

UnitedHealthcare Charter

Frequently Asked Questions (FAQ)

UnitedHealthcare Charter[®] is built on the fundamentals of patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs. Charter helps guide members through an increasingly complex health care system so they can get better information, make informed decisions and move toward better health.

Charter focuses on primary care as the key to helping people live healthier lives. Members choose an Advocate Health Partners ACO network primary care physician (PCP) as their trusted partner to help them get the right care at the right time. A referral from an Advocate ACO PCP is required to see Advocate ACO specialists, and there is no coverage without a referral. There is no non-network coverage except for emergency care.

With **Charter**, you can choose from a range of coverage and plan options to best fit the needs of your business and employees. This way, you can help control expenses and give your employees access to quality, cost-effective care.

Charter

How is Charter different from other products?

Members must select a PCP, who will manage and coordinate their care, as well as make referrals to Advocate Health Partners ACO network specialists.

What is the Advocate Health Partners ACO network like?

Charter utilizes the Advocate Health Care network of PCPs, specialists and health care practitioners in the following Illinois counties: Cook, DuPage, Kane, Kendall, Lake, McHenry and Will.

Are there any rules about using the network?

Yes, employers must be situated in one of the network counties, and members must live in one of the network counties. Eligible members must select a PCP within Advocate Health Partners ACO.

Can this product be offered alongside other UnitedHealthcare products or plans?

Yes, Charter can be used with other UnitedHealthcare products.

How does the cost of Charter compare to other products?

The product's focus on primary care, referral management and prior authorization for medical necessity are designed to deliver more efficient use of specialty care. Also, PCPs who have a consistent relationship with their patients may provide faster, more cost-effective care.

Is this an easy plan for my employees?

Working closely with their selected Advocate ACO PCP may help simplify their health care experience.

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Primary care physician

What types of physicians can be primary care physicians (PCPs)?

PCPs can be general practitioners, family practitioners, internists or pediatricians.

How do members choose a PCP?

Members must select an Advocate ACO PCP upon enrollment. Each family member may select a different Advocate ACO PCP, or they may all use the same one, depending on their needs. Employees and all dependents (spouse and children) must select a PCP in the market in which the employee (subscriber) lives; this includes dependents who are living out of state. Advocate ACO PCPs may refer members to any Advocate Health Partners provider in the Charter network, if needed.

How do members find a PCP in the Charter Advocate network?

To find a network PCP, members can go to the myuhc.com[®] website, click on **Find a Doctor** and search the **Charter HMO** network. From this page, members can choose a doctor by location, specialty, gender or languages spoken.

Can members change their PCP?

Yes, members may request a change in PCP by calling the toll-free member phone number on their health plan ID cards or by visiting myuhc.com. PCP changes are permitted once per month. Changes submitted on or before the last day of the month will go into effect on the first day of the following month. New health plan ID cards are issued whenever members change their PCPs.

Can a member see a new PCP before the effective date of his or her PCP change?

No, if the member sees a new PCP before the effective date of his or her PCP change, the member will be responsible for all charges. However, the member could see the new PCP if the member receives a referral from his or her existing PCP.

Are retroactive PCP changes permitted?

No, retroactive changes will not be permitted.

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Referrals

How does the referral process work?

Members must get referrals from their PCPs before seeing any other network physician or specialist. The PCP submits referrals to UnitedHealthcare electronically. Referrals are effective immediately and can be viewed online by both members and physicians or specialists the next day.

What happens if members don't get a referral from their PCP first?

Members enrolled in Charter will have no coverage if they see another network physician or a specialist before getting a referral—they will be responsible for all charges.

Can members see specialty physicians without a referral (also known as direct access)?

Members have direct access to network OB/GYNs, network mental health and substance use disorder providers and to network providers for routine refractive eye exams. Direct access to other network specialists will be allowed as required by individual state regulations.

Can a specialist provide a referral to another specialist?

No, specialists may not refer a member to another specialist in the network. Only the member's PCP can issue a referral.

Can members use a network convenience care clinic or urgent care clinic without a referral from their PCP?

Yes, members can go to any urgent care or convenience care clinic that is part of the Charter network without a referral from their PCP.

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Resources

Who can my employees call if they have questions?

If your employees don't have access to the internet, need translation services or have questions, they can call the toll-free member phone number on their health plan ID card.

What other member resources and tools are included with Charter?

- UnitedHealthcare's member website, myuhc.com, provides access to benefit information, online tools and programs to help members keep their health on track.
- Virtual Visits allows members to video chat with a doctor, 24 hours a day, 7 days a week.
- Disease management programs offer support and resources to help members manage chronic conditions, such as diabetes and asthma.
- An Employee Assistance Program (EAP) and behavioral health benefits help provide your employees support in difficult situations.

Prior authorization.

Certain services and procedures require prior authorization by UnitedHealthcare for medical necessity. If a member receives care from a network physician, the physician will likely be responsible for obtaining prior authorization. Members can find the procedures and services that require them to get the prior authorization in their Schedule of Benefits and other plan documents. If UnitedHealthcare decides the procedure or service is not medically necessary, the request for authorization will be denied. UnitedHealthcare will notify both the physician and the member of the decision. If the member decides to have the service or procedure, even though it has not been authorized, the member will have to pay the charges.



Contact your UnitedHealthcare representative for additional information.



The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

Insurance coverage provided by or through UnitedHealthcare Insurance Company, UnitedHealthcare Insurance Company of Illinois or their affiliates.

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