Texas – September 2026



Welcome to the community

UnitedHealthcare Community Plan
CHIP Perinate (Unborn Child) Member Handbook

Member Services
1-888-887-9003, TDD/TTY: **7-1-1,** for hearing impaired

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 hearing impaired

8:00 a.m.–8:00 p.m. CT, 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 unborn child.

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 hearing impaired. 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 **1-888-887-9003**
(8:00 a.m.–8:00 p.m., Monday–Friday)
except on state-approved holidays (see page 5)
TDD/TTY (for hearing impaired) **7-1-1**

- After-hours, please contact NurseLine
- Information in English and Spanish
- Interpreter services available
- How to access covered services

24/7 NurseLine **1-800-850-1267**
Available 24 hours a day, 7 days a week

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

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**

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

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

Health plan highlights

Thank you for choosing UnitedHealthcare Community Plan as your health plan

Welcome to UnitedHealthcare Community Plan

Thank you for choosing UnitedHealthcare Community Plan as your unborn child's health plan. UnitedHealthcare Community Plan, offered by UnitedHealthcare Community Plan of Texas, L.L.C., a Managed Care Organization (MCO), is committed to helping you get the health care your unborn child needs.

Your guide to good health

Please read this Member Handbook. It will tell you about your/your unborn child's benefits. It will help you use your health plan right away.

Look at your/your unborn 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 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.

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.**

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 in the App Store or Google Play. It offers many of the same features as the secure member website – and you use the same user name and password. It's great for when you're on the go. 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: **www.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:

- Covered services
- Extra benefits
- 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/your child's Primary Care Physician (PCP) or meet the family copayment limits.

Check your card to make sure the information is right.

CHIP Perinate member ID cards will not have a PCP name listed.

How to read your UnitedHealthcare Community Plan ID card

Your ID card will say CHIP and will have the UnitedHealthcare Community Plan logo. This will let your health care provider know that you are a UnitedHealthcare Community Plan member.

CHIP Perinate member ID card (unborn child)


UnitedHealthcare Community Plan
CHIP We've got your kids covered. Perinate Member TDI
Health Plan/Plan de salud (80840) 911-87726-04
Member ID/ID del Miembro: 999994193 Group/grupo: TXCHIP
Member/Miembro:
NEW G ENGLISH
Payer ID/ID del Pagador : 87726
OPTUMRx
Rx Bin: 610494
Rx GRP: ACUTX
Rx PCN: 9999
Effective Date/
Fecha de vigencia
11/01/2011
Copay/Copago:
No copay or cost sharing/No se aplican copagos ni participación en los costos
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

This card does not guarantee coverage. Esta tarjeta no garantiza la cobertura.
En caso de emergencia, llame al 911 o vaya a la sala de emergencias más cercana.
Hospital Facilities Billing: Category A: Bill TMHP (0-185% FPL)
Category B: Bill UnitedHealthcare Community Plan (185-200% FPL)
Professional/Other Services Billing: UnitedHealthcare Community Plan

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 ID card

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

Your UnitedHealthcare Community Plan card is in English and Spanish, and has the following information on it:

- Member's name
- Member's ID number
- Toll-free number for UnitedHealthcare Community Plan Member Services (**1-888-887-9003,** for hearing impaired TDD/TTY: **7-1-1**)
- Directions on what to do in an emergency

How to replace your card if it is lost

If you lose your UnitedHealthcare Community Plan ID card, 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 hearing impaired.

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

Going to the doctor

How do I choose a Perinatal Provider? Will I need a referral for this?

If you need help choosing a Perinatal Provider, please contact Member Services at **1-888-887-9003.** You will not need a referral for this service.

How soon can I be seen after contacting a Perinatal Provider for an appointment?

You should be able to see your Perinatal Provider within two weeks of calling them. If you have any problem getting a visit within two weeks of calling your Perinatal Provider, please call UnitedHealthcare Community Plan at **1-888-887-9003.**

Can I stay with a CHIP Perinatal Provider if they are not with my health plan?

You should try to choose a CHIP Perinatal Provider that is in your health plan's CHIP Perinatal Provider Network. If you have 16 weeks or less remaining before the expected delivery date of your baby, you can stay under your current Perinatal Provider through your postpartum checkup, even if the Perinatal Provider is, or becomes, out of network. Please contact Member Services.

What if I choose to go to another doctor who is not my CHIP Perinatal Provider?

Except in emergencies, always call your CHIP Perinatal Provider before you go to another doctor or the hospital. You can reach your CHIP Perinatal Provider or backup doctor 24 hours a day, 7 days a week. If you go to another doctor who is not your CHIP Perinatal Provider, you may need to pay the bill. If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

What do I need to bring to a Perinatal Provider's appointment?

When you go to your visit, 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.

Can a clinic be a Perinatal Provider?

Your Perinatal Provider 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 do I get after-hours care?

Please call your pregnancy doctor. If you cannot reach your 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.

Changing health plans for CHIP Perinatal members

- **Attention:** If you meet certain income requirements, your baby will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth.
- Your baby will continue to receive services through the CHIP Program if you meet the CHIP Perinatal requirements. 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.

What if I want to change health plans?

- Once you pick a health plan for your unborn child, the child must stay in this health plan until the child's CHIP Perinatal coverage ends. The 12-month CHIP Perinatal coverage begins when your unborn child is enrolled in CHIP Perinatal and continues after your child is born.
- If you do not pick a plan within 15 days of getting the enrollment packet, HHSC will pick a health plan for your unborn child and send you information about that health plan. If HHSC picks a health plan for your unborn child, you will have 90 days to pick another health plan if you are not happy with the plan HHSC chooses.
- The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. At that point, you can pick a different health plan for the children.
- You can ask to change health plans:
  - For any reason within 90 days of enrollment in CHIP Perinatal;
  - If you move into a different service delivery area; and
  - For cause at any time.

Who do I call?

For more information, call toll-free at 1-800-964-2777.

Concurrent enrollment of family members in CHIP and CHIP Perinatal and Medicaid coverage for certain newborns

If you have children covered by CHIP, their health plans might change once you are approved for CHIP Perinatal coverage. When a member of the family is approved for CHIP Perinatal coverage and picks a perinatal health plan, all children in the family that are enrolled in CHIP must join the health plan providing the CHIP Perinatal services. The children must remain with the same health plan until the end of the CHIP Perinatal member's enrollment period, or the end of the other children's enrollment period, whichever happens last. Then, you can pick a different health plan for the children.

Copayments, cost-sharing, and enrollment fees still apply for those children enrolled in the CHIP program.

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid and get 12 months of continuous Medicaid coverage from date of birth, if your family's income is at or below 185% of the Federal Poverty Level.

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.

Benefits and services

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 Perinate members, American Indian members and Alaskan Native members do not pay any enrollment fees or copayments.

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 and CHIP Perinate 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.

There are no copayments for CHIP Perinate Program members.

What benefits does my baby receive at birth?

An unborn child who is enrolled in CHIP Perinatal will be moved to Medicaid for 12 months of continuous Medicaid coverage, beginning on the date of birth, if the child lives in a family with an income at or below 185% of the Federal Poverty Level (FPL).

An unborn child will continue to receive coverage through CHIP Perinatal after birth if the child lives in a family with an income above 185% to 200% FPL.

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

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

Value-added services

We know that health care is a large part of your life. We're here to help make things a little easier. That's why our health plan includes so many unique services to benefit your health and everyday life starting September 1 through August 30. For a comprehensive and the most up-to-date Value-added services offerings please go to **myuhc.com**.

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 use in-network provider SafeRide at **1-888-462-6050** at least 2 days before the appointment to schedule transportation. Members ages 0–17 must be accompanied by an adult. 4 round trips rides.

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

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

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.

Blood pressure monitor

One blood pressure cuff at for pregnant CHIP Perinate members with or at risk of high blood pressure disease.

Terms: Service Coordinator checks need. One per pregnancy.

Text reminders for medication

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

Terms: Need a tablet, computer, or smartphone.

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.

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.

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

Online wellness coaching program

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

Terms: Need a computer, tablet, or smartphone.

Mental health journal

1 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.

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.*

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.*

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

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.*

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. For more information, visit **liveandworkwell.com**.

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

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?

To get these services, call Member Services at **1-888-887-9003,** TDD/TTY: **7-1-1.**

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.

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

What are my unborn child's CHIP Perinatal benefits?

Except in an emergency, call your CHIP perinatal provider first before going for health care. If your emergency care is not related to labor with the birth of your child, you will have to apply for Emergency Medicaid or pay for the services yourself.

Covered CHIP Perinatal services must meet the definition of Medically Necessary Covered Services. There is no lifetime maximum on benefits; however, 12-month enrollment period or lifetime limitations do apply to certain services. Copays do not apply to CHIP Perinatal members. CHIP Perinate Newborns are eligible for 12 months of continuous coverage, beginning with the month of enrollment as a CHIP Perinate Newborn.

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

How do I get these services?

Your Perinatal Provider will work with you to make sure your unborn child gets the services needed. These services **MUST** be given by your Perinatal Provider or referred by your Perinatal Provider to another provider.

Call UnitedHealthcare Community Plan at **1-888-887-9003.**

Covered benefit	CHIP Perinate members (unborn child)
Inpatient General Acute and Inpatient Rehabilitation Hospital Services	For CHIP Perinates in families with incomes at or below 185% of the Federal Poverty Level, the facility charges are not a covered benefit; however, professional services charges associated with labor with delivery are a covered benefit. For CHIP Perinates in families with incomes above 185% to 200% of the Federal Poverty Level, benefits are limited to professional service charges and facility charges associated with labor with delivery until birth, and services related to miscarriage or a non-viable pregnancy. Services include: • Operating, recovery and other treatment rooms • Anesthesia and administration (facility technical component) Medically necessary surgical services are limited to services that directly relate to the delivery of the unborn child, and services related to miscarriage or non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Inpatient services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit. 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.
Skilled Nursing Facilities (Includes Rehabilitation Hospitals)	Not a covered benefit.

Covered benefit	CHIP Perinate members (unborn child)
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center	Services include 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 • Drugs, medications and biologicals that are medically necessary prescription and injection drugs • 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. (1) Laboratory and radiological services are limited to services that directly relate to ante partum care and/or the delivery of the covered CHIP Perinate until birth. (2) Ultrasound of the pregnant uterus is a covered benefit when medically indicated. Ultrasound may be indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, gestational age confirmation or miscarriage or non-viable pregnancy. (3) Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Cordocentesis, FIUT are covered benefits with an appropriate diagnosis. (continues on next page)

Covered benefit	CHIP Perinate members (unborn child)
Outpatient Hospital, Comprehensive Outpatient Rehabilitation Hospital, Clinic (Including Health Center) and Ambulatory Health Care Center (continued)	(4) Laboratory tests are limited to: nonstress testing, contraction, stress testing, hemoglobin or hematocrit repeated once a trimester and at 32-36 weeks of pregnancy; or complete blood count (CBC), urinanalysis for protein and glucose every visit, blood type and RH antibody screen; repeat antibody screen for Rh negative women at 28 weeks followed by RHO immune globulin administration if indicated; rubella antibody titer, serology for syphilis, hepatitis B surface antigen, cervical cytology, pregnancy test, gonorrhea test, urine culture, sickle cell test, tuberculosis (TB) test, human immunodeficiency virus (HIV) antibody screen, Chlamydia test, other laboratory tests not specified but deemed medically necessary, and multiple marker screens for neural tube defects (if the client initiates care between 16 and 20 weeks); screen for gestational diabetes at 24-28 weeks of pregnancy; other lab tests as indicated by medical condition of client. (5) Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) are a covered benefit.
Physician/ Physician Extender Professional Services	Services include, but are not limited to, the following: • Medically necessary physician services are limited to prenatal and postpartum care and/or the delivery of the covered unborn child until birth • Physician office visits, inpatient and outpatient services • Laboratory, X-rays, imaging and pathology services including technical component and/or professional interpretation • Medically necessary medications, biologicals and materials administered in Physician's office (continues on next page)

Covered benefit	CHIP Perinate members (unborn child)
Physician/ Physician Extender Professional Services (continued)	• Professional component (in/outpatient) of surgical services, including: – Surgeons and assistant surgeons for surgical procedures directly related to the labor with delivery of the covered unborn child until birth – Administration of anesthesia by Physician (other than surgeon) or CRNA – Invasive diagnostic procedures directly related to the labor with delivery of the unborn child – Surgical services associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) • Hospital-based Physician services (including Physician performed technical and interpretive components) • Professional component of the ultrasound of the pregnant uterus when medically indicated for suspected genetic defects, high-risk pregnancy, fetal growth retardation, or gestational age confirmation • Professional component of Amniocentesis, Cordocentesis, Fetal Intrauterine Transfusion (FIUT) and Ultrasonic Guidance for Amniocentesis, Cordocentrsis, and FIUT • Professional component associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero). Professional 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.

Covered benefit	CHIP Perinate members (unborn child)
Prenatal Care and Pre-Pregnancy Family Services and Supplies	Services are limited to an initial visit and subsequent prenatal (ante partum) care visits that include: 1. One (1) visit every four (4) weeks for the first 28 weeks of pregnancy; 2. One (1) visit every two (2) to three (3) weeks from 28 to 36 weeks of pregnancy; and 3. One (1) visit per week from 36 weeks to delivery. More frequent visits are allowed as Medically Necessary. Benefits are limited to: • Limit of 20 prenatal visits and two (2) postpartum visits (maximum within 60 days) without documentation of a complication of pregnancy. More frequent visits may be necessary for high-risk pregnancies. High-risk prenatal visits are not limited to 20 visits per pregnancy. Documentation supporting medical necessity must be maintained in the physician's files and is subject to retrospective review. Visits after the initial visit must include: • Interim history (problems, marital status, fetal status); • Physical examination (weight, blood pressure, fundal height, fetal position and size, fetal heart rate, extremities); and • Laboratory tests (urinalysis for protein and glucose every visit; hematocrit or hemoglobin repeated once a trimester and at 32-36 weeks of pregnancy; multiple marker screen for fetal abnormalities offered at 16-20 weeks of pregnancy; repeat antibody screen for Rh negative women at 28 weeks followed by RHO immune globulin administration if indicated; screen for gestational diabetes at 24-28 weeks of pregnancy; and other lab tests as indicated by medical condition of client).

Covered benefit	CHIP Perinate members (unborn child)
Durable Medical Equipment (DME), Prosthetic Devices and Disposable Medical Supplies	Not a covered benefit.
Home and Community Health Services	Not a covered benefit.
Inpatient Mental Health Services	Not a covered benefit.
Outpatient Mental Health Services	Not a covered benefit.
Inpatient Substance Abuse Treatment Services	Not a covered benefit.
Outpatient Substance Abuse Treatment Services	Not a covered benefit.
Rehabilitation Services	Not a covered benefit.
Hospice Care Services	Not a covered benefit.

Covered benefit	CHIP Perinate members (unborn child)
Emergency Services, including Emergency Hospitals, Physicians, and Ambulance Services	MCO cannot require authorization as a condition for payment for emergency conditions related to labor with delivery. Covered services are limited to those emergency services that are directly related to the delivery of the unborn child until birth. • Emergency services based on prudent lay person definition of emergency health condition • Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child • Stabilization services related to the labor with delivery of the covered unborn child • Emergency ground, air and water transportation for labor and threatened labor is a covered benefit • Emergency ground, air and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.
Transplants	Not a covered benefit.
Vision Benefit	Not a covered benefit.
Chiropractic Services	Not a covered benefit.
Tobacco Cessation Program	Not a covered benefit.

Covered benefit	CHIP Perinate members (unborn child)
Case Management and Care Coordination	Covered benefit.
Drug Benefits	Not a covered benefit unless identified elsewhere in this table.
Value-Added Services	See Extra Benefits Section.

What if I need services that are not covered by the CHIP Perinate program?

If you need services that are not covered by CHIP Perinatal, UnitedHealthcare Community Plan will try to help you find clinics and/or doctors that might be able to help you get those services at a discount or through community organizations that might be able to help you. Call our Member Services staff at **1-888-887-9003** for help.

What are my unborn child's prescription drug benefits?

CHIP Perinatal covers most of the medicine your unborn child's doctor says you need. Your 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.

There are no copayments required for CHIP Perinate members.

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.

What if I need my medications delivered to me?

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

Who do I call if I have problems getting my prescriptions?

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 member ID card with you to the doctor and to the drug store.

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

If your doctor cannot be reached to approve a prescription, you may be able to get a three-day emergency supply of your medication. Call UnitedHealthcare Community Plan at **1-888-887-9003** for help with your medications and refills.

What if I lose my medications?

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

What if I need an over-the-counter medication?

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

What services are NOT covered by CHIP Perinatal?

- Inpatient and outpatient treatments other than prenatal care, labor with delivery, and postpartum care related to the covered unborn child until birth. Services related to preterm, false or other labor not resulting in delivery are excluded services.
- Inpatient mental health services
- Outpatient mental health services
- Durable medical equipment or other medically related remedial devices
- Disposable medical supplies
- Home and community-based health care services
- Nursing care services
- Dental services
- Inpatient substance abuse treatment services and residential substance abuse treatment services
- Outpatient substance abuse treatment services
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders
- Hospice care
- Skilled Nursing Facility and rehabilitation hospital services
- Emergency services other than those directly related to the delivery of the covered unborn child
- Transplant services
- Tobacco cessation programs

- Chiropractic services
- Medical transportation not directly related to the labor or threatened labor and/or delivery of the covered unborn child
- 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 related to labor and delivery or postpartum care
- 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 and not a part of labor and delivery
- Prostate and mammography screening
- Elective surgery to correct vision
- Gastric procedures for weight loss
- Cosmetic surgery/services solely for cosmetic purposes
- Out-of-network services not authorized by the health plan except for emergency care related to the labor and delivery of the covered unborn child
- Services, supplies, meal replacements or supplements provided for weight control or the treatment of obesity
- 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)
- Corrective orthopedic shoes
- Convenience items
- Orthotics primarily used for athletic or recreational purposes

- Custodial care. (Care that assists 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 caregiver. This care does not require the continuing attention of trained medical or paramedical personnel.)
- 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, vision therapy, or vision services
- Reimbursement for school-based physical therapy, occupational therapy, or speech therapy services are not covered
- Donor non-medical expenses
- Charges incurred as a donor of an organ

How much do I have to pay for my unborn child's health care under CHIP Perinatal?

No copayments are paid for preventive care such as well-child or well-baby visits or immunizations. CHIP Perinate and Newborn members, American Indian members and Alaskan Native members do not pay any enrollment fees or copayments.

CHIP Perinate members may have to pay for non-covered services.

Will I have to pay for services that are not covered?

CHIP Perinatal only pays for covered benefits under the Program. If you get services that are not covered, you may have to pay for these services. When you go to the hospital, you may need to apply for Emergency Medicaid to pay for your hospital stay. If you do not apply for Emergency Medicaid and CHIP Perinatal does not cover your hospital stay, you may have to pay for your hospital stay.

Health education classes and other resources for CHIP Perinatal members

Early Childhood Intervention (ECI)

What is Early Childhood Intervention?

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)

Other plan details

CHIP Perinate members (unborn child)

What does "Medically Necessary" mean?

Covered services for CHIP members, CHIP Perinate Newborn members, and CHIP Perinate members must meet the CHIP definition of "Medically Necessary." A CHIP Perinate member is an unborn child.

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 expect to be seen?

If you need a 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.**

You 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 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 and an Emergency Medical Condition?

A CHIP Perinate member is defined as an unborn child. Emergency care is a covered service if it directly relates to the delivery of the unborn child until birth. Emergency care is provided for the following Emergency Medical Conditions:

- Medical screening examination to determine emergency when directly related to the delivery of the covered unborn child
- Stabilization services related to the labor with delivery of the unborn child
- Emergency ground, air and water transportation for labor and threatened labor is a covered benefit
- Emergency ground, air, and water transportation for an emergency associated with (a) miscarriage or (b) a non-viable pregnancy (molar pregnancy, ectopic pregnancy, or a fetus that expired in utero) is a covered benefit

Benefit limits: Post-delivery services or complications resulting in the need for emergency services for the mother of the CHIP Perinate are not a covered benefit.

What is Emergency Services or Emergency Care?

"Emergency Services" or "Emergency Care" are covered inpatient and outpatient services furnished by a provider that is qualified to furnish such services and that are needed to evaluate or stabilize an Emergency Medical Condition, including post-stabilization care services related to labor and delivery of the unborn child.

How soon can I 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.

How do I get health care after my doctor's office is closed?

Please call your pregnancy doctor. If you cannot reach your 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 I am out of the state?

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

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

What if I am out of the country?

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

What is a referral?

Your Perinatal Provider will talk to you about your unborn baby's needs and will help make plans for you to see the specialist that can provide the best care for your unborn baby. This is called a referral. Your doctor is the only one that can give you a referral to see a specialist. If you have a visit, or receive services from a specialist without your doctor's referral, if the specialist is not a UnitedHealthcare Community Plan provider, or if the service is not a covered service, you might be responsible for the bill.

Other plan details

What services do not need a referral?

You do NOT need a referral for:

- Emergency services
- OB/GYN care

Contact Member Services at **1-888-887-9003** to determine if you need a referral.

What if I need services that are not covered by CHIP Perinatal?

CHIP Perinatal only pays for covered benefits under the Program. If you get services that are not covered, you may have to pay for these services.

When you go to the hospital, you may need to apply for Emergency Medicaid to pay for your hospital stay. If you do not apply for Emergency Medicaid and CHIP Perinatal does not cover your hospital stay, you may have to pay for your hospital stay.

How do I get my medications?

CHIP Perinatal covers most of the medicine your doctor says you need for your pregnancy. Your 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.

There are no copayments required for CHIP Perinate members.

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 medications delivered to me?

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

Who do I call if I have problems getting my medications?

All prescriptions you get from your doctor can be filled at any drug store that takes your UnitedHealthcare Community Plan member 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 member ID card with you to the doctor and to the drug store.

What if I can't get my prescription 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 medication. Call UnitedHealthcare Community Plan at **1-888-887-9003** for help with your medications and refills.

What if I lose my medication?

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

What if I need 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/your child needs an over-the-counter medication, you will have to pay for it.

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.

Other plan details

Can someone interpret for me when I talk with my Perinatal Provider? 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 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 hearing impaired. Please call as soon as you make your 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 doctor's office and help you talk to your doctor face-to-face in the language you prefer. Please contact Member Services at **1-888-887-9003** for more information.

How do I choose a Perinatal Provider? Will I need a referral for this?

If you need help choosing a Perinatal Provider, please contact Member Services at **1-888-887-9003.** You will not need a referral for this service.

How soon can I be seen after contacting a Perinatal Provider for an appointment?

You should be able to see your Perinatal Provider within two weeks of calling them. If you have any problem getting an appointment within two weeks of contacting your provider, please call UnitedHealthcare Community Plan at **1-888-887-9003.**

Can I stay with a CHIP Perinatal Provider if they are not with my health plan?

You should try to choose a CHIP Perinatal Provider that is in your health plan's CHIP Perinatal Provider Network. If you have 16 weeks or less remaining before the expected delivery date of your baby, you can stay under your current Perinatal Provider through your postpartum checkup, even if the Perinatal Provider is, or becomes, out of network. Please contact Member Services.

What if I get a bill from a Perinatal Provider? 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 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 services, the amount and the provider's address and phone number.

What do I have to do if I move?

As soon as you have your new address, give it to the local HHSC benefits office and 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 until HHSC changes your address.

Member rights and responsibilities for CHIP Perinate members

Member rights

1. You have a right to get accurate, easy-to-understand information to help you make good choices about your unborn child's health plan, doctors, hospitals and other providers.
2. You have a right to know how the Perinatal Providers are paid. Some may get a fixed payment no matter how often you visit. Others get paid based on the services they provide for your unborn child. You have a right to know about what those payments are and how they work.
3. You have a right to know how the health plan decides whether a Perinatal service is covered and/or medically necessary. You have the right to know about the people in the health plan who decide those things.
4. You have a right to know the names of the hospitals and other Perinatal Providers in the health plan and their addresses.
5. You have a right to pick from a list of health care providers that is large enough so that your unborn child can get the right kind of care when it is needed.
6. You have a right to emergency Perinatal services if you reasonably believe your unborn child's life is in danger, or that your unborn child would be seriously hurt without getting treated right away. Coverage of such emergencies is available without first checking with the health plan.

7. You have the right and responsibility to take part in all the choices about your unborn child's health care.
8. You have the right to speak for your unborn child in all treatment choices.
9. You have the right to be treated fairly by the health plan, doctors, hospitals and other providers.
10. You have the right to talk to your Perinatal Provider in private, and to have your medical records kept private. You have the right to look over and copy your medical records and to ask for changes to those records.
11. You have the right to a fair and quick process for solving problems with the health plan and the plan's doctors, hospitals and others who provide Perinatal services for your unborn child. If the health plan says it will not pay for a covered Perinatal service or benefit that your unborn 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.
12. You have a right to know that doctors, hospitals, and other Perinatal Providers can give you information about your or your unborn child's health status, medical care, or treatment. Your health plan cannot prevent them from giving you this information, even if the care or treatment is not a covered service.
13. 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.
14. You have the right to use each complaint and appeal process available through the managed care organization and through CHIP.
15. 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 having your baby born healthy. You can help by assuming these responsibilities.

1. You must try to follow healthy habits. Stay away from tobacco and eat a healthy diet.
2. You must become involved in the decisions about your unborn child's care.
3. If you have a disagreement with the health plan, you must try first to resolve it using the health plan's complaint process.
4. You must learn about what your health plan does and does not cover. Read your CHIP Program Handbook to understand how the rules work.

5. 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.
6. You must report misuse of CHIP Perinatal services by health care providers, other members, or health plans.
7. You must talk to your provider about your medications that are prescribed.
8. 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.
9. 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 (HHS) 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**.

When does CHIP Perinatal coverage end?

You will be able to get CHIP Perinatal coverage until you deliver your baby. Once you have your baby, you will no longer be able to get these services.

Will the state send me anything when my CHIP Perinatal coverage ends?

The State will send you a letter telling you that you no longer have benefits.

How does renewal work for CHIP Perinatal?

Your CHIP Perinatal coverage is for twelve months. The coverage begins when you enroll the unborn baby when you are pregnant, and continues for the baby only, after the baby is born for a total of twelve months of coverage. In the 10th month of coverage, you will receive a CHIP renewal form. You must fill it out and send it to the State. The State will determine if your child is eligible for Medicaid or CHIP.

Can I choose my baby's Primary Care Provider before my baby is born? Who do I call? What information do they need?

Yes, you can choose your baby's Primary Care Provider before your child is born. It is important for you to select a Primary Care Provider for your baby. You can find a CHIP Primary Care Provider for your newborn by calling Member Services at **1-888-887-9003,** or going to **www.UHCCommunityPlan.com** or by looking in UnitedHealthcare Community Plan's CHIP Provider Directory. Have your member ID card available.

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. UnitedHealthcare Community Plan cannot take any action against you as a result of your filing a complaint.

If I am not satisfied with the outcome, who else can I contact?

If you are not satisfied with the answer to your complaint, you can also complain to the Texas Department of Insurance by calling toll-free at 1-800-252-3439. If you would like to make your request in writing, send it to:

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

If you can get on the internet, you can send your complaint in an email to **http://www.tdi.texas.gov/consumer/complfrm.html**.

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

Ombudsman program

UnitedHealthcare Community Plan members can access a UnitedHealthcare Community Plan Independent Ombudsman to assist them with resolving their complaint.

UnitedHealthcare Community Plan contracts with several non-profit organizations to provide this service to you. You can be referred to a UnitedHealthcare Community Plan Independent Ombudsman through our Member Services department by calling **1-888-887-9003.**

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?

An appeal form will be included in each letter you receive when UnitedHealthcare Community Plan denies a service to you. This form must be signed and returned. You may request an appeal by phone, but an appeal form will be sent to you, which must be signed and returned.

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.** They will send you an appeal request form and ask that you return it before your appeal request is taken.

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 accept your request orally or in writing. 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 physicians 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.

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.

Other plan details

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.

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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 hearing impaired. 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 hearing impaired
8:00 a.m.–8:00 p.m., Monday–Friday

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