



Michigan

Three thick, dark blue wavy lines that originate from the left side of the page and curve towards the right, ending in a single, larger wave that spans across the bottom of the page.

# Welcome to the community

## 2026 Medicaid Member Handbook

Revised November 2025  
Effective Date January 1, 2026

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United  
Healthcare®  
Community Plan

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## Notice of nondiscrimination

Our Companies comply with applicable civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide free aids and services to help you communicate with us. You can ask for interpreters and/or for communications in other languages or formats such as large print. We also provide reasonable modifications for persons with disabilities.

If you need these services, call Member Services at **1-800-903-5253**, TTY **711**, 8:30 a.m.–5:30 p.m. ET, Monday–Friday.

If you believe that we failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can send a complaint to the Civil Rights Coordinator:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

[UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)

Optum Civil Rights Coordinator  
1 Optum Circle  
Eden Prairie, MN 55344

[Optum\\_Civil\\_Rights@Optum.com](mailto:Optum_Civil_Rights@Optum.com)

If you need help filing a complaint, call Member Services at **1-800-903-5253**, TTY **711**, 8:30 a.m.–5:30 p.m. ET, Monday–Friday.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Phone: **1-800-368-1019**, **800-537-7697** (TDD)

Mail: U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at: <https://www.uhc.com/nondiscrimination-med>  
<https://www.optum.com/en/language-assistance-nondiscrimination.html>

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**Questions?** Visit our website at [UHCCommunityPlan.com/Michigan](http://UHCCommunityPlan.com/Michigan),  
or call Member Services at **1-800-903-5253**, TTY **711**.

## Notice of availability of language assistance services and alternate formats

**ATTENTION:** Free language assistance services and free communications in other formats, such as large print, are available to you. Call Member Services 1-800-903-5253, TTY 711.

**ATENCIÓN:** Si habla **español (Spanish)**, tiene disponibles servicios gratuitos de asistencia lingüística y comunicaciones gratuitas en otros formatos, como letra grande. Llame a Servicios para Miembros al 1-800-903-5253, TTY 711.

**نبيه:** إذا كنت تتحدث اللغة العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية والرسائل المجانية بتنسيقات أخرى، مثل الطباعة بحروف كبيرة، تتوافر لك. اتصل بخدمات الأعضاء على الرقم 1-800-903-5253، الهاتف النصي 711.

**মনোযোগ দিন:** আপনি যদি **বাংলা (Bengali)** ভাষায় কথা বলেন, তবে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা এবং লার্জ প্রিন্ট সহ অন্যান্য ফরম্যাটে যোগাযোগ করার সুবিধা উপলব্ধ রয়েছে। মেম্বার সার্ভিসেসে 1-800-903-5253, TTY 711 নম্বরে কল করুন।

**ВНИМАНИЕ!** Если Вы говорите по-**русски (Russian)**, Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Обращайтесь в отдел обслуживания участников по телефону 1-800-903-5253, TTY 711.

**注意:** 如果您說**中文 (Chinese)**，您可獲得免費語言協助和其他格式的免費通訊服務，例如：大字體印刷。請致電 1-800-903-5253 (聽障專線 (TTY) 711) 與會員服務部聯絡。

**VINI RE:** Nëse flisni **shqip (Albanian)**, ka në dispozicion për ju shërbime falas të ndihmës me gjuhën dhe komunikime falas në formate të tjera, si me shkronja të mëdha. Telefononi Shërbimet për Antëtarin në 1-800-903-5253, TTY 711.

**KUMBUSHO:** Ikiwa unazungumza **Kiswahili (Swahili)**, huduma za usaidizi wa lugha bila malipo na mawasiliano bila malipo katika miundo mingine, kama vile maandishi makubwa, zinapatikana kwako. Pigia simu Member Services kupitia 1-800-903-5253, TTY 711.

**توجه فرمائیں:** اگر آپ اردو (**Urdu**) بولتے ہیں، تو مفت زبان کی خدمات اور دیگر فارمیٹ، جیسے بڑے پرنٹ میں مفت مواصلات آپ کے لیے دستیاب ہیں۔ ممبر سروسز کو 1-800-903-5253, TTY 711 پر کال کریں۔

**CHÚ Ý:** Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và nhận các tài liệu truyền thông miễn phí ở các định dạng khác như chữ in lớn. Gọi cho Dịch Vụ Hội Viên theo số 1-800-903-5253, TTY 711.

**UWAGA:** Jeśli mówi Pan/Pani w języku **polskim (Polish)**, dostępne są bezpłatne usługi pomocy językowej i komunikacji w innych formatach, np. duży druk. Proszę zadzwonić do działu obsługi klienta pod numer 1-800-903-5253, TTY 711.

**참고:** 귀하가 **한국어(Korean)**를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다 가입자 서비스부에 1-800-903-5253, TTY 711번으로 전화하십시오.

**ध्यान दें:** यदि आप **हिंद (Hindi)** बोलते हैं, तो मुफ्त भाषा सहायता सेवाएं और अन्य प्रारूपों में मुफ्त संचार, जैसे बड़े प्रिंट, आपके लिए उपलब्ध हैं। 1-800-903-5253, TTY 711 पर सदस्य सेवाओं को कॉल करें।

**DIGNIIN:** Haddii aad ku hadasho **Af Soomaali (Somali)**, adeegyada kaalmada luqadda bilaashka ah iyo isgaarsiinnada bilaashka ee qaabab kale ah, sida daabacaad waaweyn, ayaa lagu heli karaa. Ka wac Adeegyada Xubnaha 1-800-903-5253, TTY 711.

**ਸਵਧਾਨ:** ਜੇਕਰ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤਾਂ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਅਤੇ ਹੋਰ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਮੁਫਤ ਸੰਚਾਰ, ਜਿਵੇਂ ਕਿ ਵੱਡਾ ਪ੍ਰਿੰਟ, ਤੁਹਾਡੇ ਲਈ ਉਪਲਬਧ ਹਨ। ਮੈਂਬਰ ਸੇਵਾਵਾਂ ਨੂੰ 1-800-903-5253, TTY 711 'ਤੇ ਕਾਲ ਕਰੋ।

**ATTENTION :** si vous parlez **français (French)**, des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition. Veuillez appeler le département des services aux membres au 1-800-903-5253, TTY 711.

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# Welcome to UnitedHealthcare Community Plan

UnitedHealthcare Community Plan has a contract with the Michigan Department of Health and Human Services to provide health care services to Medicaid Enrollees. We work with a group of doctors and specialists to help meet your needs.

This handbook is your guide to the services we offer. It will also give you helpful tips about UnitedHealthcare Community Plan. Please read this book and keep it in a safe place in case you need it again. If you need another copy, it is available upon request and free of charge by contacting Member Services at **1-800-903-5253**, TTY **711**. You can also access this handbook on our website at [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan).

### Interpreter services

We can get an interpreter to help you speak with us, your doctor, or your dental provider in any language. We also offer our materials in other languages. Interpreter services and translated materials are free of charge. Call Member Services at **1-800-903-5253**, TTY **711** for help getting an interpreter or to ask for our materials in another language or format to meet your needs. The materials and services are free of charge and the organization complies with all applicable federal and state laws including: Title VI of the Civil Right Act of 1964, The Age Discrimination Act of 1975, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 regarding programs and activities, Titles II and III of the Americans with Disabilities Act, and section 1557 of the Patient Protection and Affordable Care Act.

¿Habla español? Por favor contacte a al **1-800-903-5253**, TTY **711**.

### Hearing and vision impairment

TTY/TDD services are available free of charge if you have hearing problems. The TTY/TDD line is open 24/7 by calling **1-800-903-5253**, TTY **711**.

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, transcription services, and assistive listening devices. We offer the Member Handbook and other materials in Braille, large print or voice recorded CD formats for sight-impaired individuals, upon request and free of charge. Member Services can also read member materials aloud if a member requires it. Call Member Services at **1-800-903-5253**, TTY **711** to request materials in a different format to meet your needs.

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UnitedHealthcare Community Plan makes sure services are provided in a culturally competent manner to all members:

- With limited English proficiency
- Of diverse cultural and ethnic backgrounds
- With a disability
- Regardless of gender, sexual orientation, or gender identity

## Important numbers and contact information

Hours of operation .....	<b>8:30 a.m.–5:30 p.m.</b>
Member Services Toll-Free Help Line .....	<b>1-800-903-5253</b>
Member Services Help Line TTY/TDD .....	<b>1-800-903-5253, TTY 711</b>
Website .....	<b><a href="https://UHCommunityPlan.com/Michigan">UHCommunityPlan.com/Michigan</a></b>
Address .....	<b>3000 Town Center Southfield, MI 48075</b>
24 Hour Toll-Free Emergency Line .....	<b>1-800-903-5253, TTY 711</b>
24 Hour Toll-Free Nurse Line .....	<b>1-866-827-9019</b>
Pharmacy Services .....	<b>1-800-903-5253, TTY 711</b>
Transportation Services (non-emergency) .....	<b>1-888-777-4065</b>
Dental Services .....	<b>1-800-903-5253, TTY 711</b>
Vision Services .....	<b>1-800-903-5253, TTY 711</b>
Mental Health Services .....	<b>1-800-903-5253, TTY 711</b>
To file a complaint about a health care facility .....	<b>1-800-903-5253, TTY 711</b>
To file a complaint about Medicaid services .....	<b>1-800-903-5253, TTY 711</b>
To request a Medicaid Fair Hearing .....	<b>1-877-833-0870</b>
Grievance and Appeals .....	<b>1-800-903-5253, TTY 711</b>

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To report suspected cases of abuse, neglect, abandonment, or exploitation of children or vulnerable adults . . . . . **1-855-444-3911**

To report Medicaid fraud and/or abuse

**Compliance Officer**

UnitedHealthcare Community Plan  
3000 Town Center  
Southfield, MI 48075  
Or call toll-free: **1-800-903-5253**

**Office of Inspector General**

P.O. Box 30062  
Lansing, MI 48909  
Online at [www.michigan.gov/fraud](http://www.michigan.gov/fraud)  
or toll-free **1-855-MI-FRAUD (643-7283)**

To find out information about domestic violence . . . . . **1-800-799-7233**

To find information about urgent care . . . . . **1-800-903-5253, TTY 711**

Medical Management . . . . . **1-800-903-5253, TTY 711**

Michigan ENROLLS. . . . . **1-888-367-6557**

Michigan Beneficiary Help Line . . . . . **1-800-642-3195** or TTY **866-501-5656**

MiChild Program. . . . . **1-888-988-6300**

MDHHS office locations and phone numbers. . . . . <https://www.michigan.gov/mdhhs/inside-mdhhs/county-offices>

Women, Infants and Children (WIC) . . . . . **1-800-942-1636**

Free service to find local resources. Available 24/7 . . . . . **2-1-1**

Social Security Administration. . . . . **800-772-1213, TTY/TDD 800-325-0778**

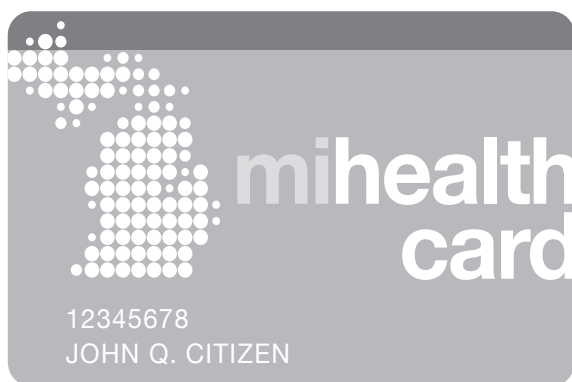
In an emergency . . . . . **9-1-1**

Suicide and Crisis Lifeline . . . . . **9-8-8**

## Identification cards

### Your state issued Medicaid ID card

When you have Medicaid, the Michigan Department of Health and Human Services will send you a mihealth card in the mail. The mihealth card does not guarantee you have coverage. Your provider will check that you have coverage at each visit. You may need your mihealth card to get services that UnitedHealthcare Community Plan does not cover. Always keep this card even if your Medicaid coverage ends. You will need this card if you get coverage again.



If you have questions about this coverage or need a new mihealth card, you should call the Beneficiary Help Line at 800-642-3195. This number is located on the back of your mihealth card.


It is important to keep your contact information up to date so you don't lose any benefits. Any changes in phone number, email, or address should be reported to MDHHS. You can do this by calling your local MDHHS office or by visiting [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges). If you do not have an account, you can create one by selecting "Register." Once in your account, when reporting changes, please make sure you do so in both the profile section and the report changes area.

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### Your UnitedHealthcare Community Plan member ID card



You should have received your UnitedHealthcare Community Plan ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own member ID card.

#### UnitedHealthcare Community Plan – Medicaid

 Health Plan (80840) 911-95467-00	
Member ID: 001901397	Group Number: MIPHCP
Member: NEW S ENGLISH State Assigned ID: 9999991397 PCP Name: DOUGLAS GETWELL PCP Phone: (810)622-9248	Payer ID: 95467
Effective Date 01/01/2014	<b>Optum Rx*</b> Rx Bin: 610494 Rx Grp: ACUMI Rx PCN: 4242
0501	Administered by UnitedHealthcare Community Plan, Inc.

In an emergency go to nearest emergency room or call 911. <small>Printed: 03/2023</small>	
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> or call.	
For Members: Non-Emergency Transportation: Outpatient Mental Health/Vision:	800-903-5253 TTY 711 877-892-3995 800-903-5253
For Providers: Medical Claims: PO Box 30991, Salt Lake City, UT 84130-0991	UHCprovider.com 800-903-5253
Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 877-305-8952	

#### UnitedHealthcare Community Plan – Healthy Michigan Plan

 Health Plan (80840) 911-95467-00	
Member ID: 001901393	Group Number: MIPHCP
Member: NEW S ENGLISH State Assigned ID: 9999991393 PCP Name: DOUGLAS GETWELL PCP Phone: (810)622-9248	Payer ID: 95467
Effective Date 01/01/2014	<b>Optum Rx*</b> Rx Bin: 610494 Rx Grp: ACUMI Rx PCN: 4242
0501	Administered by UnitedHealthcare Community Plan, Inc.

In an emergency go to nearest emergency room or call 911. <small>Printed: 03/2023</small>	
This card does not guarantee coverage. For coordination of care call your PCP. To verify benefits or to find a provider, visit the website <a href="http://www.myuhc.com/communityplan">www.myuhc.com/communityplan</a> or call.	
For Members: Non-Emergency Transportation: Outpatient Mental Health/Vision:	800-903-5253 TTY 711 877-892-3995 800-903-5253
For Providers: Medical Claims: PO Box 30991, Salt Lake City, UT 84130-0991	UHCprovider.com 800-903-5253
Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 877-305-8952	

If you have questions about this coverage or need a new UnitedHealthcare Community Plan member ID card, you should call Member Services at **1-800-903-5253, TTY 711**.

#### Lost your member ID card?

If you or a family member loses a card, you can print a new one at [myuhc.com/CommunityPlan](http://myuhc.com/CommunityPlan).

#### Important ID card notes

- Carry both cards with you at all times and show them each time you go for care
- Make sure all of your information is correct on both cards
- Call your local MDHHS office to change your records if your name or address changes
- When getting care you may be asked to show a picture ID. This is to make sure the right person is using the card.
- Do not let anyone else use your cards

14 **Questions?** Visit our website at [UHCCCommunityPlan.com/Michigan](http://UHCCCommunityPlan.com/Michigan), or call Member Services at **1-800-903-5253, TTY 711**.

# Getting help from Member Services

Our Member Services department can answer all of your questions. We can help you choose or change your doctor, find out if a service is covered, replace a lost ID card, find out how to appeal something we denied, find out how to file a grievance when you are unhappy with your care, help you understand written materials, and more. You can call us anytime.

### Contact us

You may call us at **1-800-903-5253** or TTY **711**, 8:30 a.m.–5:30 p.m., Monday–Friday. For urgent medical concerns regarding you or your child’s health after hours, we can connect you to our medical Emergency Help Line for assistance call **1-800-903-5253** or TTY **711**.

### Our website

You can visit our website at [myuhc.com/communityplan](https://myuhc.com/communityplan) to access online services such as:

- Look up benefits
- Find a doctor
- Find a hospital
- Find a dentist
- Learn about your health plan

### Confidentiality

Your privacy is important to us. You have rights when it comes to protecting your health information. UnitedHealthcare Community Plan recognizes the trust needed between you, your family, and your providers. UnitedHealthcare Community Plan staff have been trained in keeping strict member confidentiality.

# Manage your digital health records/member mobile application

Manage your health care information 24/7 on [myuhc.com](https://myuhc.com). As a member of UnitedHealthcare Community Plan, you're just a click away from everything you need to take charge of your health benefits. Register on [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). The tools and new features can save you time and help you stay healthy. Using the site is free.

### Great reasons to use [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan)

- Find a doctor
- Find a hospital
- Find care
- Health and wellness
- Keep track of your medical history
- Learn how to stay healthy
- Look up your benefits
- Manage RX
- Non-emergency transportation
- Personal care checklist
- Print an ID card
- Social determinants of health community connector
- Take your health assessment
- Understand and use benefits
- View claims history

### Register on [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) today

Registration is easy and fast. Sign up today! Just visit [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Select “Register” on the Home Page. Follow the simple prompts. You're just a few clicks away from access to all types of information. Get more from your health care.

### UnitedHealthcare® app

UnitedHealthcare Community Plan has a new member app. The app is available for Apple® or Android® tablets and smartphones. The UnitedHealthcare app makes it easy to:

- Find a doctor, ER or urgent care center near you
- View your ID card
- Take your Health Assessment
- Read your handbook
- Learn about your benefits
- Contact Member Services

Download the free UnitedHealthcare app today. Use it to connect with your health plan wherever you are, whenever you want. To download the app, go to the app store.

### Transition of care

If you're new to UnitedHealthcare Community Plan, you may be able to keep your doctors and services for at least 90 days from your enrollment date. Examples include medical, behavioral health, and pharmacy services.

If you are pregnant, you can stay with your doctor through the pregnancy and postpartum period.

If you are a UnitedHealthcare Community Plan member and your doctor no longer participates with us, you can continue to see your doctor if you are receiving treatment for certain chronic diseases.

We will not approve continued care by a non-participating doctor if:

- You only require monitoring of a chronic condition
- The doctor has a restriction and you might be at risk
- The doctor is not willing to continue your care
- Care with the non-participating doctor was started after you enrolled with UnitedHealthcare Community Plan
- The doctor does not meet UnitedHealthcare Community Plan policies or criteria

UnitedHealthcare Community Plan will help you choose new doctors and help you get services in our network. Your doctor may call Member Services at **1-800-903-5253**, TTY **711** if they want to be in our network.

If you are receiving Children's Special Health Care Services (CSHCS), please contact us for help transitioning your care services.

Please contact us at **1-800-903-5253**, TTY **711** to request transition of care services or if you have any questions about your care. If you would like to receive a copy of our transition of care policy you can call Member Services or view online at [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan).

# Getting care

## Choosing a primary care provider

When you enroll in our plan, you will need to choose a primary care provider (PCP). Your PCP is the health care provider or doctor who takes care of all your health needs. You can choose a different doctor for each family member or you can choose one doctor for the whole family.

You can choose one of the following provider types as your primary care provider:

- General practice doctor
- Family practice doctor
- Nurse practitioner
- Internal medicine doctor
- Pediatrician doctor
- OB/GYN doctor

If you do not choose a doctor within 30 days of enrollment, we will select one for you. You can change your doctor anytime.

You do not need a referral to see an in-network pediatrician or OB/GYN provider for routine and preventive health services.

You can use our Provider Directory to find doctors and specialists that are in our network. The Provider Directory lists addresses, office hours, languages spoken, and information about accessibility. It is located at [UHCCCommunityPlan.com/Michigan](https://www.uhccommunityplan.com/michigan). You can view or print the provider directory from the website. You can also request a copy of our provider directory, free of charge by calling **1-800-903-5253**, TTY **711**. Remember provider information changes often. Visit our website for the most up-to-date information. Call Member Services at **1-800-903-5253**, TTY **711** if you need help finding a doctor.

You can also get medical care from these types of medical providers: Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), Indian Health Care Providers (IHCPs) (as applicable).

If you have certain health care needs, you may be able to choose a specialist as your primary care provider. Talk to your doctor or call Member Services at **1-800-903-5253**, TTY **711** for more information.

Make sure you ask the provider office if they participate in the UnitedHealthcare Community Plan network.

You have the freedom to choose any network provider.

### Getting care from your doctor

Your doctor's office should be your main source for medical health. You should see your doctor for preventive checkups. Call your doctor's office to make an appointment or if you have questions about your medical care. If you need help setting up an appointment, please call us at **1-800-903-5253, TTY 711**.

Your visit is important. Please be on time. Call the office as soon as you can if you cannot make it to your visit. You can set up a new visit when you call to cancel. Some offices will not see you again if you do not call to cancel.

### Getting care from a specialist

A referral is when your PCP says you need to go to another doctor who focuses on caring for a certain part of the body or treating a specific condition. This doctor is called a specialist. Your PCP is in charge of all your covered health care needs. If you need specialty care, your PCP may refer you to a specialist or another doctor. If your doctor wants you to see a specialist that you do not want to see, you can ask your PCP to give you another name. Members with special health care needs have direct access to specialist as appropriate for conditions and identified needs. You can speak to your PCP or refer to the provider directory for a list of specialists.

If you have special health care needs or a chronic health problem like diabetes or renal disease, you may be able to have a specialist take care of you as your PCP. Talk to your doctor or call **1-800-903-5253, TTY 711** for more information.

A couple of examples of specialists include:

- Cardiologist – for problems with the heart
- Pulmonologist – for problems with the lungs and breathing

### Self-referral services

Most of the time you will work with your PCP first when you need medical care. But there are some kinds of care you can set up for yourself without being sent by your PCP. These are called “self-referral” services.

You do not need a referral from your PCP for:

- Emergency services
- OB/GYN
- Optometry (vision services)
- Behavioral
- Health/substance abuse professionals
- Chiropractors
- Pediatric services
- Pregnancy services

### **Out-of-network services**

You must get most of your care from providers in our provider network. Member Services can help you find a provider in our network.

Sometimes members need to see a very specialized type of doctor. We will work with your PCP to make sure you get the specialist or service when you need it, for as long as you need it, even if the provider is not currently a network provider. There is no cost to you when we authorize the care or service in advance, before you see the provider.

If you see a specialist without being sent by your PCP and without our authorization in advance, you may have to pay the bill. Always work with your PCP first for any services you need.

### **Out of county services**

Services out of county do not require a prior authorization if the provider is in our network unless it requires prior authorization.

### **Out of state services**

All services out of the state require prior authorization.

If you have a health emergency when you are out of town or out of state, we will cover the costs. Give the name and phone number of your PCP to the emergency room staff.

### **Emergency**

If you have a medical emergency while you are not in Michigan, go to the nearest emergency room.

### **Non-emergency/urgent**

If you need non-emergency care while traveling outside the service area or when you are not in the state of Michigan, call your PCP or our Member Services department first.

Routine medical care while you are outside the service area or when you are not in Michigan, unless you get it with a network provider, is not covered.

You must get authorization in advance from your PCP and UnitedHealthcare Community Plan for care with any non-network provider.

### Out of country services

Health care services provided outside the country are not covered by UnitedHealthcare Community Plan.

### Physician incentive disclosure

Call Member Services to ask if UnitedHealthcare Community plan has incentive arrangements including those that cover referral services that place the physician at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided. To get information call UnitedHealthcare Community Plan and ask for information about our physician payment arrangements.

### Provider advocacy

UnitedHealthcare may not prohibit, or otherwise restrict, a provider acting within the lawful scope of practice, from advising or advocating on behalf of a member who is his or her patient.

### Network adequacy standards

We want to make sure you can get the care you need, when you need it. The State of Michigan has rules called network adequacy standards, which help ensure there are enough doctors, specialists, and other providers close to where you live. You can find these rules on our website by visiting [www.uhccp.com/mi](http://www.uhccp.com/mi), scrolling to the Member Resources section, and selecting Find a provider, where the Network Adequacy Standards are listed. You can also call Member Services at **1-800-903-5253** to ask for a copy.

### Utilization management

UnitedHealthcare Community Plan wants you to get the right amount of quality care. We want to make sure that the health care services provided are medically necessary, right for your condition and are provided in the best care facility. We also need to make sure that the care you get is a covered benefit. The process to do this is called utilization management (UM).

We follow policies and steps to make decisions about approving medical services. We do not reward providers or staff for denying coverage. We do not give incentives for UM decisions. We do not reward anyone for saying no to needed care.

Refer to the Appeals section of this handbook for detailed information about the appeals process. There are some services we need to review before you can get them. Refer to Prior authorizations below.

### Prior authorization

Some services and medications will need to be approved before you or your child can get them. This is called Prior Authorization (PA). Your doctor needs to fill out a Prior Authorization Request Form and send it to us if you need care that requires PA. We must approve the PA request before you get the care. If we do not approve the service, we will notify the doctor and send you a written notice of the decision called a Notice of Adverse Benefit Determination. Normal authorization decisions will be made within 14 calendar days from the date the request is received. Extensions of up to 14 calendar days can be received if it is in your best interest.

You do not need a prior authorization for emergencies. You also do not need prior authorization to see a women's health care provider for women's health services or if you are pregnant or for orthopedic services.

### Getting a second opinion

A second opinion is when you want to see a second doctor for the same health concern. You can get a second opinion from a network provider or you can work with us to obtain a second opinion from an out-of-network provider for any of your covered benefits at no more cost to you. This is your choice. You are not required to get a second opinion. Please call Member Services at **1-800-903-5253**, TTY **711** to learn how to get a second opinion.

# Benefits and services

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## Information about your covered services

It is important you understand the benefits covered under your plan. As a UnitedHealthcare Community Plan member you do not have to pay copays for covered services. See Cost Sharing and Copayments section for more information.

If there are any significant changes to the covered services outlined in this handbook, we will notify you in writing at least 30 days before the date the change takes place.

This list of benefits and exclusions may not be a complete list. More benefits not listed here may be available. Limits and exclusions may apply to each item on this list. Your Certificate of Coverage (COC) has the complete list of covered care. The COC was included in your welcome kit. You can also view your COC on [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan).

**Make sure a service is covered before the service is done. You may have to pay for services not covered by UnitedHealthcare Community Plan under the Medicaid program.**

UnitedHealthcare Community Plan does not deny reimbursement or coverage for services on any moral or religious grounds.

## Telehealth/Telemedicine services

Telehealth/Telemedicine care is a convenient way to get care for a variety of common illnesses and mental health needs without having to go to the emergency room or urgent care. For non-emergency issues, including the flu, allergies, rash, upset stomach, other illnesses and mild to moderate mental health care, you can connect with a provider through your phone or computer to receive care where you are, when you need it. Providers can diagnose, treat, and even prescribe medicine, if needed. Call your provider's office to see if they offer telehealth services or contact Member Services at **1-800-903-5253**, TTY **711** for more information.

## Benefits and services

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### Benefits Monitoring Program

We participate in MDHHS' Benefits Monitoring Program. This program helps ensure you're using the correct benefits and services to manage your care. If the services you use aren't needed for your health condition, we'll enroll you in this program. We'll teach you the proper use of medical services and help you get services from appropriate providers. Examples of things that could get you enrolled in this program include:

- Going to the emergency room when it's not an emergency
- Seeing too many different doctors instead of your primary care doctor
- Getting more medicines than may be safe
- Activity that may indicate fraud

Using the right health services in the right amount helps us make sure you're getting the very best care.

### Covered services include

As member of UnitedHealthcare Community Plan, you are covered for the following services when you set them up with your PCP. (Remember to always show your current member ID card when getting services.) If a provider tells you a service is not covered by UnitedHealthcare and you still want these services, you may be responsible for payment. Hospitals and doctors cannot bill members for covered services. Sometimes you will get a bill that should have been sent to us. If you get a bill you believe we should pay, call Member Services at **1-800-903-5253**, TTY **711**.

You may have to pay medical bills if you receive treatment from providers who are not part of UnitedHealthcare Community Plan's network.

If you have any questions about your benefits, please talk to your PCP or call Member Services at **1-800-903-5253**, TTY **711**. You can also sign in to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan) and search under "Benefits" or use the UnitedHealthcare app to learn more about your benefits.

Benefit	Coverage
Bariatric surgery*	Covered
Dental services	Covered

## Benefits and services

Benefit	Coverage
Doula services	Covered
Durable Medical Equipment (DME) items like walkers, wheelchairs and customized equipment*	Covered
Emergency transportation and hospital billed ambulance services to and from the nursing facility or enrollees' homes	Covered
End Stage Renal Disease services*	Covered
Habilitative services	Covered for Healthy Michigan Plan
Hearing and speech services	Covered
Home Health services*	Covered
Hospice care	Covered
Hospitalization in a semi-private room (when medically necessary)*	Covered
Intermittent or short-term restorative or rehabilitative services in a nursing facility up to 45 days	Covered
Lab tests and X-rays	Covered
Medical supplies*	Covered
Office visits – including physical exams and preventive health screening	Covered
Outpatient surgery*	Covered
Physical, speech, language and occupational therapy	Covered
Podiatry services	Covered
Prescription drugs	Covered

## Benefits and services

Benefit	Coverage
Prosthetics and orthotics*	Covered
Restorative or rehabilitative services not in a nursing facility	Covered
Services by a chiropractor	Covered
Services by a hearing aid dealer	Covered
Surgery, anesthesia and related services*	Covered
Telehealth/Telemedicine	Covered
Transplants*	Covered
Visits to specialists (when your PCP sends you)	Covered
Weight reduction care*	Covered
Well-baby and well-child visits – including immunizations or shots	Covered

\* Your provider may need to work with UnitedHealthcare Community Plan to obtain approval in advance to receiving the item and/or service.

You are covered for these “Self-Referral” services without being sent by your PCP.

Benefit	Coverage
Certified nurse-midwife services	Covered
Certified pediatric and family nurse practitioner services	Covered
Eye exams, certain frames and lenses (every 24 months)	Covered
Family planning services at any family planning clinic	Covered

<b>Benefit</b>	<b>Coverage</b>
<b>Immunizations or treatment of a communicable disease at any health department</b>	Covered
<b>Maternal Infant Health Program (MIHP) services at any health department, or MIHP provider</b>	Covered
<b>Obstetrical care with any UnitedHealthcare Community Plan OB/GYN (prenatal and postnatal care) or certified nurse midwife</b>	Covered
<b>Pediatrician visits by children under the age of 18 to any UnitedHealthcare Community Plan pediatrician</b>	Covered
<b>Replacement frames and lenses</b> (every 12 months – children may have two replacement pairs if lost or broken)	Covered
<b>Services at any adolescent health center</b>	Covered
<b>Outpatient mental health services</b>	Covered
<b>Transportation services</b>	Covered
<b>Well-woman care from any UnitedHealthcare Community Plan OB/GYN</b>	Covered

## Care coordination

Do you have a chronic health problem or disability? Do you have barriers that are causing you issues with accessing your care? Do you see multiple providers or need special care? It's easy to feel overwhelmed with being in charge of your care if you have many health issues and see many providers. It can add more stress to your daily life. We are here to help you!

Our goal is to offer personalized care coordination services to help guide you through health care. We have nurses, care coordinators, social workers, and other health experts to help you get the best care possible from your care team.

## Benefits and services

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The care coordination program focuses on you and your needs. We help you reduce the barriers you are having accessing your care by linking you to services and resources near you to help improve your health. We also assist you in reducing your barriers by helping to arrange care with your care team and providers. This ensures you are able to better manage your health and improve your quality of life.

### How can care coordination help you?

If you are eligible, you will be assigned your own care coordinator. This person helps you address and eliminate barriers that cause you issues with obtaining care by:

- Completing assessments and reviewing medications
- Making a plan of care to help you identify and meet your health goals
- Linking you with services and community resources near you, including the local health departments
- Helping you better control your healthcare needs
- Collaborating with your providers
- Taking a person-centered approach in the management of your care needs by supporting you and your care team with understanding the medical and behavioral health benefits

Call Member Services at **1-800-903-5253**, TTY **711** for more information about the care coordination program.

## Care management

We offer a care management program for members with chronic and/or complex health conditions. This is a voluntary program that allows you to talk with a care coordinator about your health care. A care coordinator helps you:

- Coordinate care between health care providers, services, and social support providers
- Set personal goals to manage your medical conditions
- Talk to your doctors or other providers when you need help
- Understand your medical conditions
- Access community-based supports, services, and resources

### Health care transition services

When you are 12, our care managers will:

- Help you and your family learn to handle your own health care
- Help you plan to get care from adult doctors when you are 18

Call our member call center at **1-800-903-5253** to get help.

We will work with you/your family to:

- Find out about how we can help you learn to manage your own health care
- Plan with you/your family and your current doctors to help you move to adult doctors
- Teach you about legal changes that take place when you turn 18
- When you are 18-21:
  - Help you find adult doctors
  - Make sure you can get appointments
  - Make sure you are happy with your new doctors

If you are interested in joining this program, please call Member Services at **1-800-903-5253**, TTY **711** to be connected with a care coordinator.

## Children's health

Children change a lot as they grow. They should see their doctor at least once a year to check their growth, even if they are healthy. This is known as a well-child visit. Well-child visits are a good time for you to ask questions about your child's health and how it can be better. Children can see a pediatrician for routine preventive care and well-child visits without a referral. Children up to three years old are recommended to have a developmental screening done with their doctor once a year.

Babies from birth through 14 months need at least six well-child visits. Babies from 15 months through 30 months need at least two well-child visits.

#### These visits often are at these ages:

3-5 days	4 months	15 months
2 weeks	6 months	18 months
1 month	9 months	24 months
2 months	12 months	30 months

## Benefits and services

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It is important for your child to get a blood lead test once before age one and again before age two. Children who are at risk or who are high risk should be checked more often. These children should be tested at least one time per year. Children who are high risk are those who have had lead poisoning in the past. This includes children who live in old homes or apartments. Lead poisoning can happen even if you do not live in an older home. Lead can be found in paint, soil, ordinary dust, playgrounds, and toys, as well as other places. Have your child tested for lead poisoning so that it may be treated. If untreated, lead poisoning can lead to disabilities and behavioral problems. This simple test will help keep your little one on track!

Teenagers should also receive annual well-child visits. At these visits, teens will have their height, weight and BMI checked. Providers can talk about health, safety and preventive measures that are useful to teens. Required immunizations can also be given at these visits.

### Early Periodic Screening, Diagnosis and Treatment (EPSDT)

EPSDT is a special healthcare program for children under 21 years of age who are covered by Medicaid. Under EPSDT, children and teens enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development. EPSDT can provide coverage for medically necessary services even if these are not normally covered by Medicaid. For more information on EPSDT, go to the Bright Futures website <http://brightfutures.aap.org/>.

#### EPSDT checkups include:

- Well-care visits
- Physical and mental developmental/behavioral assessments
- Health history and physical exam, including school and sports physicals
- Crucial lab tests, including lead screening
- Developmental screening
- Nutrition assessment
- Health education guidance
- Immunizations
- Hearing, vision, and dental screening assessment
- Follow-up services

### Children's Special Health Care Services

If your child has a serious, chronic medical condition, they may be eligible for Children's Special Health Care Services (CSHCS).

CSHCS provides extra support for children and some adults who have special health care needs. This is in addition to the medical care coordination from UnitedHealthcare Community Plan.

There is no cost for this program. It doesn't change your child's UnitedHealthcare Community Plan benefits, service, or doctors. CSHCS provides services and resources through the following resources through the following agencies.

#### **MDHHS Family Center for children and youth with special health care needs:**

This center provides a parent support network and training programs. It may also provide financial help for conferences about special needs and more. If you have questions about this program, call the CSHCS Family Phone Line at 1-800-359-3722 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

#### **Local county health department:**

Your local county health department can help you find local resources. These may include parent support groups, adult transition help, childcare, vaccines and more. For help finding your local county health department, visit your county's website or [Michigan.gov](https://www.michigan.gov). Call Member Services at **1-800-903-5253**, TTY **711** for assistance.

#### **Children's Special Needs fund:**

The Children's Special Needs fund helps families get items not covered by Medicaid or CSHCS. These items promote the health, mobility, and development of your child. They may include wheelchair ramps, van lifts and mobility equipment. To see if you qualify for help from this fund call 1-517-241-7420.

#### **CSHCS member transitioning to adulthood**

We can help members who have special health care needs on how to plan a successful move from pediatric health care to adult health care services.

### Kidney disease

Kidney disease means your kidneys are damaged or not working well for three months or more. If not treated, it can lead to kidney failure, needing dialysis or a kidney transplant.

37 million American adults have chronic kidney disease (CKD), including over a million in Michigan. Most people with CKD don't know they have it. If you have diabetes or high blood pressure, you are more likely to get CKD. This is why regular kidney check-ups are important.

Checking for CKD is easy with two simple tests. Visit your doctor once a year for these tests:

- A blood test called eGFR
- A urine test called UACR

For more information, visit the National Kidney Foundation of Michigan website.

### Community Health Workers (CHW)

Community Health Workers are the front-line public health workers within the community, assisting members with navigating health care. CHWs serve as a bridge between health care and social services by building trusting relationships. CHWs full range of services include:

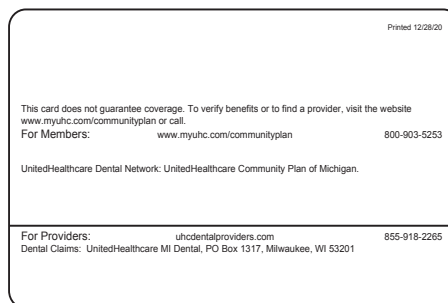
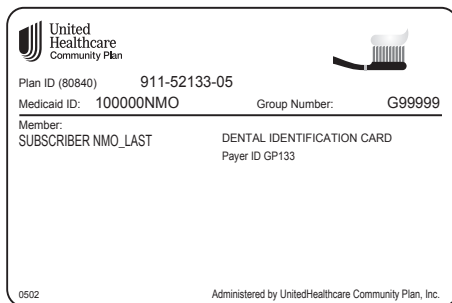
- Meeting face to face to improve your access to health care
- Helping others find providers and set up visits
- Finding local support like food and housing
- Teaching ways to live a healthy life
- Helping with provider follow-up visits after going to the hospital or emergency room
- Helping set up rides for medical or pharmacy visits

Contact Member Services at **1-800-903-5253**, TTY **711** for more information.

## Dental services

Dental care is important. We offer dental coverage to all beneficiaries ages 19 and above enrolled in Healthy Michigan Plan, as well as all enrollees ages 21 and older, enrolled in Medicaid. We are contracted with many dentists to provide dental benefits. A UnitedHealthcare Community Plan Dental Guide was included in your welcome kit. You can also view the Dental Guide on [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan).

You should have received your UnitedHealthcare Community Plan Dental ID card in the mail. Call us if you have not received your card or if the information on your card is wrong. Each member of your family in our plan should have their own member ID card.



If you have questions about this coverage or need a new UnitedHealthcare Community Plan dental ID card, you should call Member Services at **1-800-903-5253**, TTY **711**.

### Lost your dental ID card?

If you or a family member loses a card, you can call Member Services to request a new one.

### Choosing a dental provider

You must choose a dental provider in the UnitedHealthcare network. The Provider Directory lists all participating dentists in the network and can be viewed on [uhccp.com/Michigan](https://uhccp.com/Michigan). Please contact Member Services or visit the website for the most current list of dentists in your area before receiving services.

As a member you also have access to mobile dental services provided by dental facilities listed in the MDHHS Michigan Mobile Dental Facility Permit Directory:

All of the Michigan mobile dental facilities are listed at: <https://www.michigan.gov/mdhhs/adult-child-serv/childrenfamilies/familyhealth/oralhealth/mobile-dentistry>.

## Benefits and services

### Covered dental services include:

Your UnitedHealthcare plan covers a wide range of dental treatments and services. These services include preventative, diagnostic and minor restorative and oral surgery. Orthodontia is not covered under this plan. Some dental services require “prior authorization” or approval before getting the service.

### In-plan benefits

Service type	Service description	How often and description
<b>Periodontal services</b>	Scaling and root planning (deep cleaning) Periodontal maintenance	Every 2 years  Every 6 months
<b>Preventive services</b>	Routine dental exams Cleanings Sealants (see <b>Coverage limitations</b> ) Fluoride	Every 6 months Every 6 months One every 3 years One every 6 months (only covered for 21 and under)
<b>Diagnostic services</b>	X-rays	Complete series – One every 5 years Bitewing – Once per year Panoramic film – One every 5 years
<b>Restorative services</b>	Fillings Dentures, partial or complete  Crowns (see <b>Coverage limitations</b> ) Root canals	As needed As medically necessary – One every 5 years One every 5 years One per lifetime, same tooth
<b>Oral surgery</b>	Extractions or other mouth surgery	As medically necessary
<b>Other dental services</b>	Emergency dental care services Other services	As medically necessary As medically necessary

### Coverage limitations

**Sealants:** Coverage includes fully erupted first and second primary molars (A, B, I, J, K, L, S, T), fully erupted first and second permanent molars (2, 3, 14, 15, 18, 19, 30, 31), and fully erupted first and second permanent premolars (4, 5, 12, 13, 20, 21, 28, 29).

**Crowns:** Coverage is limited to full metal crowns on first and second permanent molars (2, 3, 14, 15, 18, 19, 30, 31). Porcelain and porcelain fused to metal crowns are limited to permanent first and second premolars, canines and incisors (4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29).

If you have any questions about your dental services, please contact UnitedHealthcare Dental at **1-800-903-5253**, TTY **711**. We're here for you 24/7.

**Please note:** Children under age 21 and enrolled in Medicaid are automatically enrolled into the **Healthy Kids Dental program**. The two plans available are Blue Cross Blue Shield of Michigan and Delta Dental of Michigan. You will get an identification card and Member Handbook from the dental plan you are enrolled in. If you are enrolled in this program, please refer to your Healthy Kids Dental Member Handbook for information on your dental benefits. You can also call the Michigan Beneficiary Helpline at 800-642-3195 for help.

#### **Blue Cross Blue Shield of Michigan**

Michigan Health Insurance Plans | BCBSM

Phone: **800-936-0935**

#### **Delta Dental of Michigan**

Individual Dental Plans | Delta Dental of Michigan ([deltadentalmi.com](http://deltadentalmi.com))

Phone: **866-696-7441**

## Benefits and services

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### Durable medical equipment

Some medical conditions need special equipment. Durable medical equipment we cover includes:

- Equipment such as nebulizers, crutches, wheelchairs, and other devices
- Disposable medical supplies, such as ostomy supplies, catheters, peak flow meters and alcohol pads
- Diabetes supplies, such as lancets, test strips, insulin needles, blood glucose meters and insulin pumps
- Prosthetics and orthotics – **Special note:** Prosthetics replace a missing body part, such as a hand or leg. They may also help the body function. Orthotics correct, align, or support body parts that may be deformed.

To get durable medical equipment, you need a prescription from your doctor. You may also need prior authorization from us. You must get your item from a network provider. To find network durable medical equipment providers, call Member Services at **1-800-903-5253**, TTY **711**.

### Emergency care

Emergency care is for a life-threatening medical situation or injury that a reasonable person would seek care right away to avoid severe harm. Here are some examples of emergencies:

- Convulsions
- Broken bones
- Uncontrollable bleeding
- Loss of consciousness (fainting or blackout)
- Chest pain
- Jaw fracture or dislocation
- High fever
- Tooth abscess with severe swelling
- Serious breathing problems
- Knife or gunshot wounds

If you believe you have an emergency, call **911** or go to the emergency room. You do not need an approval from UnitedHealthcare Community Plan or your doctor before getting emergency care. You can go to any hospital. Be sure to follow up with your doctor to make sure you get the right follow-up care and services.

## Food services

If you live in one of the following counties you may qualify for **Medically Tailored Home Delivered Meal (MTM)**:

Allegan, Barry, Clinton, Eaton, Genesee, Huron, Ingham, Ionia, Kent, Lake, Lapeer, Mason, Mecosta, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Ottawa, Saint Clair, Sanilac, Shiawassee or Tuscola

If you live in one of the following counties you may qualify for **Produce Prescription**:

Clinton, Eaton, Genesee, Huron, Ingham, Lapeer, Saint Clair, Sanilac, Shiawassee or Tuscola

It is up to you whether you use a food service if you qualify. Your Medicaid coverage and access to other medical services will stay the same if you use a food service or choose not to.

You can file a grievance or appeal about the food service, for example, if you are not approved for a food service. Information on how to file a grievance or appeal can be found on page 59.

Keep reading to learn more about your food service options and if you may qualify for a food service, or if you have any questions, call **1-800-903-5253** for more information.

### Medically Tailored Home Delivered Meal

Through the Medically Tailored Home Delivered Meal service, you will receive up to two healthy meals per day delivered to your home for up to 3 months. These meals are tailored to your health needs.

You will also get help from a registered dietitian. This person is a nutrition expert and will give you guidance on choosing healthy foods.

This service is for members who cannot get enough food when they need it, cannot shop for and cook their own healthy meals, is at risk for nutritional deficiency due to food insecurity **AND**:

- Have an illness that can be improved with a healthy diet, like diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), hypertension, human immunodeficiency virus (HIV), cancer with malnutrition, sickle cell disease, renal/kidney disease, diabetes during pregnancy, or other pregnancy complications; **OR**
- Have been in a hospital or skilled nursing facility in the last 60 days.

## Benefits and services

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### Produce Prescription

Through the Produce Prescription service, you will receive a voucher to buy fruits and vegetables for up to 3 months.

This service is for members who cannot get enough food when they need it, be at risk for nutritional deficiency due to food insecurity **AND:**

- Have an illness that can be improved with a healthy diet, like diabetes, heart conditions, stroke, lung disorders, hypertension, human immunodeficiency virus (HIV), cancer, obesity, oral health disease, sickle cell disease, renal/kidney disease, a substance use disorder or a mental health disorder; **OR**
- Have been in a hospital or skilled nursing facility in the last 90 days; **OR**
- Are likely to end up in the hospital or another facility if they cannot access healthy food; **OR**
- Are pregnant and currently have, have a history of or are at risk of complications from being pregnant, including things like diabetes while pregnant, preeclampsia, preterm labor, an infection, and a mental health condition; **OR**
- Used to be in foster care and is at risk of developing an illness; **OR**
- Are a child that has too much lead in their blood, lives in a stressful environment or will develop an illness without access to healthy food;
- Are eligible for the Children’s Special Health Care Services (CSHCS) program; **OR**
- Are an adult eligible for the Persons with Special Health Care Needs (PSHCN) program; **OR**
- Have a disability.

You can only receive one (1) of the food services listed above (MTM or Produce Prescription) at a given time.

## Healthy behaviors

You may be eligible to participate in a healthy behavior incentive program. To get more information, call **1-800-903-5253**.

## Hearing services

How well you hear affects your quality of life. We cover services and supplies for the diagnosis and treatment of diseases of the ear, including:

- Hearing exams
- Medically necessary hearing aid evaluations and fittings
- Medically necessary hearing aids

If you need a hearing exam or think you need hearing aids, call **1-800-903-5253**, TTY **711**. You can also call a provider from our list of hearing providers.

## Hepatitis C

Treatment is available for Hepatitis C. Hepatitis C is a liver infection caused by the Hepatitis C virus. It's spread through contact with blood from an infected person, even amounts too small to see. People with Hepatitis C often don't feel sick or show symptoms. When symptoms do appear, they're often a sign of advanced liver disease. It's important to get tested (screened) for Hepatitis C before it becomes severe, when it's easier to treat. All adults should be screened for Hepatitis C at least once. Pregnant beneficiaries should be screened during each pregnancy.

For members under age 21, the screening is covered under the Early and Periodic Screening, Diagnosis and Treatment program, or EPSDT. This includes coverage of any medically necessary follow-up services and referrals.

## Home health care, skilled nursing services and hospice care

Sometimes, you may need long-term care. To help you get the care you need, we may cover:

- Short-term nursing home services up to 45 days in a nursing facility (long-term care is provided by the State of Michigan)
- Home health care services for members who are homebound
- Supplies and equipment related to home health care
- Hospice care

## Benefits and services

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### Hospice care

You have the right to choose hospice care if your doctor and the hospice doctor agree that you have a serious illness and may live six months or less. You can get care from any hospice program. UHC can help you find one. The hospice doctor can be part of your plan or not.

### Hospital care

Hospital care is for care like delivering a baby or taking care of a bad sickness. It also covers care you would get in the hospital, like lab tests or X-rays. Your doctor sets up your hospital care if you need it. A different doctor at the hospital may fill in for your doctor to make sure you get the care you need if an emergency happens.

You should call your doctor as soon as you are admitted (checked in) to the hospital if it was not arranged by your doctor. Ask a family member or friend to call for you if you cannot. It is important to call your doctor right away and set up a visit within seven days of being sent home. You can talk about and arrange your care after you leave the hospital during this follow-up visit.

### Mental health and substance abuse services

We want you to feel your best, including your mental and emotional feelings. To help you, we cover short-term treatment for mental or emotional needs. This applies to members with mild to moderate mental health services. These visits may be with a network therapist, such as a counselor, licensed clinical social worker or psychologist. Telehealth may be an option for you. Talk to your mental health provider to learn more. Treatment for long term, severe mental conditions, or severe emotional disturbances for children, as well as inpatient and intensive outpatient treatment must be arranged through the local Community Mental Health Services Program (CMHSP) agency. CMHSP can also help refer you to the right local agency when you or a family member has problems or concerns about drugs or alcohol. If you feel you have a substance abuse problem, we encourage you to seek help. If you need help getting services, call your doctor or Member Services at **1-800-903-5253**, TTY **711**.

### **Signs and symptoms of substance abuse:**

- Failure to finish jobs at work, home, or school
- Being absent often
- Performing poorly at work or school
- Using alcohol or drugs when it is dangerous. This includes while driving or using machines.
- Having legal problems because of drinking or drug use
- Needing more of the substance to feel the same effects
- Failing when trying to cut down
- Failing when trying to control the use of the substance
- Spending a lot of time getting the substance
- Spending a lot of time using the substance
- Spending a lot of time recovering from the substance's effects
- Giving up or reducing important social, work, or recreational activities because of substance use
- Continuing to use the substance even though it has negative effects

If you have questions about your mental health or substance abuse benefits call **1-800-903-5253**, TTY **711**. You can also call your local CMHSP agency.

**If you need emergency care for a life-threatening condition, or if you're having thoughts of suicide or death, go to the nearest emergency room or call 911. You can also call the Suicide and Crisis Lifeline by dialing 988. Help is available for you now.**

## Benefits and services

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### Obstetrics and gynecology care

You may get routine obstetrics and gynecology (OB/GYN) care and other health services, including routine and preventive services from any provider in our network or outside our network. You don't need a referral or prior authorization. This includes getting routine care from your OB/GYN even if they aren't your primary care doctor.

To make sure you get the care you need to be at your best for you and your family, we cover:

- Family planning
- Prenatal and postpartum care
- Pregnancy testing
- Midwife services in a health care setting
- Birth control and birth control counseling
- Delivery care
- HIV/AIDS testing and treatment of sexually transmitted diseases
- Parenting and birthing classes
- Pregnancy and maternity care, including the Maternal Infant Health Program
- Mammograms and breast cancer services, such as treatment and reconstruction
- Doula services
- Pap tests
- Depression screening

### Family planning services

Family planning care is covered. Both men and women can get this care. Family planning is an important part of staying healthy. You can get family planning information from your doctor, OB/GYN, or a Family Planning Center. You do not need a referral from your doctor for this care. Please contact Member Services at **1-800-903-5253**, TTY **711** as soon as you discover you are pregnant to help maximize the support and benefits available to you.

Family planning services include:

- Counseling to help you decide when to have children
- Help to decide how many children to have
- Birth control services and supplies.  
(It is recommended to get a Pap test and chlamydia test before getting birth control.)
- Sexually transmitted disease testing and treatment
- Testicular and prostate cancer screening

You may go to any out-of-network provider or Family Planning Center for services or supplies without being sent by your PCP.

### Pregnancy services

If you are pregnant, early and regular checkups can help protect you and your baby's health. Care should start within the first 12 weeks of pregnancy. Oral care is also important for you and your baby while you are pregnant. Routine dental care can be done during pregnancy. Please call Member Services at **1-800-903-5253**, TTY **711** and your local MDHHS office as soon as you find out you are pregnant so we can provide support.

### No cost pregnancy tests

Planning to become pregnant? Think you might be pregnant? Get no cost pregnancy tests as part of your benefits. Please visit your My Maternity Journey page located on the health and wellness tab on your [myuhc.com](https://myuhc.com) account to get your free pregnancy tests; or call Member Services for more information.

### Postpartum care

It's important to take care of yourself after you have a baby. You should have a postpartum checkup 7 to 84 days after your pregnancy. We cover this exam.

The doctor may check your blood pressure and your weight. They may talk to you about birth control, feeding options, and provide other postpartum counseling. You can also talk to your doctor about any new feelings you may have.

## Benefits and services

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**When you have your baby, let us know.** Call your local MDHHS office so your records can be updated. Also call Member Services at **1-800-903-5253**, TTY **711** to report the change. This starts the process of signing your baby up for health care services. Your baby is covered by your health plan at the time of birth. Make sure you tell us the day you gave birth, your baby's name, and your baby's Medicaid ID number that you get from your local MDHHS office. We will send a member ID card for your baby within 30 days after we get this information. Call Member Services at **1-800-903-5253**, TTY **711** if you need help.

### Healthy First Steps

A great start to a healthy pregnancy begins with UnitedHealthcare's Healthy First Steps. This program will help you take the right steps to keep you and your baby healthy.

Your health is important. Get the support and information you need. Healthy First Steps will connect you to a case manager who can assist you during and after your pregnancy. This includes getting connected to pregnancy care and going to provider visits throughout your pregnancy and baby's first 15 months of life.

Healthy First Steps is easy.

**Enroll** – Sign up at [uhhealthyfirststeps.com](https://uhhealthyfirststeps.com) or call 1-800-599-5985.

### Babyscripts

Earn rewards for attending your prenatal and postpartum appointments with the Babyscripts mobile application. Call Member Services for more information at **1-800-903-5253**.

### Doula services

A doula is a trained professional who provides support during your pregnancy, labor, delivery experience, and postpartum. They can offer encouragement, physical support, education, and advocate for your personalized birth plan during birth. For more information, please call Member Services at **1-800-903-5253**.

## Change in family size

When you experience a change in family size, contact Member Services at **1-800-903-5253**, TTY **711** to let us know and we will be able to assist you. A change in family size includes marriage, divorce, childbirth, adoption and/or death. Please reach out to your local MDHHS office if there is a change in family size.

### Maternal Infant Health Program (MIHP)\*

The MIHP is a home visiting program for women and infants to promote healthy pregnancies, positive birth outcomes, and healthy infant growth and development.

MIHP covered services include:

- Prenatal teaching
- Childbirth education classes
- Nutritional support, education, and counseling
- Breastfeeding or formula feeding support
- Help with personal problems that may complicate your pregnancy
- Newborn baby assessments
- Referrals to community resources and help finding baby cribs, car seats, clothing, etc.
- Support to stop smoking
- Help with substance abuse
- Personal care or home help services

Call Member Services at **1-800-903-5253**, TTY **711** for more information on how you can access these services.

## Pharmacy services

### Prescription drugs

**Your benefits include prescription drugs.** Your plan covers a long list of prescription medicines, or drugs. Medicines that are covered are shown on the Preferred Drug List (PDL). Your doctor uses the PDL to make sure the medicines you need are covered by your plan. UnitedHealthcare Community Plan may cover other medicines with prior approval. If your drug does need prior approval, your care provider can request it for you. You can find the PDL for your plan on our website at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). There, you can also search for a medicine by name.

### What is the Preferred Drug List?

This is a list of drugs covered under your plan. You can find the complete list in your Preferred Drug List, or online at [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).

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\* MIHP visits do not replace provider visits; you should continue visits with your provider after your pregnancy to protect you and your baby.

## Benefits and services

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### Generic and brand-name drugs

UnitedHealthcare Community Plan requires all members to use generic drugs. Generic drugs have the same ingredients as brand-name drugs – they often cost less, but they work the same.

In some cases, a limited number of brand-name drugs are covered or preferred. These are limited to certain classes (or types) of drugs. Some of these may require prior authorization by UnitedHealthcare Community Plan.

### Prior approval of prescription drugs

If your prescription drug is not listed on the PDL, or is listed but requires prior approval, your care provider can request prior approval for you, so you can still get that drug. We will approve or deny the request within 24 hours. If a request is approved, you and your care provider will be informed of the decision including the drug approval length of time. If a request is denied, you and your care provider will be informed of the decision in writing. The written decision notice will tell you how and when to appeal this decision and how to file a complaint or grievance with UnitedHealthcare Community Plan.

### Changes to the Preferred Drug List

The list of covered drugs is reviewed by the Michigan Department of Community Health on a regular basis and may change when new generic drugs are available.

Some medicines are covered by the State and not UnitedHealthcare Community Plan. You may have a copay for those medicines. The pharmacist will tell you if the medicine you need is covered by the State. To see the list of medicines covered by the State, go to: [Medicaid Health Plan Pharmacy Benefit \(michigan.gov\)](https://www.michigan.gov/medicaid-health-plan-pharmacy-benefit). You will use your mihealth card to get the medicine.

### Important pharmacy information

There is no copay when your Primary Care Provider (PCP) or UnitedHealthcare Community Plan Specialist writes you a covered prescription. You may have copays for covered services if you are a Healthy Michigan Plan member. But you can get many over-the-counter (OTC) medicines free when you have a prescription. You can get the medications listed on the following pages when they are medically necessary and you get a written prescription from your UnitedHealthcare Community Plan doctor and take it to a UnitedHealthcare Community Plan pharmacy.

To get your medicine:

- Take your prescription to a UnitedHealthcare Community Plan pharmacy. To find a pharmacy, call **1-800-903-5253** or go to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan).
- For your safety, we urge you to select a single pharmacy from which to get your drugs
- Get to know the pharmacist and build a relationship
- Ask your pharmacist if your prescription is available for a 90 day refill
- Provide your pharmacist with your UnitedHealthcare Community Plan card and your Michigan MIHealth card to assist with getting your prescription filled

If the UnitedHealthcare Community Plan pharmacy says they cannot fill your covered prescription:

Do not leave the pharmacy.

Do not pay for it yourself.

Ask the pharmacy why they cannot fill your prescription.

<b>Response</b>	<b>Your solution</b>
<b>Not covered</b>	<ul style="list-style-type: none"> <li>• Ask them to call OptumRx right away to find out which medicine is covered</li> <li>• Ask them to call your doctor to see if you can get the covered medicine instead</li> </ul>
<b>Prior authorization needed</b>	<ul style="list-style-type: none"> <li>• Ask them to call your doctor for a prior authorization</li> <li>• You can call your doctor and ask that a prior authorization be sent to:  <b>UnitedHealthcare Pharmacy Prior Notification Service</b>  <b>Fax: 1-866-940-7328</b>  <b>Phone: 1-800-310-6826</b> </li> </ul>
<b>Refill too soon</b>	<ul style="list-style-type: none"> <li>• Ask what day it can be filled</li> <li>• Pick your prescription up the day it can be filled</li> </ul>

You can get FDA (Food and Drug Administration)-approved generic (not brand-name) drugs or brand-name drugs (if generic drugs are not available).

UnitedHealthcare Community Plan uses a formulary. A formulary is a list of approved medicines. It helps your doctor when prescribing medicines for you. New drugs are introduced every year. UnitedHealthcare Community Plan will add drugs to its formulary as needed.

## Benefits and services

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Most medicines you take (brand-name and generic drugs) are in our formulary.

UnitedHealthcare Community Plan requires generic drugs to be used when available. If a specific medicine is not listed on the formulary, your doctor or pharmacy may request a prior authorization from:

UnitedHealthcare Pharmacy Prior Notification Service  
Fax: 1-866-940-7328  
Phone: 1-800-310-6826

UnitedHealthcare Community Plan is responsible for most pharmacy services. Some medicines are not covered by Medicaid plans. Instead, the State of Michigan may pay your pharmacy directly for these medicines through its Fee-For-Service (FFS) program. These medicines would include drugs to treat behavioral health, Epilepsy, and antivirals for Hepatitis C and HIV. So, it is important to present your UnitedHealthcare Community Plan member ID card and mihealth card when filling a prescription.

### Over-the-Counter (OTC) medicines

UnitedHealthcare Community Plan also covers many over-the-counter (OTC) medications. A network provider must write you a prescription for the OTC medication you need. The supply is limited to 30 days. Then all you have to do is take your prescription and member ID card into any network pharmacy to fill the prescription at no cost to you. OTC medications include:

- Pain relievers
- Cough medicine
- First-aid cream
- Cold medicine
- Contraceptives

For a complete list of covered OTC medicines, go to [myuhc.com/CommunityPlan](https://myuhc.com/CommunityPlan). Or call Member Services at **1-800-903-5253**, TTY **711**.

### Injectable medicines

Injectable medications are medicines given by shot, and they are a covered benefit. Your PCP can have the injectable medication delivered either to the doctor's office or to your home. In some cases, your doctor will write you a prescription for an injectable medication (like insulin) that you can fill at a pharmacy.

### Pharmacy home

Some UnitedHealthcare Community Plan members will be assigned a pharmacy home. In this case, members must fill prescriptions at a single pharmacy location for up to two years. This is based on prior medication use, including overuse of pharmacy benefit, narcotics, pharmacy locations and other information.

Members of this program will be sent a letter with the name of the pharmacy they are required to use. If you get this letter, you have 30 days from the date of the letter to request a change of pharmacy. To change pharmacies during this time, call Member Services at **1-800-903-5253**, TTY **711**. After 30 days from the date of the letter, you will need to make your request in writing. Send your request to:

UnitedHealthcare Community Plan  
P.O. Box 30991  
Salt Lake City, UT 84130-0991

### New technology

Requests to cover new medical procedures, devices, or drugs are reviewed by the UnitedHealthcare Community Plan Technology Assessment Committee. This group includes doctors and other health care experts. The team uses national guidelines and scientific evidence from medical studies to help decide whether UnitedHealthcare Community Plan should approve such equipment, procedures, or drugs.

### New medical ideas

We regularly review new technology. We cover new medical treatments and medicines after we review information about their safety and effectiveness. UnitedHealthcare Community Plan doctors and pharmacists review requests for new medical treatment and medicines. We review scientific evidence from medical literature to help decide whether we should approve the use of the equipment, procedure or medicine.

## Benefits and services

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### Preventive health care for adults

Preventive health care for adults is important to UnitedHealthcare Community Plan. You should have a wellness exam each year to prevent and detect health problems. It is important to find and treat health problems early.

Make sure to schedule an appointment and ask your doctor to check:

- Blood pressure
- Cholesterol
- Diabetes
- Body Mass Index
- Blood sugar
- Depression screening
- Prostate and colorectal screenings

You can also ask your doctor about:

- Immunizations
- HIV/AIDS testing and treatment of sexually transmitted diseases

Preventive health is also about making the right choices for good health habits. Seeing your doctor for routine care is a good preventive health habit that keeps you healthy. We have programs to help you make good preventive health choices for yourself and your family.

You can improve you and your family’s health by taking responsibility and following healthy behaviors. Getting needed yearly preventive care is the first step! Some other things you should and should not do to take control of your health are listed below.

Things you should do:	Things you should not do:
<ul style="list-style-type: none"><li>• Eat healthy</li><li>• Exercise</li><li>• Get enough sleep</li><li>• Manage your stress</li><li>• Don’t smoke or use tobacco</li><li>• Don’t use drugs or drink alcohol</li><li>• Go to the dentist for regular cleanings and preventive services</li><li>• Visit your doctor each year for yearly preventive care</li></ul>	<ul style="list-style-type: none"><li>• Eat foods high in fat, sugar, and salt</li><li>• Live an inactive lifestyle</li><li>• Hold in your feelings or emotions if you’re feeling stressed or depressed</li><li>• Use drugs, alcohol, or tobacco</li><li>• Forget to set up your dentist visits for regular cleanings and preventive services</li><li>• Forget to set up a yearly visit to your doctor</li><li>• Avoid going to the doctor</li></ul>

### Routine care

Routine care is for things like:

- Yearly wellness exams
- School physicals
- Health screenings
- Immunizations
- Vision and hearing exams
- Lab tests

Your doctor should set up a visit within 30 business days of request.

### Transportation services

#### Non-emergency

Your Medicaid benefit provides options for transportation. We provide transportation free of charge for doctor's visits, lab visits, non-emergency hospital services, prescription pick-up, dental services and other Medicaid covered services, whether those services are provided by UnitedHealthcare Community Plan or through MDHHS directly. In some cases, we may provide bus tokens or if you have your own vehicle or someone else to drive you, you can request mileage reimbursement. If you need to travel a long distance for a medical service, there may be additional transportation assistance available to you. If you need to travel a long distance for a medical service, there may be additional transportation assistance available to you.

Please call 1-888-777-4065 for more information and to schedule a ride. Please call 72 hours before an appointment so we can make sure we have someone available to transport you. You can request same-day transportation for an urgent non-emergency appointment.

Have this information ready when you call:

- Your name, Medicaid ID number and date of birth
- The address and phone number of where you will be picked up
- The address and phone number of where you are going
- Your appointment date and time
- The name of your provider

Members with any special needs (wheelchair accommodations, oxygen resources, etc.) will want to schedule transportation as early as possible in order to meet your needs with the appropriate vendor.

## Benefits and services

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If you are receiving services through the local Community Mental Health Services Program (CMHSP) agency, there may be some transportation services that you will continue to receive through the local CMHSP agency. Contact your local CMHSP agency for questions about this benefit.

Please be sure to call us as soon as possible if you need to cancel.

### **Members can request a ride by phone, online or on the MTM Health app 24/7, 365 days a year.**

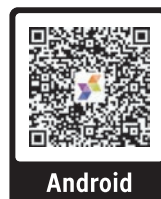
UnitedHealthcare Community Plan has been working with **MTM Health** to improve transportation services for members. Members can now reserve transportation online by visiting **Member Home** | <https://www.mtm-inc.net> and requesting trips when it's convenient for them. Online trips are accepted 24/7, 365 days of the year.

The MTM Health app gives you the flexibility to schedule a non-emergency medical ride whenever and wherever you like, directly from a smartphone or tablet.

All you need to do is search for **MTM Health app** on Google Play® or the Apple App Store® and download it to your smartphone or tablet. Have your valid email address handy.

### **With the app you can:**

- Book a trip
- Book mileage reimbursement trip
- Change a scheduled trip
- Cancel a trip
- See where your driver is



### **Where's my ride?**

Call 1-888-777-4065 if transportation is late. Do not call any other number for assistance with a late ride.

### **Drive yourself?**

You can get reimbursed for gas. Visit [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan). Click on See More Benefits and Features under Transportation to get more information and a form to complete.

### **Emergency**

If you need emergency transportation, call **911**.

## **Tobacco cessation**

We want to help you quit smoking. If you smoke, talk to your doctor about quitting. If you are pregnant and smoke, quitting now will help you and your baby. Your doctor can help you. UnitedHealthcare Community Plan can also help you. To get more information, call 1-800-784-8669. We cover the following services to help you:

- Therapy and counseling services
- Educational materials
- Prescription inhalers or nasal sprays used to stop smoking
- Non-nicotine drugs
- Over-the-counter items to help you stop smoking
  - Patches
  - Gums
  - Lozenges

A personal Health Coach is also available to help you stop smoking. To learn more, and to get your toolkit, call today. You, your personal Health Coach and your PCP can all work together to help you quit smoking.

## **Urgent care and after-hours care**

Urgent care centers and after-hours clinics are helpful if you need care quickly but can't see your primary care doctor. You don't need a referral or prior authorization to go to an urgent care center or after hours-clinic in our network.

These places can treat illnesses that should be cared for within 48 hours, such as the flu, high fevers, or a sore throat. They can also treat ear infections, eye irritations and low back pain. If you fell and have a sprain or pain, it can be treated at an urgent care center.

If you aren't sure if you need urgent care, call your doctor. They may be able to treat you in their office.

## Benefits and services

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### Vision services

Eye care is an important part of your overall health. To make sure your eyes are healthy and help you see the best you can, we cover the following services:

- One eye exam every 24 months
- One pair of glasses every 24 months
- Eye glass frames
- Contact lenses

You do not need a referral to get eye care. If you need glasses or an eye exam, call **1-800-903-5253**, TTY **711**. You can also call a provider from our list of vision providers. For medical eye problems, talk to your doctor.

### Community-based supports and services

We want to provide efficient and appropriate care in a timely manner. We also connect our members to community resources.

- Do you and your family struggle with having enough to eat?
- Do you need help finding a place to stay, or do you need heating assistance?
- Do you need a ride to your doctors' appointments?
- Do you need help with employment?

If you answered yes to any of the above questions, we can help. We know it's difficult to get to your doctor for important health screenings or other care when you're facing these challenges. If you're struggling with a similar problem, or need assistance, reach out to your care manager. If you don't have a care manager, and need help please call Member Services at **1-800-903-5253**. TTY users should call **1-800-903-5253**, TTY **711**.

You can also access resources at the following:

- Online through the State of Michigan portal: <https://newmibridges.michigan.gov>
- Online through the Michigan 2-1-1 website: [www.mi211.org](http://www.mi211.org)
- Online through our website: [myuhc.com/communityplan](http://myuhc.com/communityplan)

**Women, Infants, and Children (WIC)** is a free program that provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals to health care. Call 800-262-4784 to find a WIC clinic near you or call Member Services at **1-800-903-5253**, TTY **711** for assistance.

### Help with public benefit programs

You may qualify for other programs that can help with food, money, and home expenses. These include:

**WIC (Women, Infants, and Children):** Offers healthy food and nutrition support for pregnant women, new moms, and young children.

**SNAP (Supplemental Nutrition Assistance Program):** Helps pay for groceries.

**TANF (Temporary Assistance for Needy Families):** Provides cash assistance and other support for families.

**Utility and Weatherization Programs:** Help lower energy bills and make your home more energy-efficient.

You can learn more and apply for these programs through MI Bridges, Michigan's online tool for finding and applying for benefits. Visit [www.michigan.gov/mibridges](http://www.michigan.gov/mibridges) to get started.

If you need help, call Member Services. They can guide you to resources that explain how to use MI Bridges and apply for benefits.

### Cost sharing and copayments

A copayment (sometimes called "copay") is a set dollar amount you are required to pay as your share of the cost for a medical service or supply. UnitedHealthcare does not require you pay a copayment or other costs for covered services under the Medicaid or Healthy Michigan Plan program.

You must go to a doctor in UnitedHealthcare's Medicaid network, unless otherwise approved. If you go to a doctor that is not in UnitedHealthcare's Medicaid network and did not get approval to do so, you may have to pay for those services. You should not receive a bill from your doctor for covered services within the plan's network. If you have questions about how copays may apply to you, contact **1-800-903-5253**.

# Services covered by Medicaid not UnitedHealthcare Community Plan

UnitedHealthcare Community Plan does not cover all services that you may be eligible for as a member of Medicaid.

### Services covered by state of Michigan Medicaid:

The following services are covered by the State of Michigan Medicaid program. You must use your mihealth card to get this care. If you have questions about these services talk with your doctor or your local Department of Health and Human Services. You can also contact the Michigan Beneficiary Helpline at 800-642-3195.

- Services provided by a school district and billed through the Intermediate School District
- Inpatient hospital psychiatric services
- Outpatient partial hospitalization psychiatric care
- Intermittent or short-term restorative or rehabilitative services (in a nursing facility beyond 45 days)
- Behavioral health services for enrollees meeting the guidelines under Medicaid policy for serious mental illness or severe emotional disturbance
- Substance abuse care including:
  - Screening and assessment
  - Detox
  - Intensive outpatient counseling
  - Other outpatient care
  - Methadone treatment

## Non-covered services

- Elective abortions and related services
- Experimental/investigational drugs, biological agents, treatments, procedures, devices, or equipment
- Elective cosmetic surgery
- Services for the treatment of infertility

# Rights and responsibilities

You have rights and responsibilities as our member. Our staff will respect your rights. We will not discriminate against you for using your rights. This Medicaid Health Plan and any of its affiliated providers will comply with the requirements concerning your rights.

### You have the right to:

- Receive information about your health care services
- Be treated with dignity and respect
- Receive Culturally and Linguistically Appropriate Services (CLAS)
- Have your personal and medical information kept private
- Participate in decisions regarding your health care, including the right to refuse treatment and express preferences about treatment options
- Have a candid discussion on appropriate or medically necessary treatment options for your conditions, regarding of cost or benefit coverage
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation
- Request and receive a copy of your medical records, and request those be amended or corrected
- Be furnished with health care services consistent with State and federal regulations
- Be free to exercise your rights without adversely affecting the way the Contractor, providers, or the State treats you
- To file a grievance, to request a State Fair Hearing, or have an external review, under the Patient's Right to Independent Review Act
- Be free from other discrimination prohibited by State and federal regulations
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and your ability to understand
- Receive Federally Qualified Health Center and Rural Health Center services
- To request information regarding provider incentive arrangements including those that cover referral services that place the Provider at significant financial risk (more than 25%), other types of incentive arrangements, and whether stop-loss coverage is provided
- To request information on the structure and operation of the UnitedHealthcare Community Plan
- To make suggestions about our services and providers

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- To make suggestions about member rights and responsibilities policy
- To request information about our providers, such as: license information, how providers are paid by the plan, qualifications, and what services need prior approval

### **You have the responsibility to:**

- Review this handbook and UnitedHealthcare Community Plan Certificate of Coverage
- Make and keep appointments with your UnitedHealthcare Community Plan doctor
- Treat doctors and their staff with respect
- Protect your Medicaid ID cards against misuse
- Contact us if you suspect fraud, waste, or abuse
- Give your health plan and your doctors as much info about your health as possible
- Learn about your health status
- Work with your doctor to set care plans and goals
- Follow the plans for care that you have agreed upon with your doctor
- Live a healthy lifestyle
- Make responsible care decisions
- Contribute towards your health by taking responsibility, including appropriate and inappropriate behavior
- Apply for Medicare or other insurance when you are eligible
- Report changes to your local MDHHS office if your contact info (like your address or phone number) changes
- Report changes that may affect your Medicaid eligibility to your local MDHHS office (like changes in income or changes to your family size). You can call your local MDHHS office or go to <https://newmibridges.michigan.gov/>.

# Grievances and appeals

We want you to be happy with the services you get from UnitedHealthcare Community Plan and our providers. If you are not satisfied, you can file a grievance or appeal.

Grievances are complaints that you may have if you are unhappy with our plan or if you are unhappy with the way a staff person or provider treated you. Appeals are complaints related to your medical coverage, such as a treatment decision or a service that is not covered or denied. If you have a problem related to your care, talk to your doctor. Your doctor can often handle the problem. If you have questions or need help, call UnitedHealthcare Community at **1-800-903-5253, TTY 711**.

### Grievance process

We want to know what is wrong so we can make our services better. If you have a grievance about a provider or about the quality of care or services you have received, let us know right away. If you aren't happy with us or your doctor, you can file a grievance at any time. UnitedHealthcare Community Plan has special procedures in place to help members who file grievances. We will do our best to answer your questions or help to resolve your concern. Filing a grievance will not affect your health care services or your benefits. These are examples of when you might want to file a grievance.

- Your provider or an UnitedHealthcare Community Plan staff member did not respect your rights
- You had trouble getting an appointment with your provider in an appropriate amount of time
- You were unhappy with the quality of care or treatment you received
- Your provider or an UnitedHealthcare Community Plan staff member was rude to you
- Your provider or an UnitedHealthcare Community Plan staff member was insensitive to your cultural needs or other special needs you may have

You can file your grievance on the phone by calling UnitedHealthcare Community Plan at **1-800-903-5253, TTY 711**. You can also file your grievance in writing via mail at:

**UnitedHealthcare Community Plan  
Grievance and Appeals Department  
P.O. Box 30991  
Salt Lake City, Utah 84130-0991**

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In the grievance letter, give us as much information as you can. For example, include the date and place the incident happened, the names of the people involved and details about what happened. Be sure to include your name and your Medicaid member ID number. You can ask us to help you file your grievance by calling **1-800-903-5253**, TTY **711**. We will let you know when we have received your grievance. We may contact you for more information.

At any time during the grievance process, you can have someone you know represent you or act on your behalf. This person will be your “representative.” If you decide to have someone represent you or act for you, inform UnitedHealthcare Community Plan in writing with the name of your representative and their contact information. Your grievance will be resolved within 90 calendar days of submission. We will send you a letter of our decision.

### Appeal process

An appeal is a way for you to ask for a review of our actions. If we decide that a requested service or item cannot be approved, or if a service is reduced or stopped, you will get an “Adverse Benefit Determination” letter from us. This letter will tell you the following:

- The adverse benefit determination the contractor has made or intends to make
- Your right to be provided upon request and free of charge, copies of all documents, records, and other information used to make our decision
- What action was taken and the reason for it
- Your right to file an appeal and how to do it
- Your right to ask for a State Fair Hearing/External Review and how to do it
- Your right in some circumstances to ask for an expedited appeal and how to do it
- Your right to ask to have benefits continue during your appeal, how to do it, and when you may have to pay for the services

You may appeal within 60 calendar days of the date on the Adverse Benefit Determination letter. If you want your services to stay the same while you appeal, you must say so when you appeal, and you must file your appeal no later than 10 calendar days from the date on the Adverse Benefit Determination. The list below includes examples of when you might want to file an appeal.

- Not approving or paying for a service or item your provider asks for
- Stopping a service that was approved before
- Not giving you the service or items in a timely manner
- Not telling you of your right to freedom of choice of providers
- Not approving a service for you because it was not in our network

You can file your appeal on the phone by calling UnitedHealthcare Community Plan at **1-800-903-5253**, TTY **711**. You can also file your appeal in writing. If you write to us, please include your name, member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the appeal. You may send your appeal in writing to the following address:

**UnitedHealthcare Community Plan  
Grievance and Appeals Department  
P.O. Box 30991  
Salt Lake City, Utah 84130-0991**

You have several options for assistance. You may:

- Call Member Services at **1-800-903-5253**, TTY **711** and we will assist you in the filing process
- Ask someone you know to assist in representing you. This could be your primary care provider or a family member, for example.
- Choose to be represented by a legal professional

To appoint someone to represent you, either:

1. Send us a letter informing us that you want someone else to represent you and include in the letter their contact information, or
2. Fill out the Authorized Representative Appeals Form. You may call and request the form at **1-800-903-5253**, TTY **711**.

We will send you a notice saying we received your appeal. We will tell you if we need more information and how to give us such information in person or in writing. A provider with the same or similar specialty as your treating provider will review your appeal. It will not be the same provider who made the original decision to deny, reduce, or stop the medical service.

UnitedHealthcare Community Plan will send our decision in writing to you within 30 calendar days of the date we received your appeal request, or within 10 calendar days if you are receiving CSHCS benefits. UnitedHealthcare Community Plan may request an extension up to 14 more days in order to get more information before we make a decision. You can also ask us for an extension if you need more time to get additional documents to support your appeal.

We will call you to tell you our decision and send you and your authorized representative the Notice of Internal Appeal Decision. The Notice of Internal Appeal Decision will tell you what we will do and why.

If UnitedHealthcare Community Plan's decision agrees with the Notice of Adverse Benefit Determination, you may have to pay for the cost of the services you got during the appeal review. If UnitedHealthcare Community Plan's decision does not agree with the Notice of Adverse Benefit Determination, we will approve the services right away.

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Things to keep in mind during the appeal process:

- At any time, you can provide us with more information about your appeal, if needed
- You have the option to see your appeal file
- You have the option to be there when UnitedHealthcare Community Plan reviews your appeal

### How can you expedite your appeal?

If you or your provider believes our standard time frame of 30 calendar days to make a decision on your appeal will seriously jeopardize your life or health, you can ask for an expedited appeal by writing or calling us. You must file a request for an Expedited Appeal within 10 days of the Adverse Benefit Determination. If you write to us, please include your name, member ID number, the date of your Notice of Adverse Benefit Determination letter, information about your case, and why you are asking for the expedited appeal. We will let you know within 24 hours if we need more information. Once all information is provided, we will call you within 72 hours from the time of your request to inform you of our decision and will also send you and your authorized representative the Notice of Internal Appeal Decision notice.

### How can you withdraw an appeal?

You have the right to withdraw your appeal for any reason, at any time, during the appeal process. However, you or your authorized representative must do so in writing, using the same address as used for filing your appeal. Withdrawing your appeal will end the appeal process and no decision will be made by us on your appeal request. UnitedHealthcare Community Plan will acknowledge the withdrawal of your appeal by sending a notice to you or your authorized representative. If you need further information about withdrawing your appeal, call UnitedHealthcare Community Plan at **1-800-903-5253**, TTY **711**.

### What happens next?

After you receive the Notice of Internal Appeal Decision in writing, you do not have to take any action and your appeal file will be closed. However, if you disagree with the decision made on your appeal, you can take action by asking for a State Fair Hearing from the Michigan Office of Administrative Hearings and Rules (MOAHR) and/or asking for an External Review under the Patient Right to Independent Review Act (PRIRA) from the Michigan Department of Insurance and Financial Services (DIFS). You can choose to ask for both a State Fair Hearing and an External Review or you may choose to ask for only one of them.

### State Fair Hearing process

You, your representative, or your provider can ask for a State Fair Hearing with MOAHR. You must do this within 120 calendar days from the date of your appeal denial notice. A Request for Hearing form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. If you asked for services to continue in your health plan appeal and want to continue your services during the State Fair Hearing process, you must ask for a State Fair Hearing within 10 calendar days of the date on the decision notice. If you do not win this hearing, you may be responsible for paying for the services provided to you during the hearing process. You can also ask for a State Fair Hearing if you do not receive a decision from us within the required time frame.

Call UnitedHealthcare Community Plan at **1-800-903-5253**, TTY **711** if you need a hearing request form sent to you. You may also call to ask questions about the hearing process. You will get a written notice of hearing from MOAHR telling you the date and time of your hearing. Most hearings are heard by telephone, but you can ask to have a hearing in person. During the hearing, you will be asked to tell an administrative law judge why you disagree with our decision. You will get a written decision within 90 calendar days from the date your request for hearing was received by MOAHR. The written decision will explain if you have additional appeal rights.

If the standard time frame for review would jeopardize your life or health, you may be able to qualify for an expedited State Fair Hearing. If you qualify for one, MOAHR must give you an answer within 72 hours. However, if MOAHR needs to gather more information that may help you, it can take up to 14 more calendar days.

If you have any questions, you can call MOAHR at 800-648-3397.

### External review of appeals

You, your representative, or your provider can ask for an external review with DIFS under the Patient's Right to Independent Review Act – PRIRA. You must do this within 127 calendar days from the date of your appeal denial notice. An External Review form will be included with the notice of appeal decision that you receive from us. It has instructions that you will need to review. DIFS will send your appeal to an Independent Review Organization (IRO) for review. A decision will be mailed to you in 14 calendar days of accepting your appeal. You can also ask for an External Review if you do not receive a decision from us within the required time frame. You, your Authorized Representative, or your doctor can also request a fast appeal decision from DIFS within 10 calendar days after receiving a final determination. DIFS will send your appeal to an IRO for review. You will have a decision about your care within 72 hours. During this time period, your benefits will continue.

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Send your request to:

Department of Insurance and Financial Services (DIFS)  
Office of Research, Rules, and Appeals – Appeals Section  
P.O. Box 30220  
Lansing, MI 48909-7720

Or call: 877-999-6442

Fax: 517-284-8838

Online: <https://difs.state.mi.us/Complaints/ExternalReview.aspx>

## Disenrollment

There may be times when your membership in this health plan comes to an end. Either you or the health plan may end your membership.

### Disenrollment by plan

The health plan can request your disenrollment for the following:

- If you act in a violent or threatening manner. Violent or threatening situations involve physical acts of violence; physical or verbal threats of violence made against providers, staff, or the public at the health plan's locations, or stalking situations. Special considerations may be made if you have special needs.
- If you moved out of the MHP's service area
- If you are admitted to a nursing facility for longer than 45 days
- If you no longer meets the criteria for enrollment

### Disenrollment by you

If you are unhappy with the health plan for any reason, you may disenroll yourself by calling MI Enrolls at 1-800-975-7630, TTY: 1-888-263-5897. Reasons you may disenroll include the following reasons:

- If you move
- If the health plan does not cover the service you seek, because of moral or religious objections
- If you need related services to be performed at the same time but not all related services are available within the provider network and receiving the services separately would subject you to unnecessary risk

For any other reasons such as poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

# Make your wishes known: Advance Directives

UnitedHealthcare Community Plan supports your right to file an “Advance Directive” according to Michigan law (<http://legislature.mi.gov/doc.aspx?mcl-700-5506>). This document is a written statement of your wishes for medical care. It explains, in advance, what treatments you want or don’t want if you have a serious medical condition that prevents you from telling your provider how you want to be treated.

The state of Michigan only recognizes an advance directive called a **durable power of attorney for health care**. To create one, you will need to choose a patient advocate.

This person carries out your wishes and makes decisions for you when you cannot. It is important to pick a person that you know and trust to be your advocate. Make sure you talk with the person to let them know what you want.

Talk to your family and primary care physician about your choices. File a copy of your advance directive with your other important papers. Give a copy to the person you designate as your patient advocate. Ask to have a copy placed in your medical record.

Call Member Services at **1-800-903-5253**, TTY **711** for more information and the forms you need to write an advance directive.

If your wishes aren’t followed or if you have a complaint about how your provider follows your advance directive, you may file a complaint with:

Department of Licensing & Regulatory Affairs  
BPL/Investigations & Inspections Division  
P.O. Box 30670  
Lansing, MI 48909-8170

Call: 517-373-9196

Or click below:

<https://www.michigan.gov/lara/bureau-list/bpl>

Click on **File a Complaint**

If you have complaints about how UnitedHealthcare Community Plan follows your wishes, you may call the state of Michigan’s Department of Insurance and Financial Services. Call toll-free at 877-999-6442 or go to <https://www.michigan.gov/difs>.

# Help identify health care fraud, waste and abuse

Medicaid pays doctors, hospitals, pharmacies, clinics, and other health care providers to take care of adults and children who need help getting medical care. Sometimes, providers and patients misuse Medicaid resources. Unfairly taking advantage of Medicaid resources leaves less money to help other people who need care. This is called fraud, waste, and abuse.

### **Fraud**

Fraud is purposefully misrepresenting facts. Here are some examples of fraud:

- Using someone else's member ID card
- Changing a prescription written by a doctor
- Billing for services that were not provided
- Billing for the same service more than once

### **Waste**

Waste is carelessly or ineffectively using resources. It is not a violation of the law, but it takes money away from health care for people who need it. Here are some examples of waste:

- Using transportation services for non-medical appointments
- Doctors ordering excessive or unnecessary testing
- Mail order pharmacies sending you prescriptions without confirming you still need them

### **Abuse**

Abuse is excessively or improperly using those resources. Here are some examples of abuse:

- Using the emergency room for non-emergent health care reasons
- Going to more than one doctor to get the same prescription
- Threatening or offensive behavior at a doctor's office, hospital, or pharmacy
- Receiving services that are not medically necessary

### You can help

We work to find, investigate, and prevent health care fraud. You can help. Know what to look for when you get health care services. If you get a bill or statement from your doctor or an Explanation of Benefit Payments statement from us, make sure:

- The name of the doctor is the same doctor who treated you
- The type and date of service are the same type and date of service you received
- The diagnosis on your paperwork is the same as what your doctor told you

Health care fraud is a felony in Michigan. Being involved in fraud or abuse can put your benefits at risk or make other legal problems. If you suspect fraud, waste, and abuse has taken place, please report it. You do not have to give your name.

Compliance Officer  
UnitedHealthcare Community Plan  
3000 Town Center  
Southfield, MI 48075

Or call toll-free: **1-800-903-5253**

You may also report or get more information about health care fraud by writing:

Office of the Inspector General  
P.O. Box 30062  
Lansing, MI 48909

Or call toll-free: 1-855-MI-FRAUD (1-855-643-7283).

Or visit: [michigan.gov/fraud](https://michigan.gov/fraud). Information may be left anonymously.

# Helpful definitions

These managed care definitions will help you better understand certain actions and services throughout this handbook.

**Adverse Benefit Determination:** A letter that you receive after an appeal is denied, in whole or in part, or if the plan cannot provide a service in a timely basis. The letter will tell you what action was taken, why the action was taken, and your rights.

**Appeal:** An appeal is the action you can take if you do not agree with a coverage or payment decision made by your Medicaid Health Plan. You can appeal if your plan:

Denies your request for:

- A healthcare service
- A supply or item
- A prescription drug that you think you should be able to get

Reduces, limits, or denies coverage of:

- A healthcare service
- A supply or item
- A prescription drug you already got

Your plan stops providing or paying for all or part of:

- A service
- A supply or item
- A prescription drug you think you still need

Does not provide timely medical services.

**Copayment:** A set amount you may be required to pay as your share of the cost for a medical service or supply. This may include:

- A doctor's visit
- Hospital outpatient visit
- Prescription drug

**Durable Medical Equipment:** Equipment and supplies ordered by a healthcare provider for everyday or extended use. This may include:

- Oxygen equipment
- Wheelchairs
- Crutches
- Blood testing strips for diabetics

**Emergency Medical Condition:** An illness, injury, or condition so serious that you would seek care right away to avoid harm.

**Emergency Medical Transportation:** Ambulance services for an emergency medical condition.

**Emergency Room Care:** Care given for a medical emergency when you think that your health is in danger.

**Emergency Services:** Review of an emergency medical condition and treatment to keep the condition from getting worse.

**Excluded Services:** Medical services that your plan doesn't pay for or cover.

**Grievance:** A complaint that you let your plan know about. You may file a grievance if you have a problem calling the plan or if you're unhappy with the way a staff person or provider treated you. A grievance is not the way to deal with a complaint about a treatment decision or a service that is not covered or denied (see Appeal).

**Habilitation Services and Devices:** Health care services that help a person keep, learn, or improve skills and functioning for daily living. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Services for people with disabilities

**Health Insurance:** Health insurance is a type of coverage that pays for medical and/or drug costs for people. It can pay the person back for costs from illness or injury. It can also pay the provider directly. Health insurance requires the payment of premiums (see premium) by the person getting the insurance.

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**Home Health Care:** Healthcare services that a healthcare provider decides you need in your home for treatment of an illness or injury. Home health care helps you regain independence and become as self-sufficient as you can.

**Hospice Services:** Hospice is a special way of caring for people who are terminally ill and provide support to the person's family.

**Hospitalization:** Care in a hospital that needs admission as an inpatient and could require an overnight stay. An overnight stay for you to be looked after could be outpatient care.

**Hospital Outpatient Care:** Care in a hospital that usually does not need an overnight stay.

**Medical Health Plan:** A plan that offers healthcare services to members who meet State eligibility rules. The State contracts with certain Health Maintenance Organizations (HMO) to provide health services for those who are eligible. The State pays the premium on behalf of the member.

**Medically Necessary:** Healthcare services or supplies that meet accepted standards of medicine needed to diagnose or treat:

- An illness
- Injury
- Condition
- Disease, or
- Symptom

**Network:** Health care providers contracted by your plan to provide health services. This includes:

- Doctors
- Hospitals
- Pharmacies

**Network Provider/Participating Provider:** A healthcare provider that has a contract with the plan as a provider of care.

**Non-Participating Provider/Out-of-Network Provider:** A healthcare provider that **does not** have a contract with the Medicaid Health Plan as a provider of care.

**Physician Services:** Healthcare services provided by a person licensed under state law to practice medicine.

**Plan:** A plan that offers health care services to members that pay a premium.

**Post-Stabilization Services:** Services related to an emergency medical condition, provided after a person is stabilized. These services maintain, improve, or fix the stabilized condition.

**Preauthorization:** Approval from a plan that is required before the plan pays for certain:

- Services
- Medical equipment, or
- Prescriptions

This is also called prior authorization, prior approval, or precertification. Your plan may require preauthorization for certain services before you receive them. This excludes an emergency.

**Premium:** The amount paid for health care benefits every month. Medicaid Health Plan premiums are paid by the State on behalf of eligible members.

**Prescription Drug Coverage:** Health insurance or plan that helps pay for prescription drugs and medications.

**Prescription Drugs:** Drugs and medications that require a prescription by law by a licensed Provider.

**Primary Care Physician:** A licensed physician who provides and manages your health care services. (See Primary Care Provider.)

**Primary Care Provider:** A licensed physician, nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides and manages your health care services. This can also be called a Primary Care Physician. Your primary care provider is the person you see first for most health problems. They make sure that you get the care you need to keep you healthy. They also may talk with other doctors and healthcare providers about your care and refer you to them.

**Provider:** A person, place or group that's licensed to provide health care like doctors, nurses, and hospitals.

**Referral:** A request from a PCP for his or her patient to see another provider for care.

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**Rehabilitation Services and Devices:** Rehabilitative services and/or equipment ordered by your doctor to help you recover from an illness or injury. These services can be done inpatient or outpatient and may include:

- Physical and occupational therapy
- Speech-language pathology
- Psychiatric rehabilitation services

**Skilled Nursing Care:** Services in your own home or in a nursing home provided by trained:

- Nurses
- Technicians
- Therapists

**Specialist:** A licensed physician specialist that focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions.

**Urgent Care:** Care for an illness, injury, or condition bad enough to seek care right away but not bad enough that it needs emergency room care.

## Health Plan Notices of Privacy Practices

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

Effective January 1, 2025

By law, we<sup>1</sup> must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have for your HI.

By law, we must follow the terms of our current notice.

HI is information about your health or medical services. We have the right to make changes to this notice of privacy practices. If we make important changes, we will notify you by mail or e-mail. We will also post the new notice on our website. Any changes to the notice will apply to all HI we have. We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

### How We Collect, Use, and Share Your Information

#### We collect, use and share your HI with:

- You or your legal or personal representative.
- Certain Government agencies. To check to make sure we are following privacy laws.

**We have the right to collect, use and share your HI for certain purposes.** This may be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** To process payments and pay claims. For example, we may tell a doctor whether we will pay for certain medical procedures and what percentage of the bill may be covered.
- **For Treatment or Managing Care.** To help with your care. For example, we may share your HI with a hospital you are in, to help them provide medical care to you.
- **For Health Care Operations.** To run our business. For example, we may talk to your doctor to tell him or her about a special disease management or wellness program available to you. We may study data to improve our services.

**Questions?** Visit our website at [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan), or call Member Services at **1-800-903-5253**, TTY **711**.

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- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** If you receive health insurance through your employer, we may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.
- **For Underwriting Purposes.** To make health insurance underwriting decisions. We will not use your genetic information for underwriting purposes.
- **For Reminders on Benefits or Care.** We may send reminders about appointments you have and information about your health benefits.
- **For Communications to You.** We may contact you about your health insurance benefits, healthcare or payments.

### We may collect, use, and share your HI as follows.

- **As Required by Law.** To follow the laws that apply to us.
- **To Persons Involved with Your Care.** A family member or other person that helps with your medical care or pays for your care. This also may be to a family member in an emergency. This may happen if you are unable to tell us if we can share your HI or not. If you are unable to tell us what you want, we will use our best judgment. If allowed, after you pass away, we may share HI with family members or friends who helped with your care or paid for your care.
- **For Public Health Activities.** For example, to prevent diseases from spreading or to report problems with products or medicines.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with certain entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings,** for example, to answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** To public health agencies or law enforcement, for example, in an emergency or disaster.
- **For Government Functions.** For military and veteran use, national security, or certain protection services.
- **For Workers' Compensation.** If you were hurt at work or to comply with employment laws.
- **For Research.** For example, to study a disease or medical condition. We also may use HI to help prepare a research study.

- **To Give Information on Decedents.** For example, to a coroner or medical examiner who may help identify the person who died, why they died, or to meet certain laws. We also may give HI to funeral directors.
- **For Organ Transplant.** For example, to help get, store or transplant organs, eyes or tissues.
- **To Correctional Institutions or Law Enforcement.** For persons in custody, for example: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates.** To give you services, if needed. These are companies that provide services to us. They agree to protect your HI.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
  1. Alcohol and Substance Use Disorder
  2. Biometric Information
  3. Child or Adult Abuse or Neglect, including Sexual Assault
  4. Communicable Diseases
  5. Genetic Information
  6. HIV/AIDS
  7. Mental Health
  8. Minors' Information
  9. Prescriptions
  10. Reproductive or Sexual Health
  11. Sexually Transmitted Diseases

We will only use or share your HI as described in this notice or with your written consent. We will get your written consent to share psychotherapy notes about you, except in certain cases allowed by law. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain marketing mailings. If you give us your consent, you may take it back. To find out how, call the phone number on your health insurance ID card.

### Your Rights

You have the following rights for your medical information.

- **To ask us to limit** our use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others that help with your care or pay for your care. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.** Your request to limit our use or sharing must be made in writing.

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- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request as allowed by state and federal law. We take verbal requests but may ask you to confirm your request in writing. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy of certain HI.** You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. We will respond to your request in the time we must do so under the law. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of when we shared your HI in the six years prior to your request. This will not include when we shared HI for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website.
- **In certain states, you may have the right to ask that we delete your HI.** Depending on where you live, you may be able to ask us to delete your HI. We will respond to your request in the time we must do so under the law. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

### Using Your Rights

- **To Contact your Health Plan.** If you have questions about this notice, or you want to use your rights, **call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at 1-866-633-2446, or TTY/RTT 711.
- **To Submit a Written Request.** Mail to:  
UnitedHealthcare Privacy Office  
MN017-E300, P.O. Box 1459, Minneapolis MN 55440
- **To File a Complaint or Grievance.** If you think your privacy rights have been violated, you may send a complaint or grievance at the address above.

**You may also notify the Secretary of the U.S. Department of Health and Human Services.** We will not take any action against you for filing a complaint.

<sup>1</sup> This Medical Information Notice of Privacy Practices applies to health plans that are affiliated with UnitedHealth Group. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

76 **Questions?** Visit our website at [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan), or call Member Services at **1-800-903-5253**, TTY **711**.

## Financial Information Privacy Notice

**THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.**

Effective January 1, 2025

We<sup>2</sup> protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

### Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others. This may be premium payment data.

### Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

### Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

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### Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at 1-866-633-2446, or TTY/RTT 711.

<sup>2</sup> For purposes of this Financial Information Privacy Notice, “we” or “us” refers to health plans affiliated with UnitedHealth Group, and the following UnitedHealthcare affiliates: ACN Group of California, Inc.; AmeriChoice Corporation.; Benefitter Insurance Solutions, Inc.; Claims Management Systems, Inc.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; Excelsior Insurance Brokerage, Inc.; gethealthinsurance.com Agency, Inc. Golden Outlook, Inc.; Golden Rule Insurance Company; HealthMarkets Insurance Agency; Healthplex of CT, Inc.; Healthplex of NJ, Inc.; Healthplex, Inc.; HealthSCOPE Benefits, Inc.; International Healthcare Services, Inc.; Level2 Health IPA, LLC; Level2 Health Holdings, Inc.; Level2 Health Management, LLC; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Health Care Solutions, Inc.; Optum Health Networks, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, LLC; Solstice Administrators of Alabama, Inc.; Solstice Administrators of Missouri, Inc.; Solstice Administrators of North Carolina, Inc.; Solstice Administrators, Inc.; Solstice Benefit Services, Inc.; Solstice of Minnesota, Inc.; Solstice of New York, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

**Notice of Availability of Language Assistance Services and Alternative Formats:**  
<https://www.uhc.com/communityplan/non-discrimination-notice>



# We're here for you

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Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-903-5253**, TTY **711**. You can also visit our website at [UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan).

UnitedHealthcare Community Plan  
3000 Town Center  
Southfield, MI 48075

Toll-free telephone  
**1-800-903-5253**, TTY **711**

[UHCCommunityPlan.com/Michigan](https://UHCCommunityPlan.com/Michigan)

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