

Introducing the UnitedHealthcare Navigate[®]

Frequently Asked Questions

UnitedHealthcare Navigate[®] is an innovative health insurance product built on the fundamentals of patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs.

Navigate focuses on primary care as the key to helping people live healthier lives. Members choose a primary care physician as their trusted partner to help them navigate an increasingly complex health care system by actively promoting quality and more efficient care.

Navigate offers you varying levels of coverage and plan designs so you can choose the solution that works best for you and your employees.

UnitedHealthcare Navigate

- ▶ A referral from primary care physician is required to see network specialists. There is no coverage without a referral.
- ▶ There is no non-network coverage except for emergency care.

How is Navigate different from other products?

Navigate focuses on primary care as the key to helping people live healthier lives. Members must select a primary care physician who will manage and coordinate their care, as well as make referrals to network specialists, guiding members to the right provider for the right care at the right time.

What is the network like?

Navigate offers a broad national network of primary care physicians, specialists and health care practitioners.

Can we offer this product alongside other products or plans?

Yes, employers may be able to offer Navigate alongside other UnitedHealthcare products.

Why is it important to consider this product now?

Navigate helps guide members through an increasingly complex health care system so they can get better information, make better decisions, and journey toward better health. For employers, Navigate provides a variety of products and plan designs that lets them choose the solutions that best meet their employees' health needs and work within their budget.

How does the cost of Navigate compare to other products?

We expect Navigate products will cost less because of Navigate's focus on primary care, referral management and prior authorization for medical necessity, which will lead to more efficient use of specialty care. Additionally, a primary care physician who has a consistent relationship with a patient and knows their patient's medical history will be able to provide faster, more cost-effective care.

Primary Care Physician (PCP)

Primary care physicians play a key role in helping manage their patients' overall health care and in actively managing referrals to specialists, which promotes better quality and more efficient care. Their in-depth knowledge of their patients' health helps them guide their patients along the best path to health and well-being. This enables Navigate members to avoid the costly missteps and hassles of an increasingly complex health care system, so members can get the care that's right for them at the right time.

What types of physicians can be selected as primary care physicians?

Primary care physicians can be general practitioners, family practitioners, internists, or pediatricians.

How do members choose a primary care physician?

Each member must select a primary care physician upon enrollment. Each family member may select a different primary care physician, 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. PCPs may refer members to any Navigate provider in the national Navigate network, if needed. To find a network primary care physician, members will log in to myuhc.com®, click on "Find a Doctor" and search by specialty, location, gender, or languages spoken. Additionally, members can call the number listed on the back of their health plan ID card and ask for assistance.

Once a primary care physician is selected, both the physician and member can view the member's selection online. The primary care physician will also be listed on the member's health plan ID card.

Can a member change their primary care physician?

A member may request a change in primary care physician by calling the Customer Care number on the back of the health plan ID card and at myuhc.com.

If the member wants to change their primary care physician, how long will it take?

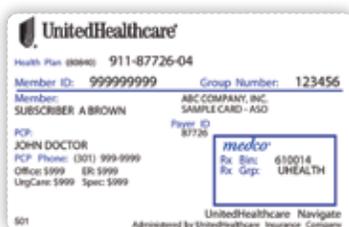
- Primary care physician changes submitted by the 15th of the month will become effective by the 1st of the very next month (e.g., a change submitted on June 15 will be effective on July 1).
- Primary care physician changes submitted on the 16th of the month (or after) will become effective on the 1st of the month after the next month (e.g., a change submitted on June 16 will be effective on August 1).
- New health plan ID cards will be issued whenever a member changes their primary care physician.

Can a member see a new primary care physician before the effective date of their Primary Care Physician change?

No, if the member sees a new primary care physician before the effective date of their PCP change, the Navigate member will be responsible for all charges.

Will retroactive changes to the primary care physician effective date be permitted?

No, retroactive changes will not be permitted.



Sample health plan ID Card

Member Experience

Whom do my employees call if they have questions?

If your employees don't have access to the Internet, need translation services or need to talk to a Customer Care professional, they can call the toll-free phone number on the back of their health plan ID card.

What other member resources and tools are included with Navigate?

- myuhc.com[®] is a member website that provides access to benefit information, tools and programs to help members keep their health on track.
- NurseLineSM and Care24[®] put members in touch with licensed professionals over the phone, 24 hours a day, seven 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 assure your employees that they have support in difficult situations.
- The Quicken Health Expense TrackerSM can be used to help explain and track health-related expenses.

Is this an easy plan for my employees?

Members will likely find that working closely with their primary care physician for their health care needs will simplify their health care experience.

Referrals

How does the referral process work?

Members must get referrals from their primary care physician (PCP) before they see any other network physician or specialist. Their PCP submits referrals to UnitedHealthcare electronically. Referrals are effective immediately and can be viewed online by both members and physicians the next day.

What if a member doesn't get a referral before seeing a network physician or specialist?

Members enrolled in Navigate will have no coverage if they see a network specialist before getting a referral.

Are there any specialty physicians a member can see without a referral from their primary care physician?

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 members use a network convenience care clinic or urgent care clinic without a referral from their primary care physician?

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

Can a specialist refer to another specialist?

No, specialists may not refer to other specialists. Only the member's primary care physician can issue a referral for the member to see another specialist in the network.

Prior Authorization

Certain services and procedures require **prior authorization** by UnitedHealthcare for medical necessity. If a member is receiving care from a network physician, that physician is responsible for obtaining the prior authorization.

Members can find the procedures and services that require 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.

For informational purposes only. NurseLineSM nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. NurseLine services are not an insurance program and may be discontinued at any time.

The Care24[®] Program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. It is not a substitute for a doctor's or professional's care. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action with UnitedHealthcare, or its affiliates, or any entity through which the caller is receiving UnitedHealthcare, or its affiliates, services directly or indirectly (e.g., employer or health plan). The Care24 Program and its components may not be available in all states or for all group sizes and are subject to change. Coverage exclusions and limitations may apply.



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.