plan Customer Service at 1-800-903-5253.

The Healthy First Steps nurse case manager works with our members and their doctors to make sure mothers-to-be get the care they need.

Some of the things that the Healthy First Steps case manager does includes:

• Helping you make appointments for prenatal care.
• Helping you select a doctor for your new baby.
• Helping you arrange visits and health care after your baby is born.
• Following up on missed visits to see if you have any problems and help you solve them.
• Helping to get special health care supplies or items if your doctor thinks you or your baby need them.
• Keeping in touch with your personal doctor if you have any health problems.
• Arranging for home health care if your doctor orders it.
• Sending a nurse to visit you and your new baby if you need it.

Women, Infants, and Children (WIC). 1-800-262-4784
WIC offers healthy foods. WIC is for children up to age 5, pregnant women, and women who have just given birth and are breast-feeding. WIC will teach you about healthy eating for you, your baby and your other children.

Maternal Infant Health Program (MIHP). 1-800-903-5253
Early prenatal care is important to you and your baby. Childbirth classes and other pregnancy education classes are covered too. The Maternal Infant Health Program (MIHP) can help you with health care, community services and other needs.
The MIHP can help you have a healthy pregnancy and be a great parent. They give you one-on-one education and support. MIHP services include:

- Nurses who teach you about:
  - Your pregnancy, labor and delivery.
  - Your baby’s care and needs.
- Dietitians who teach you:
  - To eat healthy while you are pregnant.
  - What to feed your new baby.
- Social workers who help you with housing, baby supplies, money matters and family concerns.
- Childbirth education classes that teach you how to make labor and delivery easier.
- Parent education classes that are fun, give you group support and teach you how to be a great parent.

**Free rides. 1-877-892-3995**
If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide **free** rides for you to go to:

- The doctor’s office
- The pharmacy
- The X-ray center
- The lab for blood tests

It is best to call at least 4 days in advance.

**Where’s my ride?**
Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.

**Stop Smoking Program. 1-800-480-7848**
Smoking is a health hazard for everyone! If you are pregnant or think you may become pregnant and are ready to quit smoking, call the number listed above.

**Mental Health Care. 1-800-903-5253**
It is very important for expecting and new mothers to get rest, eat well and exercise. It is also important to talk about your feelings or thoughts. Babies need a healthy mother to take care of them. If you need a mental health care professional, call or visit [UHCCommunityPlan.com](http://UHCCommunityPlan.com) to find a UnitedHealthcare Community Plan mental health provider to schedule your **free** outpatient mental health visits.
Get free gifts with Baby Blocks™.
UnitedHealthcare Community Plan members can earn great rewards with our Baby Blocks program. It is for pregnant moms and infants.

Your health is important. Staying healthy starts by going to the doctor. Your doctor can make sure your baby is growing well. After baby is born, their doctor can help you keep them safe and healthy.

Baby Blocks™ is easy.
1. Enroll. Sign up at uhcbabyblocks.com. You will get appointment reminders by text or e-mail.
2. Earn. Go to your appointments and record new ones.
3. Enjoy. Choose your rewards. Get gift cards, books or infant toys for going to the doctor.

Children's Special Health Care Services (CSHCS).
If your child is chronically ill, they may qualify to become a Children's Special Health Care Services (CSHCS) Member and get special services and transportation through our plan.

We offer high-quality health care services and care management with a coordinated care plan to those eligible for Michigan Medicaid — Children's Special Health Care Services (CSHCS). Your child's PCP works together with UnitedHealthcare Community Plan, you as the family support caregiver and other community agencies to make sure your child gets the best care.

CSHCS is a state of Michigan program that serves children, and some adults, with special health care needs. CSHCS covers more than 2,700 medical diagnoses.

Additional benefits for Medicaid health plan enrollees with Children’s Special Health Care Services.
1. Help from your Local Health Department with:
   • Community resources — schools, community mental health, financial support, childcare, Early On, and the Women, Infants and Children (WIC) program.
   • Transitioning to adulthood.
   • Orthodontia.
     – Only for specific CSHCS qualifying diagnosis, such as cleft palate/cleft lip.
     – Medically necessary, related to condition.
     – Not for cosmetic purposes.
   • Respite.
     – CSHCS covers 180 hours of respite care annually when a beneficiary requires skilled nursing and a CSHCS nurse consultant determines appropriate.
2. Help from the Family Center for Children and Youth with Special Health Care Needs:
   • CSHCS Family Phone Line — a toll-free phone number (1-800-359-3722) available Monday through Friday from 8:00 a.m. to 5:00 p.m.
   • Parent-to-parent support network.
   • Parent/Professional training programs.
   • Financial help to go to conferences about CSHCS medical conditions and “Relatively Speaking,” a conference for siblings of children with special needs.

3. Help from the Children’s Special Needs (CSN) Fund:
   The CSN Fund helps CSHCS families get items not covered by Medicaid or CSHCS. To see if you qualify for help from the CSN Fund, call 517-241-7420.
   Examples include:
   • Wheelchair ramps.
   • Van lifts and tie downs.
   • Therapeutic tricycles.
   • Air conditioners.
   • Adaptive recreational equipment.
   • Electrical service upgrades for eligible equipment.

Blood Lead Poisoning

Lead poisoning is dangerous to your child's health. If you live in an older home (built before 1978), your child may have a higher chance of lead poisoning. Blood lead tests can be part of regular care by your child’s PCP. The test may only require a simple finger stick and one or two drops of blood.

Michigan law requires that doctors test Medicaid children for blood lead poisoning before age one and again before age two or between ages three and six years if not tested at age one and two. Ask your child’s PCP for more information about lead poisoning and lead tests.
**Well-Child Visits**

Well-child visits are a time for your PCP to see how your child is growing and developing. They will also give the needed screenings, like speech and hearing tests, and immunizations during these visits. These routine visits are also a great time for you to ask any questions you have about your child’s behavior and overall well-being, including:

- Eating.
- Sleeping.
- Behavior.
- Social interactions.
- Physical activity.

Here are shots the doctor will likely give, and how they protect your child:

- **Hepatitis A and Hepatitis B:** prevents two common liver infections.
- **Rotavirus:** protects against a virus that causes severe diarrhea.
- **Diphtheria:** prevents a dangerous throat infection.
- **Tetanus:** prevents a dangerous nerve disease.
- **Pertussis:** prevents whooping cough.
- **HiB:** prevents childhood meningitis.
- **Meningococcal:** prevents bacterial meningitis.
- **Polio:** prevents a virus that causes paralysis.
- **MMR:** prevents measles, mumps and rubella.
- **Varicella:** prevents chickenpox.
- **Influenza:** protects against the flu virus.
- **Pneumococcal:** prevents ear infections, blood infections, pneumonia and bacterial meningitis.
- **HPV:** protects against a sexually transmitted virus that can lead to cervical cancer in women and genital warts in men.

When your child is young, they should have shots at birth, 2, 4, 6, and 12 – 15 months for well-child care. Talk to your child’s PCP to learn when older children need shots.

It is up to you to schedule and take your child to the visits to get these shots. Your child’s PCP can help you set up regular visits to make sure they get all their shots when they need them.

**Checkup schedule.**

It’s important to schedule your well-child visits for these ages:

- 3 to 5 days 15 months
- 1 month 18 months
- 2 months 24 months
- 4 months 30 months
- 6 months 3 years
- 9 months 4 years
- 12 months Once a year after age 5
Making an Appointment With Your PCP

Call your doctor’s office directly. The number is on your Member ID card. When you call to make an appointment, be sure to tell the office what you’re coming in for. This will help make sure you get the care you need, when you need it. This is how quickly you can expect to be seen:

<table>
<thead>
<tr>
<th>How long it should take to see your PCP:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency</td>
<td>Same day or sent to an emergency facility.</td>
</tr>
<tr>
<td>Urgent (but not an emergency)</td>
<td>Within 3 days.</td>
</tr>
<tr>
<td>Routine</td>
<td>Within 30 days.</td>
</tr>
<tr>
<td>Preventive, Well-Child and Regular</td>
<td>Within 30 days.</td>
</tr>
</tbody>
</table>

Preparing for Your PCP Appointment

Before the visit.

1. Go in knowing what you want to get out of the visit (relief from symptoms, a referral to a specialist, specific information, etc.).

2. Make note of any new symptoms and when they started.

3. Make a list of any drugs or vitamins you take on a regular basis.

During the visit.

When you are with the doctor, feel free to:

- Ask questions.
- Take notes if it helps you remember.
- Ask the doctor to speak slowly or explain anything you don’t understand.
- Ask for more information about any medicines, treatments or conditions.
If You Need Care and Your Provider’s Office Is Closed

Call your PCP if you need care that is not an emergency. Your provider’s phone is answered 24 hours a day, 7 days a week. Your provider or someone from the office will help you make the right choice for your care.

You may be told to:

- Go to an after-hours clinic or urgent care center.
- Go to the office in the morning.
- Go to the emergency room (ER).
- Get medicine from your pharmacy.

Referrals and Specialists

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This doctor is called a specialist. You must see your PCP before you see most specialists. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. A couple of examples of specialists include:

- Cardiologist — for problems with the heart.
- Pulmonologist — for problems with the lungs and breathing.

Self-referral services.
Most of the time you will work with your PCP first when you need medical care. But there are some kinds of care you can set up for yourself without being sent by your PCP. These are called “self-referral” services.

You do not need a referral from your PCP for:

- Emergency services.
- OB/GYN.
- Optometry (vision services).
- Behavioral.
- Health/substance abuse professionals.
- Chiropractors.
- Pediatric services.
- Pregnancy services.

Out-of-plan specialty services.
Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the provider.

If you see a specialist without being sent by your PCP and without our authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.
Getting a Second Opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider for any of your covered benefits. This is your choice. You are not required to get a second opinion.

Prior Authorizations

In some cases your provider must get permission from the health plan before giving you a certain service. This is called prior authorization. This is your provider’s responsibility. If they do not get prior authorization, you will not be able to get those services.

You do not need prior authorization for advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay. You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant.

A prior authorization may be needed.

Some services that need prior authorization include:

- Hospital admissions.
- Home health care services.
- Certain outpatient imaging procedures, including MRIs, MRAs, CT scans and PET scans.
- Sleep studies.

Continued Care if Your PCP Leaves the Network

Sometimes PCPs leave the network. If this happens to your PCP, you will receive a letter from us letting you know. Sometimes we will pay for you to get covered services from doctors for a short time after they leave the network. You may be able to get continued care and treatment when your doctor leaves the network if you are being actively treated for a serious medical problem. For example, you may qualify if you are getting chemotherapy for cancer or are at least six months pregnant when your doctor leaves the network. To ask for this, please call your doctor. Ask them to request an authorization for continued care and treatment from UnitedHealthcare Community Plan.
If You Need Care When Out of Town or Out of State

If you have a health emergency when you are out of town or out of state, we will cover the costs. Give the name and phone number of your PCP to the emergency room staff.

Emergency.
If you have a medical emergency while you are not in Michigan, go to the nearest emergency room.

Non-emergency/urgent.
If you need non-emergency care while traveling outside the service area or when you are not in the state of Michigan, call your PCP or our Customer Service department first.

Routine medical care while you are outside the service area or when you are not in Michigan, unless you get it with a network provider, is not covered.

You must get authorization in advance from your PCP and UnitedHealthcare Community Plan for care with any non-network provider.
Transportation Services or Gas Reimbursement
1-877-892-3995

If you do not have a ride to get medical care and services, UnitedHealthcare Community Plan may provide transportation at no cost or gas reimbursement for you to go to:

- Doctor’s visits.
- Medical supply companies.
- Dialysis clinics.
- Health departments.
- Any family planning clinic.
- Hospitals for non-emergency care.
- Network behavioral mental health providers or clinics.
- Have lab, X-ray or other medical testing.
- Network vision providers to have a vision exam or pick up glasses.
- Urgent visits to your doctor’s office or Urgent Care centers — if you need an urgent ride to your doctor’s office or an Urgent Care center sooner than the four-day advance notice, call us and we will help you.

It is best to call 4 days in advance to arrange routine transportation or gas reimbursement. Tell them about any special needs you have, like a wheelchair van, special lift or if you need help from your door to the car. If there is a bus service near you, you may be asked to use it unless there is a medical reason you cannot do so.

Where’s my ride?
Call 1-866-535-0155 if transportation is late. Do not call any other number for assistance with a late ride.
Hospitals and Emergencies

Emergency Care

Hospital emergency rooms are there to offer emergency treatment for trauma, serious injury and life-threatening symptoms. Reasons to go to the ER include:

- Serious illness.
- Broken bones.
- Heart attack.
- Poisoning.
- Severe cuts or burns.

UnitedHealthcare Community Plan covers any emergency care you need throughout the United States and its territories. Within 24 hours after your visit, call Customer Service at 1-800-903-5253, TTY: 711. You should also call your PCP and let them know about your visit so they can provide follow-up care if needed.

Urgent Care

Urgent care clinics are there for you when you need to see a doctor for a non-life-threatening condition but your PCP isn’t available or it’s after clinic hours. Common health issues ideal for urgent care include:

- Sore throat.
- Ear infection.
- Minor cuts or burns.
- Flu.
- Low-grade fever.
- Sprains.

If you or your children have an urgent problem, call your PCP first. Your doctor can help you get the right kind of care. Your doctor may tell you to go to urgent care or the emergency room.

Don’t wait.

If you need emergency care, call 911 or go to the nearest hospital.

Planning ahead.

It’s good to know what urgent care clinic is nearest to you. You can find an urgent care clinic in the Find-A-Doctor search tool at myuhc.com/CommunityPlan. Or you can call Customer Service at 1-800-903-5253, TTY: 711.
Hospitals and Emergencies

Hospital Services

There are times when your health may require you to go to the hospital. There are both inpatient and outpatient hospital services.

**Outpatient services** include X-rays, lab tests and minor surgeries. Your PCP will tell you if you need outpatient services. Your doctor’s office can help you schedule them.

**Inpatient services** require you to stay overnight at the hospital. These can include serious illness, surgery or having a baby.

Inpatient services require you to be admitted (called a hospital admission) to the hospital. The hospital will contact us and ask for authorization for your care. If the doctor who admits you to the hospital is not your PCP, you should call your PCP and let them know you are being admitted to the hospital.

Going to the hospital.

You should go to the hospital only if you need emergency care or if your doctor told you to go.

Emergency Dental Care

Emergency dental care services to control pain, bleeding or infection are covered by your plan.

Post-Stabilization Services

Post-stabilization services are covered and provided without prior authorization. These are services that are medically necessary after an emergency medical condition has been stabilized.

No Medical Coverage Outside of U.S.

If you are outside of the United States and need medical care, any health care services you receive will not be covered by UnitedHealthcare Community Plan. Medicaid cannot pay for any medical services you get outside of the United States.
Prescription Drugs

Your benefits include prescription drugs.
UnitedHealthcare Community Plan covers hundreds of prescription drugs from hundreds of pharmacies. The full list of covered drugs is included in the Preferred Drug List. You can fill your prescription at any network pharmacy. All you have to do is show your member ID card.

Generic and brand name drugs.
UnitedHealthcare Community Plan requires all members to use generic drugs. Generic drugs have the same ingredients as brand name drugs — they often cost less, but they work the same.

In some cases, a limited number of brand name drugs are covered. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

Changes to the Preferred Drug List.
The list of covered drugs is reviewed by the Michigan Department of Community Health on a regular basis and may change when new generic drugs are available.

What is the Preferred Drug List?
This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at myuhc.com/CommunityPlan.

Some medicines are covered by the State and not UnitedHealthcare Community Plan. You may have a co-pay for those medicines. The pharmacist will tell you if the medicine you need is covered by the State. To see the list of medicines covered by the State, go to: https://michigan.fhsc.com/Providers/DrugInfo.asp. You will use your mihealth card to get the medicine.
Over-the-Counter (OTC) Medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. A network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

- Pain relievers.
- Cough medicine.
- First-aid cream.
- Cold medicine.
- Contraceptives.

For a complete list of covered OTC medicines, go to myuhc.com/CommunityPlan. Or call Customer Service at 1-800-903-5253, TTY: 711.

Injectable Medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor’s office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

Pharmacy Home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home. In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy.

To change pharmacies during this time, call Customer Service at 1-800-903-5253, TTY: 711. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan
Attn: Pharmacy Department
26957 Northwestern Hwy, Suite 400
Southfield, MI 48033
Benefits Covered by UnitedHealthcare Community Plan

As member of UnitedHealthcare Community Plan, you are covered for the following services when you set them up with your PCP. (Remember to always show your current member ID card when getting services.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. You can always call Customer Service at 1-800-903-5253, TTY: 711, to ask questions about benefits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bariatric surgery*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Durable Medical Equipment (DME) items like walkers and wheelchairs*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Emergency transportation and hospital billed ambulance services to and from the nursing facility or enrollees homes</td>
<td>Covered.</td>
</tr>
<tr>
<td>End Stage Renal Disease services*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Hearing and speech services (hearing aids for members under 21 years of age)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Home Health services*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Hospice care</td>
<td>Covered.</td>
</tr>
<tr>
<td>Hospitalization in a semi-private room (when medically necessary)*</td>
<td>Covered.</td>
</tr>
</tbody>
</table>
**Benefits**

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intermittent or short-term restorative or rehabilitative services in a nursing facility up to 45 days</td>
<td>Covered.</td>
</tr>
<tr>
<td>Lab tests and X-rays</td>
<td>Covered.</td>
</tr>
<tr>
<td>Medical supplies*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Office visits – including physical exams and preventive health screening</td>
<td>Covered.</td>
</tr>
<tr>
<td>Outpatient surgery*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Physical, speech, language and occupational therapy</td>
<td>Covered.</td>
</tr>
<tr>
<td>Podiatry services</td>
<td>Covered.</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>Covered.</td>
</tr>
<tr>
<td>Prosthetics and orthotics*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Restorative or rehabilitative services not in a nursing facility</td>
<td>Covered.</td>
</tr>
<tr>
<td>Services by a chiropractor</td>
<td>Covered.</td>
</tr>
<tr>
<td>Services by a hearing aid dealer</td>
<td>Covered.</td>
</tr>
<tr>
<td>Surgery, anesthesia and related services*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Transplants*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Visits to specialists (when your PCP sends you)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Weight reduction care*</td>
<td>Covered.</td>
</tr>
<tr>
<td>Well-baby and well-child visits – including immunizations or shots</td>
<td>Covered.</td>
</tr>
</tbody>
</table>

* May need to be approved in advance by UnitedHealthcare Community Plan.
**Benefits**

You are covered for these “Self-Referral” services without being sent by your PCP.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certified nurse midwife services</td>
<td>Covered.</td>
</tr>
<tr>
<td>Certified pediatric and family nurse practitioner services</td>
<td>Covered.</td>
</tr>
<tr>
<td>Eye exams, certain frames and lenses (every 24 months)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Family planning services at any family planning clinic</td>
<td>Covered.</td>
</tr>
<tr>
<td>Immunizations or treatment of a communicable disease at any Health Department</td>
<td>Covered.</td>
</tr>
<tr>
<td>Maternal Infant Health Program (MIHP) services at any Health Department, or MIHP Provider</td>
<td>Covered.</td>
</tr>
<tr>
<td>Obstetrical care with any UnitedHealthcare Community Plan OB/GYN (prenatal and postnatal care) or certified nurse midwife</td>
<td>Covered.</td>
</tr>
<tr>
<td>Pediatric visits by children under the age of 18 to any UnitedHealthcare Community Plan pediatrician</td>
<td>Covered.</td>
</tr>
<tr>
<td>Replacement frames and lenses (every 12 months – children may have two replacement pairs if lost or broken)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Services at any Adolescent Health Center</td>
<td>Covered.</td>
</tr>
<tr>
<td>Short-term outpatient mental health services (up to 20 visits every year)</td>
<td>Covered.</td>
</tr>
<tr>
<td>Transportation services</td>
<td>Covered.</td>
</tr>
<tr>
<td>Well-woman care from any UnitedHealthcare Community Plan OB/GYN</td>
<td>Covered.</td>
</tr>
</tbody>
</table>
These Services Are Not Covered Through UnitedHealthcare Community Plan Because Michigan Medicaid Does Not Cover Them:

- Elective abortions (as defined by Medicaid).
- Experimental procedures, treatment plans or medications.
- Elective or cosmetic surgery, unless medically necessary.
- Services for treatment of infertility.

Services That May Be Covered by Michigan Medicaid

These services may be covered through Michigan Medicaid:

- Maternal Infant Health Program (MIHP).
- Dental services.
- Services available through the intermediate school district.
- Inpatient hospital psychiatric services.
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility) after 45 days.
- Custodial care in a nursing facility.
- Outpatient partial hospitalization psychiatric services.
- Long-term outpatient mental health services.
- Substance-abuse services including:
  - Screening and assessment.
  - Detoxification.
  - Intense outpatient counseling and other outpatient services.
  - Methadone treatment.
- Services including therapies provided to persons with developmental disabilities which are billed through Community Mental Health Service Program (CMHSP) providers or Intermediate School Districts.
- Home and community-based waiver program services.
- Personal care or home help services.
Benefits

• Traumatic Brain Injury Program services.
• Transportation for services not covered by UnitedHealthcare Community Plan.
  – If you live in Wayne, Oakland or Macomb County and need a ride for dental, substance abuse and some mental health services, call 1-866-569-1902 Monday – Friday from 8:00 a.m. to 5:00 p.m.
  – If you live in any other county, call your local DHS office to get a ride for dental, substance abuse and some mental health services.

Outreach Services

The outreach services listed below are not covered by UnitedHealthcare Community Plan. They may be available to you through the State of Michigan or another agency. For more information about the services below, call the phone number listed or the UnitedHealthcare Community Plan Customer Service department.

Your UnitedHealthcare Community Plan doctor or DHS office.
These services are covered by the State of Michigan Medicaid program. Talk with your doctor or Department of Human Services, DHS caseworker for more details:
  • Dental care.
  • Home and Community-Based waiver program services.
  • Personal care or home help service.
  • Custodial care in the home or nursing facility.

Chore services (1-800-642-3195 or your DHS office).
If you need a Chore Services Worker, contact your local DHS office or visit www.michigan.gov/dhs. A Chore Services Worker can help to prepare meals or do household chores for people who are ill and unable to do these tasks.

Developmental disabilities.
There are a lot of services available to you. Some services for persons with developmental disabilities are available through UnitedHealthcare Community Plan. Other services are available through your local school or Community Mental Health department.

Domestic violence (1-800-799-7233).
If you are in an abusive relationship, get help. You can get help 24 hours a day, 7 days a week. Even if you want to speak in another language, someone is there to help you. You can get information about domestic violence and referrals to shelters.
**Long-term behavioral health.**
If you have a serious problem that needs long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to set up your care. Sometimes UnitedHealthcare Community Plan may refer you directly to the Community Mental Health provider in your area.

**Long-term nursing home care and alternatives.**
If you need long-term nursing home care longer than 45 days, it may be covered by Michigan Medicaid.

The Waiver Program offers an alternative to nursing home care. This service is for people who need nursing home care but do not want to leave their home. For more information and to see if you qualify, call the local Area Agency on Aging at 1-800-852-7795 or visit [www.aaa1b.com](http://www.aaa1b.com). Or you can call the Michigan Office of Services to the Aging (OSA) at 1-517-373-8230.

**Substance abuse and gambling addictions.**
For help call:
- **Prescription medication** (medical detoxification): 517-373-4700 or [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- **Street drugs or alcohol addictions:** [www.michigan.gov/bhrecovery](http://www.michigan.gov/bhrecovery)
- **Gambling:** 855-2CALLGA (855-222-5542) or [www.gamblersanonymous.org](http://www.gamblersanonymous.org)

Sometimes it’s hard to tell if you or someone you care about has an addiction. Addiction to drugs, alcohol, prescription medications or gambling can cause trouble: at work, at home and with your health. Some symptoms of addiction include:
- Violence or fighting with family and friends.
- Using drugs, alcohol or gambling to deal with day-to-day problems.
- Lying about alcohol, drugs and gambling use.
- Using more and more alcohol, drugs or gambling.
- Feeling guilty.
- Don’t feel healthy.

**WIC (Women, Infants and Children) (1-800-26-BIRTH or 1-800-262-4784).**
WIC is a program offered by the Michigan Department of Community Health. WIC offers healthy foods and nutritional education for children up to age five, pregnant women, and women who have just given birth and are breastfeeding.
Vision Services – VSP
(Vision Services Plan) (1-800-877-7195)

You do not need to be sent by your PCP for routine eye services.

Eye exams, designer type frames (Altair eyewear) and prescription lenses are covered when you see a UnitedHealthcare Community Plan-VSP vision provider.

UnitedHealthcare Community Plan has easy-to-use vision services. VSP provides all routine vision services to UnitedHealthcare Community Plan members. At a VSP office, you get all the services you need. You can get your exam, designer-type frames (Altair eyewear) and lenses at a one-stop, easy-to-use office. To find the VSP office near you, call the VSP Customer Service Department Monday – Friday from 9:00 a.m. to 9:00 p.m. or visit them at www.vsp.com. To get your designer-type frames, ask for Altair eyewear.

UnitedHealthcare Community Plan covers routine vision services that include:

- Routine eye exams; certain frames and lenses are covered every 24 months.
- Replacement frames and lenses are covered once every 12 months for adults and twice every 12 months for children.
- Frame repairs are covered (aligning temples, insertion of screws or adjusting frames).
- If you select a frame not covered by UnitedHealthcare Community Plan, you are liable for the difference in cost.
- Some special features on frames or lenses may not be covered.

Non-routine eye exams for the treatment of a medical eye condition are covered.

UnitedHealthcare Community Plan contracts with VSP so you can get your vision services.

If you are diabetic, it is important to have a dilated eye exam every year to screen for conditions that could cause blindness. UnitedHealthcare Community Plan covers an eye exam every year for our members with diabetes.
Behavioral Health – United Behavioral Health (UBH) (1-800-903-5253)

You do not need to be sent by your PCP to see a UnitedHealthcare Community Plan behavioral health provider.

If you are having a personal or family problem, you can get help at no cost to you. Just call the phone number above. You can get up to 20 outpatient visits every year. If you are suffering from a problem, get care right away.

People who have chronic illnesses often have depression. Sometimes after women have babies, they suffer from depression. UBH can help you if you feel depressed.

If you need long-term treatment, UnitedHealthcare Community Plan will work with Community Mental Health to get you the care you need. UnitedHealthcare Community Plan does not cover long-term behavioral health care.

UnitedHealthcare Community Plan contracts with UBH so you can get your behavioral health services.

Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), Child and Adolescent Health Centers (CAHCs), Tribal Health Centers (THCs)

You can go to any FQHC, RHC, CAHC or THC without being sent by your PCP even if it is not a UnitedHealthcare Community Plan provider. You can get your behavioral health services here, too.

Home Health Services

Home Health Services are for members who need follow-up medical care after being discharged from the hospital or who have a serious ongoing medical condition. Visiting nurses perform the medical services in the home. Your PCP or specialist can get this kind of care set up for you.
Benefits

New Technology

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs.

Disease and Care Management

If you have a chronic health condition like asthma or diabetes, UnitedHealthcare Community Plan has a program to help you live with your condition and improve the quality of your life. These programs are voluntary and available at no cost to you. The programs give you important information about your health condition, medications, treatments and the importance of follow-up visits with your physician.

A team of registered nurses and social workers will work with you, your family, your PCP, other health care providers and community resources to design a plan of care to meet your needs in the most appropriate setting. They can also help you with other things like weight loss, stopping smoking, making appointments with your doctor and reminding you about special tests that you might need.

You or your doctor can call us to ask if our care management or disease management programs could help you. If you or your doctor thinks a Care Manager could help you, or if you want more information about our care management or disease management programs, call us at 1-800-903-5253.

Wellness Programs

UnitedHealthcare Community Plan has programs and tools to help keep you and your family healthy, including:

• Classes to help you quit smoking.
• Pregnancy care and parenting classes.

Your provider may suggest one of these programs for you. If you want to know more, or to find a program near you, talk to your PCP or call Customer Service at 1-800-903-5253, TTY: 711.
Stop Smoking Programs
(1-800-480-QUIT or 1-800-480-7848)

UnitedHealthcare Community Plan has a Smoking Cessation Program for you. This program is for everyone, including women who may be pregnant. If you are ready to quit, call 1-800-480-QUIT (7848) for help.

UnitedHealthcare Community Plan covers smoking cessation medication (pills, patches, inhalers, nasal spray and gum). A personal Health Coach is also available to help you stop smoking. To learn more, and to get your toolkit, call today. You, your personal Health Coach and your PCP can all work together to help you quit smoking.

Recommended Health Screenings

We use preventive care guidelines from the U.S. Preventive Services Task Force. Coverage and reimbursement may vary depending on state or federal law. It may vary depending on your coverage plan. Call Customer Service at the number shown on your ID card if you have any questions.
## 2014 Recommended Immunizations for Children From Birth Through 6 Years Old

<table>
<thead>
<tr>
<th>Age Range</th>
<th>Vaccines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth</strong></td>
<td>HepB, HepB, RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>1 month</td>
<td>HepB, RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>2 months</td>
<td>HepB, RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>4 months</td>
<td>HepB, RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>6 months</td>
<td>HepB, RV, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>12 months</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>15 months</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>18 months</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>19–23 months</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>2–3 years</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
<tr>
<td>4–6 years</td>
<td>HepB, DTaP, Hib, PCV, IPV</td>
</tr>
</tbody>
</table>

### Is your family growing? To protect your new baby and yourself against whooping cough, get a Tdap vaccine in the third trimester of each pregnancy. Talk to your doctor for more details.

### NOTE:
If your child misses a shot, you don’t need to start over, just go back to your child’s doctor for the next shot. Talk with your child’s doctor if you have questions about vaccines.

### FOOTNOTES:
- Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting a flu vaccine for the first time and for some other children in this age group.
- Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.
- If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child’s doctor about additional vaccines that he may need.

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit http://www.cdc.gov/vaccines
<table>
<thead>
<tr>
<th>Disease</th>
<th>Vaccine</th>
<th>Disease spread by</th>
<th>Disease symptoms</th>
<th>Disease complications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td>Varicella vaccine protects against chickenpox.</td>
<td>Air, direct contact</td>
<td>Rash, tiredness, headaches, fever</td>
<td>May be no symptoms unless bacteria enter the blood</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>DTaP vaccine protects against diphtheria.</td>
<td>Air, direct contact</td>
<td>Sore throat, mild fever, weakness, swollen glands in neck</td>
<td>May be no symptoms if bacteria enter the blood</td>
</tr>
<tr>
<td>Hib</td>
<td>Hib vaccine protects against Haemophilus influenzae type b.</td>
<td>Air, direct contact, contaminated food or water</td>
<td>May be no symptoms, fever, cough, runny nose, pink eye</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>HepA vaccine protects against hepatitis A.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
<td>Fever, muscle pain, sore throat, cough, fatigue, jaundice, blood disorders</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>HepB vaccine protects against hepatitis B.</td>
<td>Contact with blood or body fluids</td>
<td>May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice, skin and eye infections</td>
<td>May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain</td>
</tr>
<tr>
<td>Flu</td>
<td>Flu vaccine protects against influenza.</td>
<td>Air, direct contact</td>
<td>接触</td>
<td>May be no symptoms, fever, vomiting, jaundice, skin and eye infections</td>
</tr>
<tr>
<td>Measles</td>
<td>MMR** vaccine protects against measles.</td>
<td>Air, direct contact</td>
<td>Rash, fever, cough, runny nose, pink eye</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain, meningitis (infection of the brain and spinal cord), death</td>
</tr>
<tr>
<td>Mumps</td>
<td>MMR** vaccine protects against mumps.</td>
<td>Air, direct contact</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain</td>
<td>Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain, meningitis (infection of the brain and spinal cord), death</td>
</tr>
<tr>
<td>Pertussis</td>
<td>DTaP* vaccine protects against pertussis.</td>
<td>Air, direct contact</td>
<td>Severe cough, runny nose, pink eye, apnea in breathing in infants</td>
<td>Severe cough, runny nose, pink eye, apnea in breathing in infants</td>
</tr>
<tr>
<td>Polio</td>
<td>IPV vaccine protects against polio.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, fatigue, weakness, muscle spasms</td>
<td>May be no symptoms, fever, fatigue, weakness, muscle spasms</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>PCV vaccine protects against pneumococci.</td>
<td>Air, direct contact, through the mouth</td>
<td>May be no symptoms, fever, headache, vomiting, meningitis (infection of the brain and spinal cord), death</td>
<td>May be no symptoms, fever, headache, vomiting, meningitis (infection of the brain and spinal cord), death</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>RV vaccine protects against rotavirus.</td>
<td>Air, direct contact</td>
<td>May be no symptoms, fever, diarrhea, vomiting, dehydration</td>
<td>May be no symptoms, fever, diarrhea, vomiting, dehydration</td>
</tr>
<tr>
<td>Rubella</td>
<td>MMR** vaccine protects against rubella.</td>
<td>Air, direct contact</td>
<td>Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes</td>
<td>Very serious in pregnant women — can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
<tr>
<td>Tetanus</td>
<td>DTaP* vaccine protects against tetanus.</td>
<td>Exposure through cuts in skin</td>
<td>May be no sympotms, fever, nausea, headache</td>
<td>Very serious in pregnant women — can lead to miscarriage, stillbirth, premature delivery, birth defects</td>
</tr>
</tbody>
</table>

* DTaP combines protection against diphtheria, tetanus, and pertussis.
** MMR combines protection against measles, mumps, and rubella.
Finding a Network Provider

We make finding a network provider easy. To find a network provider or a pharmacy close to you:

- Visit myuhc.com/CommunityPlan for the most up-to-date information.
- Click on “Find a Provider.”
- Call Customer Service at 1-800-903-5253, TTY: 711. We can look up network providers for you. Or, if you’d like, we can send you a Provider Directory in the mail.

Provider Directory

You have a directory of providers available to you in your area. The directory lists addresses and phone numbers of our network providers.

Provider information changes often. Visit our website for the most up-to-date listing at myuhc.com/CommunityPlan. You can view or print the provider directory from the website, or click on “Find a Provider” to use our online searchable directory.

If you would like a printed copy of our directory, please call Customer Service at 1-800-903-5253, TTY: 711, and we will mail one to you.
Other Plan Details

Your Eligibility

- You must be eligible for Medicaid to be enrolled with UnitedHealthcare Community Plan.
- If you enrolled with UnitedHealthcare Community Plan within the past 90 days, you can change to a new health plan when you call Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630.
- If you have been enrolled with UnitedHealthcare Community Plan for more than 90 days, the State will not let you change to a new health plan for a year. When you can make a change, the State will send you information in the mail.
- UnitedHealthcare Community Plan cannot enroll, disenroll or change your health plan. You must contact Michigan ENROLLS at 1-888-367-6557 or 1-800-975-7630 to make a change.
- If you have an HMO as your primary insurance, you will not be able to enroll with UnitedHealthcare Community Plan.
- Your UnitedHealthcare Community Plan benefits cannot be cancelled if you become sick.

Ways to Participate in UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a Board of Directors. This Board looks at the way we do business and makes suggestions. Some people who serve on the board are members just like you. If you would like to become a board member, give us a call. Members vote on a new board member when a seat opens up or when a term is up. If you can’t be on the board but have some ideas, we would still like to hear from you. Call us so we can get your suggestions.

Utilization Review Policy and Procedures

UnitedHealthcare Community Plan has policies and steps we follow in decision making about approving medical services. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We make sure that quality care is delivered. The criteria used in our decision-making are available to you and your doctor if you ask for it.

Our employees or providers are not rewarded in any way for not giving you the care or services you need or for saying that you should not get them.
**How UnitedHealthcare Community Plan Pays Our Providers**

UnitedHealthcare Community Plan pays our PCPs one of two ways. We pay them an agreed-upon fee every month to give our members all the primary care they need no matter how much it costs. This is called capitation. We also pay some of our PCPs and specialists every time they see one of our members. This is known as fee-for-service. We pay our hospitals and all other types of providers in our network the same way. They get paid each time they care for one of our members. We never hold back any payment to any of our providers for giving too much service. If you have any questions about these arrangements, call us.

**Updating Your Information**

To ensure that the personal information we have for you is correct, please tell us if any of the following changes:

- Marital status.
- Address.
- Member name.
- Phone number.
- You become pregnant.
- Family size (new baby, death, etc.).
- Other health insurance.

Please call Customer Service at **1-800-903-5253**, **TTY: 711**, if any of this information changes.

UnitedHealthcare Community Plan needs up-to-date records to tell you about new programs, to send you reminders about healthy checkups, and to mail you member newsletters, ID cards and other important information. You should also tell DHS if you have any changes. They need updated address information every time you move.

**Other insurance.**

If you have any other insurance, call Customer Service and let us know.

- If you are a member, your other health insurance will have to pay your health care bills first.
- When you get care, always show both member ID cards (for UnitedHealthcare Community Plan and your other insurance).
Fraud and Abuse

Help prevent fraud, waste and abuse. As a Medicaid HMO in Michigan, UnitedHealthcare Community Plan needs to make sure that funds are used in an ethical way. UnitedHealthcare Community Plan has steps in place to prevent, identify and deal with fraud, waste and abuse within our membership, our provider network and our internal business. We fully look into each incident. If we find that fraud, waste or abuse took place, our policies state that action will be taken.

Examples of fraud, waste and abuse may be when:
A member:
- Shares their UnitedHealthcare Community Plan ID card.
- Shares their Medicaid ID card.
- Overstates an illness or condition.
- Alters a prescription or gets medication to resell it.
- Alters a referral or medical record.
- Uses transportation services for something other than getting medical care.

A provider:
- Bills for services never provided.
- Bills for the same services twice or uses improper coding.
- Overstates a member’s illness or condition.
- Receives payment for making patient referrals.
- Gives false information about credentials such as a college degree.

You can report when you suspect there has been fraud, waste or abuse.
You may remain anonymous. You will need to identify what you observed, when you observed it, who was present and any further information that may be of assistance. UnitedHealthcare Community Plan employees must report when they suspect a policy or the law has been broken. We have a “no retaliation” policy. We look into suspected fraud, waste and abuse when we are told about it. We report it to the right authorities as required by law.

If you suspect fraud, waste or abuse with a member or provider, you may report it to the following:
- Compliance Officer
  UnitedHealthcare Community Plan
  26957 Northwestern Hwy, Suite 400
  Southfield, MI 48033
  Or call toll-free: 1-800-903-5253
- Office of Inspector General
  P.O. Box 30479
  Lansing, MI 48909
  Online at www.michigan.gov/fraud,
  or toll-free 1-855-MI-FRAUD (643-7283).
Your Opinion Matters

Do you have any ideas about how to make UnitedHealthcare Community Plan better? There are many ways you can tell us what you think.

- Call Customer Service at 1-800-903-5253, TTY: 711.
- Write to us at:
  UnitedHealthcare Community Plan
  Member Advocate
  26957 Northwestern Hwy, Suite 400
  Southfield, MI 48033

Advance Directives

The patient’s right to decide.
You have a right to file an “Advance Directive.” This document says, in advance, what kind of treatment you want or do not want if you have a serious medical condition that prevents you from telling your provider how you want to be treated. For example, if you were taken to a health care facility in a coma, an Advance Directive would let the facility’s staff know how you want your health care to be handled.

UnitedHealthcare Community Plan policy supports your rights to an Advance Directive according to Michigan Law. If you have concerns, questions or if you want to learn more about Advance Directives, call the State of Michigan or the UnitedHealthcare Community Plan Customer Service department.

If you have a complaint concerning an Advance Directive:
For complaints about how your provider follows your wishes, write or call:

  Bureau of Health Professions (BHP)
  Complaint and Allegation Division
  P.O. Box 30670
  Lansing, MI 48909-8170
  517-373-9196 or bhphelp@michigan.gov
  www.michigan.gov/healthlicense (click on “filing a complaint”)

For complaints about how your health plan follows your wishes, write or contact:

  Department of Insurance and Financial Services (DIFS)
  Toll-free at 877-999-6442
  or www.michigan.gov/difs
Living Will.
A Living Will usually states the type of care you want or do not want. For example, if you have a terminal disease and you need an operation, a Living Will can tell the doctor not to go to any extremes to keep you alive. Examples of extreme care are machines that help you breathe or tubes that feed you. The Living Will, or advance directive for health care, begins when:

- Your doctor has a copy of it; and
- Your doctor states that you are incompetent and you are in a terminal condition or in a state of permanent unconsciousness.

Michigan’s Living Will law states that you may revoke a Living Will at any time, and in any manner. All that you must do is tell your doctor or other health care provider that you are revoking it. Someone who saw or heard you revoke your statement may also tell your doctor or other health care provider.

Durable Power of Attorney for Health Care.
This is a written statement naming a person you trust — a husband, wife, parent, adult child, sibling or friend — to make medical decisions if you are not physically or mentally able to.

You may also be able to combine both a Living Will and Durable Power of Attorney for Health Care into one statement. This statement would name someone to make health decisions for you AND say what type of care you should or should not receive.

Patient safety.
Help improve your safety and take responsibility when it comes to your medical care:

- Tell your doctor all your health history.
- Be part of every decision about your health care — talk with your doctor, ask questions.
- Don’t wait to hear — call your doctor, ask for test results.
- Tell your doctor about any changes in your health.
- Take your doctor’s advice and follow instructions you both agreed to.
- If you don’t understand — ask again.

Be an active part of your health care. Know how you can make a difference.
Member Rights and Responsibilities

Your rights.

• To be treated with respect, consideration, and recognition of your dignity and right to privacy no matter what your race, religion, color, age, sex, health condition, familial status, height, weight, disability or veteran’s status.

• To receive information about all health services including a clear explanation of how to obtain services.

• To choose a personal doctor from our list of UnitedHealthcare Community Plan Primary Care Providers (PCPs).

• To file a grievance, to request a fair hearing, or have an external review, under the Patient’s Right to Independent Review Act.

• To voice grievances or appeals about UnitedHealthcare Community Plan or the care it provides.

• To make recommendations regarding UnitedHealthcare Community Plan member rights and responsibilities policies.

• To expect that your medical records and communications will be treated in a confidential manner as required by law.

• To expect UnitedHealthcare Community Plan staff and providers to comply with all enrollee rights requirements.

• To receive full information from your PCP or health care provider as to the nature and consequence of any treatment, test, or procedure that may be involved in your health care.

• To participate in decisions involving your health care and make decisions to accept or refuse medical treatment or surgical treatment from your health care provider.

• To candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.

• To ask for and receive information about UnitedHealthcare Community Plan, its services, its organization, UnitedHealthcare Community Plan providers and practitioners who provide health care services.

• To ask if UnitedHealthcare Community Plan has special financial arrangements with UnitedHealthcare Community Plan providers that can affect the use of referrals and other services that you might need. To get information, call UnitedHealthcare Community Plan and ask for information about our physician payment arrangements.

• To see any UnitedHealthcare Community Plan OB/GYN for well-woman exams or obstetrical care without a referral from your PCP.

• To see any UnitedHealthcare Community Plan Pediatrician if you are under the age of 18 without a referral from your PCP.

• To get a copy of these rights and responsibilities or have them explained to you if you have any questions.
Your responsibilities.

- To be an informed member. Read your handbook and call UnitedHealthcare Community Plan if you have any questions.
- To understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
- To call UnitedHealthcare Community Plan for approval of all hospitalizations, except for emergencies or for urgently needed services.
- To inform UnitedHealthcare Community Plan of any other health insurance coverage, so that your medical bills may be considered appropriately.
- To tell your PCP your complete health history. To tell the truth about any changes in your health. To supply information (to the extent possible) that UnitedHealthcare Community Plan and its providers need in order to provide care.
- To listen to and follow your PCP’s advice for care you have agreed on. To help them plan what treatment will work best for you.
- To know the name(s) of your medication(s), to know what they are for, and how to use them.
- To report any emergency treatment within 48 hours to your PCP. Report an emergency stay at a hospital soon after.
- To always carry your UnitedHealthcare Community Plan ID card.
- To respect the rights of other patients, doctors, office staff and staff at UnitedHealthcare Community Plan.
- To tell UnitedHealthcare Community Plan if you move or change phone numbers. Tell us about changes that affect your health, like childbirth. Call Customer Service and keep us informed.
Appeals and Grievances

Grievance.
We’re here to help. We hope being a UnitedHealthcare Community Plan member will be trouble-free and easy for you, but we realize sometimes you may want to tell us about a problem or concern. Examples of a grievance are:

- You are unhappy with the care or service your doctor is giving you.
- You are unhappy about service you receive from UnitedHealthcare Community Plan staff.
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor.
- You are receiving a bill for a service that should be covered by UnitedHealthcare Community Plan.

To tell us about a grievance, call or write our Customer Service department. If a member grievance is received, the Formal Appeal process begins.

Formal Appeal.
It is possible that you might have a more serious concern that requires medical review. This type of concern is called a Formal Appeal. Examples of Formal Appeals are:

- The denial or limited authorization of a previously authorized service.
- The reduction, suspension or termination of a previously authorized service.
- The failure to provide services in a timely manner.
- The failure of UnitedHealthcare Community Plan to act within the established timeframes for grievance and appeal disposition.
- Benefits or claims payment, handling or reimbursement for health care services.
- The denial, in whole or in part, of payment for a properly authorized and covered service.

If UnitedHealthcare Community Plan denies, reduces or terminates a medical service, an adverse determination letter is generated that is sent to the member and the provider requesting the service. The adverse determination letter includes the following information:

- The specific reason(s) for the denial;
- A reference to the benefit provision, guideline, protocol or other similar criterion on which the denial is based;
- Notification that you or the practitioner can obtain a copy of the actual benefit provision, guideline, protocol or other similar criterion on which the denial is based;
- Explanation of the appeal process, including the right to member representation, the right to submit written comments, documents or other information relevant to the appeal and time frames for deciding appeals. The practitioner also receives notice of appeal rights;
Your rights to have benefits continue pending resolution of the appeal, how to request that benefits be continued, and the circumstances under which the enrollee may be required to pay the costs of these services;

- If the denial is an urgent pre-service or urgent concurrent denial, a description of an Expedited Appeal process;
- That a plan Physician Advisor, appropriate to the type of review conducted (e.g., physician or chiropractor) is available to discuss the denial determination with the practitioner.

Receipt of services.
If you file ...
- Any type of Formal Appeal dispute, for a decision to:
  - discontinue,
  - reduce or
  - change a service/items;
- And you have been receiving the disputed service/item;
- You must:
  - continue to receive the disputed service/item,
  - at the previously authorized level,
  - until the Formal Appeal is resolved.

The Formal Appeal must be:
- Hand-delivered, or
- Post-marked within twelve (12) days from the date on the written notice of decision.

You can file a Formal Appeal in writing.
- You or your representative may submit a written Formal Appeal to UnitedHealthcare Community Plan at the following address up to 90 days after the date on the notice of the Adverse Action:

  UnitedHealthcare Community Plan
  Attn: Grievance and Appeals Department
  P.O. Box 30991
  Salt Lake City, UT 84130-0991
  1-800-903-5253

- If you need help writing a Formal Appeal, our UnitedHealthcare Community Plan Appeal Coordinator will help you.
- The Appeal Coordinator will send you an Appeal Acknowledgment Letter.
- If someone else asks for a Formal Appeal on your behalf, we will need your written approval to conduct the Formal Appeal.
If you have not gotten the service yet:
• We will review your Formal Appeal.
• You will get an answer in writing within 30 calendar days.

If you already got the service:
• We will review your Formal Appeal.
• You will get an answer in writing within 30 calendar days.
• If more time is needed and it will benefit the member, UnitedHealthcare Community Plan may ask you for 10 more days.
  – We can only ask you for more days one time.

In some cases, a UnitedHealthcare Community Plan Member Appeal Committee hearing will be held.
• You or your representative has the right to appear before the Appeal Committee to present the appeal.
• The Appeal Committee completes its review of the appeal as fast as possible, but no more than 30 days from receipt of the appeal request.
• If UnitedHealthcare Community Plan sees a need for additional information and it is in your best interest, the time frame to resolve the appeal is extended up to 10 business days. Upon initiating such an extension, UnitedHealthcare Community Plan notifies you in writing explaining the reason for the delay.
• The Committee resolves the appeal and makes a final written determination.

UnitedHealthcare Community Plan assistance.
UnitedHealthcare Community Plan provides the following assistance:
• UnitedHealthcare Community Plan will provide assistive service for Members with disabilities in presenting their case at the review at no cost to the Member.
• Qualified sign language interpreters, TTY/TDD for telephone inquiries or other commonly accepted alternative forms of communication.
• Information to support UnitedHealthcare Community Plan’s stance in a format that the Member can understand to discuss and/or refute.
• Assistance in copying and presenting documents and other evidence for review by UnitedHealthcare Community Plan.
• UnitedHealthcare Community Plan appropriate plan staff to represent you.
• Provide you language interpreter service when requested by you at no cost to you.
• Provide reasonable opportunity for you to present evidence and allegations of fact or law in person as well as in writing with accommodations provided by UnitedHealthcare Community Plan whether by telephone or in writing.
You are required to use the Formal Appeal process in the following manner unless you seek review of an Expedited Appeal:

1. Pursuing the internal UnitedHealthcare Community Plan resolution process first;
2. Submitting a request for review within 60 days of receipt of the final adverse determination, pursuing external review under the Patient’s Right to Independent Review Act (PRIRA).
3. UnitedHealthcare Community Plan will give you written notice of an adverse determination and includes the Health Care Request for External Review form (FIS 0018) at each level of the appeal procedure for standard and Expedited Appeals. All requests for an external review, expedited or otherwise, are submitted to:
   Department of Insurance and Financial Services (DIFS)
   611 West Ottawa, Third Floor
   P.O. Box 30220
   Lansing, MI 48909-7720
   1-877-999-6442

In addition to other rights, the member may at any time during the appeal process, within 90 days of the adverse determination, request a fair hearing with the Department of Community Health Administrative Law Tribunal by mailing the request form sent with the denial notice to:

   Michigan Administrative Hearings System
   For the Department of Community Health
   P.O. Box 30763
   Lansing, MI 48909-7695
   1-877-833-0870

**Expedited Appeal.**

Your problem may be so urgent that you need a decision about your care very quickly. If the usual 30-day time frame for Formal Appeals would cause serious harm to your life or health, you or your representative can ask for an Expedited Appeal. Your doctor must support this. You can ask for an Expedited Appeal 24 hours a day, 7 days a week. You will have a decision about your care within 72 hours.

You, your personal representative or your doctor can also request an Expedited Appeal decision from the Department of Insurance and Financial Services (DIFS) at the same address above immediately after filing with UnitedHealthcare Community Plan. You will have a decision about your care within 72 hours.
## Support and Information Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS Counseling and Information</td>
<td>1-800-458-5231</td>
<td><a href="http://www.cdcnpin.gov">www.cdcnpin.gov</a></td>
</tr>
<tr>
<td>American Diabetes Association</td>
<td>1-800-342-2383</td>
<td><a href="http://www.diabetes.org">www.diabetes.org</a></td>
</tr>
<tr>
<td>American Foundation for the Blind</td>
<td>1-800-232-5463</td>
<td><a href="http://www.afb.org">www.afb.org</a></td>
</tr>
<tr>
<td>Arthritis Foundation</td>
<td>1-800-968-3030</td>
<td><a href="http://www.arthritis.org">www.arthritis.org</a></td>
</tr>
<tr>
<td>Asthma and Allergy Foundation of America</td>
<td>1-800-727-8462</td>
<td><a href="http://www.aaafa.org">www.aaafa.org</a></td>
</tr>
<tr>
<td>Autism Society of Michigan</td>
<td>1-800-223-6722</td>
<td><a href="http://www.autism-mi.org">www.autism-mi.org</a></td>
</tr>
<tr>
<td>Cancer Information Service</td>
<td>1-800-422-6237</td>
<td><a href="http://www.cancer.gov">www.cancer.gov</a></td>
</tr>
<tr>
<td>Children’s Craniofacial Association</td>
<td>1-800-535-3643</td>
<td><a href="http://www.ccakids.com">www.ccakids.com</a></td>
</tr>
<tr>
<td>Children’s Leukemia Foundation of America</td>
<td>1-800-825-2536</td>
<td><a href="http://www.leukemiamichigan.org">www.leukemiamichigan.org</a></td>
</tr>
<tr>
<td>Crohn’s &amp; Colitis Foundation of America</td>
<td>1-800-932-2423</td>
<td><a href="http://www.ccfa.org">www.ccfa.org</a></td>
</tr>
<tr>
<td>Epilepsy Foundation of Michigan</td>
<td>1-800-377-6226</td>
<td><a href="http://www.epilepsyfoundation.org/michigan">www.epilepsyfoundation.org/michigan</a></td>
</tr>
<tr>
<td>Hemophilia Foundation of Michigan</td>
<td>1-800-482-3041</td>
<td><a href="http://www.hfmich.org">www.hfmich.org</a></td>
</tr>
<tr>
<td>Hospital Safety Website</td>
<td>1-202-292-6713</td>
<td><a href="http://www.leapfroggroup.org/cp">www.leapfroggroup.org/cp</a></td>
</tr>
<tr>
<td>International Hearing Society</td>
<td>1-800-521-5247</td>
<td><a href="http://www.ihsinfo.org">www.ihsinfo.org</a></td>
</tr>
<tr>
<td>Karmanos Cancer Institute</td>
<td>1-800-527-6266</td>
<td><a href="http://www.karmanos.org">www.karmanos.org</a></td>
</tr>
<tr>
<td>Lung Lined Respiratory Disorders</td>
<td>1-800-222-5864</td>
<td></td>
</tr>
<tr>
<td>Safe Medication Educational Website</td>
<td>703-679-SAFE</td>
<td><a href="http://www.safemedicine.org">www.safemedicine.org</a></td>
</tr>
<tr>
<td>Resource</td>
<td>Phone Number</td>
<td>Website</td>
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<td>----------------------------------------------</td>
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</tr>
<tr>
<td>Michigan Child Abuse Hotline</td>
<td>1-800-422-4453</td>
<td><a href="http://www.childhelpusa.org">www.childhelpusa.org</a></td>
</tr>
<tr>
<td>Michigan Department of Community Health</td>
<td>1-517-373-3740</td>
<td><a href="http://www.michigan.gov/mdch">www.michigan.gov/mdch</a></td>
</tr>
<tr>
<td>Brain Injury Association of MI – Family Help Line</td>
<td>1-800-772-4323</td>
<td><a href="http://www.biami.org">www.biami.org</a></td>
</tr>
<tr>
<td>Multiple Sclerosis Foundation Line</td>
<td>1-248-350-0020</td>
<td><a href="http://www.nmss.org">www.nmss.org</a> or <a href="http://www.nmssmi.org">www.nmssmi.org</a></td>
</tr>
<tr>
<td>National Dissemination Center For Children With Disability</td>
<td>1-800-695-0285</td>
<td><a href="http://www.nichcy.org">www.nichcy.org</a></td>
</tr>
<tr>
<td>National Domestic Violence Hotline</td>
<td>1-800-799-7233</td>
<td><a href="http://www.ndvh.org">www.ndvh.org</a></td>
</tr>
<tr>
<td>National Down Syndrome Society</td>
<td>1-800-221-4602</td>
<td><a href="http://www.ndss.org">www.ndss.org</a></td>
</tr>
<tr>
<td>National Kidney Foundation</td>
<td>1-800-622-9010</td>
<td><a href="http://www.kidney.org">www.kidney.org</a></td>
</tr>
<tr>
<td>National Spinal Cord Injury Association</td>
<td>1-800-962-9629</td>
<td><a href="http://www.spinalcord.org">www.spinalcord.org</a></td>
</tr>
<tr>
<td>Neighborhood Service Organization</td>
<td>1-313-961-4890</td>
<td><a href="http://www.nso-mi.org">www.nso-mi.org</a></td>
</tr>
<tr>
<td>Parents Hotline</td>
<td>1-800-942-4357</td>
<td></td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>1-800-230-PLAN</td>
<td><a href="http://www.plannedparenthood.org">www.plannedparenthood.org</a></td>
</tr>
<tr>
<td>Runaway Assistance Program</td>
<td>1-800-292-4517</td>
<td></td>
</tr>
<tr>
<td>Spina Bifida Association</td>
<td>1-800-621-3141</td>
<td><a href="http://www.sbbaa.org">www.sbbaa.org</a></td>
</tr>
<tr>
<td>Vulnerable Adult Hotline</td>
<td>1-800-996-6228</td>
<td></td>
</tr>
</tbody>
</table>
## Common Terms

### What does it mean?

<table>
<thead>
<tr>
<th>Terms</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action or Denial</td>
<td>A UnitedHealthcare Community Plan decision to deny or limit authorizations, services or payment.</td>
</tr>
<tr>
<td>Beneficiary</td>
<td>A person determined eligible by the State of Michigan for the Medical Assistance Program.</td>
</tr>
<tr>
<td>Benefits</td>
<td>Health care services provided for by Michigan Medicaid.</td>
</tr>
<tr>
<td>Formal Appeal</td>
<td>A request to review a UnitedHealthcare Community Plan adverse determination or denial of payment.</td>
</tr>
<tr>
<td>Grievance</td>
<td>A complaint submitted on behalf of a member.</td>
</tr>
<tr>
<td>Covered Services</td>
<td>Medically necessary health care services and benefits.</td>
</tr>
<tr>
<td>Family Practice and General Practice Doctors</td>
<td>Doctors trained to treat adults and children.</td>
</tr>
<tr>
<td>UnitedHealthcare Community Plan Provider or Specialist</td>
<td>Doctors, hospitals, pharmacies or other medical service providers you must use for your health care.</td>
</tr>
<tr>
<td>HMO</td>
<td>Health Maintenance Organization. A health plan where a PCP manages all your health care needs.</td>
</tr>
<tr>
<td>Internal Medicine Doctors</td>
<td>Doctors trained to treat adults.</td>
</tr>
<tr>
<td>Medically Necessary</td>
<td>The services, equipment or supplies necessary for the diagnosis, care or treatment of a member’s physical or mental condition according to accepted medical practices and standards.</td>
</tr>
<tr>
<td>Member</td>
<td>A Medicaid Program recipient enrolled with UnitedHealthcare Community Plan.</td>
</tr>
</tbody>
</table>
**Terms** | **Description**
--- | ---
Nurse Practitioner | A registered nurse who has advanced training and certification.
OB/GYN | Doctors trained to treat women.
PCP | Primary Care Provider (your personal doctor).
Pediatricians | Doctors trained to treat children and teens.
Physician Assistant | A health professional who works as part of a team with a doctor.
Referral | When your PCP sends you to a specialist for a covered service.

**Utilization Management (UM) Decision**
UnitedHealthcare Community Plan decisions made against set criteria.
*See Utilization Review Policy and Procedures for more detail.*

See your Certificate of Coverage for more definitions and details.
HEALTH PLAN NOTICES OF PRIVACY PRACTICES.
THIS NOTICE SAYS HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND SHARED.
IT SAYS HOW YOU CAN GET ACCESS TO THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2015.
We must by law protect the privacy of your health information (“HI”). We must send you this notice.
It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to your HI.

We must by law follow the terms of this notice.

“Health information” (or HI) in this notice means information that can be used to identify you. And it must relate to your health or health care services. We have the right to change our privacy practices. If we change them, we will, in our next annual mailing, either mail you a notice or provide you the notice by e-mail, if permitted by law. We will post the new notice on your health plan website myuhc.com/CommunityPlan. We have the right to make the changed notice apply to HI that we have now and to future information. We will follow the law and give you notice of a breach of your HI.

We collect and keep your HI so we can run our business. HI may be oral, written or electronic. We limit access to all types of your HI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your HI.

How we use or share information.
We must use and share your HI if asked for by:
- You or your legal representative.
- The Secretary of the Department of Health and Human Services to make sure your privacy is protected.

We have the right to use and share HI. This must be for your treatment, to pay for care and to run our business. For example, we may use and share it:

- For Payments. This also may include coordinating benefits. For example, we may tell a doctor if you are eligible for coverage and how much of the bill may be covered.
- For Treatment or managing care. For example, we may share your HI with providers to help them give you care.
- For Health Care Operations related to your care. For example, we may suggest a disease management or wellness program. We may study data to see how we can improve our services.
• To tell you about Health Programs or Products. This may be other treatments or products and services. These activities may be limited by law.

• For Plan Sponsors. We may give enrollment, disenrollment and summary HI to an employer plan sponsor. We may give them other HI if they agree to limit its use per federal law.

• For Underwriting Purposes. We may use your HI to make underwriting decisions but we will not use your genetic HI for underwriting purposes.

• For Reminders on benefits or care. Such as appointment reminders.

We may use or share your HI as follows:

• As Required by Law.

• To Persons Involved With Your Care. This may be to a family member. This may happen if you are unable to agree or object. Examples are an emergency or when you agree or fail to object when asked. If you are not able to object, we will use our best judgment. Special rules apply for when we may share HI of people who have died.

• For Public Health Activities. This may be to prevent disease outbreaks.

• For Reporting Abuse, Neglect or Domestic Violence. We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.

• For Health Oversight Activities to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.

• For Judicial or Administrative Proceedings. To answer a court order or subpoena.

• For Law Enforcement. To find a missing person or report a crime.

• For Threats to Health or Safety. This may be to public health agencies or law enforcement. An example is in an emergency or disaster.

• For Government Functions. This may be for military and veteran use, national security, or the protective services.

• For Workers’ Compensation. To comply with labor laws.

• For Research. To study disease or disability, as allowed by law.

• To Give Information on Decedents. This may be to a coroner or medical examiner. To identify the deceased, find a cause of death or as stated by law. We may give HI to funeral directors.

• For Organ Transplant. To help get, store or transplant organs, eyes or tissue.

• To Correctional Institutions or Law Enforcement. For persons in custody: (1) To give health care; (2) To protect your health and the health of others; (3) For the security of the institution.

• To Our Business Associates if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
• **Other Restrictions.** Federal and state laws may limit the use and sharing of highly confidential HI. This may include state laws on:
  1. HIV/AIDS.
  2. Mental health.
  3. Genetic tests.
  4. Alcohol and drug abuse.
  5. Sexually transmitted diseases (STD) and reproductive health.
  6. Child or adult abuse or neglect or sexual assault.

If stricter laws apply, we aim to meet those laws. Attached is a “Federal and State Amendments” document.

Except as stated in this notice, we use your HI only with your written consent. This includes getting your written consent to share psychotherapy notes about you, to sell your HI to other people, or to use your HI in certain promotional mailings. If you allow us to share your HI, we do not promise that the person who gets it will not share it. You may take back your consent, unless we have acted on it. To find out how, call the phone number on your ID card.

**Your rights.**

You have a right:

• **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others involved in your care or payment for it. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**

• **To ask to get confidential communications** in a different way or place. (For example, at a P.O. Box instead of your home.) We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.

• **To see or get a copy** of certain HI that we use to make decisions about you. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you will have the right to ask for an electronic copy to be sent to you. You can ask to have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.

• **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

• **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared: (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does require us to track.
• To get a paper copy of this notice. You may ask for a copy at any time. Even if you agreed to get this notice electronically, you have a right to a paper copy. You may also get a copy at our website, myuhc.com/CommunityPlan.

Using your rights.
• To Contact your Health Plan. Call the phone number on your ID card. Or you may contact the UnitedHealth Group Call Center at 1-800-903-5253, TTY: 711.
• To Submit a Written Request. Mail to:
  UnitedHealthcare Government Programs Privacy Office
  MN006-W800
  P.O. Box 1459
  Minneapolis, MN 55440
• To File a Complaint. If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2015.
We protect your “personal financial information” (“FI”). This means non-health information about someone with health care coverage or someone applying for coverage. It is information that identifies the person and is generally not public.

Information we collect.
We get FI about you from:
• Applications or forms. This may be name, address, age and social security number.
• Your transactions with us or others. This may be premium payment data.

Sharing of FI.
We do not share FI about our members or former members, except as required or permitted by law.
To run our business, we may share FI without your consent to our affiliates. This is to tell them about your transactions, such as premium payment.

- To our corporate affiliates, which include financial service providers, such as other insurers, and non-financial companies, such as data processors;
- To other companies for our everyday business purposes, such as to process your transactions, maintain your account(s), or respond to court orders and legal investigations; and
- To other companies that perform services for us, including sending promotional communications on our behalf.

Confidentiality and security.
We limit access to your FI to our employees and service providers who manage your coverage and provide services. We have physical, electronic and procedural safeguards per federal standards to guard your FI.

Questions about this notice.
If you have any questions about this notice, please call the toll-free member phone number on your health plan ID card or contact the UnitedHealth Group Customer Call Center at 1-800-903-5253, TTY: 711.


2For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1 on this page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Health Services, Inc.; Dental Benefit Providers, Inc.; HealthAllies, Inc.; MAMSI Insurance Resources, LLC; Managed Physical Network, Inc.; OneNet PPO, LLC; OptumHealth Care Solutions, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; ProcessWorks, Inc.; Spectera, Inc.; UMR, Inc.; Unison Administrative Services, LLC; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; UnitedHealthcare Services Company of the River Valley, Inc.; UnitedHealthOne Agency, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions for HIPAA covered entities or health insurance products.
UNITEDHEALTH GROUP HEALTH PLAN NOTICE OF PRIVACY PRACTICES: FEDERAL AND STATE AMENDMENTS.

Revised: January 1, 2015.
The first part of this Notice (pages 62 – 66) says how we may use and share your health information (“HI”) under federal privacy rules. Other laws may limit these rights. The charts below:

1. Show the categories subject to stricter laws.
2. Give you a summary of when we can use and share your HI without your consent.

Your written consent, if needed, must meet the rules of the federal or state law that applies.

Summary of Federal Laws

Alcohol and drug abuse information.
We are allowed to use and disclose alcohol and drug abuse information that is protected by federal law only (1) in certain limited circumstances, and/or disclose only (2) to specific recipients.

Genetic information.
We are not allowed to use genetic information for underwriting purposes.

Summary of State Laws

<table>
<thead>
<tr>
<th>General Health Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose general health information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
</tr>
<tr>
<td>HMOs must give enrollees an opportunity to approve or refuse disclosures, subject to certain exceptions.</td>
</tr>
<tr>
<td>You may be able to restrict certain electronic disclosures of health information.</td>
</tr>
<tr>
<td>We are not allowed to use health information for certain purposes.</td>
</tr>
<tr>
<td>We will not use and/or share information regarding certain public assistance programs except for certain purposes.</td>
</tr>
<tr>
<td>We must comply with additional restrictions prior to using or disclosing your health information for certain purposes.</td>
</tr>
</tbody>
</table>
### Other Plan Details

<table>
<thead>
<tr>
<th>Prescriptions</th>
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<tbody>
<tr>
<td>We are allowed to disclose prescription-related information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Communicable Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose communicable disease information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
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</table>

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<thead>
<tr>
<th>Sexually Transmitted Diseases and Reproductive Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose sexually transmitted disease and/or reproductive health information only (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alcohol and Drug Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to use and disclose alcohol and drug abuse information (1) under certain limited circumstances, and/or (2) to specific recipients.</td>
</tr>
</tbody>
</table>

  Disclosures of alcohol and drug abuse information may be restricted by the individual who is the subject of the information. | WA |

<table>
<thead>
<tr>
<th>Genetic Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are not allowed to disclose genetic information without your written consent.</td>
</tr>
</tbody>
</table>

  We are allowed to disclose genetic information only (1) under certain limited circumstances and/or (2) to specific recipients. | AK, AZ, FL, GA, IA, MD, MA, MO, NJ, NV, NH, NM, OR, RI, TX, UT, VT |

  Restrictions apply to (1) the use, and/or (2) the retention of genetic information. | FL, GA, IA, LA, MD, NM, OH, UT, VA, VT |
<table>
<thead>
<tr>
<th>HIV/AIDS</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose HIV/AIDS-related information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>AZ, AR, CA, CT, DE, FL, GA, IA, IL, IN, KS, KY, ME, MI, MO, MT, NY, NC, NH, NM, NV, OR, PA, PR, RI, TX, VT, WV, WA, WI, WY</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of HIV/AIDS-related information.</td>
<td>CT, FL</td>
</tr>
<tr>
<td>We will collect certain HIV/AIDS-related information only with your written consent.</td>
<td>OR</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental HealthROAD</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to disclose mental health information only (1) under certain limited circumstances and/or (2) to specific recipients.</td>
<td>CA, CT, DC, IA, IL, IN, KY, MA, MI, NC, NM, PR, TN, WA, WI</td>
</tr>
<tr>
<td>Disclosures may be restricted by the individual who is the subject of the information.</td>
<td>WA</td>
</tr>
<tr>
<td>Certain restrictions apply to oral disclosures of mental health information.</td>
<td>CT</td>
</tr>
<tr>
<td>Certain restrictions apply to the use of mental health information.</td>
<td>ME</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child or Adult Abuse</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are allowed to use and disclose child and/or adult abuse information only (1) under certain limited circumstances, and/or disclose only (2) to specific recipients.</td>
<td>AL, CO, IL, LA, MD, NE, NJ, NM, NY, RI, TN, TX, UT, WI</td>
</tr>
</tbody>
</table>
We’re here for you.

Remember, we’re always ready to answer any questions you may have. Just call Customer Service at 1-800-903-5253, TTY: 711. You can also visit our website at myuhc.com/CommunityPlan.

UnitedHealthcare Community Plan
26957 Northwestern Hwy, Suite 400
Southfield, MI 48033

Toll-free telephone
24 hours a day, 7 days a week
1-800-903-5253, TTY: 711

myuhc.com/CommunityPlan