Texas – September 2026



Welcome to the community

UnitedHealthcare Community Plan CHIP Member Handbook

Member Services
1-888-887-9003, TDD/TTY: **7-1-1,** for deaf and hard of hearing

United Healthcare® Community Plan

CHIP | TEXAS Health and Human Services

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Member Services

1-888-887-9003, TDD/TTY: **7-1-1,** for deaf and hard of hearing

8:00 a.m.–8:00 p.m. CST, Monday–Friday **UHCCommunityPlan.com**

What to do in an emergency

Call **9-1-1** or go to the nearest hospital/emergency facility if you think you need emergency care. You can call **9-1-1** for help in getting to the hospital emergency room. If you receive emergency services, call your doctor to schedule a follow-up visit as soon as possible. Please call us and let us know of the emergency care you received. An emergency is a condition in which you think you have a serious medical condition, or not getting medical care right away will be a threat to your life, limb or sight.

What to do in a behavioral health emergency

You should call **9-1-1** if you are having a life-threatening behavioral health emergency. You can also go to a crisis center or the nearest emergency room. You need to call Optum Behavioral Health at **1-888-887-9003** as soon as possible.

In case of emergency call 9-1-1

If you think that it is not an emergency, but you need help, call the NurseLine at 1-800-850-1267.

If you have questions about your health plan, please call us. Our toll-free Member Services number is **1-888-887-9003,** TDD/TTY: **7-1-1,** for deaf and hard of hearing. There will be people who can speak to you in English and Spanish when you call.

If you need access to free and confidential support for anyone experiencing behavioral health-related distress – whether it is thoughts of suicide, mental health or substance crisis, or any other kind of emotional distress call **9-8-8.**

This Member Handbook is available in audio, Braille, larger print and in other languages at your request. Please call **1-888-887-9003** for help.

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Toll-free telephone numbers

Member Services (8:00 a.m.–8:00 p.m., Monday–Friday) **1-888-887-9003**
except on state-approved holidays (see page 6)
TDD/TTY (for deaf and hard of hearing) **7-1-1**
- After-hours, please contact NurseLine
- Information in English and Spanish
- Interpreter services available
- How to access covered services

Behavioral Health and Substance Abuse Services
Optum Behavioral Health **1-888-887-9003**
- Available 24 hours, 7 days a week
- Interpreter services available
- Authorizations, referrals and benefit verification
- Information in English and Spanish

24/7 NurseLine
Available 24 hours a day, 7 days a week **1-800-850-1267**
- Se habla Español
- Interpreter services available

For a crisis and you have trouble with the phone line, call 9-1-1 or go to the nearest emergency room.

Dental Care
DentaQuest **1-800-508-6775**
MCNA Dental **1-855-691-6262**
UnitedHealthcare Dental **1-877-901-7321**

Texas CHIP Program Helpline **1-800-964-2777**

For Eye Care Appointments, Call Member Services **1-888-887-9003**

For Hearing Services, Call Member Services **1-888-887-9003**

Texas Health and Human Services Commission **1-877-541-7905**

Pharmacy Benefits **1-888-887-9003**

State Ombudsman for Managed Care Assistance Team **1-866-566-8989**

Health plan highlights

Welcome to UnitedHealthcare Community Plan

Thank you for choosing UnitedHealthcare Community Plan as your/your child's health plan. The UnitedHealthcare Community Plan, a trade name of United Healthcare Insurance Company, a Managed Care Organization (MCO), is committed to helping you get the health care you/your child needs.

At UnitedHealthcare Community Plan, our goal is to help all of our members live healthier lives. You/your child will have their own doctor, called a Primary Care Provider (PCP), who will know your/your child's medical history and will work hard to help you/your child stay healthy. Your/your child's PCP knows that managing your/your child's health care is important. Regular checkups with your/your child's PCP can help spot problems early. Your/your child's PCP wants to help before problems become serious. Your/your child's PCP will give you a referral to specialists when you/your child needs one. UnitedHealthcare Community Plan has a network of doctors, hospitals and other health care providers that you can count on. Many are near your home. We will help you/your child stay healthy and get good health care when your child is not well. UnitedHealthcare Community Plan will work hard to help make sure you get access to the care your child needs.

Your guide to good health

Please read this Member Handbook. It will tell you about your/your child's benefits. It will help you use your health plan right away. If you feel you need this handbook in Braille, larger print, another language or in audio, call us at **1-888-887-9003.** UnitedHealthcare Community Plan Member Services is always ready to help you.

Look at your child's UnitedHealthcare Community Plan identification card. Make sure all the information is right. We want to make it easy for you to use your/your child's health plan. We can answer any questions you have about getting started. If you have questions, please call us. Our toll-free Member Services number is **1-888-887-9003.** We are here to help you 8:00 a.m.–8:00 p.m., Monday–Friday. After-hours and weekend coverage is available through an automated telephone system.

Note: References to "you," "my," or "I" apply if you are a CHIP member. References to "my child" apply if your child is a CHIP member. All phone numbers listed in this handbook are toll-free.

What to expect next from UnitedHealthcare Community Plan

We will contact you shortly after you join UnitedHealthcare Community Plan to welcome you and to answer any questions you may have. If you have not received our call yet or if you have questions now, please call us toll-free at **1-888-887-9003,** TDD/TTY **7-1-1.**

When does my coverage start?

The effective date of coverage is printed on the front of the UnitedHealthcare Community Plan member ID card.

I want to change health plans

You can change your health plan by calling the Texas CHIP Program Helpline at **1-800-964-2777.**

Change your PCP at any time

It's important to have a PCP you like and trust. You can change your PCP at any time simply by calling Member Services at **1-888-887-9003** or TDD/TTY: **7-1-1** for deaf and hard of hearing. If you like, we can recommend someone for you.

Health plan information at your fingertips

We make it easy to get the information you want and need.

Register at myuhc.com/CommunityPlan. This is your secure member website. See your covered benefits, search for providers, view your member handbook and much more.

Download the UnitedHealthcare mobile app. It's designed for people on the go, and includes many of the same features as the member website. Find it at the App Store or Google Play.

- Visit our UHC Health Matters page **uhc.com/news-articles/community**. Find news and articles on how UnitedHealthcare supports communities.

Your health providers

My primary care provider's name: _____

My primary care provider's phone number: _____

Other doctor's name: _____

Other doctor's phone number:_____

Pharmacy:_____ Phone:_____

Language and interpreter services

UnitedHealthcare Community Plan has staff that speaks English and Spanish. If you speak another language or are deaf and hard of hearing and need help, call Member Services at **1-888-887-9003** or TDD/TTY: **7-1-1** for deaf and hard of hearing.

Our office locations

UnitedHealthcare Community Plan

Regional Service Delivery Area Office
2950 North Loop W, Suite 200
Houston, TX 77092-8843

Phone: **1-888-887-9003** (toll-free)
or visit our website at: **UHCCommunityPlan.com**

What is Member Services?

UnitedHealthcare Community Plan has a Member Services department that can answer questions and give you information in English and Spanish on:

- Membership
- Choosing a PCP
- Specialists, hospitals, and other providers
- Covered services
- Extra benefits
- Changing PCPs
- Filing a complaint
- Getting an interpreter
- Find resources to help you get clothing, food, housing, or utility services
- Anything else you might have a question about

Member Services

1-888-887-9003 (TDD/TTY: **7-1-1**)

Our office is closed on these major holidays:

- New Year's Day
- Martin Luther King Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

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Member identification (ID) cards

Every person who becomes a member of UnitedHealthcare Community Plan gets an ID card. The ID card gives the doctor and office staff important information about you/your child. You/your child will get a new ID card if you change your child's Primary Care Physician (PCP) or meet the family copayment limits.

Check your/your child's card to make sure the information is correct. If you get an ID card that has no PCP name but says to call **1-888-887-9003,** please call Member Services to select a PCP. Give your/your child's ID card to the doctor to verify coverage when getting services. The ID card is not a guarantee of benefits or coverage.

How to read your/your child's UnitedHealthcare Community Plan ID card

Your child's ID card will say CHIP and will have the UnitedHealthcare Community Plan logo. This will let your child's health care provider know that your child is a UnitedHealthcare Community Plan member. Your name, ID number, the date you joined the UnitedHealthcare Community Plan program, will be seen on your card. Your group number will also be on your card.

CHIP ID card


UnitedHealthcare Community Plan
TEXAS Health and Human Services | CHIP
Health Plan/Plan de salud (80840) 911-87726-04
Member ID/ID del Miembro: 999994163 Group/grupo: TXCHIP
Member/Miembro:
NEW A ENGLISH
Payer ID/ID del Pagador : 87726
PCP Name/Nombre del PCP:
DOUGLAS GETWELL
PCP Phone/Teléfono del PCP:
(281)357-5678
Effective Date/
Fecha de vigencia
02/01/2011
Office/Preventive/ER/Inpatient/RxGen/RxBrand
$3/$0/$3/$15/$0/$3
OPTUMRx
Rx Bin: 610494
Rx GRP: ACUTX
Rx PCN: 9999
0709 Administered by UnitedHealthcare Community Plan of Texas, LLC


In case of emergency, call 911 or go to the closest emergency room. Printed: 06/08/17
After treatment, call your child's PCP within 24 hours or as soon as possible. This card does not guarantee coverage. En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana. Después de recibir tratamiento, llame al PCP de su hijo dentro de las 24 horas o tan pronto como sea posible. Esta tarjeta no garantiza la cobertura.
For Members\Para Miembros: 888-887-9003 TTY 711
Mental Health\Salud Mental: 888-887-9003
NurseLine\Línea de Ayuda de Enfermeras: 800-850-1267
For Providers: www.uhccommunityplan.com 888-887-9003
Medical Claims: PO Box 5270, Kingston, NY, 12402-5270
Pharmacy Claims: OptumRX, PO Box 65033, Dallas, TX 75269-0334
For Pharmacists: 877-305-8952

How to use your/your child's ID card

Give your/your child's ID card to the doctor to verify coverage when getting services. The ID card is not a guarantee of benefits or coverage.

Your/your child's UnitedHealthcare Community Plan card is in English and Spanish, and has the following information on it:

- Member's name
- Member's ID number
- Doctor's name and phone number
- Toll-free number for UnitedHealthcare Community Plan Member Services (**1-888-887-9003,** for deaf and hard of hearing TDD/TTY: **7-1-1**)
- Toll-free number for 24 hour a day/7 day a week access to Behavioral Health Services (**1-888-887-9003**)
- Directions on what to do in an emergency

How to replace your/your child's card if it is lost

If you lose your child's UnitedHealthcare Community Plan ID card, you can print ID cards from your child's UHC online member account or call Member Services right away at **1-888-887-9003.** Member Services will send you a new one. Call TDD/TTY: **7-1-1** for deaf and hard of hearing.

Remember to take your/your child's card with you and present it whenever you get services. Your/your child's provider will need the information on the card to find out what your/your child's coverage is.

Going to the doctor

Note: References to "you," "my," or "I" apply if you are a CHIP member. References to "my child" apply if your child is a CHIP member.

What is a Primary Care Provider (PCP)?

Your/your child's PCP has the job of taking care of you/your child. Regular checkups with your/your child's PCP are important and can help you/your child stay healthy. You/your child's PCP will do regular health tests that can find problems. Finding and treating problems early can prevent them from becoming bigger problems later. Your/your child's PCP will be your/your child's personal doctor. Your/your child's PCP will take care of you/your child and refer you/your child to a specialist when needed. You should talk to your child's PCP about all of your/your child's health care needs.

Always talk to your/your child's PCP when you want to visit another doctor. Your/your child's PCP will give you a referral form if you need one.

Your relationship with your/your child's PCP is important. Get to know your/your child's PCP as soon as possible. It is important to follow the provider's advice.

A good way to build a relationship with your/your child's PCP is to call and schedule a well-child visit or regular checkup. You can meet your/your child's PCP then. He or she will get to know your/your child's medical history, any medications you/your child is taking and any other health problems.

In special cases, a specialist may be your/your child's PCP. You, the PCP, the specialist and UnitedHealthcare Community Plan will make this decision. Please call Member Services for information.

Don't forget that your/your child's PCP is the first one you call with any health problems or questions.

How do I pick a PCP?

Call Member Services for help in choosing a PCP. All members of UnitedHealthcare Community Plan must pick a PCP. You can also ask for a UnitedHealthcare Community Plan Provider Directory by calling Member Services at **1-888-887-9003** or you can look online at **UHCCommunityPlan.com**.

Going to the doctor

If you are a UnitedHealthcare Community Plan member when you have your baby, your baby is enrolled with UnitedHealthcare Community Plan on his/her date of birth. UnitedHealthcare Community Plan gets information from the hospital to add your baby as a new UnitedHealthcare Community Plan member.

However, it is **important** that **you** contact the Texas CHIP Program to also report the birth of your baby, so your baby can get all the health care he/she needs.

As soon as UnitedHealthcare Community Plan knows you are pregnant, we send you information about your pregnancy and your unborn baby. UnitedHealthcare Community Plan will ask you to choose a doctor for your baby, even before the baby is born. This will ensure that your baby's doctor will check the baby while in the hospital, and then take care of your baby's health care needs after you and the baby are discharged from the hospital.

After the baby is born, UnitedHealthcare Community Plan is told about your baby's birth. We enter your baby's information in our system.

If you have not selected a doctor for the baby before birth, you will be contacted to select a doctor for your baby. After the baby is 30 days old, you can also change the doctor for the baby if you want a different doctor than the one you originally picked.

What do I need to bring to my/my child's doctor's appointment?

You must take your/your child's UnitedHealthcare Community Plan ID card with you when you get any health care services. You will need to show your child's UnitedHealthcare Community Plan ID card each time you/your child needs services. If you/your child has a new doctor, bring any important records you may have, like your/your child's immunization records.

Can a clinic be my/my child's PCP?

Your/your child's PCP can be a doctor, a clinic, a Rural Health Center (RHC) or a Federally Qualified Health Center (FQHC). If you have questions, please call Member Services at **1-888-887-9003.**

How can I change my/my child's PCP?

It is good to stay with the same PCP. Your child's PCP knows you/your child, has your/your child's medical records, and knows what medications you/your child takes. Your/your child's PCP is the best person to make sure your child is getting good medical care. Call Member Services if you decide you want to change your/your child's PCP.

How many times can I change my/my child's PCP?

There is no limit on how many times you can change your or your child's Primary Care Provider. You can change Primary Care Providers by calling us toll-free at **1-888-887-9003** or writing to us at:

UnitedHealthcare Community Plan
2950 North Loop W, Suite 200
Houston, TX 77092-8843

Questions about seeing a provider?

Call Member Services toll-free at **1-888-887-9003.**

When will a PCP change become effective?

The PCP change will become effective the day following the change.

Reasons you might change your/your child's PCP:

- You have moved and you need a PCP that is closer to your home
- You are not happy with your/your child's PCP

Are there any reasons why a request to change a Primary Care Provider may be denied?

- You asked for a PCP who is not part of the UnitedHealthcare Community Plan network
- You asked for a PCP who is not accepting new patients because he or she is seeing too many patients

Can a PCP move me or my child to another PCP for non-compliance?

Yes, if your/your child's PCP does not feel you are following his/her medical advice or if you/your child miss a lot of visits, the doctor can ask you to see another doctor. Your/your child's PCP will send you a letter telling you that you need to find another doctor. If this happens, call Member Services at **1-888-887-9003.** We will help you find another doctor.

What if I choose to go to another doctor who is not my/my child's Primary Care Provider?

If you go to another doctor who is not your child's PCP without the referral of your/your child's PCP or without getting approval from UnitedHealthcare Community Plan, you may be billed and may have to pay for those services.

Your/your child's PCP is the best person to help ensure you are/your child is getting good medical care.

How do I get care after-hours? What if my/my child's PCP's office is closed?

It is best to call your/your child's PCP as soon as you/your child is sick. Do not wait until the evening or a weekend to call your/your child's PCP if you can get help during the day. You/your child might get worse as the day goes on. If you/your child gets sick during the night or on a weekend, call your/your child's PCP at the phone number on the front of your child's ID card.

If you cannot reach your/your child's doctor or want to talk to someone while you wait for the doctor to call you back, call NurseLine at 1-800-850-1267. Our nurses are ready to help you 24 hours a day, 7 days a week. If you think you have a real emergency, call **9-1-1** or go to the nearest Emergency Room.

What if my doctor leaves the UnitedHealthcare Community Plan network?

If your/your child's doctor leaves the UnitedHealthcare Community Plan network, and that doctor is treating you/your child for an illness, UnitedHealthcare Community Plan will work with the doctor to keep caring for you/your child until you can be moved to a new doctor in the network. Call Member Services at **1-888-887-9003** for help picking a new doctor close to you.

Physician incentive plans

UnitedHealthcare Community Plan cannot make payments under a physician incentive plan if the payments are designed to entice providers to reduce or limit Medically Necessary Covered Services to members. You have the right to know if your/your child's Primary Care Provider (main doctor) is part of this physician incentive plan. You also have a right to know how the plan works. You can call **1-888-887-9003** to learn more about this.

How do I make appointments?

Call your/your child's PCP when you/your child need medical care. Your/your child's PCP will arrange for the care you/your child needs. The name and phone number of your/your child's PCP is on your/your child's UnitedHealthcare Community Plan ID card.

When making appointments, the sicker your child is, the sooner your child needs to see the doctor.

What do I need to bring with me to my appointment?

When you go to your appointment, always take your UnitedHealthcare Community Plan member ID card, a list of problems you are having, and a list of all prescription drugs or herbal medications you are taking.

How do I get health care after my/my child's PCP's office is closed?

It is best to call your/your child's PCP as soon as you/your child needs health care. Do not wait until the evening or a weekend to call your/your child's PCP if you can get help during the day. Your/your child's illness might get worse as the day goes on. If you/your child gets sick during the night or on a weekend and cannot wait for help, call your/your child's PCP at the phone number on the front of your child's ID card.

If you cannot reach your/your child's doctor or want to talk to someone while you wait for the doctor to call you back, call NurseLine, UnitedHealthcare Community Plan's nurse helpline, at **1-800-850-1267,** TTY: **711.** Our nurses are ready to help you 24 hours a day, 7 days a week. If you think you have a real emergency, call **9-1-1** or go to the nearest Emergency Room.

Changing health plans

What if I want to change health plans?

You can change your health plan by calling the Texas CHIP Program Helpline at **1-800-964-2777.**

You are allowed to make health plan changes:

- For any reason within 90 days of enrollment in CHIP;
- For cause at any time;
- If you move to a different service delivery area; and
- During your annual CHIP re-enrollment period.

Who do I call?

For more information, call Texas CHIP Program Helpline toll-free at **1-800-964-2777.**

How many times can I change health plans?

You can change your health plan for cause at any time. You can change your health plan for any reason in the first 90 days of enrollment in CHIP, and when you re-enroll in CHIP.

When will my health plan change become effective?

If you call to change your health plan on or before the 15th of the month, the change will take place on the first day of the next month. If you call after the 15th of the month, the change will take place the first day of the second month after that. For example:

- If you call on or before April 15, your change will take place on May 1
- If you call after April 15, your change will take place June 1

Can UnitedHealthcare Community Plan ask that I get dropped from their health plan (for non-compliance, etc.)?

Yes. UnitedHealthcare Community Plan might ask that a member be taken out of the plan for "good cause." "Good Cause" could be, but is not limited to:

- Fraud or abuse by a member
- Threats or physical acts leading to harming of UnitedHealthcare Community Plan staff or providers
- Theft
- Refusal to go by UnitedHealthcare Community Plan's policies and procedures, like:
  - Letting someone use your ID card;
  - Missing visits over and over again;
  - Being rude or acting out against a provider or a staff person; or
  - Using a doctor that is not a UnitedHealthcare Community Plan provider.

UnitedHealthcare Community Plan will not ask you to leave the program without trying to work with you. If you have any questions about this process, call UnitedHealthcare Community Plan at **1-888-887-9003.** The Texas Health and Human Services Commission will decide if a member can be told to leave the program.

Concurrent enrollment for certain newborns

Your baby will continue to receive coverage through the CHIP program as a CHIP Perinate Newborn if your family's income is above 185% of the Federal Poverty Level up to 200% of the Federal Poverty Level. Your baby will get 12 months of continuous CHIP Perinatal coverage through his or her health plan, beginning with the month of enrollment as an unborn child. See CHIP Perinate handbook for program specific covered services.

For more information or questions, call the Texas CHIP Program Helpline at **1-800-964-2777.**

Benefits and services

Benefits for CHIP members

Note: References to "you," "my," or "I" apply if you are a CHIP member. References to "my child" apply if your child is a CHIP member.

What are my/my child's CHIP benefits?

Covered benefit	CHIP members
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	Services include, but are not limited to, the following: • Hospital-provided Physician or Provider services • Semi-private room and board (or private if medically necessary as certified by attending physician) • General nursing care • Special duty nursing when medically necessary • ICU and services • Patient meals and special diets • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) • Surgical dressings, trays, casts, splints • Drugs, medications and biologicals • Blood or blood products that are not provided free-of-charge to the patient and their administration • X-rays, imaging and other radiological tests (facility technical component) • Laboratory and pathology services (facility technical component) • Machine diagnostic tests (EEGs, EKGs, etc.) (continues on next page)

Covered benefit	CHIP members
Inpatient General Acute and Inpatient Rehabilitation Hospital Services (continued)	• Oxygen services and inhalation therapy • Radiation and chemotherapy • In-network or out-of-network facility and Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section • Hospital, physician and related medical services, such as anesthesia, associated with dental care • Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: – Dilation and curettage (D&C) procedures; – Appropriate provider-administered medications; – Ultrasounds; and – Histological examination of tissue samples. • Surgical implants • Other artificial aids including surgical implants • Inpatient services for a mastectomy and breast reconstruction include: – All stages of reconstruction on the affected breast; – External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed; – Surgery and reconstruction on the other breast to produce symmetrical appearance; and – Treatment of physical complications from the mastectomy and treatment of lymphedemas. • Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit (continues on next page)

Covered benefit	CHIP members
Inpatient General Acute and Inpatient Rehabilitation Hospital Services (continued)	• Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – Cleft lip and/or palate; or – Severe traumatic skeletal and/or congenital craniofacial deviations; or – Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.
Skilled Nursing Facilities (Includes Rehabilitation Hospitals)	Services include, but are not limited to, the following: • Semi-private room and board • Regular nursing services • Rehabilitation services • Medical supplies and use of appliances and equipment furnished by the facility

Covered benefit	CHIP members
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center	Services include, but are not limited to, the following services provided in a hospital clinic or emergency room, a clinic or health center, hospital-based emergency department or an ambulatory health care setting: • X-ray, imaging, and radiological tests (technical component) • Laboratory and pathology services (technical component) • Machine diagnostic tests • Ambulatory surgical facility services • Drugs, medications and biologicals • Casts, splints, dressings • Preventive health services • Physical, occupational and speech therapy • Renal dialysis • Respiratory services – Radiation and chemotherapy • Blood or blood products that are not provided free-of-charge to the patient and the administration of these products • Outpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Outpatient services associated with miscarriage or non-viable pregnancy include, but are not limited to: – Dilation and curettage (D&C) procedures; – Appropriate provider-administered medications; – Ultrasounds; and – Histological examination of tissue samples. (continues on next page)

Covered benefit	CHIP members
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center (continued)	• Facility and related medical services, such as anesthesia, associated with dental care, when provided in a licensed ambulatory surgical facility • Surgical implants • Other artificial aids including surgical implants • Outpatient services provided at an outpatient hospital and ambulatory health care center for a mastectomy and breast reconstruction as clinically appropriate, include: – All stages of reconstruction on the affected breast; – External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed; – Surgery and reconstruction on the other breast to produce symmetrical appearance; and – Treatment of physical complications from the mastectomy and treatment of lymphedemas. • Implantable devices are covered under Inpatient and Outpatient services and do not count towards the DME 12-month period limit • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – Cleft lip and/or palate; or – Severe traumatic skeletal and/or congenital craniofacial deviations; or – Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Covered benefit	CHIP members
Physician/ Physician Extender Professional Services	Services include, but are not limited to, the following: • American Academy of Pediatrics recommended well-child exams and preventive health services (including, but not limited to, vision and hearing screening and immunizations) • Physician office visits, inpatient and outpatient services • Laboratory, X-rays, imaging and pathology services, including technical component and/or professional interpretation • Medications, biologicals and materials administered in Physician's office • Allergy testing, serum and injections • Professional component (in/outpatient) of surgical services, including: – Surgeons and assistant surgeons for surgical procedures including appropriate follow-up care – Administration of anesthesia by Physician (other than surgeon) or CRNA – Second surgical opinions – Same-day surgery performed in a Hospital without an overnight stay – Invasive diagnostic procedures such as endoscopic examinations • Hospital-based Physician services (including Physician-performed technical and interpretive components) • Physician and professional services for a mastectomy and breast reconstruction include: – All stages of reconstruction on the affected breast; – External breast prosthesis for the breast(s) on which medically necessary mastectomy procedure(s) have been performed; – Surgery and reconstruction on the other breast to produce symmetrical appearance; and – Treatment of physical complications from the mastectomy and treatment of lymphedemas. (continues on next page)

Covered benefit	CHIP members
Physician/ Physician Extender Professional Services (continued)	• In-network and out-of-network Physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section • Physician services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Physician services associated with miscarriage or non-viable pregnancy include, but are not limited to: – Dilation and curettage (D&C) procedures; – Appropriate provider-administered medications; – Ultrasounds; and – Histological examination of tissue samples. • Physician services medically necessary to support a dentist providing dental services to a CHIP member such as general anesthesia or intravenous (IV) sedation • Pre-surgical or post-surgical orthodontic services for medically necessary treatment of craniofacial anomalies requiring surgical intervention and delivered as part of a proposed and clearly outlined treatment plan to treat: – Cleft lip and/or palate; or – Severe traumatic skeletal and/or congenital craniofacial deviations; or – Severe facial asymmetry secondary to skeletal defects, congenital syndromal conditions and/or tumor growth or its treatment.

Covered benefit	CHIP members
Prenatal Care and Pre-Pregnancy Family Services and Supplies	Covered, unlimited prenatal care and medically necessary care related to diseases, illness, or abnormalities related to the reproductive system, and limitations and exclusions to these services are described under inpatient, outpatient and physician services. Primary and preventive health benefits do not include pre-pregnancy family reproductive services and supplies, or prescription medications prescribed only for the purpose of primary and preventive reproductive health care.
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	$20,000 12-month period limit for DME, prosthetics, devices and disposable medical supplies (diabetic supplies and equipment are not counted against this cap). Services include DME (equipment which can withstand repeated use and is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of Illness, Injury, or Disability, and is appropriate for use in the home), including devices and supplies that are medically necessary and necessary for one or more activities of daily living and appropriate to assist in the treatment of a medical condition, including: • Orthotic braces and orthotics • Dental devices • Prosthetic devices such as artificial eyes, limbs, braces, and external breast prostheses • Prosthetic eyeglasses and contact lenses for the management of severe ophthalmologic disease • Hearing aids • Diagnosis-specific disposable medical supplies, including diagnosis-specific prescribed specialty formula and dietary supplements. (See Attachment A.)

Covered benefit	CHIP members
Home and Community Health Services	Services that are provided in the home and community, including, but not limited to: • Home infusion • Respiratory therapy • Visits for private duty nursing (R.N., L.V.N.) • Skilled nursing visits as defined for home health purposes (may include R.N. or L.V.N.) • Home health aide when included as part of a plan of care during a period that skilled visits have been approved • Speech, physical and occupational therapies • Services are not intended to replace the CHILD'S caretaker or to provide relief for the caretaker • Skilled nursing visits are provided on intermittent level and not intended to provide 24-hour skilled nursing services • Services are not intended to replace 24-hour inpatient or skilled nursing facility services
Inpatient Mental Health Services	Mental health services, including for serious mental illness, furnished in a freestanding psychiatric hospital, psychiatric units of general acute care hospitals and state-operated facilities, including, but not limited to: • Neuropsychological and psychological testing • When inpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court-ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • Does not require PCP referral

Covered benefit	CHIP members
Outpatient Mental Health Services	Mental health services, including for serious mental illness, provided on an outpatient basis, including, but not limited to: • The visits can be furnished in a variety of community-based settings (including school- and home-based) or in a state-operated facility • Neuropsychological and psychological testing • Medication management • Rehabilitative day treatments • Residential treatment services • Sub-acute outpatient services (partial hospitalization or rehabilitative day treatment) • Skills training (psycho-educational skill development) • When outpatient psychiatric services are ordered by a court of competent jurisdiction under the provisions of Chapters 573 and 574 of the Texas Health and Safety Code, relating to court-ordered commitments to psychiatric facilities, the court order serves as binding determination of medical necessity. Any modification or termination of services must be presented to the court with jurisdiction over the matter for determination. • A Qualified Mental Health Provider – Community Services (QMHP-CS), is defined by the Texas Department of State Health Services (DSHS) in Title 25 T.A.C., Part I, Chapter 412, Subchapter G, Division 1, §412.303(48). QMHP-CSs shall be providers working through a DSHS-contracted Local Mental Health Authority or a separate DSHS-contracted entity. QMHP-CSs shall be supervised by a licensed mental health professional or physician and provide services in accordance with DSHS standards. Those services include individual and group skills training (which can be components of interventions such as day treatment and in-home services), patient and family education, and crisis services. • Does not require PCP referral

Covered benefit	CHIP members
Inpatient Substance Abuse Treatment Services	Services include, but are not limited to: • Inpatient and residential substance abuse treatment services including detoxification and crisis stabilization, and 24-hour residential rehabilitation programs • Does not require PCP referral
Outpatient Substance Abuse Treatment Services	Services include, but are not limited to, the following: • Prevention and intervention services that are provided by physician and non-physician providers, such as screening, assessment and referral for chemical dependency disorders • Intensive outpatient services • Partial hospitalization • Intensive outpatient services is defined as an organized non-residential service providing structured group and individual therapy, educational services, and life skills training which consists of at least 10 hours per week for 4 to 12 weeks, but less than 24 hours per day • Outpatient treatment service is defined as consisting of at least 1 to 2 hours per week providing structured group and individual therapy, educational services, and life skills training • Does not require PCP referral
Rehabilitation Services	Services include, but are not limited to, the following: • Habilitation (the process of supplying a child with the means to reach age-appropriate developmental milestones through therapy or treatment) and rehabilitation services include, but are not limited to, the following: – Physical, occupational and speech therapy – Developmental assessment

Covered benefit	CHIP members
Hospice Care Services	Services include, but are not limited to: • Palliative care, including medical and support services, for those children who have six (6) months or less to live, to keep patients comfortable during the last weeks and months before death • Treatment services, including treatment related to the terminal illness • Up to a maximum of 120 days with a life expectancy of 6 months • Patients electing hospice services may cancel this election at any time • Services apply to the hospice diagnosis
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	MCO cannot require authorization as a condition for payment for emergency conditions or labor and delivery. Covered services include, but are not limited to, the following: • Emergency services based on prudent lay person definition of emergency health condition • Hospital emergency department room and ancillary services and physician services 24 hours a day, seven (7) days a week, both by in-network and out-of-network providers • Medical screening examination • Stabilization services • Access to DSHS designated Level 1 and Level II trauma centers or hospitals meeting equivalent levels of care for emergency services • Emergency ground, air and water transportation • Emergency dental services, limited to fractured or dislocated jaw, traumatic damage to teeth, removal of cysts, and treatment relating to oral abscess of tooth or gum origin

Covered benefit	CHIP members
Transplants	Services include, but are not limited to, the following: • Using up-to-date FDA guidelines, all non-experimental human organ and tissue transplants and all forms of non-experimental corneal, bone marrow and peripheral stem cell transplants, including donor medical expenses
Vision Benefit	The health plan may reasonably limit the cost of the frames/lenses. Services include: • One (1) examination of the eyes to determine the need for and prescription for corrective lenses per 12-month period, without authorization • One (1) pair of non-prosthetic eyewear per 12-month period
Chiropractic Services	Services do not require physician prescription and are limited to spinal subluxation.
Tobacco Cessation Program	Covered up to $100 for a 12-month period limit for a plan-approved program. • Health plan defines plan-approved program • May be subject to formulary requirements
Case Management and Care Coordination	These services include outreach informing, case management, care coordination and community referral.
Drug Benefits	Services include, but are not limited to, the following: • Outpatient drugs and biologicals; including pharmacy-dispensed and provider-administered outpatient drugs and biologicals; and • Drugs and biologicals provided in an inpatient setting.
Value-Added Services	See Extra Benefits Section.

How do I get these services? How do I get these services for my child?

You can get these benefits by calling Member Services at **1-888-887-9003.**

Are there any limits to any covered services?

Covered CHIP services must meet the CHIP definition of Medically Necessary Covered Services. There is no lifetime maximum on benefits; however, 12-month period or lifetime limitations do apply to certain services, as specified in the previous chart. Copays apply until a family reaches its specific cost-sharing maximum.

How much do I pay for health services?

The table on the next page shows the CHIP copayments according to your family income. Copayments are paid by you to the health care provider (at time of service) when they provide you medical services or prescription drugs. There are no copayments for preventive care such as well-child or well-baby visits or immunizations. CHIP Newborn members, American Indian members and Alaskan Native members do not pay any enrollment fees or copayments.

Your child's health plan ID card will show the copayments that apply to your family. Show your child's ID card at all office visits or if you need emergency room services or have a prescription filled.

Families may be required to pay an enrollment fee. These fees may be from $0 to $50. This amount is paid only when you re-enroll your child(ren) every year.

The Member Guide you got when you enrolled in CHIP has a tear-out form that you should use to keep track of your child's CHIP costs. To make sure that you do not go above your out-of-pocket limits, please keep track of your CHIP-related expenses on this form.

The enrollment packet welcome letter tells you exactly how much you must spend before you are able to mail the form back to CHIP. If you cannot find your welcome letter, please call CHIP at 1-800-647-6558 and they will tell you what your limit is.

When you reach your annual out-of-pocket expenses, please send the form to CHIP and they will notify us. We will issue you a new member ID card. This new card will show that no copayments are due when your child gets medical services. CHIP members may have to pay for non-covered services.

What are copayments?

How much are they and when do I have to pay them?

Copayments for medical services or prescription drugs are paid to the health care provider at the time of service. You do not have to pay copayments for preventive care such as well-child or well-baby visits or immunizations. Your/your child's UnitedHealthcare Community Plan card lists the copayments that apply to your family. Present your card when you/your child gets office visits or emergency room services or has a prescription filled. If your card shows a copay requirement and the member is Native American or Alaskan Native, please call Member Services at **1-888-887-9003** to have this corrected.

The table below lists the CHIP cost sharing amounts. It is listed according to a family's income. Cost sharing cap is 5% of family's income per 12-month term of coverage.

CHIP cost-sharing	
Enrollment fees (for 12-month enrollment period):	
	Charge
At or below 151% of FPL* or otherwise exempt from cost-sharing	$0
Above 151% up to and including 186% of FPL	$35
Above 186% up to and including 201% of FPL	$50
Copays (per visit):	
At or below 151% FPL	**Charge**
Office visit (non-preventative) No copay is applied for MH/SUD office visits	$5
Non-emergency ER	$5
Generic drug	$0
Brand drug	$5
Facility copay, inpatient (per admission) No copay is applied for MH/SUD residential treatment services	$35

Copays (per visit):	
At or below 151% FPL (continued)	**Charge**
Cost-sharing cap	5% (of family's income)**
Above 151% up to and including 186% FPL	**Charge**
Office visit (non-preventative) No copay is applied for MH/SUD office visits	$20
Non-emergency ER	$75
Generic drug	$10
Brand drug	$35
Facility copay, inpatient (per admission) No copay is applied for MH/SUD residential treatment services	$75
Cost-sharing cap	5% (of family's income)**
Above 186% up to and including 201% FPL	**Charge**
Office visit (non-preventative) No copay is applied for MH/SUD office visits	$25
Non-emergency ER	$75
Generic drug	$10
Brand drug	$35
Facility copay, inpatient (per admission) No copay is applied for MH/SUD residential treatment services	$125
Cost-sharing cap	5% (of family's income)**

* The federal poverty level (FPL) refers to income guidelines established annually by the federal government.

**Per 12-month term of coverage.

What if I get a bill from my child's doctor? What information will they need? Who do I call?

If you get a bill from a doctor, hospital or other health care provider, ask why they are billing you. Your child's doctor, health care provider or hospital cannot bill you for covered and approved CHIP services. You do not have to pay bills that UnitedHealthcare Community Plan should pay.

If you still get a bill, call Member Services at **1-888-887-9003** for help.

Be sure you have your bill in front of you when you call. You will need to tell Member Services who sent you the bill, the date of service, the amount and the provider's address and phone number.

What are my prescription drug benefits?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so that you can take it to the drug store, or may be able to send the prescription for you.

Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a copayment for each prescription filled, depending on your income.

What services are not covered?

- Inpatient and outpatient infertility treatments or reproductive services other than prenatal care, labor and delivery, and care related to disease, illnesses, or abnormalities related to the reproductive system
- Personal comfort items including, but not limited to, personal care kits provided on inpatient admission, telephone, television, newborn infant photographs, meals for guests of patient, and other articles which are not required for the specific treatment of sickness or injury
- Experimental and/or investigational medical, surgical or other health care procedures or services which are not generally employed or recognized within the medical community
- Treatment or evaluations required by third parties including, but not limited to, those for schools, employment, flight clearance, camps, insurance or court
- Private duty nursing services when performed on an inpatient basis or in a skilled Nursing Facility
- Mechanical organ replacement devices including, but not limited to, artificial heart
- Hospital services and supplies when confinement is solely for diagnostic testing purposes, unless otherwise pre-authorized by Health Plan
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Dental devices solely for cosmetic purposes
- Out-of-network services not authorized by the Health Plan except for emergency care and physician services for a mother and her newborn(s) for a minimum of 48 hours following an uncomplicated vaginal delivery and 96 hours following an uncomplicated delivery by cesarean section
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity, except for the services associated with the treatment for morbid obesity as part of a treatment plan approved by the Health Plan
- Acupuncture services, naturopathy and hypnotherapy
- Immunizations solely for foreign travel
- Routine foot care such as hygienic care

- Diagnosis and treatment of weak, strained, or flat feet and the cutting or removal of corns, calluses and toenails. (This does not apply to the removal of nail roots or surgical treatment of conditions underlying corns, calluses or ingrown toenails.)
- Replacement or repair of prosthetic devices and durable medical equipment due to misuse, abuse or loss when confirmed by the member or the vendor
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes
- Custodial care. (Care that assists a child with the activities of daily living, such as assistance in walking, getting in and out of bed, bathing, dressing, feeding, toileting, special diet preparation, and medication supervision that is usually self-administered or provided by a parent. This care does not require the continuing attention of trained medical or paramedical personnel.) This exclusion does not apply to hospice services.
- Housekeeping
- Public facility services and care for conditions that federal, state, or local law requires be provided in a public facility or care provided while in the custody of legal authorities
- Services or supplies received from a nurse, which do not require the skill and training of a nurse
- Vision training and vision therapy
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered except when ordered by a Physician/PCP
- Donor non-medical expenses
- Charges incurred as a donor of an organ when the recipient is not covered under this Health Plan

CHIP covered and excluded supplies

Supplies	Covered	Excluded	Comments/Member contract provisions
Ace Bandages		X	Exception: If provided by and billed through the clinic or home care agency, it is covered as an incidental supply.
Alcohol, rubbing		X	Over-the-counter supply.
Alcohol, swabs (diabetic)	X		Over-the-counter supply not covered, unless Rx provided at time of dispensing.
Alcohol, swabs	X		Covered only when received with IV therapy or central line kits/supplies.
Ana Kit Epinephrine	X		A self-injection kit used by patients highly allergic to bee stings.
Arm Sling	X		Dispensed as part of office visit.
Attends (Diapers)	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Bandages		X	
Basal Thermometer		X	Over-the-counter supply.
Batteries – initial	X		For covered DME items.
Batteries – replacement	X		For covered DME when replacement is necessary due to normal use.
Betadine		X	See IV therapy supplies.
Books		X	

Supplies	Covered	Excluded	Comments/Member contract provisions
Colostomy Bags			See Ostomy Supplies.
Communication Devices		X	
Contraceptive Jelly		X	Over-the-counter supply. Contraceptives are not covered under the plan.
Cranial Head Mold		X	
Dental Devices	X		Coverage limited to dental devices used for treatment of craniofacial anomalies requiring surgical intervention.
Diabetic Supplies	X		Monitor calibrating solution, insulin syringes, needles, lancets, lancet device, and glucose strips.
Diapers/ Incontinent Briefs/Chux	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Diaphragm		X	Contraceptives are not covered under the plan.
Diastix	X		For monitoring diabetes.
Diet, Special		X	
Distilled Water		X	
Dressing Supplies/ Central Line	X		Syringes, needles, Tegaderm, alcohol swabs, Betadine swabs or ointment, tape. Many times these items are dispensed in a kit when includes all necessary items for one dressing site change.

Supplies	Covered	Excluded	Comments/Member contract provisions
Dressing Supplies/ Decubitus	X		Eligible for coverage only if receiving covered home care for wound care.
Dressing Supplies/ Peripheral IV Therapy	X		Eligible for coverage only if receiving home IV therapy.
Dressing Supplies/Other		X	
Dust Mask		X	
Ear Molds	X		Custom made, post inner or middle ear surgery.
Electrodes	X		Eligible for coverage when used with a covered DME.
Enema Supplies		X	Over-the-counter supply.
Enteral Nutrition Supplies	X		Necessary supplies (e.g., bags, tubing, connectors, catheters, etc.) are eligible for coverage. Enteral nutrition products are not covered except for those prescribed for hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel, or malabsorption due to disease.
Eye Patches	X		Covered for patients with amblyopia.

Supplies	Covered	Excluded	Comments/Member contract provisions
Formula		X	Exception: Eligible for coverage only for chronic hereditary metabolic disorders, a non-function or disease of the structures that normally permit food to reach the small bowel; or malabsorption due to disease (expected to last longer than 60 days when prescribed by the physician and authorized by plan). Physician documentation to justify prescription of formula must include: • Identification of a metabolic disorder, dysphagia that results in a medical need for a liquid diet, presence of a gastrostomy, or disease resulting in malabsorption that requires a medically necessary nutritional product Does not include formula: • For members who could be sustained on an age-appropriate diet • Traditionally used for infant feeding • In pudding form (except for clients with documented oropharyngeal motor dysfunction who receive greater than 50% of their daily caloric intake from this product) • For the primary diagnosis of failure to thrive, failure to gain weight, or lack of growth or for infants less than 12 months of age unless medical necessity is documented and other criteria, listed above, are met (continues on next page)

Supplies	Covered	Excluded	Comments/Member contract provisions
Formula (continued)		X	Food thickeners, baby food, or other regular grocery products that can be blenderized and used with an enteral system that are not medically necessary, are not covered, regardless of whether these regular food products are taken orally or parenterally.
Gloves		X	Exception: Central line dressings or wound care provided by home care agency.
Hydrogen Peroxide		X	Over-the-counter supply.
Hygiene Items		X	
Incontinent Pads	X		Coverage limited to children age 4 or over only when prescribed by a physician and used to provide care for a covered diagnosis as outlined in a treatment care plan.
Insulin Pump (External) Supplies	X		Supplies (e.g., infusion sets, syringe reservoir and dressing, etc.) are eligible for coverage if the pump is a covered item.
Irrigation Sets, Wound Care	X		Eligible for coverage when used during covered home care for wound care.
Irrigation Sets, Urinary	X		Eligible for coverage for individual with an indwelling urinary catheter.
IV Therapy Supplies	X		Tubing, filter, cassettes, IV pole, alcohol swabs, needles, syringes and any other related supplies necessary for home IV therapy.
K-Y Jelly		X	Over-the-counter supply.

Supplies	Covered	Excluded	Comments/Member contract provisions
Lancet Device	X		Limited to one device only.
Lancets	X		Eligible for individuals with diabetes.
Med Ejector	X		
Needles and Syringes/ Diabetic			See Diabetic Supplies.
Needles and Syringes/IV and Central Line			See IV Therapy and Dressing Supplies/ Central Line.
Needles and Syringes/Other	X		Eligible for coverage if a covered IM or SubQ medication is being administered at home.
Normal Saline			See Saline, Normal.
Novopen	X		
Ostomy Supplies	X		Items eligible for coverage include: belt, pouch, bags, wafer, face plate, insert, barrier, filter, gasket, plug, irrigation kit/sleeve, tape, skin prep, adhesives, drain sets, adhesive remover, and pouch deodorant. Items not eligible for coverage include: scissors, room deodorants, cleaners, rubber gloves, gauze, pouch covers, soaps, and lotions.
Parenteral Nutrition/ Supplies	X		Necessary supplies (e.g., tubing, filters, connectors, etc.) are eligible for coverage when the health plan has authorized the parenteral nutrition.

Supplies	Covered	Excluded	Comments/Member contract provisions
Saline, Normal	X		Eligible for coverage: a) When used to dilute medications for nebulizer treatments; b) As part of covered home care for wound care; c) For indwelling urinary catheter irrigation.
Standard Home Glucose Monitor		X	UHC offers a coupon code for a free monitor at a point of sale pharmacy. Unit is limited to coupon brand.
Stump Sleeve	X		
Stump Socks	X		
Suction Catheters	X		
Syringes			See Needles/Syringes.
Tape			See Dressing Supplies, Ostomy Supplies, IV Therapy Supplies.
Tracheostomy Supplies	X		Cannulas, Tubes, Ties, Holders, Cleaning Kits, etc.are eligible for coverage.
Under Pads			See Diapers/Incontinent Briefs/Chux.
Unna Boot	X		Eligible for coverage when part of wound care in the home setting. Incidental charge when applied during office visit.

Supplies	Covered	Excluded	Comments/Member contract provisions
Urinary, External Catheter and Supplies		X	Exception: Covered when used by incontinent male where injury to the urethra prohibits use of an indwelling catheter ordered by the PCP and approved by the plan.
Urinary, Indwelling Catheter and Supplies	X		Cover catheter, drainage bag with tubing, insertion tray, irrigation set and normal saline if needed.
Urinary, Intermittent	X		Cover supplies needed for intermittent or straight catheterization.
Urine Test Kit	X		When determined to be medically necessary.
Urostomy Supplies			See Ostomy Supplies.

What extra benefits does a member of UnitedHealthcare Community Plan get?

Value-added services

As a member of UnitedHealthcare Community Plan, you can also receive value-added services. These unique services are offered starting September 1 through August 30, in addition to the required services, to benefit your health and everyday life. For a comprehensive and the most up-to-date Value-added services offerings please go to **myuhc.com**. Some of the value-added services that UnitedHealthcare Community Plan offers are:

Transportation for services that impact health

Get 4 round-trip rides for non-CHIP health needs, like grocery, housing, or utility office visits.

Terms: Members must call SafeRide at **1-888-462-6050** at least 2 days before the appointment to schedule transportation. Need determined by health plan Member Advocate as medically necessary. Members ages 0–17 must be accompanied by an adult. Additional children may be approved for rides to CHIP approved providers. Get 4 round-trip rides for non-CHIP health needs. Book with SafeRide.

Tips for when you call to schedule a ride

- UnitedHealthcare member ID
- Provider's name
- Provider's address
- Provider's phone number
- Appointment time

Eyewear and contact lens extra benefits

Get $105 each year for frames, lenses, or contacts not covered by CHIP.

Terms: Use an in-network provider. CHIP Perinate and spare pairs are not covered.

Sports, school or camp exam

A sports, school or camp physical exam by an in-network PCP is available at no cost.

Terms: Must use in-network provider. One exam per year.* Ages 4 through 19 years. Excludes CHIP Perinate.

Daily health reward

$20 Rewards Card to be used on items like pill organizer and notebook to keep track of health.

Terms: One time per year.*

Fitness reward

$20 Rewards Card to be used on fitness items.

Terms: One time per year.*

Pest control reward

$20 Rewards Card to be used on home improvement items, such as pest control plug-ins.

Terms: For members who are under case management for Asthma or COPD. One time per year.*

$20 Assistance for asthmatics or COPD

$20 Rewards Card. For indoor air quality items such as fans, air filters, or humidifiers.

Terms: Members must be under disease management for asthma or COPD. One per year.*

*Each state fiscal year, 9/1-8/31.

Prenatal mom support

Members can use **myuhc.com** or app to get info and tools to learn about their pregnancy. May earn rewards for doctor visits.

- $25 for going to a prenatal visit

Postpartum mom support

Members can use **myuhc.com** or app to get info and tools to learn about their postpartum care. May earn rewards for doctor visits.

- $25 for going to a postpartum

Wellhop

Wellhop for Mom & Baby helps moms-to-be with similar due dates. They can chat online, learn new things, and support each other from pregnancy to early motherhood.

Terms: Pregnant members can enroll in Wellhop online.

NOAA/FM/AM emergency radio

A NOAA/FM/AM radio that helps you stay connected during bad weather or a disaster. Includes cellphone charger and flashlight.

Terms: One radio per year.*

Text reminders for medication

Access to the Optum Member Portal. Schedule text reminders for your meds online.

Terms: Need a tablet, computer, or smartphone to access the site.

CALM Health app

Get help anytime for stress and wellbeing. Available 24/7 on a website you can use at your own pace.

Terms: Need a mobile device, tablet, or computer to access the program.

*Each state fiscal year, 9/1–8/31.

Vaping programs

Members who vape can get help to stop. Education and support are available through an online program.

Terms: Need a tablet, computer, or smartphone.

Online wellness coaching program

Members can get weight loss and exercise tips, and educational resources. It's available through **myuhc.com**.

Terms: Need a computer, tablet, or smartphone.

Mental health journal

One mental health journal after a 7 day post hospital stay. Members can write down and process their feelings using prompts. Includes resources.

Terms: One per year* after completing a 7-day post hospitalization visit.

Online mental health resources

Live and Work Well has news, videos, legal resources, and you can find doctors and other care. Need a tablet, computer, or smartphone to access. In English and Spanish.

Online health information chats

Online health information chats. Staffed by health professionals who answer your questions 24 hours a day, 7 days a week, for every day of the year.

How can I get these benefits? How can I get these benefits for my child?

It is easy to get these extra benefits by calling Member Services at **1-888-887-9003,** TDD/TTY: **7-1-1.**

*Each state fiscal year, 9/1–8/31.

What health education classes does UnitedHealthcare Community Plan offer?

UnitedHealthcare Community Plan can refer you to Health Education classes such as parenting courses and classes to help you quit smoking. Call Member Services at **1-888-887-9003** for more information about Health Education classes and meetings.

Health education classes and other resources for CHIP members

Early Childhood Intervention (ECI)

What is ECI?

ECI means Early Childhood Intervention, a federally mandated program for infants and toddlers under the age of three (0–36 months) with developmental delays or disabilities. ECI services are unique because:

- Parents and professionals work together as a team
- Services are convenient for families
- Children learn new skills through everyday activities
- Services are coordinated with others in the community
- Families of all income levels receive ECI services

Do I need a referral for this?

Anyone can make a referral (a parent, family member, health care professional, social worker, caregiver, friend or neighbor). To find an ECI provider, visit **https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services** or contact your Service Coordinator for assistance at **1-877-352-7798.**

A child who already has a medically diagnosed condition, which has a high probability of resulting in a developmental delay, automatically qualifies for ECI. Contact your Service Coordinator for assistance at **1-877-352-7798.** Next, an ECI professional will provide an evaluation to determine if your child is eligible and will discuss with you the need for services.

Where do I find an ECI provider?

Any of the professionals in ECI have expertise in working with babies, toddlers, and their families, especially your Service Coordinator or ECI program Provider. To find an ECI provider, visit **https://www.hhs.texas.gov/services/disability/early-childhood-intervention-services** or contact your Service Coordinator for assistance at **1-877-352-7798.**

Licensed and/or credentialed specialties include:

- Early intervention specialists
- Hearing and vision specialists
- Nurses
- Occupational therapists
- Pathologists
- Physical therapists
- Professional counselors
- Registered dietitians
- Social workers
- Speech and language pathologists

Are ECI services free?

Yes. Services are free to those who qualify, up to the age of 3. After age 3, ECI providers will help you get services from other programs if your child still needs them.

For more information, call UnitedHealthcare Community Plan Member Services at **1-888-887-9003.**

Women, Infants, and Children (WIC)

What is WIC?

WIC is a program for pregnant women, new moms and children age 5 and under. The WIC program helps teach pregnant women and new moms how to eat well and stay healthy.

How do I apply for WIC?

Call toll-free at 1-800-942-3678 or call UnitedHealthcare Community Plan Member Services at **1-888-887-9003.**

Who can get WIC services?

- Pregnant women
- Women who are breastfeeding a baby who is 1 year old or younger
- Women who have had a baby in the last 6 months
- Children 5 years or younger who meet the income requirements
- Parents (including single women and men), stepparents, guardians, and foster parents of infants and children

Are services free?

Yes. Services are free to those who qualify.

What are the requirements?

- Must meet income guidelines set by WIC
- Have poor eating habits or iron-deficiency anemia
- Live in Texas

What does WIC provide?

- Education on eating food that is good for you
- Healthy foods such as baby formula, baby cereal, adult cereal, fruit and vegetable juices, milk, eggs, cheese, beans and peanut butter. Moms who are breastfeeding may also get tuna and carrots.
- Help on breastfeeding
- Referrals for additional services such as food stamps, CHIP, Medicaid
- Immunizations (at some clinics)

Health care and other services for CHIP members

Note: References to "you," "my," or "I" apply if you are a CHIP member. References to "my child" or "my daughter" apply if your child is a CHIP member.

What does "Medically Necessary" mean?

Covered services for CHIP members must meet the CHIP definition of "Medically Necessary."

Medically Necessary means:

1. **Health care services** that are:
   a. Reasonable and necessary to prevent illnesses or medical conditions, or provide early screening, interventions, or treatments for conditions that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity of a member, or endanger life;
   b. Provided at appropriate facilities and at the appropriate levels of care for the treatment of a member's health conditions;
   c. Consistent with health care practice guidelines and standards that are endorsed by professionally recognized health care organizations or governmental agencies;
   d. Consistent with the member's diagnoses;
   e. No more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency;
   f. Not experimental or investigative; and
   g. Not primarily for the convenience of the member or provider; and

2. **Behavioral health services** that:
   a. Are reasonable and necessary for the diagnosis or treatment of a mental health or chemical dependency disorder, or to improve, maintain, or prevent deterioration of functioning resulting from such a disorder;
   b. Are in accordance with professionally accepted clinical guidelines and standards of practice in behavioral health care;
   c. Are furnished in the most appropriate and least restrictive setting in which services can be safely provided;
   d. Are the most appropriate level or supply of service that can safely be provided;
   e. Could not be omitted without adversely affecting the member's mental and/or physical health or the quality of care rendered;

f. Are not experimental or investigative; and

g. Are not primarily for the convenience of the member or provider.

What is routine medical care and how soon can I/my child expect to be seen?

If you or your child needs a physical checkup, then the visit is ROUTINE. Your doctor should see you within four weeks. UnitedHealthcare Community Plan will be happy to help you make an appointment, just call us at **1-888-887-9003.**

Remember: It is best to see your doctor BEFORE you get sick so that you can build your relationship with him/her. It is much easier to call your doctor with your medical problems if he/she knows who you are.

You/your child must see a UnitedHealthcare Community Plan provider for routine and urgent care. You can always call UnitedHealthcare Community Plan at 1-888-887-9003 if you need help picking a UnitedHealthcare Community Plan provider.

What is urgent medical care and how soon can I/my child expect to be seen?

If you/your child needs medical care for things such as minor cuts, burns, infections, nausea or vomiting, then your visit is URGENT. Call your doctor. He/she can usually see you within one day. If you have trouble getting an appointment for an urgent medical need, call Member Services for assistance at **1-888-887-9003.**

What is an Emergency, an Emergency Medical Condition, and an Emergency Behavioral Health Condition?

Emergency care is a covered service. Emergency care is provided for Emergency Medical Conditions and Emergency Behavioral Health Conditions.

"Emergency Medical Condition" is a medical condition characterized by sudden acute symptoms, severe enough (including severe pain), that would lead an individual with average knowledge of health and medicine, to expect that the absence of immediate medical care could result in:

- Placing the member's health in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Serious disfigurement; or
- In the case of a pregnant CHIP member, serious jeopardy to the health of the CHIP member or her unborn child.

"Emergency Behavioral Health Condition" means any condition, without regard to the nature or cause of the condition, which in the opinion of an individual possessing average knowledge of health and medicine:

- Requires immediate intervention or medical attention without which the member would present an immediate danger to himself/herself or others; or
- Renders the member incapable of controlling, knowing, or understanding the consequences of his/her actions.

What is Emergency Services or Emergency Care?

"Emergency Services" and "Emergency Care" mean health care services provided in an in-network or out-of-network hospital emergency department, freestanding emergency medical facility, or other comparable facility by in-network or out-of-network physicians, providers, or facility staff to evaluate and stabilize Emergency Medical Conditions or Emergency Behavioral Health Conditions. Emergency services also include any medical screening examination or other evaluation required by state or federal law that is necessary to determine whether an Emergency Medical Condition or an Emergency Behavioral Health Condition exists.

How soon can I/my child expect to be seen in an emergency?

Emergency wait time will be based on your medical needs and determined by the emergency facility that is treating you.

Are emergency dental services covered?

UnitedHealthcare Community Plan will pay for some emergency dental services provided in a hospital, urgent care center, or ambulatory surgical center setting, such as services for:

- Treatment of a dislocated jaw
- Treatment of traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Treatment for craniofacial anomalies
- Drugs for any of the above conditions

UnitedHealthcare Community Plan also covers other dental services your child gets in a hospital, urgent care center, or ambulatory surgical center setting. This includes services from the doctor and other services your child might need, like anesthesia.

What do I do if I need/my child needs emergency dental care?

During normal business hours, call your child's main dentist to find out how to get emergency services. If your child needs emergency dental services after the main dentist's office has closed, call us toll-free at **1-888-887-9003.**

What is post-stabilization?

Post-stabilization care services are services covered by CHIP that keep your condition stable following emergency medical care.

How do I get health care after my/my child's PCP's office is closed?

It is best to call your/your child's PCP as soon as you/your child needs health care. Do not wait until the evening or a weekend to call your/your child's PCP if you can get help during the day. Your/your child's illness might get worse as the day goes on. If you/your child gets sick during the night or on a weekend and cannot wait for help, call your/your child's PCP at the phone number on the front of your child's ID card.

If you cannot reach your/your child's doctor or want to talk to someone while you wait for the doctor to call you back, call NurseLine, UnitedHealthcare Community Plan's nurse helpline, at 1-800-850-1267. Our nurses are ready to help you 24 hours a day, 7 days a week. If you think you have a real emergency, call **9-1-1** or go to the nearest Emergency Room.

What if I get sick when I am out of town or traveling?
What if my child gets sick when he or she is out of town or traveling?
What if I am out of the state?

If you/your child needs medical care when traveling, call us toll-free at **1-888-887-9003** and we will help you find a doctor.

If you/your child needs emergency services while traveling, go to a nearby hospital, then call us toll-free at **1-888-887-9003.**

What if I am/my child is out of the country?

Medical services performed out of the country are not covered by CHIP.

What if I/my child needs to see a special doctor (specialist)?

Your PCP might want you/your child to see a special doctor (specialist) for certain health care needs. While you/your child's PCP can take care of most of your health care needs, sometimes they will want you/your child to see a specialist for your care. A specialist has received training and has more experience taking care of certain diseases, illnesses and injuries. UnitedHealthcare Community Plan has many specialists who will work with you and your PCP to care for your/your child's needs.

What is a referral?

Your/your child's PCP will talk to you about your/your child's needs and will help make plans for you to see the specialist that can provide the best care for you/your child. This is called a referral. Your/your child's doctor is the only one that can give you a referral to see a specialist. If you/your child has a visit, or receives services from a specialist without your doctor's referral, or if the specialist is not a UnitedHealthcare Community Plan provider, you might be responsible for the bill. In some cases, an OB/GYN can also give you a referral for related services.

What services do not need a referral?

You do NOT need a referral for:

- Emergency services
- OB/GYN care
- Behavioral health services
- Routine vision services
- Routine dental services

Contact your/your child's PCP or Member Services at **1-888-887-9003** to determine if you need a referral.

How soon can I/my child expect to be seen?

In some situations, the specialist may see you/your child right away. Depending on the medical need, it may take up to a few weeks after you make the appointment to see the specialist.

Prior authorization

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 do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant or receiving Texas Health Steps medical checkups for members under the age of 21. Emergency services do not require a prior authorization.

A prior authorization may be needed

Some services that need prior authorization include:

- Hospital admissions
- Certain outpatient imaging procedures, including PET scan imaging procedures
- Some Durable Medical Equipment services
- Some prescription medications
- Weight loss surgery
- Physical, speech and occupational therapy
- Cardiology
- Non-emergency ambulance transportation

All non-par services require a prior authorization.

How can I ask for a second opinion?

You have the right to a second opinion from a UnitedHealthcare Community Plan provider if you are not satisfied with the plan of care offered by the specialist. Your primary care doctor should be able to give you a referral for a second opinion visit. If your doctor wants you to see a specialist that is not a UnitedHealthcare Community Plan provider, that visit will have to be approved by UnitedHealthcare Community Plan. You can call Member Services at **1-888-887-9003** for help with getting a second opinion.

How do I get help if I have/my child has behavioral (mental) health or alcohol or drug problems? Do I need a referral for this?

UnitedHealthcare Community Plan covers medically necessary Substance Abuse and Behavioral Health Care services. If you/your child has a drug problem or is very upset about something, you can get help. Call 1-800-495-5660 for help. You do not need a referral for these services.

There will be people who can speak with you in English or Spanish. If you need help with other languages, please tell them. Member Services will connect you to the AT&T Language Line and answer your questions. Please call TDD/TTY: 7-1-1 for deaf and hard of hearing.

If it is a crisis and you have trouble with the phone line, call **9-1-1** or go to the nearest emergency room and contact UnitedHealthcare Community Plan within 24 hours.

Who do I call if I/my child has special health care needs and I need someone to assist me?

If you/your child has special health care needs, like a serious ongoing illness, disability, or chronic or complex conditions, please contact UnitedHealthcare Community Plan Member Services at **1-888-887-9003** to request help with your/your child's special health care needs.

What are my/my child's prescription drug benefits? How do I get my/my child's medications?

CHIP covers most of the medicine your/your child's doctor says you need. Your/your child's doctor will write a prescription so that you can take it to the drug store, or may be able to send the prescription for you.

Exclusions include: contraceptive medications prescribed only for the purpose to prevent pregnancy and medications for weight loss or gain.

You may have to pay a copayment for each prescription filled, depending on your income.

All prescriptions you get from your doctor can be filled at any drug store that takes your UnitedHealthcare Community Plan ID card. If you need help finding a drug store, call UnitedHealthcare Community Plan at **1-888-887-9003.** Remember – always take your UnitedHealthcare Community Plan ID card with you to the doctor and to the drug store.

How do I find a network drug store?

Please contact Member Services for assistance at **1-888-887-9003.**

What if I go to a drug store not in network?

This may affect your ability to get the medications you need. Please contact Member Services for assistance at **1-888-887-9003.**

What do I bring with me to the drug store?

You will need your UnitedHealthcare Community Plan member ID card and your prescription(s).

What if I need my/my child's medications delivered to me?

Please contact Member Services for assistance at **1-888-887-9003.**

What if I need/my child needs an over-the-counter medication?

The pharmacy cannot give you an over-the-counter medication as part of your/your child's CHIP benefit. If you need/your child needs an over-the-counter medication, you will have to pay for it.

Who do I call if I have problems getting my/my child's prescriptions?

Please contact Member Services for assistance at **1-888-887-9003.**

What if I can't get the medication my/my child's doctor ordered approved?

If your/your child's doctor cannot be reached to approve a prescription, you/your child may be able to get a three-day emergency supply of your/your child's medication.

Call UnitedHealthcare Community Plan at **1-888-887-9003** for help with your medications and refills.

What if I lose my/my child's medication?

Please contact Member Services for assistance at **1-888-887-9003.**

What if I need/my child needs birth control pills?

The pharmacy cannot give you/your child birth control pills to prevent pregnancy. You/your child can only get birth control pills if they are needed to treat a medical condition.

CHIP formulary | Vendor drug program

The Texas Drug Code Index includes program-specific formularies for Medicaid, the Children's Health Insurance Program (CHIP), the Children with Special Health Care Needs (CSHCN) Services Program, the Healthy Texas Women (HTW) Program, and Kidney Health Care (KHC) Program. HHSC requires managed care organizations to adhere to the Medicaid and CHIP formularies.

Preferred Drug List HHSC arranges the Medicaid Preferred Drug List by the therapeutic class and contains a subset of many, but not all, drugs on the Medicaid formulary. Drugs identified on the PDL as "preferred" are available without prior authorization unless clinical prior authorization is associated with the drug. Some drugs are subject to both non-preferred and clinical prior authorizations. HHSC makes PDL changes twice a year during January and July. HHSC will announce other changes based on exceptional circumstances. CHIP drugs are not subject to PDL requirements.

Visit **https://www.txvendordrug.com/formulary** for included formularies.

How do I get eye care services? How do I get eye care services for my child?

If you need eye care services for your child, please call UnitedHealthcare Community Plan Member Services at **1-888-887-9003.** They can help you find a provider close to you.

How do I get dental services for my child?

UnitedHealthcare Community Plan will pay for some emergency dental services in a hospital or ambulatory surgical center. UnitedHealthcare Community Plan will pay for the following:

- Treatment of a dislocated jaw
- Treatment of traumatic damage to teeth and supporting structures
- Removal of cysts
- Treatment of oral abscess of tooth or gum origin
- Treatment and devices for craniofacial anomalies

UnitedHealthcare Community Plan covers hospital, physician and related medical services for the above conditions. This includes services from the doctor and other services your child might need, like anesthesia or other drugs.

The CHIP medical benefit provides limited emergency dental coverage for dislocated jaw, traumatic damage to teeth, and removal of cysts; treatment of oral abscess of tooth or gum origin; treatment and devices for craniofacial anomalies; and drugs.

Your child's CHIP dental plan provides all other dental services, including services that help prevent tooth decay and services that fix dental problems, Call your child's CHIP dental plan to learn more about the dental services they offer.

Can someone interpret for me when I talk with my/my child's doctor? Who do I call for an interpreter? How far ahead of time do I need to call?

It is your right to talk with your/your child's doctor in the language you prefer. UnitedHealthcare Community Plan can arrange interpreter services for you. Please call **1-888-887-9003** if you need a translator. Call TDD/TTY: **7-1-1** for deaf and hard of hearing. Please call as soon as you make your/your child's appointment or at least 24 hours in advance.

How can I get a face-to-face interpreter in the provider's office?

Translators can meet you at your/your child's doctor's office and help you talk to your/your child's doctor face-to-face in the language you prefer. Please contact Member Services at **1-888-887-9003** for more information.

Family planning

What if I need/my daughter needs OB/GYN care?

You/your daughter can get OB/GYN services from your doctor. You can also pick an OB/GYN specialist to take care of your/your daughter's female health needs. An OB/GYN can help with pregnancy care, yearly checkups or if you/your daughter have female problems. You DO NOT need a referral from a doctor for these services. Your/your child's OB/GYN and doctor will work together to make sure you get the care you need.

Do I have the right to choose an OB/GYN?

Attention members: You have the right to pick an OB/GYN for yourself/your daughter without a referral from your/your daughter's Primary Care Provider. An OB/GYN can give you:

- One well-woman checkup each year
- Care related to pregnancy
- Care for any female medical condition
- Referral to a special doctor (specialist) within the network

UnitedHealthcare Community Plan allows you/your daughter to pick any OB/GYN, whether that doctor is in the same network as your/your daughter's Primary Care Provider or not.

How do I choose an OB/GYN?

Call Member Services at **1-888-887-9003** or pick one from the provider directory.

If I do not pick an OB/GYN, do I have direct access?

Yes.

Will I need a referral for OB/GYN services?

No.

Family planning

How soon can I/my daughter be seen after contacting an OB/GYN for an appointment?

You/your daughter can be seen within two weeks of contacting your/her doctor to request a prenatal visit.

If you or your daughter is pregnant, call your daughter's doctor and UnitedHealthcare Community Plan Member Services at **1-888-887-9003.**

Can I/my daughter stay with an OB/GYN if they aren't with UnitedHealthcare Community Plan?

If you/your daughter is pregnant and you are/she is in the last 3 months of your/her pregnancy, please contact UnitedHealthcare Community Plan Member Services at **1-888-887-9003.** UnitedHealthcare Community Plan will arrange for you/her to continue treatment with the OB/GYN doctor you/she has been seeing. The doctor may also contact UnitedHealthcare Community Plan to see if they can become one of our providers.

If you/your daughter is not pregnant or is not in the last 3 months of your/her pregnancy, you/she may choose any OB/GYN within the UnitedHealthcare Community Plan network. If you need a provider list, please call Member Services.

You can call us for help in picking an OB/GYN doctor at **1-888-887-9003.**

What if I am pregnant? What if my daughter is pregnant? Who do I need to call?

If you think or know you/your daughter are pregnant, make an appointment to see your doctor or an OB/GYN. They will be able to confirm if you are/she is pregnant or not and discuss the care you/she and your/her unborn child will need. When you know that you are pregnant, call UnitedHealthcare Community Plan at **1-888-887-9003.** UnitedHealthcare Community Plan will enroll you/her in the Healthy First Steps program to make sure you/your daughter and your/your daughter's unborn child get medical care you/your daughter need during your/your daughter's pregnancy.

What do I have to do if I move?

As soon as you have your new address, give it to HHSC by calling **2-1-1** or updating your account on **YourTexasBenefits.com** and call UnitedHealthcare Community Plan Member Services department at **1-888-887-9003.** Before you get CHIP services in your new area, you must call UnitedHealthcare Community Plan, unless you need emergency services. You will continue to get care through UnitedHealthcare Community Plan until HHSC changes your address.

Other plan details

Member rights and responsibilities for CHIP members

Member rights

1. You have the right to get accurate, easy-to-understand information to help you make good choices about your child's health plan, doctors, hospitals and other providers.
2. Your health plan must tell you if they use a "limited provider network." This is a group of doctors and other providers who only refer patients to other doctors who are in the same group. "Limited provider network" means you cannot see all the doctors who are in your health plan. If your health plan uses "limited networks," you should check to see that your child's PCP and any specialist doctor that you might like to see are part of the same "limited network."
3. You have the right to know how your doctors are paid. Some get a fixed payment no matter how often you visit. Others get paid based on the services they give to your child. You have a right to know about what those payments are and how they work.
4. You have a right to know how the health plan decides whether a service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
5. You have a right to know the names of the hospitals and other providers in your health plan and their addresses.
6. You have a right to pick from a list of health care providers that is large enough so that your child can get the right kind of care when your child needs it.
7. If a doctor says your child has special health care needs or a disability, you may be able to use a specialist as your child's PCP. Ask your health plan about this.
8. Children who are diagnosed with special health care needs or a disability have the right to special care.
9. If your child has special medical problems, and the doctor your child is seeing leaves your health plan, your child may be able to continue seeing that doctor for three months, and the health plan must continue paying for those services. Ask your plan about how this works.
10. Your daughter has the right to see a participating obstetrician/gynecologist (OB/GYN) without a referral from her Primary Care Provider and without first checking with your health plan. Ask your plan how this works. Some plans may make you pick an OB/GYN before seeing that doctor without a referral.

11. Your child has the right to emergency services if you reasonably believe your child's life is in danger, or that your child would be seriously hurt without getting treated right away. Coverage of emergencies is available without first checking with your health plan. You may have to pay a copayment depending on your income.
12. You have the right and responsibility to take part in all the choices about your child's health care.
13. You have the right to speak for your child in all treatment choices.
14. You have the right to get a second opinion from another doctor in your health plan about what kind of treatment your child needs.
15. You have the right to be treated fairly by your health plan, doctors, hospitals and other providers.
16. You have the right to talk to your child's doctors and other providers in private, and to have your child's medical records kept private. You have the right to look over and copy your child's medical records and to ask for changes to those records.
17. You have the right to a fair and quick process for solving problems with your health plan and the plan's doctors, hospitals and others who provide services to your child. If your health plan says it will not pay for a covered service or benefit that your child's doctor thinks is medically necessary, you have a right to have another group, outside the health plan, tell you if they think your doctor or the health plan was right.
18. You have a right to know that doctors, hospitals, and others who care for your child can advise you about your child's health status, medical care, and treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
19. You have a right to know that you are only responsible for paying allowable copayments for covered services. Doctors, hospitals, and others cannot require you to pay any other amounts for covered services.
20. You have the right to respect, dignity, privacy, confidentiality and nondiscrimination. That includes the right to:
    a. Be treated fairly and with respect.
    b. Know that your medical records and discussions with your providers will be kept private and confidential.
21. You have the right to use each complaint and appeal process available through the managed care organization and through CHIP.
22. You have a right to make recommendations to your health plan's member rights and responsibilities.

Member responsibilities

You and your health plan both have an interest in seeing your child's health improve. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Encourage your child to stay away from tobacco and to eat a healthy diet.
2. You must become involved in the doctor's decisions about your child's treatments.
3. You must work together with your health plan's doctors and other providers to pick treatments for your child that you have all agreed upon.
4. If you have a disagreement with your health plan, you must try first to resolve it using the health plan's complaint process.
5. You must learn about what your health plan does and does not cover. Read your Member Handbook to understand how the rules work.
6. If you make an appointment for your child, you must try to get to the doctor's office on time. If you cannot keep the appointment, be sure to call and cancel it.
7. If your child has CHIP, you are responsible for paying your doctor and other providers copayments that you owe them.
8. You must report misuse of CHIP services by health care providers, other members, or health plans.
9. You must talk to your provider about your medications that are prescribed.
10. You must share information about your health with your Primary Care Provider and learn about service and treatment options. That includes the responsibility to:
    a. Tell your Primary Care Provider about your health.
    b. Talk to your providers about your health care needs and ask questions about the different ways your health care problems can be treated.
    c. Help your providers get your medical records.
    d. Must follow agreed upon plans and instructions for care.

If you think you have been treated unfairly or discriminated against, call the U.S. Department of Health and Human Services toll-free at **1-800-368-1019.** You also can view information concerning the HHS Office of Civil Rights online at **www.hhs.gov/ocr**.

Loss of eligibility

If you lose Medicaid or CHIP eligibility, there are local community resources, clinics, and services available where you can receive care at reduced or no costs depending on your or your family's income.

Local Mental Health Authorities

If you experience a mental health crisis, you can receive care at a Local Mental Health Authority (LMHA). To find your local mental health or behavioral health authority, you can write, call or visit the program's website:

Mailing address:
Texas Health and Human Services Commission
Mail Code W358, P.O. Box 149030
Austin, Texas 78714-9030

Phone: 1-855-YES-ADRC (855-937-2372)

Website: resources.hhs.texas.gov/pages/find-services

Federally Qualified Health Centers

Other options include Federally Qualified Health Centers (FQHCs). These facilities provide primary care, which includes behavioral health care, rural health clinics and other programs or services to underserved communities. To find a facility near you, visit the website, email or call:

Website: findahealthcenter.hrsa.gov

Email: TexasPCO@dshs.texas.gov

Phone: 512-776-7518

Healthy Texas Women Program

The Healthy Texas Women (HTW) Program provides family planning exams, related health screenings and birth control to women ages 18 to 44 whose household income is at or below the program's income limits (185 percent of the federal poverty level). You must apply to find out if you can get services through this program.

HTW Plus is an enhanced package available to women enrolled in HTW who have been pregnant in the last 12 months. HTW benefits are provided at no cost and include:

- Treatment for postpartum depression and other mental health conditions
- Individual, family and group psychotherapy services
- Treatment for substance use disorders, including drug, alcohol and tobacco use
- Screening, brief intervention and referral for treatment (SBIRT)
- Outpatient substance use counseling, smoking cessation services, medication-assisted treatment (MAT) and peer specialist services

Speak to your service coordinator to learn more about HTW Plus. You can also write, call or visit the program's website:

Mailing address:
Healthy Texas Women
P.O. Box 14000
Midland, TX 79711-9902

Phone: 1-800-335-8957

Website: https://www.healthytexaswomen.org/

Member Services is ready to assist you with additional questions including referrals and resources.

Complaints and appeals

What should I do if I have a complaint? Who do I call?

We want to help. If you have a complaint, please call us toll-free at **1-888-887-9003** to tell us about your problem. A UnitedHealthcare Community Plan Member Services Advocate can help you file a complaint. Just call **1-888-887-9003.** Most of the time, we can help you right away, or at the most within a few days.

Once you have gone through the UnitedHealthcare Community Plan complaint process, you can complain to the Texas Department of Insurance (TDI) by calling toll-free1-800-252-3439, 8:00 a.m.–5:00 p.m., Monday–Friday.

If you would like to make your complaint in writing, please send it to the following address:

Texas Department of Insurance
Consumer Protection
P.O. Box 149091
Austin, Texas 78714-9091

If you can get on the Internet, you can submit your complaint at **hhs.texas.gov/managed-care-help**.

Can someone from UnitedHealthcare Community Plan help me file a complaint?

Yes, a UnitedHealthcare Community Plan Member Services representative can help you file a complaint, just call **1-888-887-9003.** Most of the time, we can help you right away, or at the most within a few days.

How long will it take to process my complaint?

Most of the time, we can help you right away, or at the most within a few days. You will get a response letter within 30 days from when your complaint got to UnitedHealthcare Community Plan.

What are the requirements and time frames for filing a complaint?

There is no time limit on filing a complaint with UnitedHealthcare Community Plan. UnitedHealthcare Community Plan will send you a response letter telling you what we did about your complaint.

Do I have the right to meet with a Complaint Appeal Panel?

If you make a complaint for you/your child and it is not worked out the way you thought it should, you have the right to appeal. When you appeal, you will get information about having your concern heard by a Complaint Appeal Panel. This panel is made up of doctors, other providers, and UnitedHealthcare Community Plan members.

What is a specialty review?

A specialty review is a review where a provider who specializes in the type of care your child's provider asked for will look at your child's case. Your child's provider can ask for this either:

- As part of your appeal after our first letter saying we won't pay for all or part of the requested care. Your child's provider must ask for this within 10 business days from the date we receive your appeal request.
- If your appeal is denied and a specialty review was not requested with the appeal. Your child's provider can ask for a specialty review within 10 business days of the date of the appeal denial letter.

When we receive the specialty review request, we'll send you a letter within 5 business days. This letter will let you know we got the specialty review request. We'll send you a decision letter within 15 business days of when we received the request. This letter is our final decision. If you don't agree with our decision, you may ask for an independent external review.

Where can I mail a complaint?

For written complaints, please send your letter to UnitedHealthcare Community Plan. Your letter must state your name, your member ID number, your telephone number and address, and the reason for your complaint. Please send your letter to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

What can I do if my child's doctor asks for a service for my child that is covered but UnitedHealthcare Community Plan denies or limits it?

UnitedHealthcare Community Plan will send you a letter if a covered service requested by your child's PCP is denied, delayed, limited or stopped. If you are not happy with the decision, you can call Member Services at **1-888-887-9003** and ask for an appeal. We will record your verbal request. Your recording will then be made into a written request. We will send a form to you to complete, sign and return as soon as possible.

How will I find out if services are denied?

UnitedHealthcare Community Plan will send you a letter if a covered service requested by your child's PCP is denied, delayed, limited or stopped.

What are the time frames for the appeal process?

UnitedHealthcare Community Plan has up to 30 calendar days to decide if your request for care is medically needed and covered. We will send you a letter of our decision within 30 days. In some cases, you have the right to a decision within one business day. If your provider requests, we must give you a quick decision. You can get a quick decision if your health or ability to function could be seriously hurt by waiting. You also have the right to choose a quick review from an Independent Review Organization (IRO).

When do I have the right to request an appeal?

You may request an appeal whenever you do not agree with UnitedHealthcare Community Plan's decision to deny services or care for you/your child.

Does my request have to be in writing?

Your request does not have to be in writing. If you would like to send in a written appeal you can mail written requests to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

No retaliation is allowed

UnitedHealthcare Community Plan will not punish a member, doctor or provider for filing a complaint against UnitedHealthcare Community Plan.

Can someone from UnitedHealthcare Community Plan help me file an appeal?

Member Services is available to help you file an appeal. You can ask them to help you when you call **1-888-887-9003.**

What is an expedited appeal?

An expedited appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal?

You may ask for this type of appeal in writing or by phone. Make sure you write "I want a quick decision or an expedited appeal," or "I feel my child's health could be hurt by waiting for a standard decision."

To request a quick decision by phone, call UnitedHealthcare Community Plan Member Services at **1-888-887-9003.**

Does my request for an expedited appeal have to be in writing?

We can record your verbal request. Your request will then be made into a written request. If you would like to mail in your appeal request you can mail written requests to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

What are the time frames for an expedited appeal?

UnitedHealthcare Community Plan must decide this type of appeal in one working day from the time we get the information and request.

What happens if UnitedHealthcare Community Plan denies the request for an expedited appeal?

If UnitedHealthcare Community Plan denies an expedited appeal, the appeal is processed through the normal appeal process, which will be resolved within 30 days. You will receive a letter explaining why and what other choices you may have.

Who can help me in filing an appeal or an expedited appeal?

If you/your child is in the hospital, ask someone to help you mail or call in your request for this type of appeal. You may also call UnitedHealthcare Community Plan Member Services at **1-888-887-9003** and ask someone to help you start an appeal or ask your/your child's doctor to do it for you.

What is an Independent Review Organization (IRO)?

An Independent Review Organization (IRO) is an outside organization that reviews your health plan's denial of a service you and your doctor feel is medically necessary. This organization is not related to your doctor or your health plan. There is no cost to you for this independent review.

You can ask for a review by an IRO after you complete the appeal process. An IRO is the final level of appeal for an Adverse Determination.

How do I request an IRO?

If you choose an IRO, you may contact UnitedHealthcare Community Plan Member Services at **1-888-887-9003.**

What are the time frames for this process?

When UnitedHealthcare Community Plan gets your request, we send it to the IRO within 5 calendar days.

We work with the IRO to give them all the information about your case. The IRO will let UnitedHealthcare Community and YOU know what they decide. This decision is final and UnitedHealthcare Community Plan will work with you and your child's providers to do what the IRO says must be done.

Each year you have the right to ask UnitedHealthcare Community Plan to send you certain information

As a member of UnitedHealthcare Community Plan, you can ask for and get this information each year:

- Information about network providers — at a minimum primary care doctors, specialists, and hospitals in our service area. This information will include names, addresses, telephone numbers, and languages spoken (other than English) for each network provider, plus identification of providers that are not accepting new patients and, when applicable, professional qualifications, specialty, medical school attended, residency completion and board certification status.
- Any restrictions on the member's freedom of choice among network providers
- Member rights and responsibilities
- Information on complaint, appeal, and fair hearing procedures
- The amount, duration, and scope of benefits under the contract in sufficient detail to ensure that members know about the benefits to which they are entitled
- How to get benefits including authorization requirements
- How members might get benefits, including family planning services, from out-of-network providers and/or limits to those benefits
- How after-hours and emergency coverage are provided and/or limits to those benefits, including:
  - What makes up emergency medical conditions, emergency services and post-stabilization services;
  - The fact that prior authorization is not required for emergency care services;
  - How to get emergency services, including use of the **9-1-1** system or its local equivalent;
  - The locations of any emergency settings and other locations at which providers and hospitals furnish emergency services covered under the contract;
  - The member has a right to use any hospital or other settings for emergency care; and
  - Post-stabilization rules.
- Policy on referrals for specialty care and for other benefits not furnished by the member's PCP
- UnitedHealthcare Community Plan practice guidelines

UnitedHealthcare Community Plan must provide information to members on how it evaluates new technology for inclusion as a covered benefit. UnitedHealthcare reviews new procedures and devices to decide if they are safe and effective for members. If they are found to be safe and effective, they may become covered. If new technology becomes a covered service, it will follow plan rules, including medical necessity. It may publish this information in newsletters, member handouts or other member materials. If a newsletter is the chosen method, UnitedHealthcare Community Plan must publish this information annually.

Important changes in payments made to phys icians and providers

UnitedHealthcare Community Plan will tell our members in writing if any important changes are made in how we pay our physicians and providers. The members will be told within 30 days of the change. The announcement will include how the payment was changed and what the new payment will be.

Do you want to report CHIP waste, abuse, or fraud?

Let us know if you think a doctor, dentist, pharmacist at a drug store, other health care provider, or a person getting CHIP benefits is doing something wrong. Doing something wrong could be waste, abuse or fraud, which is against the law. For example, tell us if you think someone is:

- Getting paid for CHIP services that weren't given or necessary
- Not telling the truth about a medical condition to get medical treatment
- Letting someone else use a CHIP ID
- Using someone else's CHIP ID
- Not telling the truth about the amount of money or resources he or she has to get benefits

To report waste, abuse, or fraud, choose one of the following:

- Call the OIG Hotline at 1-800-436-6184;
- Visit **https://oig.hhs.texas.gov/** in the box labeled "I want to," click "Report Waste, Abuse, and Fraud" to complete the online form; or
- You can report directly to your health plan:

  UnitedHealthcare Community Plan
  2950 North Loop W, Suite 200
  Houston, TX 77092-8843
  1-888-887-9003

To report waste, abuse or fraud, gather as much information as possible

When reporting about a provider (doctor, dentist, counselor, etc.), include:

- Name, address, and phone number of provider
- Name and address of the facility (hospital, nursing home, home health agency, etc.)
- CHIP number of the provider and facility if you have it
- Type of provider (doctor, therapist, pharmacist, etc.)
- Names and phone numbers of other witnesses who can help in the investigation
- Dates of events
- Summary of what happened

When reporting about someone who gets benefits, include:

- The person's name
- The person's date of birth, Social Security number, or case number if you have it
- The city where the person lives
- Specific details about the waste, abuse, or fraud

You have the right to respect and dignity, including freedom from abuse, neglect, and exploitation

What are abuse, neglect, and exploitation?

Abuse is mental, emotional, physical, or sexual injury, or failure to prevent such injury.

Neglect results in starvation, dehydration, overmedicating or undermedicating, unsanitary living conditions, etc. Neglect also includes lack of heat, running water, electricity, medical care, and personal hygiene.

Exploitation is misusing the resources of another person for personal or monetary gain. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Reporting abuse, neglect, and exploitation

The law requires that you report suspected abuse, neglect, or exploitation, including unapproved use of restraints or isolation that is committed by a provider. Call **9-1-1** for life-threatening or emergency situations.

Report electronically (non-emergency)

Go to **https://txabusehotline.org**. This is a secure website. You will need to create a password-protected account and profile.

Helpful information for filing a report

When reporting abuse, neglect, or exploitation, it is helpful to have the names, ages, addresses, and phone numbers of everyone involved.

Glossary of managed care terminology

Appeal: A request for your managed care organization to review a denial or a grievance again.

Complaint: A grievance that you communicate to your health insurer or plan.

Copayment: A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Durable Medical Equipment (DME): Equipment ordered by a health care provider for everyday or extended use. Coverage for DME may include but is not limited to: oxygen equipment, wheelchairs, crutches, or diabetic supplies.

Emergency Medical Condition: An illness, injury, symptom, or condition so serious that a reasonable person would seek care right away to avoid harm.

Emergency Medical Transportation: Ground or air ambulance services for an emergency medical condition.

Emergency Room Care: Emergency services you get in an emergency room.

Emergency Services: Evaluation of an emergency medical condition and treatment to keep the condition from getting worse.

Other plan details

Excluded Services: Health care services that your health insurance or plan doesn't pay for or cover.

Grievance: A complaint to your health insurer or plan.

Hospitalization: Care in a hospital that requires admission as an inpatient and usually requires an overnight stay.

Hospital Outpatient Care: Care in a hospital that usually doesn't require an overnight stay.

Medically Necessary: Health care services or supplies needed to prevent, diagnose, or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network: The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Participating Provider: A provider who doesn't have a contract with your health insurer or plan to provide covered services to you. It may be more difficult to obtain authorization from your health insurer or plan to obtain services from a non-participating provider instead of a participating provider. In limited cases, such as when there are no other providers, your health insurer can contract to pay a non-participating provider.

Participating Provider: A Provider who has a contract with your health insurer or plan to provide covered services to you.

Physician Services: Health-care services a licensed medical physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates.

Plan: A benefit, like Medicaid, which provides and pays for your health-care services.

Pre-Authorization: A decision by your health insurer or plan that a health-care service, treatment plan, prescription drug, or durable medical equipment that you or your provider has requested, is medically necessary. This decision or approval, sometimes called prior authorization, prior approval, or pre-certification, must be obtained prior to receiving the requested service. Pre-authorization isn't a promise your health insurance or plan will cover the cost.

Prescription Drug Coverage: Health insurance or plan that helps pay for prescription drugs and medications.

Prescription Drugs: Drugs and medications that by law require a prescription.

Primary Care Physician: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health-care services for a patient.

Primary Care Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse specialist, or physician assistant, as allowed under state law, who provides, coordinates, or helps a patient access a range of health-care services.

Provider: A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health-care professional, or health-care facility licensed, certified, or accredited as required by state law.

Rehabilitation Services and Devices: Health-care services such as physical or occupational therapy that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.

Skilled Nursing Care: Services from licensed nurses in your own home or in a nursing home.

Specialist: A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

Urgent Care: Care for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care.

Health Plan Notices of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective January 1, 2025

By law, we[1] must 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 for your HI.

By law, we must follow the terms of our current notice.

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Collect, Use, and Share Your Information

We collect, use and share your HI with:

- You or your legal or personal representative.
- Certain Government agencies. To check to make sure we are following privacy laws.

We have the right to collect, use and share your HI for certain purposes. This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

We may collect, use, and share your HI as follows.

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain 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,** for example, 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.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Use Disorder
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive or Sexual Health
  11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

- **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 as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. 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.** You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. 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. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (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 not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:
  UnitedHealthcare Privacy Office
  MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance 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.

[1] This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

Financial Information Privacy Notice

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

Effective January 1, 2025

We[2] protect your "personal financial information" ("FI"). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446, or TTY/RTT 711.

[2] For purposes of this Financial Information Privacy Notice, "we" or "us" refers to health plans affiliated with UnitedHealth Group, and the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Holdings, Inc.; Level2 Health Management, LLC; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Health Care Solutions, Inc.; Optum Health Networks, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, 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 a current list of health plans subject to this notice go to **https://www.uhc.com/privacy/entities-fn-v2**.

Notice of Availability of Language Assistance Services and Alternative Formats: https://www.uhc.com/communityplan/non-discrimination-notice

Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call the toll-free number on your member identification card (TTY **711**).

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

UHC_Civil_Rights@uhc.com

Optum Civil Rights Coordinator
1 Optum Circle
Eden Prairie, MN 55344

Optum_Civil_Rights@Optum.com

If you need help filing a complaint, call the toll-free number on your member identification card (TTY **711**).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Complaint forms are available at: **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at: **https://www.uhc.com/nondiscrimination-med**
https://www.optum.com/en/language-assistance-nondiscrimination.html

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Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call enrollee services 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), or 1-877-597-7799, TTY 711 (STAR Kids).

ATENCIÓN: Si habla **español** (**Spanish**), tiene acceso a servicios gratuitos de asistencia lingüística y a materiales gratuitos en otros formatos, como letra grande. Llame a servicios para afiliados al 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), o al 1-877-597-7799, TTY 711 (STAR Kids).

CHÚ Ý: Nếu quý vị nói tiếng **Việt** (**Vietnamese**), quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và nhận các tài liệu truyền thông miễn phí ở các định dạng khác như chữ in lớn. Hãy gọi dịch vụ cho người ghi danh theo số 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), hoặc 1-877-597-7799, TTY 711 (STAR Kids).

注意：如果您說中文 (Chinese)，您可以獲得免費語言協助服務和其他格式（例如大字版）的免費通訊。
請撥打投保人服務專線，電話：1-888-887-9003，聽障專線 (TTY) 711 (STAR+PLUS, STAR & CHIP)，或1-877-597-7799，TTY 711 (STAR Kids)。

참고: 귀하가 **한국어** (**Korean**) 를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다 가입자 서비스 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP) 또는 1-877-597-7799, TTY 711 (STAR Kids) 로 전화하십시오.

تنبيه: إذا كنت تتحدث اللغة العربية (**Arabic**)، الترجمة العربية للغة فتتوفر لك خدمات مساعدة لغوية مجانًا ورسائل مجانية بتنسيقات أخرى، مثل الطباعة بحروف كبيرة. اتصل بخدمات المُسجّل على الرقم 1-888-887-9003، الهاتف النصي 711 (STAR+PLUS, STAR & CHIP)، أو 1-877-597-7799، الهاتف النصي 711 (STAR Kids).

توجہ فرمائیں: اگر آپ **Urdu** بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات اور دیگر فارمیٹس، جیسے بڑے پرنٹ، میں مفت مواصلات دستیاب ہیں۔ ممبران کی خدمات کو 1-888-887-9003، TTY 711 (STAR+PLUS, STAR & CHIP)، یا 1-877-597-7799، TTY 711 (STAR Kids) پر کال کریں۔

ATTENTION : si vous parlez **Français** (**French**), des services d’assistance linguistique gratuits et des communications gratuites dans d’autres formats, tels que du texte en gros caractères, sont à votre disposition. Appelez les services aux inscrits au 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP) ou au 1-877-597-7799, TTY 711 (STAR Kids).

ATENSYON: Kung nagsasalita ka ng (**Tagalog**), may makukuha kang mga serbisyong libreng tulong sa wika at mga libreng komunikasyon sa mga ibang anyo, tulad ng malaking print. Tawagan ang mga serbisyo sa nagpatala sa 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), o sa 1-877-597-7799, TTY 711 (STAR Kids).

ध्यान दें: यदि आप **हिन्दी** (**Hindi**) बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। नामांकित सेवाओं के लिए 1-888-887-9003, TTY711 (STAR+PLUS, STAR & CHIP), या 1-877-597-7799, TTY 711 (STAR Kids) पर कॉल

ध्यान दिनुहोस्: यदि तपाईं **नेपाली** (**Nepali**) बोलुहुन्छ भने, तपाईंलाई निःशुल्क भाषा सहायता सेवा दिइनेछ र ठूलो अक्षरजस्ता अन्य ढाँचामा पनि सूचना उपलब्ध गराइनेछ। भर्ना सेवा (Enrollee Services) मा फोन गर्नुहोस्:1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), वा 1-877-597-7799, TTY 711 (STAR Kids).

लक्ष द्याः तुम्ही **मराठी** (**Marathi**) बोलत असाल, तर मोफत भाषा सहाय्य सेवा आणि मोठ्या प्रिंटसारखे इतर स्वरूपातील मोफत संप्रेषण तुमच्यासाठी उपलब्ध आहे. enrollee services यांना 1-888-887-9003, TTY 711 वर (STAR+PLUS, STAR & CHIP) किंवा 1-877-597-7799, TTY 711 वर (STAR Kids) वर कॉल करा.

توجه: اگر به **فارسی** (**Farsi**)، صحبت نمی کنید، خدمات رایگان کمکی زبان و مطالب رایگان در قالب های دیگر، مانند پرینت درشت، برای شما فراهم است. با شماره خدمات ثبتنام شدگان 1-888-887-9003،
TTY 711 (STAR+PLUS, STAR & CHIP)، یا 1-877-597-7799،
TTY 711 (STAR Kids)تماس بگیرید.

ધ્યાન આપો: જો તમે **ગુજરાતી** (**Gujarati**) બોલતા હો, તો નિઃશુલ્ક ભાષા સહાય સેવાઓ અને મોટા પ્રિન્ટ જેવા અન્ય ફોર્મેટમાં નિઃશુલ્ક સંદેશાવ્યવહાર તમારા માટે ઉપલબ્ધ છે. નોંધણી કરાવનાર સેવાઓ 1-888-887-9003, TTY711 (STAR+PLUS, STAR & CHIP), અથવા 1-877-597-7799, TTY 711 (STAR Kids) પર કૉલ કરો.

గమనిక: ఒకవేళ మీరు **భాష** (**Telugu**) మాట్లాడుతుంటే, ఉచిత భాషా సహాయక సేవలు అలాగే పెద్ద ప్రింట్ వంటి వేరే ఫార్మాట్లలలో ఉచిత కమ్యూనికేషన్స్ మీకు అందుబాటులో ఉంటాయి. ఎన్రోల్ సేవలకు కాల్ చేయండి 1-888-887-9003, TTY 711 (STAR+PLUS, STAR & CHIP), లేదా 1-877-597-7799, TTY 711 (STAR Kids).

We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-888-887-9003,** TDD/TTY: **7-1-1,** for deaf and hard of hearing. You can also visit our website at **UHCCommunityPlan.com**.

UnitedHealthcare Community Plan
Regional Service Delivery Area Office
2950 North Loop W, Suite 200
Houston, TX 77092-8843

UHCCommunityPlan.com

1-888-887-9003, TDD/TTY: **7-1-1,** for deaf and hard of hearing
8:00 a.m.–8:00 p.m., Monday–Friday

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