

# WELCOME to



WCA GROUP HEALTH TRUST

Prepared for:



**Appleton Area School District**  
Preparing Our Students for Their Future



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WCA GROUP HEALTH TRUST

**WE WELCOME YOU  
AS A CLIENT OF  
THE WCA GROUP HEALTH TRUST**

You will receive your new ID card for your new medical insurance program through the WCA Group Health Trust in the mail prior to your effective date of coverage. **Your ID card will be for your medical and prescription drug coverage.** Please review it for accuracy. If we need to make any changes, please notify UMR. **It is important that when you seek medical care, that you update your providers with your new insurance information.** Your Group Number will be **76-440205.**

**If you need any help on any of the contacts and phone numbers listed above, please contact Kim Hurtz, Karen Reynolds, or Phyllis Nufer at 1-800-236-6885. We look forward to working with you and your family!!**

# Understanding your new ID card

WHAT YOU NEED TO KNOW

Have you ever wondered what all that stuff on your ID card really means? Here's a sample of what you might see. Each plan is different.

The number assigned specifically to you to track all of your benefits and claims information.

A list of the family members who are covered under your plan.

The number assigned to identify your group health plan.

Information about your prescription drug plan. Pharmacists use this to process your claims.

Your medical provider network, also referred to as your preferred provider organization (PPO). Going to doctors, clinics and hospitals in your network will save you money.



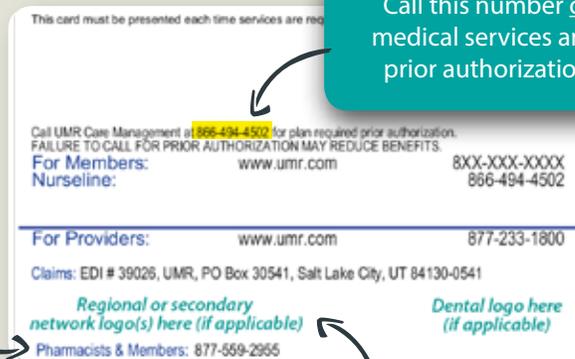
## More on the back

Look for important contact information, including the customer service phone number to call for answers to claims or benefit questions. You can also go to [umr.com](http://umr.com) to check your benefits, claims status, accumulators and eligibility.

Call this number when you have questions about pharmacy benefits.

Call this number **only** when you need medical services and your plan requires prior authorization for those services.

If you're traveling outside your in-network coverage area, look to see if you have access to a regional or secondary network.



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## 2017 HEALTH PLAN BENEFIT SUMMARY

Service		
<b>Deductible Limit</b> In-Network (Single/Family) Out-of-Network (Single/Family)	Member Responsibility \$1,500 / \$3,000 \$3,000 / \$6,000	
<b>Health Reimbursement Account (HRA)</b> Single Family	<i>Covers deductible expenses only</i> \$750 \$1,500	
<b>Coinsurance</b> In-Network Out-of-Network	Member Responsibility 0% 20%	
<b>Out-of-pocket Maximum</b> <i>(Includes Deductible)</i> In-Network (Single/Family) Out-of-Network (Single/Family)	Member Responsibility \$1,500 / \$3,000 \$5,000 / \$10,000	
<b>Preventive Care</b> <i>(Includes Labs and X-rays)</i> In-Network (Single/Family) Out-of-Network (Single/Family)	Member Responsibility 0% Deductible, then 20%	
<b>Office Visit</b> <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Member Responsibility Deductible Deductible, then 20%	
<b>Office Visits, Labs, and Immunizations At Connecting Care Clinic</b>	Member Responsibility = 0%	
<b>Outpatient Hospital Services</b> <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Member Responsibility Deductible Deductible, then 20%	
<b>Inpatient Hospital Services</b> <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Member Responsibility Deductible Deductible, then 20%	
<b>Emergency Room</b> <i>(Includes Labs and X-rays)</i> In-Network Out-of-Network	Member Responsibility Deductible In-Network Deductible	
<b>Prescription Drugs</b>	Retail	Mail Order
Value Priced Generics	\$0 copay	\$0 copay
Tier 1 - Generic	\$10 copay	\$25 copay
Tier 2 – Preferred Brand	\$25 copay	\$60 copay
Tier 3 – Non-Preferred Brand	\$50 copay	\$150 copay
<b>Specialty Pharmacy</b> Tier 4 – Specialty Preferred Brand Tier 5 – Specialty Non-Preferred Brand	30 day supply through Mail Order \$50 copay \$80 copay	
<b>Prescription Drug Copay Out-of-Pocket Maximum</b> (Single/Family)	<i>Separate from Medical Out-of-Pocket</i> \$5,350 / \$10,700	

This is a summary of your healthcare coverage. All benefits are subject to the terms, limitations and exclusions of the Certificate of Coverage. Please refer to your Certificate of coverage, Preventive Coverage or Preventive Services Guide and any applicable Riders for detailed benefit information, eligible services and coverage guideline. WCA Group Health Trust's coverage includes benefits for all State of Wisconsin and Federal mandated benefits.

## COMMON INSURANCE TERMS

### Allowable Charges

Charges for services rendered or supplies furnished by a health provider that would qualify as covered expenses and for which the health insurer pays in whole or in part, subject to any deductible, coinsurance, or table of allowance included in the program.

### Coinsurance

A set percentage of costs that are covered your plan after your deductible has been paid. Your plan pays a higher percentage (80%). You pay a lower percentage (20%). See example below.

Allowable Charges	\$5,000
Deductible	<u>- 3,000</u>
Remaining Balance	2,000
20% Coinsurance	<u>- 400</u>
Insurance Pays 80%	\$1,600

### Copayments (Copay)

A predetermined, flat fee an individual pays for healthcare services, in addition to what insurance covers. A copay is the amount that must be paid to the provider each time certain services are received. Copays do not apply toward satisfaction of deductibles, but they do track toward out-of-pocket maximums.

### Deductible

The amount of allowable expenses which must be paid by the covered person or the covered family before benefits are payable by the health plan.

### Family Deductible

A deductible that is satisfied by the combined expenses of all covered family members. For example, a program with a \$3,000 deductible may limit its application to a maximum of two deductibles (\$6,000) for the family, regardless of the number of family members. An aggregate family deductible may be met by one or more family members.

### Drug Formulary

List of prescription drugs approved for the use and/or coverage by a benefit plan. A formulary may be "open" indicating that a pharmaceutical not on the list is still eligible for coverage, or "closed" indicating it is not.

### Network Provider

A provider who has signed an agreement to provide covered services to our covered persons at discounted rates.

### Non-Network Provider

A provider that is not signed an agreement to be a Network Provider. They are also referred to as out-of-network Providers.

### Out-of-Pocket Maximum

The total amount of deductible and coinsurance the covered person incurs. This accumulates on an individual and family level. The family out-of-pocket maximum is an aggregate. The medical plan has separate medical and prescription drug out-of-pocket maximums.

### Preferred Provider Organization (PPO)

A group of hospitals and physicians that contract on a fee-for-service basis with employers, insurance companies or other third party administrators to provide comprehensive medical service. Providers exchange discounted services for increased volume and prompt payment. Participants' out-of-pocket costs are usually lower than with a fee-for-service plan.

# CVS Caremark® Value Priced Generics Drug List

The **CVS Caremark Value Priced Generics Drug List** offers access to select generic medications under your plan that can be filled at a lower cost either through a participating pharmacy in the CVS Caremark retail network or through CVS Caremark Mail Service Pharmacy.

Acyclovir	Fluconazole	Meloxicam
Albuterol	Fluoxetine	Metformin
Amoxicillin	Fluphenazine	Metoclopramide
Atenolol	Folic Acid	Metoprolol Tartrate
Benazepril	Furosemide	Nortriptyline
Benzonatate	Glimepiride	Paroxetine
Bisoprolol/Hydrochlorothiazide	Glipizide	Penicillin VK
Buspirone	Glyburide	Prazosin
Carvedilol	Guanfacine	Prednisone
Cephalexin	Hydralazine	Prochlorperazine
Chlorhexidine Gluconate	Hydrochlorothiazide	Promethazine
Ciprofloxacin	Hydrocortisone	Ranitidine
Citalopram	Ibuprofen	Sotalol
Clonidine	Ipratropium Neb	Spirolactone
Cyclobenzaprine	Isoniazid	Sulfamethoxazole/Trimethoprim
Dextromethorphan/Promethazine	Lactulose	Terazosin
Dextromethorphan/Guaifenesin	Lidocaine	Timolol
Dicyclomine	Lisinopril	Trazodone
Enalapril/Hydrochlorothiazide	Lisinopril/Hydrochlorothiazide	Triamcinolone
Estradiol	Lithium Carbonate	Trihexyphenidyl
Famotidine	Lovastatin	Verapamil
	Medroxyprogesterone	

The Value Priced Generics Drug List represents a summary of products included in the CVS Caremark Price Program. This is not an all inclusive list. Products that are not represented on this list may be subject to plan-specific copayment. Void where prohibited by law. Your prescription benefit plan design may apply restrictions, regardless of the drugs appearance in this document.

Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay information for a specific medicine. For more details, call Customer Care using the number on the back of your prescription benefit ID card.

Copay means the amount a plan member is required to pay for a prescription in accordance with a Plan. Certain drugs or dosages may be subject to additional costs or copays. The Value Priced Generics Drug List is based on commonly prescribed doses. This list is subject to change without notice.

CVS Caremark may receive rebates, discounts and service fees from pharmaceutical manufacturers for certain listed products. This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

# Find a provider

Finding a network provider on umr.com has never been easier

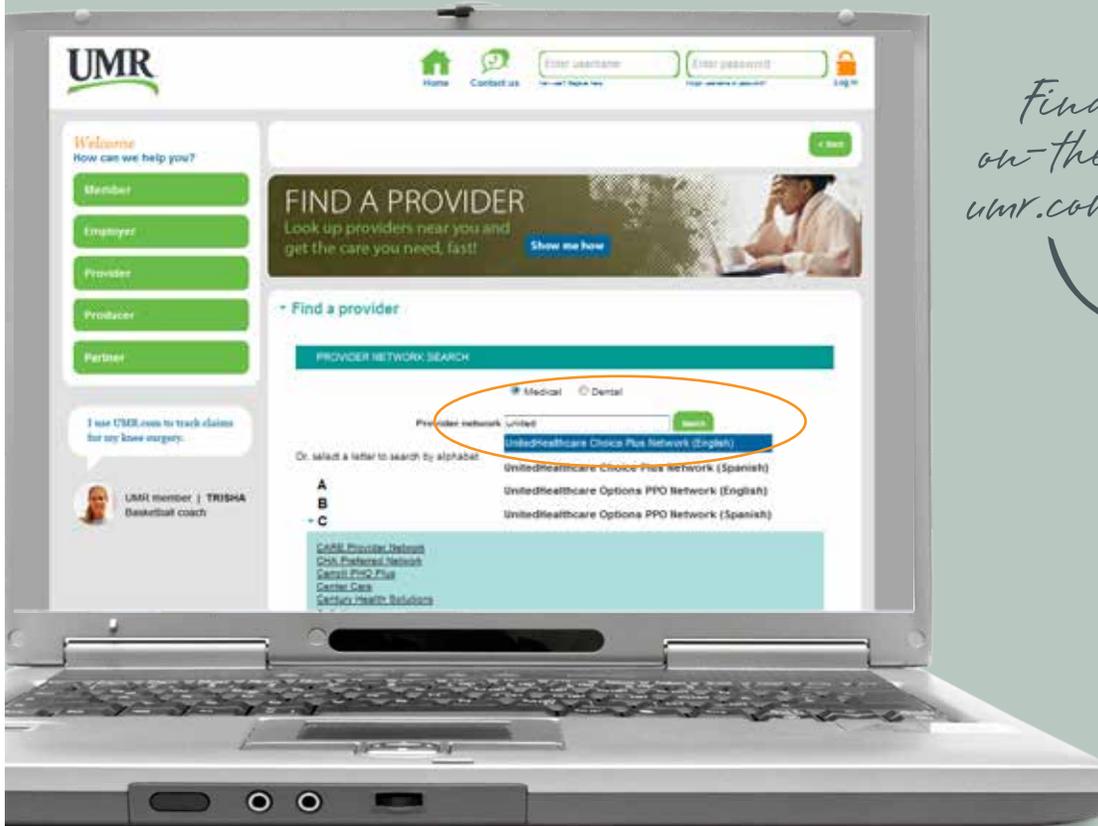
1

Go to **umr.com** and select "Find a provider"



2

Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box



*Find a provider on-the-go using our umr.com mobile site*



*continued on back »*

# 3

For medical providers, choose **Search for a medical provider**. For behavioral health providers (including counseling and substance abuse) select **View directory of behavioral health providers**.

Before searching for a provider, please view this list of excluded providers.

- [View excluded providers](#)
- [Search for a medical provider](#)

For members accessing Choice Plus Advanced w/ hospital tiering (Ohio and Northern Kentucky)

- [View the UnitedHealthcare Directory of Designated Hospitals and Outpatient Surgery Centers](#)

For Behavioral health providers

- [View directory of behavioral health providers](#)

Note: ~~It is not necessary to login to "Live and Work Well"~~ to view the directory, however please be sure to check your member ID card for eligibility verification instructions

Frequently asked questions

- [How can my provider join the network?](#)



## UnitedHealthcare Choice Plus:

The UnitedHealthcare online provider directories include network hospitals, primary physicians and specialists. The following information is available:

- Provider name, address and phone number
- Hospital affiliation
- Board certification
- UnitedHealth Premium® Quality & Cost Efficiency designations that highlight physicians by quality of care and cost standards in their specialty
- Provider ID number
- Office language capabilities (English, Spanish, etc.)
- Map and directions to each office



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# How to read your EOB



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Page 1



PO Box 30541 Salt Lake City, UT 84130-0541  
1-800-826-9781  
www.umr.com

**CUSTOMER LOGO**

**1** Employee Joe Patient  
Employee Address 1234 W SUNSHINE BLVD  
STE 100A  
BEST CITY US 12345-9876  
Member ID 999999999  
Patient Joe Patient  
Notice Date 02-15-15  
Employer Name Customer Inc.  
Group Number 76-999999

**2** **EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL**

**2** Provider: Physician, Joe, MD     
 **3** Patient Account: 1234567890     
 **4** Claim Control Number: 9999999999

Service Description	Dates of Service From: To:	Amount Billed	Amount Not Payable	See Note Section	Less Deductible	Co-Pay Amount	Allowable Amount	%	Plan Benefit Amount	Amount Paid	Provider May Bill You
<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
Emergency Care	02-01-15 02-01-15	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
<b>Totals</b>		<b>\$500.00</b>	<b>\$100.00</b>		<b>\$50.00</b>	<b>\$25.00</b>	<b>\$325.00</b>		<b>\$260.00</b>	<b>\$260.00</b>	<b>\$140.00</b>

**17** Note Section  
908 Provider negotiated discount. You are not responsible for this amount.

**18** Payment To: XYZ Clinic      Payment Date: 02-15-15      Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01-01-15	\$200 Out Net Ind Cal Yr Deductible	\$200.00Met
01-01-15	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-15	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-15	\$800 In Net Fam Cal Yr Deductible	\$305.00

- 1** Fields include member information under which the claim was processed.
- 2** Hospital, physician or other health care provider that performed the services.
- 3** Account number assigned by the hospital, physician or other health care provider.
- 4** UMR assigns a unique claim control number to each claim received.
- 5** Services and/or procedures that were performed by the hospital, physician or other health care provider.
- 6** Dates(s) services were performed by the hospital, physician or other health care provider.
- 7** Amount charged for the services by the hospital, physician or other health care provider.
- 8** Charges not allowed according to the Plan – see comment code.
- 9** Refers to codes used to explain charges that were not allowed – see Notes Section.
- 10** Amount applied to the deductible.
- 11** Co-pay amount paid at office visit
- 12** Charges allowed for payment – this is the difference between the “Amount Billed” and the “Amount Not Payable” and/or “Less Deductible” columns.
- 13** Percentage at which the Allowable charges are paid.
- 14** Amount actually payable by the Plan.
- 15** Amount that UMR paid to the provider.
- 16** Only amount you are responsible to pay to the hospital, physician or other health care provider, if applicable.
- 17** Explains codes provided in the “See Notes Section” column. Lists the specific code and its definition.
- 18** List of individuals or organizations to whom checks were issued.
- 19** Provides benefit period and benefit levels, amounts applied to individual/family deductibles, out-of-pocket and lifetime maximums, if applicable.

## Cover Page Explanations:

- 20 UMR toll-free telephone number for members to call with questions regarding the Explanation of Benefits.
- 21 Website address for members to access regarding eligibility and claim information.
- 22 Indicates the specific time frame for members to file appeals. This information is provided in the members' SPD (Summary Plan Description). Also indicates the members' right to file civil action.
- 23 Indicates the telephone number for members to call with questions regarding appeal rights.
- 24 Indicates the toll-free telephone number for members to call if they suspect illegal activity regarding claims.



PO Box 30541  
Salt Lake City UT 84130-0541

SAMPLE

JOE PATIENT  
1234 W SUNSHINE BLVD  
STE 100A  
BEST CITY US 12345-9876

- 20 **QUESTIONS / CONCERNS** Contact 1-800-826-9787.
- 21 **INTERNET:** Online services are available 24 hours a day at [www.umar.com](http://www.umar.com).
- 22 **APPEAL:** You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "**Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546**". Refer to your current benefit booklet for information on the appeal process. After you have exhausted the mandatory appeal levels that are described in your benefit booklet, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act(ERISA).
- 23 **OTHER RESOURCES TO HELP YOU** For questions about your appeal rights, this notice, or for assistance you can contact the Employee Benefits Security Administration at 866-444-EBSA (3272). Additionally, you can contact your consumer assistance program at the Office of the Governor Consumer Health Assistance 1-888-333-1597.
- 24 **HELP STOP FRAUD!** If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself. Refer to your benefit booklet for more details on Claim determination.



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# Earn from the mistakes of others

Find medical billing errors and you may be eligible for a cash reward

Hospital billing is a complex process that is prone to human error. In fact, numerous studies show that many hospital bills contain errors or excessive charges.

Since you are probably paying co-payment portions of your medical bills, it's definitely in your best interest to request itemized bills from your health care providers and check for any questionable items.

After all, if you double-check a restaurant or utility bill, it makes sense to also review a hospital bill that may run several thousand dollars. By doing so, you might also qualify for a medical bill review incentive!

## How the medical bill review incentive works

When you or a member of your family receives services from a physician, dentist, hospital or clinic, check your bill carefully. If you find errors that reduce the plan's costs, you could be eligible for a monetary incentive for identifying and correcting the errors.

### Examples of errors you may find include:

- Incorrect arithmetic
- Drugs or supplies that were not received
- Treatments or services that were not received

### Should you find such errors:

- Report them to the provider of the service and request a corrected, itemized bill
- Send UMR a copy of the original bill with the errors circled and a copy of the new bill showing the provider's corrections

If you're correct, you could be eligible to receive a percentage of the amount found in error on the bill!



**For more  
information,  
call us at  
800-826-9781**



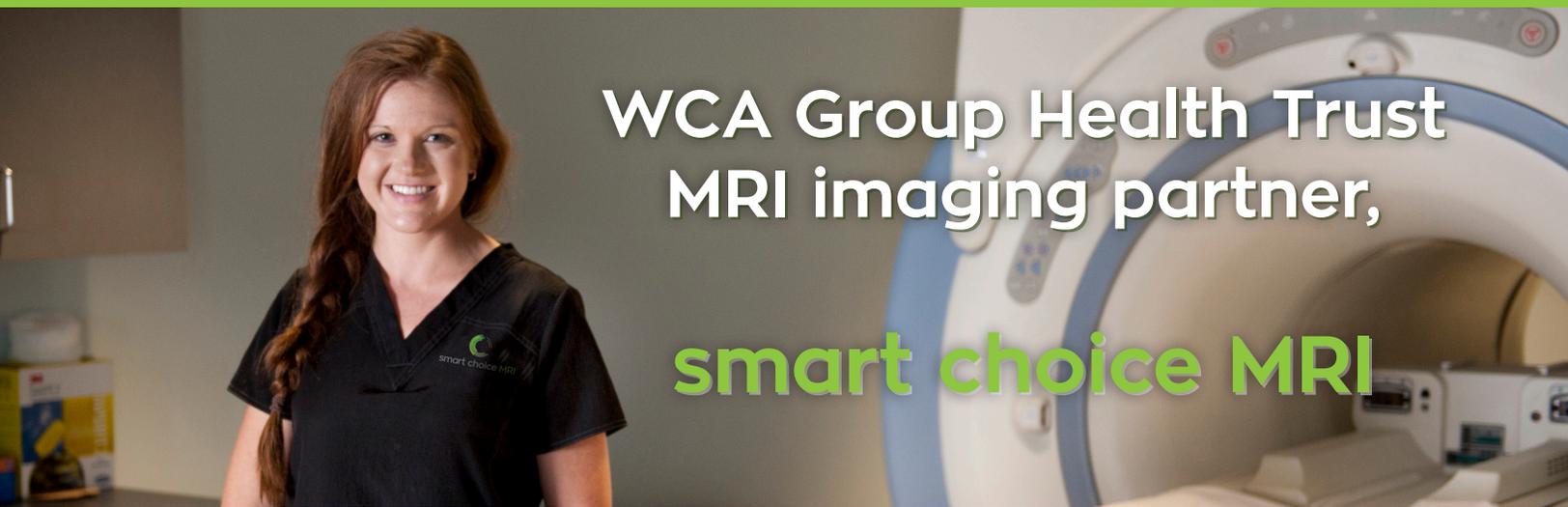
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smart choice MRI™



WCA GROUP HEALTH TRUST



# WCA Group Health Trust MRI imaging partner,

## smart choice MRI

\* You are still free to choose your provider. Smart Choice MRI is being highlighted because of its high quality and low price.

### Your Health. Your Choice.



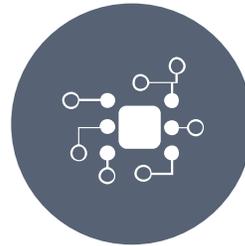
#### Cost Savings

Every scan is \$600 or less, roughly 1/5 the state average cost.



#### Cleveland Clinic Radiology

All scans are read by subspecialized, board-certified radiologist at the Cleveland Clinic



#### Leading GE MRI Technology

Our clinics use state-of-the-art, 1.5T GE MRI technology.



#### Convenient Hours and Locations

Six clinics throughout Wisconsin. Night and weekend appointments available.

### Bonus Incentive!



WCA GHT is offering you a \$50 visa gift card to spend on an anything you wish!



#### LOCATIONS

**Appleton**  
3525 Calumet St

**Kenosha**  
7224 118<sup>th</sup> Ave

**Milwaukee**  
1621 Miller Park Way

**Richfield**  
3010 Helsan Dr

**Sheboygan**  
1414 N Taylor Dr

**Waukesha**  
2005 Silvernail Rd

## Call (844) NEED - MRI to Schedule



WCA GROUP HEALTH TRUST

## APPLETON AREA SCHOOL DISTRICT

GROUP#: 76-440205

### WELLNESS INITIATIVE - 2017 ANNUAL EXAM INCENTIVE REQUEST FORM

MEMBER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE:  Yes  No  
SPOUSE:  Yes  No

MEMBER ID#: \_\_\_\_\_

EXAM DATE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

*(Attach a copy of Your Explanation of Benefits to receive the gift card)*

INCENTIVE: **\$50 DEBIT GIFT CARD**

SIGNATURE: \_\_\_\_\_

FORWARD TO: WCA Group Health Trust  
Attn: Amy Wald  
18550 West Capitol Drive  
Brookfield, WI 53045

# Talk to a anytime

**Teladoc® gives you 24/7/365 access to U.S. board-certified doctors** through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

## WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

## GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

## MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

## Talk to a doctor anytime for Free!

 [Teladoc.com](http://Teladoc.com)

 [Facebook.com/Teladoc](https://Facebook.com/Teladoc)

 [1-800-Teladoc](tel:1-800-Teladoc)

 [Teladoc.com/mobile](http://Teladoc.com/mobile)

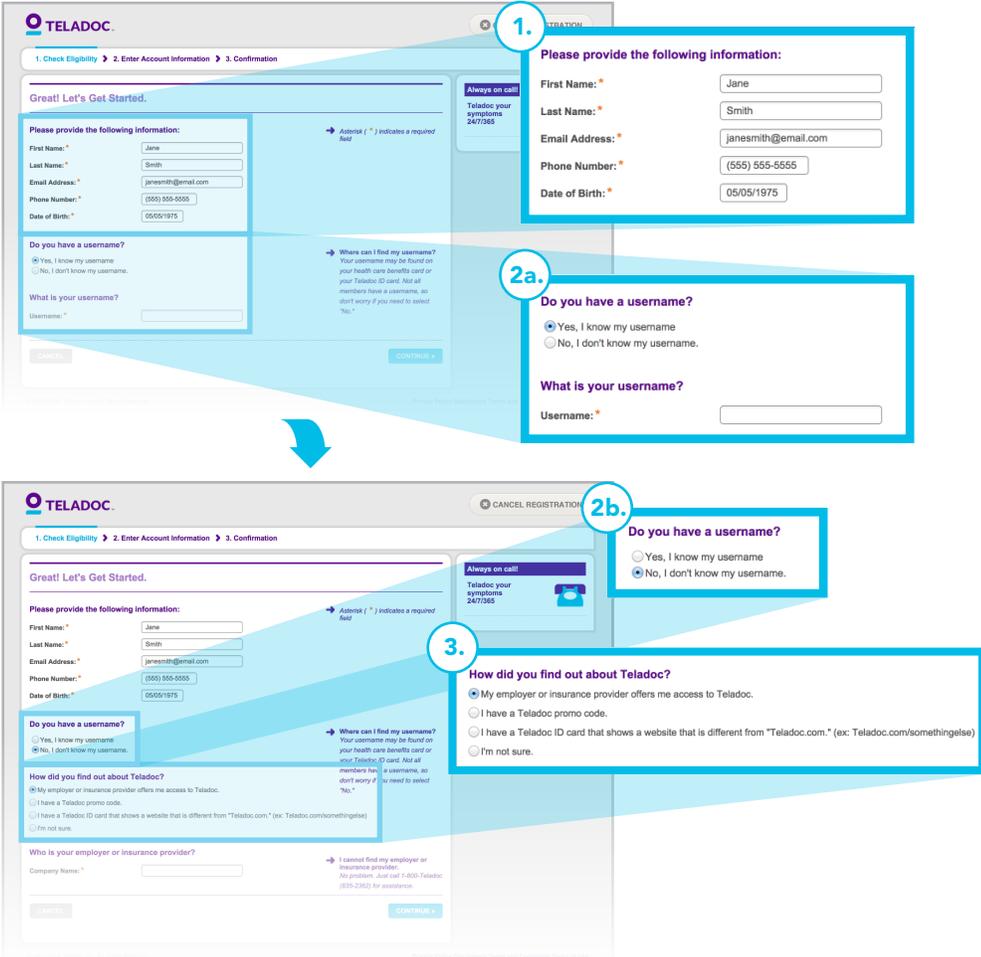
## Get started with Teladoc®

It's quick and easy to set up your account online. Visit the Teladoc website and click "Set up account". Then follow the instructions below.

1. Provide your name, contact information, and date of birth
2. If you have a username, choose "Yes" and enter it here. If you don't have a username, choose "No, I don't have a username."

*Not all members have a username, so don't worry if you need to select "No."*

3. Select one of the four options that detail how you found out about Teladoc and enter the requested information.



**1.** Please provide the following information:

First Name:   
 Last Name:   
 Email Address:   
 Phone Number:   
 Date of Birth:

**2a.** Do you have a username?

Yes, I know my username  
 No, I don't know my username.

What is your username?  
 Username:

**2b.** Do you have a username?

Yes, I know my username  
 No, I don't know my username.

**3.** How did you find out about Teladoc?

My employer or insurance provider offers me access to Teladoc.  
 I have a Teladoc promo code.  
 I have a Teladoc ID card that shows a website that is different from "Teladoc.com." (ex: Teladoc.com/somethingelse)  
 I'm not sure.

**Talk to a doctor anytime!**

 [Teladoc.com](http://Teladoc.com)

 [Facebook.com/Teladoc](https://Facebook.com/Teladoc)

 **1-800-Teladoc**

 [Teladoc.com/mobile](http://Teladoc.com/mobile)

# Get all your answers *quick and easy* @ **umr.com**



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## Access your health benefits in two clicks

You don't have time to dig through paperwork or wonder where to go for care when you need it. And your health and financial resources are too valuable for second guesses.

At **umr.com**, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

### Log in now to:

Check your benefits  
and see what's covered

Look up what you owe  
and how much you've paid

Find a doctor in your network

Learn about medical conditions  
and treatment options

Access tools and trusted resources  
to help you live a healthier life

### Getting started

If you already have an account, go to **umr.com** and enter your username and password in the upper-right corner. If it's your first time visiting us, click **New user? Register here** to open an account. Make sure you have your ID card handy and follow the steps to get started.



**WANT A  
QUICK TOUR?**

Use the QR code reader on  
your smart phone to watch  
a short video.

**Note:** The images shown reflect available features within our desktop site. These features may or may not be available to all users, depending on your individual and/or company benefits.

## You don't need a Ph.D. to understand your benefits

We've made it easy to find the top things people want to know. Choose **Benefits & coverage** from myMenu to find out:

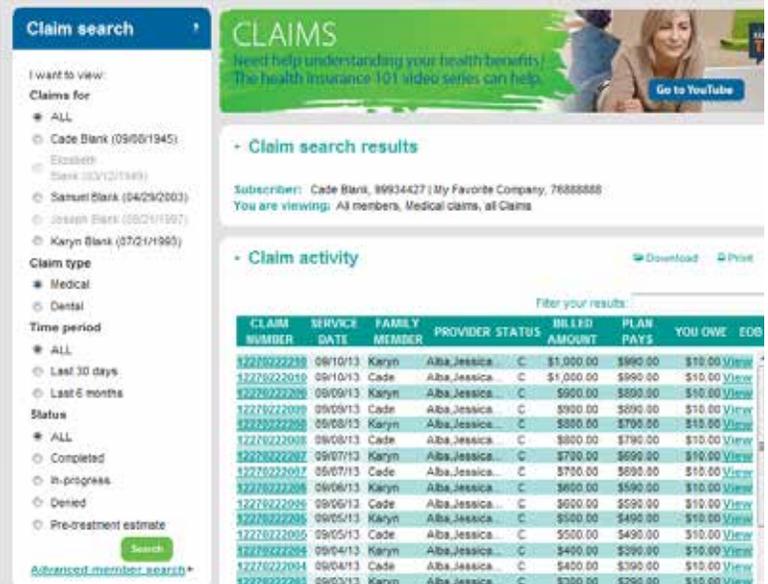
- What health care services are covered?
- What's the cost difference between an in-network and out-of-network service?
- What's your deductible, and are you close to reaching it?
- Is there a copayment for your office visit? If so, how much?

## Did your dog eat your ID card?

No worries. It's easy to get a replacement online.

Just click **ID card** in the myMenu to see a copy of your card. With a couple more clicks you can have a new card mailed to your home.

Can't wait for the mailman? Print a temporary copy from our desktop site. Or, use your smart phone to view your ID card or fax a copy to your doctor's office.



Fictionalized data

## Buried in paperwork? A single click lets you track all your claims

Check in at your convenience to see if a claim has been processed and what you might owe. Get more details by selecting the explanation of benefits (EOB) link. This will tell you the type of services provided, the amount billed and the amount paid, if any.

You can choose to receive a secure e-mail any time you have a new EOB. If you're not ready to give up paper completely, you can print out copies from our claims center.

## Don't be surprised by unexpected costs

- Know the price you'll pay ahead of time. Search treatments or procedures in the **Health cost estimator**.
- Get your in-network discount. Use **Find a provider** to look up doctors and facilities near you.

## Helpful apps, calculators, videos and health information all in one place

Choose **Health center** from the myMenu and select the tile shortcuts that interest you.

- Online health information: up-to-date and ad-free
- Our top picks for healthy eating and exercise
- Free tools, apps and calculators

# myHealthcare Cost Estimator (myHCE)

Your window to cost transparency and quality care

myHealthcare Cost Estimator (myHCE) is an online tool that gives you easy access to the information you need to make informed health care decisions.

It combines information from your health plan with health care costs in your area. It also shows estimates based on the doctors and medical facilities you choose.

You can get a personalized estimate based on a location and medical provider. Our quality and cost efficiency measurements make sure that you get the best service at a reasonable price.

myHCE can help you through every step of your treatment. It allows you to find treatment options and learn about recommended care. You can even create and save a care path to track the appointments, tests and follow-up care related to your health needs.



## INSTRUCTIONS ON ACCESSING TOOL ...

You can begin using myHCE right away by visiting **umr.com** and logging into your member site. Just look for the shopping cart icon on your personal home page.



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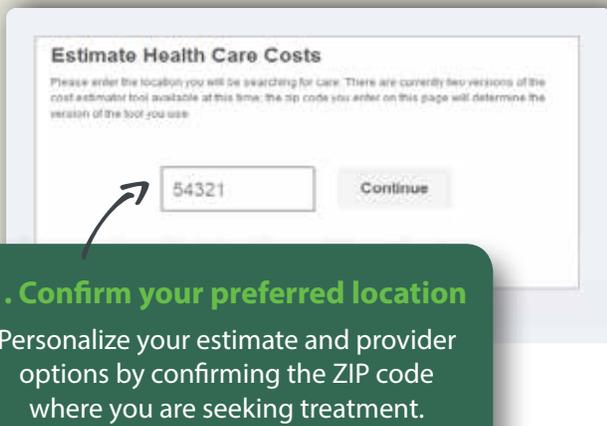
## Simple and easy to use

myHCE is user friendly. It's based on four key elements we call the **Four Ps**:

- **PROCEDURE:** Look up treatments and services specific to your needs with the easy-to-use search engine
- **PRICE:** Compare estimated prices of your treatment options to make a decision that fits your budget
- **PROVIDER:** View quality and efficiency measurements for participating providers
- **PLACE:** Locate providers in the area you choose and view maps and print directions

myHCE is also convenient. You can get your cost estimates from home or any other location with online access.

## How to use myHealthcare Cost Estimator (myHCE):



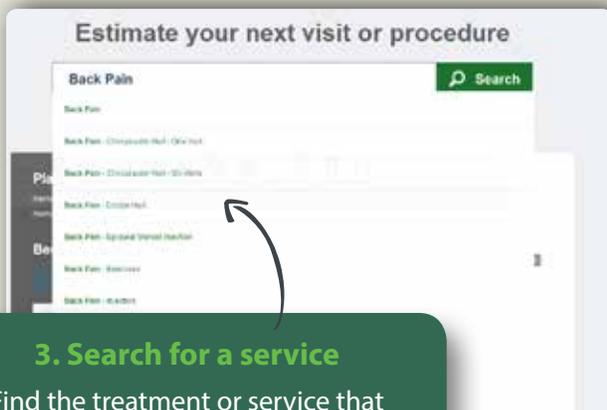
### 1. Confirm your preferred location

Personalize your estimate and provider options by confirming the ZIP code where you are seeking treatment.



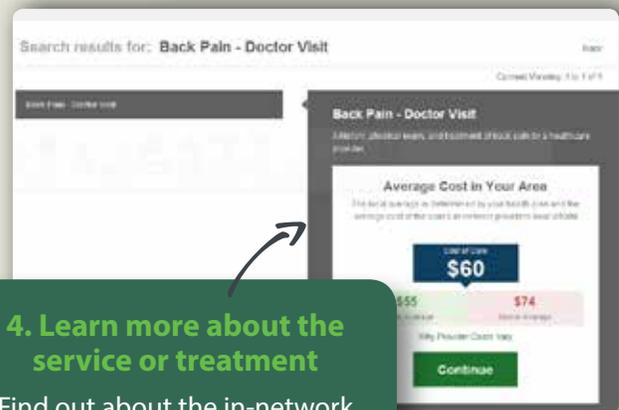
### 2. Select "Get Started"

Read and accept the terms and conditions of the tool. This will bring you to the myHCE homepage where you can view a video tutorial.



### 3. Search for a service

Find the treatment or service that applies to you by entering a search term and reviewing a list of options.

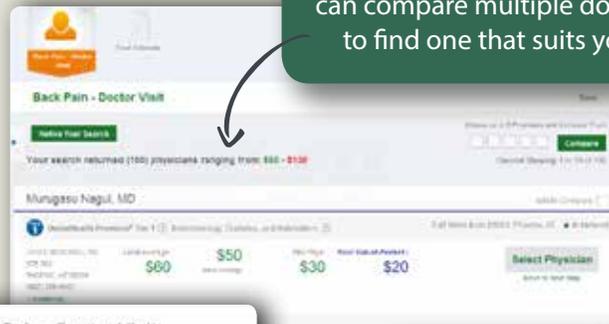


### 4. Learn more about the service or treatment

Find out about the in-network average costs, risks, benefits and other details related to the service. Then click "Continue"

### 5. Research and compare doctors

Look for a doctor based on quality and cost information in your preferred location. You can compare multiple doctors to find one that suits you.



### 6. Select a doctor

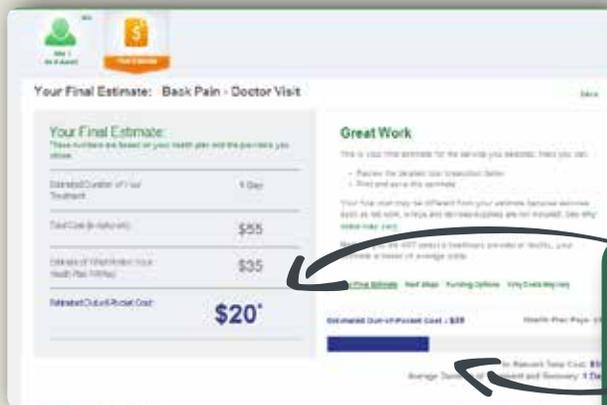
Personalize your estimate even more by choosing the doctor that meets your needs.



Go to your UMR account to view previous account activity.

### 7. View your final cost estimate

You will now have an estimate based on your location, provider and remaining out-of-pocket cost.



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## Can estimates vary from actual costs?

myHCE is designed to account for the most common treatment provided for any given care path. Your health care provider may prescribe a different treatment plan based on your unique needs.

**Take the time to talk with your health care provider about the care you plan to receive**, so you understand as much as possible about the procedure, the associated services and the individuals who will be providing your care. This will help you understand and plan for, or minimize, any additional costs beyond the estimate.

**The costs provided in this tool are estimates only and are not a guarantee of payment or benefits.** It is possible your actual cost will be higher or lower than the estimate.

The most common reasons for this are listed in a section called “Why costs may vary” within the final estimate page of the tool. The section also includes some examples you may find helpful. Please note that this list does not contain all possible reasons why your actual cost may be higher or lower than the estimate.

## Take control of your personal health care costs

myHCE helps take the guesswork out of some very important health care decisions. It can also assist you in taking control of your personal health and wealth.

Feel at home making your cost estimates with myHCE! For more information, please call the customer service number on the back of your UMR ID card.

**Disclaimer:** This content is provided for information only and is not to be considered medical advice. All decisions about medical care should be made by the doctor and patient. Always refer to the plan document for specific benefit coverage or call the toll-free member phone number on the back of your health plan ID card.



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