

2021
UnitedHealthcare Exchange
Plans
in Tennessee





Part 1:

- **About UnitedHealthcare**
- **Why UnitedHealthcare**
- **Programs and Support**



OUR MISSION

Our mission is to help people live healthier lives and to help the health care system work better for everyone.



OUR VISION

To connect the world to better health
one person at a time.



HOW WE DELIVER

Create the most trusting, enduring connections between **consumers, care providers,** and our **employees** to achieve the best health outcomes, cost of care, and experience.

UnitedHealthcare is committed to Tennessee...

**1,324,897
covered**

**3,937
team
members**

**\$2.4M+
donated**

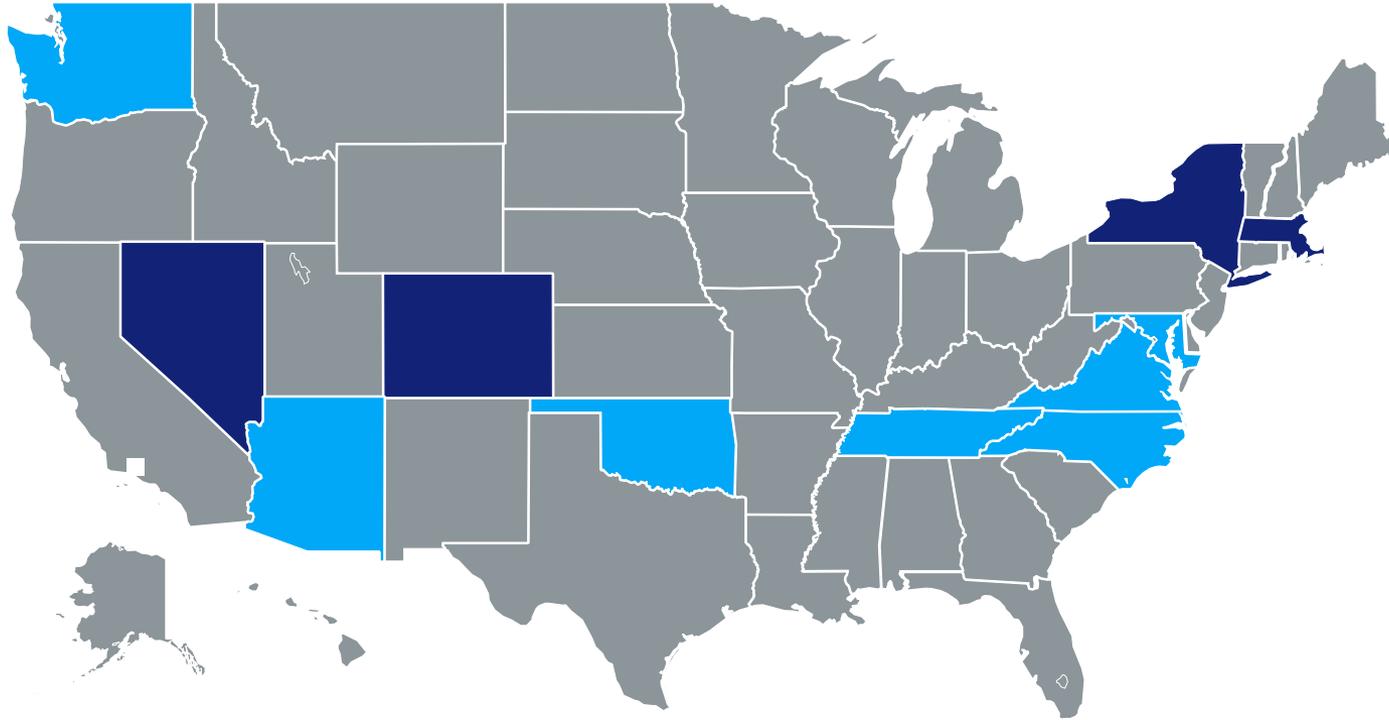


Introducing our new Exchange Coverage...



**Affordable coverage you can rely on.
Experienced people you can count on.**

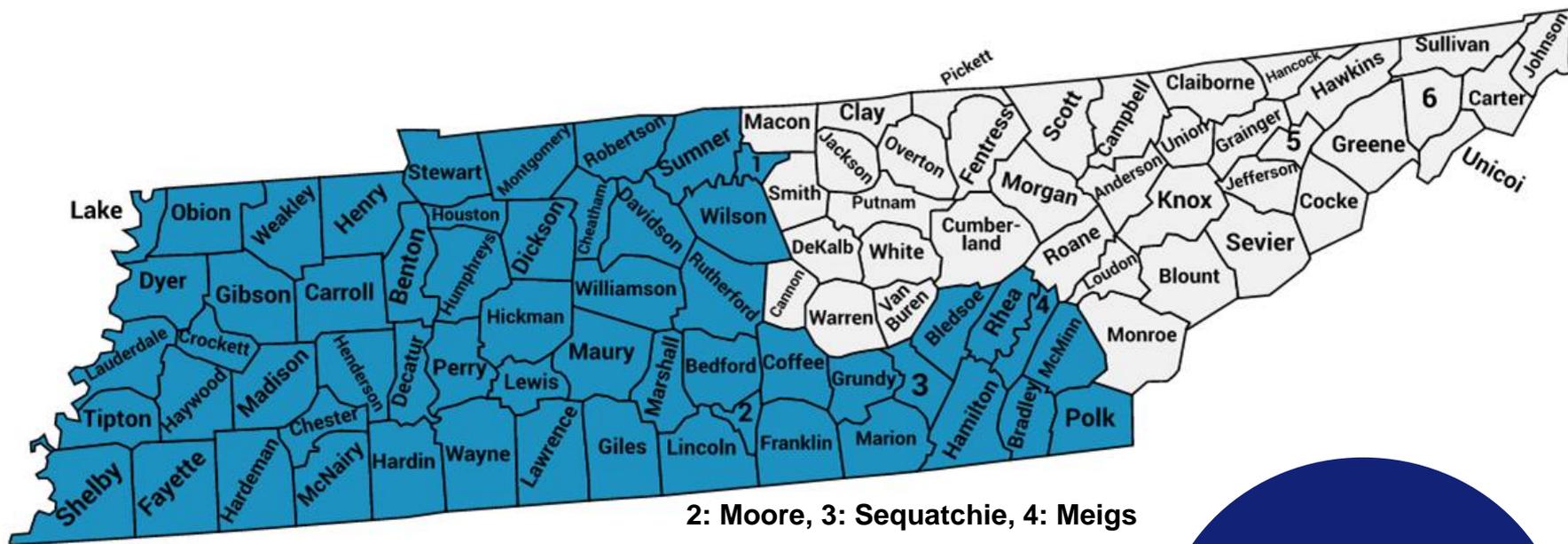
2021 UHC Exchange Footprint - National



2021 Coverage Area:

- 7 new states
- 4 existing states

■ Existing Presence ■ Entry in 2021



2: Moore, 3: Sequatchie, 4: Meigs

2021 Service Area

57
Counties

- ✓ Access to coverage information two easy ways:
 - ✓ Members will have a simplified digital portal to access plan information
 - ✓ Friendly, caring advocates are just a call away and provide personalized guidance
- ✓ Care Your Way – 24/7:
 - ✓ Virtually
 - ✓ Telephonically





Part 2:

- **Plan Overviews**
- **Plan Names**
- **Features and Benefits**

Plan Overview

Brief summary of our seven Tennessee base plan options:



	Ded / Coins Plan	Copay Plan	HSA Plan
Bronze	✓	✓	✓
Silver	✓	✓	
Gold		✓	

Total plans = 37 (includes off-exchange mirror and CSR)

Highlights/Overview:

- All plans are EPO product types
- 3 \$0 Primary Care Visits available on all Silver Plans and the Balance Bronze 3 Free Visits Plans
- Three \$0 virtual visits are included on all plans
- Specialty benefits include pediatric dental, pediatric vision, chiropractic visits and hearing aids
- Five tiers offered for prescription drugs



Base Plan Names

Bronze Plans

- Balance Bronze 3 Free Visits
- Value Bronze
- Value Bronze Saver (HSA)

Silver Plans

- Balance Plus Silver 3 Free Visits
- Balance Silver 3 Free Visits
- Value Silver 3 Free Visits

Gold Plans

- Value Gold

Plan Naming Structure

American Indian/Zero Cost -A

American Indian/Limited -B

CSR – 94% -C

CSR – 87% -D

CSR – 73% -E

All Plan Names - **BRONZE**

Plan Type	Plan Name
Standard	Value Bronze Saver (HSA)
American Indian variations/Zero Cost Share	Value Bronze Saver-A
American Indian variations/Limited Cost Share	Value Bronze Saver (HSA)-B
Standard	Balance Bronze 3 Free Visits
American Indian variations/Zero Cost Share	Balance Bronze 3 Free Visits-A
American Indian variations/Limited Cost Share	Balance Bronze 3 Free Visits-B
Standard	Value Bronze
American Indian variations/Zero Cost Share	Value Bronze-A
American Indian variations/Limited Cost Share	Value Bronze-B

All Plan Names - SILVER

Plan Type	Plan Name
Standard	Balance Plus Silver 3 Free Visits
American Indian variations/Zero Cost Share	Balance Plus Silver 3 Free Visits-A
American Indian variations/Limited Cost Share	Balance Plus Silver 3 Free Visits-B
Cost Share Reduction 94%	Balance Plus Silver 3 Free Visits-C
Cost Share Reduction 87%	Balance Plus Silver 3 Free Visits-D
Cost Share Reduction 73%	Balance Plus Silver 3 Free Visits-E
Standard	Balance Silver 3 Free Visits
American Indian variations/Zero Cost Share	Balance Silver 3 Free Visits-A
American Indian variations/Limited Cost Share	Balance Silver 3 Free Visits-B
Cost Share Reduction 94%	Balance Silver 3 Free Visits-C
Cost Share Reduction 87%	Balance Silver 3 Free Visits-D
Cost Share Reduction 73%	Balance Silver 3 Free Visits-E
Standard	Value Silver 3 Free Visits
American Indian variations/Zero Cost Share	Value Silver 3 Free Visits-A
American Indian variations/Limited Cost Share	Value Silver 3 Free Visits-B
Cost Share Reduction 94%	Value Silver 3 Free Visits-C
Cost Share Reduction 87%	Value Silver 3 Free Visits-D
Cost Share Reduction 73%	Value Silver 3 Free Visits-E



All Plan Names - **GOLD**

Plan Type	Plan Name
Standard	Value Gold
American Indian variations/Zero Cost Share	Value Gold-A
American Indian variations/Limited Cost Share	Value Gold-B

Plan Details

Additional Benefits*

Care Your Way	●	A modernized Nurseline offering: Immediate access to a physician 24 hours a day / 7 days a week / 365 days a year.
Chiropractic	●	Subject to ded / coins (5% - 50%) or \$0 copay per visit, up to 20 visits per year.
Dental	●	Pediatric preventative dental services covered at no charge for all plans. Preventative services are limited to one dental check-up for members aged 18 or younger every six months. No dental coverage for adults.
Hearing	●	UHC Hearing: Hearing aids subject to ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans. Limited to one hearing aid per covered ear every 3 years.
Mental Health/Behavioral	●	Outpatient services subject to copay (\$25 - \$100) or ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans. Inpatient services subject to ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans.
PCP Visits	● ●	Subject to copay (\$5 - \$40) or ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans). First 3 visits free available for many plans; unlimited free visits on other plans.
Prescription Drugs	● ●	5 formulary tiers available. Low-cost prescription drug plans available with Tier 1 Preferred Generics ranging from \$0 - \$20. Plan offerings with free prescriptions – all tiers.
Rehab. Physical Therapy	●	Subject to ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available for some plans.
Urgent Care	●	Subject to copay (\$25 - \$75) or ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans. Various plans limit copays to first 3 visits, with subsequent visits subject to ded / coins.
Virtual Medical Visits	● ●	White-labeled (American Well): Subject to copay (\$5 - \$40) or ded / coins (5% - 50%) for most plans. First 3 visits free available for most plans; unlimited free visits on other plans. Available to members 24 hours a day / 7 days a week through live video chat with a doctor via computer, tablet or smartphone. Members able to ask questions, get diagnosis, and potentially get medications.
Vision	● ●	Pediatric vision coverage only; no vision coverage for adults. Annual routine eye exam covered as preventative care (no member cost share) for members aged 18 or younger. Eye glasses for children are subject to ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available on some plans.
Well Baby Visits and Care	●	Covered within preventative benefits; no member cost share.
X-rays/Diagnostic Imaging	●	Subject to ded / coins (5% - 50%) for most plans, with \$0 member cost share (no ded / coins) available for some plans.

● Free benefits ● Available benefits



Part 3:

- **Description of Network**
- **Considerations**
- **Member Experience**

UnitedHealthcare Individual Exchange plan network:

- Built based off of our innovative member benefit plans to focus on patient-centered health
- Our Tennessee individual and family exchange plans utilize the Tennessee Compass HMO network

Details on our network:

- Specifically designed to meet the needs of exchange consumers
- Includes select, high-quality providers
- Customized, more focused network of care providers
- A primary care provider (PCP) manages a member's health care
- The member's PCP must submit referrals for specialist visits
- Prior authorization and notification requirements apply
- Members have no out-of-network coverage
- Members have no coverage outside the service area

In-network hospitals for Tennessee:

Name	County
ASCENSION SAINT THOMAS HOSPITAL	Davidson
BEH ERLANGER	Hamilton
BOLIVAR GENERAL HOSPITAL	Hardeman
CAMDEN GENERAL HOSPITAL	Benton
CENTENNIAL MEDICAL CENTER AT ASHLAND CTY	Cheatham
CENTENNIAL MEDICAL CTR	Davidson
DELTA MEDICAL CENTER	Shelby
ERLANGER BLEDSOE	Bledsoe
ERLANGER EAST CAMPUS	Hamilton
ERLANGER NORTH	Hamilton
HARDIN COUNTY GENERAL HOSPITAL	Hardin
HENDERSON COUNTY COMM HOSP	Henderson
HENDERSONVILLE MEDICAL CENTER	Sumner
HENRY COUNTY MEDICAL CENTER	Henry
HOUSTON COUNTY COMMUNITY HOSPITAL	Houston
JACKSON MADISON CTY GNRL	Madison
LAUDERDALE COMMUNITY HOSPITAL	Lauderdale
LEBONHEUR CHILDRENS HOSPITAL	Shelby
METHODIST HOSPITAL GERMANTOWN	Shelby
METHODIST NORTH	Shelby
METHODIST SOUTH HOSPITAL	Shelby
METHODIST UNIVERSITY HOSPITAL	Shelby
MILAN GENERAL HOSPITAL	Gibson
PARKRIDGE EAST HOSPITAL	Hamilton
PARKRIDGE MEDICAL CENTER	Hamilton

Name	County
PARTHENON PAVILION AT CENTENNIAL MED	Davidson
PERRY COMMUNITY HOSPITAL	Perry
REGIONAL ONE HEALTH	Shelby
RHEA MEDICAL CENTER	Rhea
SAINT FRANCIS HOSPITAL	Shelby
SAINT FRANCIS HOSPITAL BARTLETT	Shelby
SAINT THOMAS HICKMAN HOSPITAL	Hickman
SAINT THOMAS MIDTOWN HOSPITAL	Davidson
SELECT SPECIALTY HSP MEMPHIS	Shelby
SOUTHERN HILLS MEDICAL CENTER	Davidson
ST THOMAS RUTHERFORD HOSPITAL	Rutherford
STARR REGIONAL MEDICAL CENTER	McMinn
STONECREST MEDICAL CENTER	Rutherford
SUMMIT MEDICAL CENTER	Davidson
TCT CHILDRENS HOSPITAL	Hamilton
TENNOVA HEALTHCARE CLEVELAND	Bradley
TENNOVA HEALTHCARE-HARTON	Coffee
THREE RIVERS HOSPITAL	Humphreys
TRISTAR HORIZON MEDICAL CENTER	Dickson
UNITY MEDICAL CENTER	Coffee
WEST TENNESSEE HEALTHCARE DYERSBURG HSP	Dyer
WEST TENNESSEE HEALTHCARE VOLUNTEER HOSP	Weakley



Plan Overview

Plan	Referral Required	Prior Auth Required	Out of Network / Out of Area Coverage
Value Gold	Yes	Yes	No coverage*
Value and Balance Silver	Yes	Yes	No coverage*
Value and Balance Bronze	Yes	Yes	No coverage*

More information on Referrals:

- Referrals should be submitted by the member's PCP or a PCP within the same tax ID number (TIN)
- Referrals can be backdated up to five calendar days prior to the date of entry
- Referrals are valid up to six months or six visits, whichever is met first
- There are some services that do not require a referral

Eligible services that do not require a referral include:

- Primary Care Physicians within the same tax ID as the member's assigned PCP. Note, specialists within the same TIN as the member's assigned PCP require referrals
- Network obstetricians/gynecologists, including perinatologists
- Network urgent care centers or convenience clinics
- Routine refractive eye exams from a network provider
- Mental health disorders/substance abuse from network behavioral health clinicians
- Pathologists, radiologists or anesthesiologists
- Emergency room or emergency ambulance
- Physician for emergency/unscheduled admissions
- Network, facility-based inpatient/outpatient consulting physicians, assisting surgeons, co-surgeons or team surgeons
 - Non-physician services, including but not limited to durable medical equipment, home health, prosthetic devices, hearing aids, outpatient lab, X-ray or diagnostics, physical therapy, speech therapy, occupational therapy, pulmonary rehabilitation services, cardiac rehabilitation services, post cochlear implant aural therapy, cognitive rehab - **with the exception of** Manipulative treatment and vision therapy (e.g., physician services). Services performed by a specialist will require a referral.
 - Other network services for which applicable laws do not require a referral

Education and Support for:

- Members
- Influencers
- Providers



Because simpler is better.

Use these tips to make your health plan experience simpler.

First premium payment

The next step towards confirming your coverage is to make your first payment. Once you make your payment your coverage becomes effective. If you receive services before coverage begins, you may be responsible for the cost.

Ways to pay:

Online:
Log in to the UnitedHealthcare billing portal at myuhc.com/exchanges

One-time Payment

- Pay using your checking or savings account or with a credit or debit card.
- Select Online Payment from the left-hand menu.

You need your Member ID and Group ID to make a payment online. You can find this information under Your Premium Bill or on the payment form.



Phone

Call toll-free 24/7 at 1-800-789-8050, TTY/RTT 711, and press 1 to make a secure payment by phone.

One-time Payment

- Pay using your checking or savings account or with a credit or debit card.

Your primary care provider is key.

You and everyone covered by your plan need to have an assigned primary care provider (PCP). To ensure you can fully use your coverage, we have assigned a PCP to everyone covered by this plan. Your PCP will be your key to fully using your coverage. To verify or change your assigned PCP, visit myuhc.com/exchanges or call the toll-free number on your health plan ID card.

Get a referral to see a specialist.

In order to see a specialist, you will need a referral from your PCP. If you see a specialist without a referral, you may be responsible for the full cost of the service. If you are in mid-treatment with a provider who is not in network, you will need your PCP to issue a referral to continue your treatment. Please make sure your PCP sends us an electronic referral before you make an appointment with a specialist. Members will not need a referral to see a gynecologist (OB-GYN) or a mental health professional as long as the providers are in the network and service area.

Use network providers.

Our plans use a network of reliable, high-quality providers who you can count on for affordable care. If you do not use a provider included in this network you may have higher costs. [Double-check network facilities with multiple locations - the one you visit must be in the plan's service area.](#) To find or verify a network provider, you can either call the toll-free number or visit the website listed on the back of your health plan ID card.





Contact Information for Network Questions



Provider:

<https://www.uhcprovider.com/en/health-plans-by-state/tennessee-health-plans.html>

Consumer:

UHCexchange.com/TN

Provider Lookup:

<https://connect.werally.com/plans/uhc/361>



Provider:

877-842-3210

Consumer:

1-800-854-0828, TTY/RTT 711

THANK YOU