

OFFICIAL
MEDICAL CODE
863.0

OPEN WOUND OF FINGERS
WITHOUT COMPLICATION



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SUNBURN



So many ways into the complex health care system.
**One guide to make shopping
for health care coverage simpler.**

OFFICIAL
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ACTIVITIES INVOLVING RUNNING



welcome to
simpler
coverage shopping

Use this guide to find coverage for you and your family. It's easier than you might think. And we're here to help.

Let's get started.

Finding health care coverage that's right for you can be as easy as **1, 2, 3.**



How to choose coverage.

Learn how to compare plans and when to sign up.



Compare plans.

Look closely at the plans to see which one's right for you.



What comes next?

Get your health care coverage and find out what happens next.

1 How to choose coverage.

3 key decisions.



1) Choose a primary doctor.

This plan teams you up with a primary doctor, also called a primary care provider (PCP), to manage your health care. You see your primary doctor for routine care and they will give you referrals to specialists, if needed. There is no coverage if you see an out-of-network doctor or specialist without a referral. Using the network always saves you money. You must see network doctors in your service area (the state or county you live in).

Compass Plans

You select a network primary doctor (also called a primary care provider or PCP). This doctor gives you referrals to specialists. There is no out-of-network coverage.



2) Pick a plan level.

The Affordable Care Act created four categories (or metal levels) of plans. You'll need to consider how often you go to the doctor and your budget for monthly premium, deductible and co-pays.

	Bronze	Silver	Gold	Platinum
Monthly Premium	\$	\$\$	\$\$\$	\$\$\$\$
Your Co-pay (cost per visit/drug)	\$\$\$\$	\$\$\$	\$\$	\$
Consider this plan category if:	You rarely see a doctor, and you're willing to pay a higher co-pay when you do.	You want to balance monthly premium, co-pay and deductible costs. There are several choices in between the Bronze and Platinum plans.		You see doctors more often and are willing to pay higher monthly premiums to lower your co-pay.

If your income is between 100 and 250 percent of the federal poverty level, you may be able to get a Cost Share Reduction plan. These plans are available only with Silver ACA Health Plans and lower the out-of-pocket expenses you pay for deductibles, co-pays and co-insurance.



3) Check prescription drug costs and coverage.

Check to see if your medications are covered and how much they cost in each metal level plan.

Other considerations.

We're working hard to make it simpler to use your health care coverage.

Great coverage in every plan.

These plans cover 10 essential benefits, preventive care and pre-existing conditions.



Preventive Care

Checkups, flu shots & vaccinations.



Essential Benefits

Prescriptions, ER care & lab tests.



Alternative Medicine

Chiropractic care.

Ways to save.



Subsidies

87 percent of people saved an average of \$263 a month with a marketplace plan.*



Cost Estimates

Check prices for procedures before you get care.

Easy access to health care.

These plans come with a network of doctors, clinics and hospitals. Plus these tools to help you manage your care anytime, anywhere.



24-hour NurseLineSM

Ready to help anytime you need us.



Virtual Doctor Visits

See a health care provider for minor health issues right from your computer, tablet or mobile phone.



24/7 Benefit Access

At home or on-the-go.

* Projected savings based on qualification for a tax credit subject to verification upon filing an individual's federal tax return. Approximately 87 percent of individuals in Federally-Facilitated Marketplace selected plans with tax credits and these individuals had post-tax credit premiums that were 76% (an average of \$264) less than full premium, on average. See Premium Affordability, Competition and Choice in the Health Insurance Marketplace, 2014, June 18, 2014, Department of Health and Human Services. Actual savings may vary.

Compass Plans

Compass offers budget-friendly plans with a network doctor to coordinate your care.



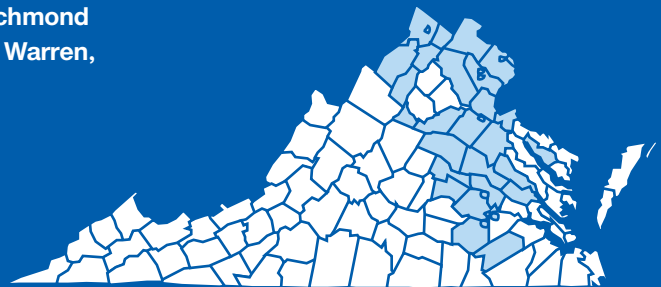
How does it work? You'll pick a primary care provider (PCP) to be your main doctor. This doctor gets to know you, manages your health care and refers you to specialists (if needed). Your coverage will only pay for visits to network care providers, so check your plan before you visit a doctor, clinic or hospital. If you see an out-of-network provider, you will be responsible for all costs.

Get the most from your plan by checking your network list and working with your PCP.

The Compass Network

Compass plans have doctors, clinics and hospitals in the following counties:

Alexandria City, Arlington, Caroline, Chesterfield, Clarke, Colonial Heights City, Dinwiddie, Fairfax, Fairfax City, Falls Church City, Fauquier, Frederick, Fredericksburg City, Goochland, Greene, Hanover, Henrico, Hopewell City, King George, King William, Loudoun, Louisa, Manassas City, Manassas Park City, New Kent, Orange, Page, Petersburg City, Powhatan, Prince George, Prince William, Richmond City, Shenandoah, Spotsylvania, Stafford, Sussex, Warren, Winchester City



2 Compare plans

UnitedHealthcare of the Mid-Atlantic, Inc.
Virginia Marketplace

Compass co-pay plans

You're not sure how often you'll see a doctor, so you'd like a predictable co-pay to help manage your budget.



	Bronze	Silver
	Compass 6500	Compass 4500
Your Monthly Payment	\$	\$\$
Your Co-pay (cost per visit/drug)	\$\$\$\$	\$\$\$
Deductible and Co-insurance		
Deductible (Individual) / (Family)	\$6,500 / \$13,000	\$4,500 / \$9,000
Co-insurance	40%	0%
Out-of-pocket Maximum (Medical and Pharmacy Combined)		
Individual / Family	\$6,850 / \$13,700	\$6,850 / \$13,700
Medical		
Primary Care Provider (PCP)	\$45	\$10
Preventive Care	No charge – 100% covered in-network	No charge – 100% covered in-network
Specialist	\$100	\$30
Urgent Care Visit	40% after deductible	No charge after deductible
Emergency Room Fees	40% after deductible	\$500 copay, then deductible and coinsurance
Outpatient Surgery (Hospital)	\$500 copay after deductible	\$400 copay after deductible
Lab and X-ray (Hospital)	50% after deductible	20% after deductible
Hospital Stay, Maternity Stay	40% after deductible	No charge after deductible
Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)		
Prescription Deductible	Combined Medical and Drug	\$1,000
Tier 1	\$10 copay after deductible	\$5
Tier 2	\$50 copay after deductible	\$40
Tier 3	\$150 copay after deductible	\$95 copay after deductible
Tier 4	\$300 copay after deductible	\$250 copay after deductible

UnitedHealthcare of the Mid-Atlantic, Inc.
Virginia Marketplace

Compass co-pay plans

You're not sure how often you'll see a doctor, so you'd like a predictable co-pay to help manage your budget.

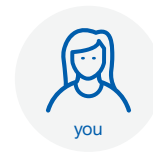


	Gold Compass 0	Gold Compass 1000
Your Monthly Payment	\$\$\$	\$\$\$
Your Co-pay (cost per visit/drug)	\$\$	\$\$
Deductible and Co-insurance		
Deductible (Individual) / (Family)	\$0 / \$0	\$1,000 / \$2,000
Co-insurance	30%	20%
Out-of-pocket Maximum (Medical and Pharmacy Combined)		
Individual / Family	\$6,850 / \$13,700	\$6,850 / \$13,700
Medical		
Primary Care Provider (PCP)	\$30	\$10
Preventive Care	No charge – 100% covered in-network	No charge – 100% covered in-network
Specialist	\$60	\$30
Urgent Care Visit	30%	20% after deductible
Emergency Room Fees	\$500	\$400 copay after deductible
Outpatient Surgery (Hospital)	\$400	\$250 copay after deductible
Lab and X-ray (Hospital)	50%	60% after deductible
Hospital Stay, Maternity Stay	30%	20% after deductible
Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)		
Prescription Deductible	N/A	\$500
Tier 1	\$5	\$5
Tier 2	\$40	\$35
Tier 3	\$95	\$95 copay after deductible
Tier 4	\$250	\$250 copay after deductible

UnitedHealthcare of the Mid-Atlantic, Inc.
Virginia Marketplace

Compass health savings account (HSA) plans

You rarely see a doctor, so you're OK with a higher deductible. The tax-advantaged savings account puts your money to work for you. Consult your tax advisor if you have questions.



you will need to choose a primary doctor



your primary doctor will need to refer you to a specialist

	Bronze	Silver
	Compass HSA 5500	Compass HSA 2000
Your Monthly Payment	\$	\$\$
Your Co-pay (cost per visit/drug)	\$\$\$\$	\$\$\$
Deductible and Co-insurance		
Deductible (Individual) / (Family)	\$5,500 / \$11,000	\$2,000 / \$6,000
Co-insurance	100%	100%
Out-of-pocket Maximum (Medical and Pharmacy Combined)		
Individual / Family	\$6,500 / \$13,000	\$6,500 / \$6,850
Medical		
Primary Care Provider (PCP)	0% after deductible	\$25 after deductible
Preventive Care	No charge – 100% covered in-network	No charge – 100% covered in-network
Specialist	0% after deductible	\$50 copay after deductible
Urgent Care Visit	0% after deductible	0% after deductible
Emergency Room Fees	0% after deductible	\$500 copay after deductible
Outpatient Surgery (Hospital)	30% after deductible	\$500 copay before deductible
Lab and X-ray (Hospital)	30% after deductible	30% after deductible
Hospital Stay, Maternity Stay	0% after deductible	\$1,250 copay after deductible
Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)		
Prescription Deductible	Combined Medical and Drug	Combined Medical and Drug
Tier 1	\$10 copay after deductible	\$10 copay after deductible
Tier 2	\$50 copay after deductible	\$50 copay after deductible
Tier 3	\$150 copay after deductible	\$95 copay after deductible
Tier 4	\$300 copay after deductible	\$250 copay after deductible

3 What comes next?

Sign up.

Before your coverage starts.

Nov. 1, 2015 - Jan. 31, 2016



Choose a plan.



See your monthly premium.



Learn about financial help.



Use this simple sign-up checklist.

Have everything ready for everyone you're covering.

- ✓ Social security number
- ✓ Employer and income information (pay stubs, W-2s or tax statements)
- ✓ Policy numbers for current health care coverage, if you have it
- ✓ Proof of legal residency

What we're doing:



Setting up your insurance.



Reviewing your information. We'll contact you if we need any additional information.



Creating your ID card. We will send it to you with directions on how to activate your health insurance.

What you can do:



Look for network doctors, clinics and hospitals in your state at myuhc.com



Keep an eye out for your first bill. Your sign-up is complete after you've paid this bill.

Sign up now:

Open Enrollment: Nov. 1, 2015 – Jan. 31, 2016

Special Enrollment: After Jan. 31, 2016

Coverage starts.

Use your coverage.



Sign up by	Earliest coverage starts
12/15/15	- 1/1/16
1/15/16	- 2/1/16
1/31/16	- 3/1/16

Look for your welcome kit and ID card in the mail.



Check out your ID card.

Look at your ID card to make sure your information is correct. Use this card every time you go to the doctor or pick up a prescription.

What to do before you visit a doctor:



Compass Plans

You need to select a primary doctor in the network to make sure your visits are covered.

Find a doctor at myuhc.com

Have a question?



Call the number on your ID card or on myuhc.com



Remember to get preventive care like checkups and flu shots.



Use the tools below to manage your health and costs.

24-hour NurseLine

Call the toll-free NurseLine number on your ID card anytime.

Virtual Doctor Visits

Use your computer or mobile device to “see” a health care provider for minor health issues.

Price Checker Tool

Shop doctors, clinics and hospitals to find the best price at myuhc.com

Personalized Member Website

Manage your insurance info, print ID cards, find doctors and access health tools. Sign up at myuhc.com



Glossary

It's easier to choose health care coverage when you understand a few key words.

Co-insurance	Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For Example: If the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.
Co-pay	A fixed amount 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. For Example: You pay \$15 for a doctor visit.
Covered	Refers to health care your insurance company includes in your plan.
Deductible	The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For Example: If your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.
HSA	A bank account that lets people put money aside, tax-free, to save and pay for health care expenses. The Internal Revenue Service (IRS) limits who can open and put money into an HSA.
Marketplace	An online store for health insurance sometimes called an Exchange. You can browse and compare plans from different insurance companies, then sign up for the one you want.
Network	The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.
Out-of-pocket max (OOP maximum)	The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.
Pharmacy Tiers	Pharmacy tiers divide the list of covered medications into groups. Each group has a different co-insurance percentage or co-pay. <ul style="list-style-type: none">- You save money by using medications in tier one (lowest co-insurance), which usually includes generic drugs.- The second tier (higher co-insurance) includes preferred brand-name medications.- The third tier (highest co-insurance) includes non-preferred brand-name medications.- For tier four medications, you pay a co-pay or co-insurance based on your plan benefits.
PCP	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.
Premium	The amount that must be paid for your health insurance or plan. You usually pay it monthly, quarterly or yearly.
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.

Let's look at the fine print.

Compass exclusions and limitations

This is not a complete list of excluded or limited services, treatments, visit limits, items and supplies. Please review the sample "Individual Medical Contract" found at uhc.com/individual-and-family/medical-policy for a complete list.

Exclusions and limitations:

- Charges in excess of Eligible Expenses or in excess of any specified limitation.
- Pediatric dental and vision limited to benefits as described in the medical contract.
- Outpatient Prescription Drug Products obtained from a non-Network Pharmacy.
- Coverage for Prescription Drug Products which is less than the supply limit.
- Coverage for Prescription Drug Products which exceeds the supply limit.
- Prescription Drug Products dispensed outside the United States, except as required for Emergency treatment.
- Any product dispensed for the purpose of appetite suppression or weight loss.
- Prescription Drug Products when prescribed to treat infertility.
- Certain Prescription Drug Products for smoking cessation.
- Prescription Drug Products not included on Prescription Drug List.
- Compounded prescriptions.
- Over-the-counter Prescription Drugs unless we have designated the over-the-counter medication as eligible for coverage.
- Growth hormone for children with familial short stature.
- Any medication that is used for the treatment of erectile dysfunction or sexual dysfunction.
- A Prescription Drug Product that contains marijuana, including medical marijuana.
- Dental products, including but not limited to prescription fluoride topicals.
- Cosmetic procedures and medications.
- In-vitro fertilization.
- Obesity surgery.
- Services performed by a provider who is a family member or shares your same legal residence.
- Physical, psychiatric or psychological exams, testing, vaccinations, immunizations or treatments that are otherwise covered under this Policy when required solely for purposes of school, sports or camp, travel, career or employment, insurance, marriage, adoption, related to judicial or administrative proceedings or orders, conducted for purposes of medical research, or are required to obtain or maintain a license of any type.
- Services or supplies that are Experimental or Investigational, except routine costs associated with qualifying clinical trials.

But wait, there's more.

Compass additional provisions

Adjustments to premium

We reserve the right to change the schedule or premiums on January 1 of each year. We will give you written notice of any premium change at least 31 days prior to the change date.

Events terminating your coverage

Coverage ends on the earliest of these dates:

The contract terminates

Your coverage ends on the date this contract ends. That date will be one of the following:

- The date determined by the federal health benefit exchange because you no longer live in the service area.
- The date we specify, after giving you 90 days written notice, because we are discontinuing all policies with the same type and level of benefits for your state.
- The date we specify, after giving you and the state authority at least 180 days written notice, that we are discontinuing policies/certificates in the individual market in your state.

You are no longer eligible

Your coverage ends on the date you are no longer eligible to be an enrolled dependent, as determined by the federal health benefit exchange. The dependent must meet the definition under the policy for an eligible dependent and is subject to any applicable age restrictions.

We receive notice to end coverage

Your coverage ends on the date determined by the federal health benefit exchange rules if we receive notice from them or you instructing us to end your coverage.

Other events ending your coverage

When any of the following happen, we will provide you written notice that coverage ended on an identified date:

Failure to pay

You fail to pay your premium.

Fraud or intentional misrepresentation of a material fact

You committed an act, practice or omission that constitutes fraud, or an intentional misrepresentation of a material fact. Example: Knowingly providing incorrect information about another person's eligibility or status as a dependent.

If we find you have performed an act, practice or omission that constitutes fraud, or made an intentional misrepresentation of material fact, we have the right to demand payback of all benefits we paid to you or in your name during the time you were incorrectly covered under the contract.

You accepted reimbursement for premium

You accept any direct or indirect contribution or reimbursement by or on behalf of any third party. This includes, but is not limited to, any health care provider or any portion of the premium for coverage under this contract. Does not apply to the following third parties:

- Ryan White HIV/AIDS Program under title XXVI of the Public Health Service Act
- Indian tribes, tribal organization or urban Indian organizations
- State and federal government programs

Shopping for health care coverage just got simpler.

That's why 45 million Americans rely on UnitedHealthcare for their health insurance.*

* UnitedHealthcare serves 45 million domestically and internationally through its market facing business. Source: UnitedHealth Group 2014 Annual Report, pg. 6.

Virtual visits 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.

This coverage is not designed or marketed as employer-provided insurance. It does not comply with Virginia small employer group health insurance laws. These plans cannot be used, now or in the future, by you or an employer to provide insurance for employees.

This is an outline only and is not intended to serve as legal interpretation of benefits. Reasonable effort has been made to have this outline represent the intent of the contract language. However, the contract language stands alone and the complete terms of the coverage will be determined by the policy.

Compass plans offered by **UnitedHealthcare of the Mid-Atlantic, Inc.**

Subject to all policy provisions. To be considered for reimbursement, expenses must qualify as covered expenses. Expenses are subject to eligible expense limits unless you use a network provider.

Policy numbers in this document:

38599VA0040001-01, 38599VA0040002-01, 38599VA0040003-01,
38599VA0040004-01, 38599VA0040005-01, 38599VA0040006-01

