



Personalized care for a healthier you



July 1, 2023, Benefit Guide
whyuhc.com/ccsd

United
Healthcare



Dedicated to Excellence
Cherry Creek Schools

Why choose UnitedHealthcare?

Choose the plan that fits you. Explore both options from UnitedHealthcare.



Colorado Doctors Plan®

UnitedHealthcare, Centura Health and HealthONE have come together to create a new health plan that's built around deepening the relationship between you and your primary care physician (PCP). Colorado Doctors Plan is easier to use and leaves you with fewer out-of-pocket costs for network visits. You pay \$0 copays for network PCP visits, mental health visits, urgent care visits and 24/7 Virtual Visits.



Discover personalized care wherever you go

With UnitedHealthcare you have access to quality care no matter where you are nationwide.

A better health care experience

No matter where you are, health care is a visit or phone call away. Plus, you have a dedicated customer care team ready to help you along the way.

Access to care you need — when and where you need it

No matter which plan you choose, you'll have access to our network of doctors and hospitals. With UnitedHealthcare, you'll have:

- Access to a large network of physicians, health care professionals and hospitals
- Preventive care covered at 100% when you see a network provider
- The ability to see a doctor from the comfort of your own home with a 24/7 Virtual Visit

How to find a network doctor or hospital

1. Go to whyuhc.com/ccsd > Search Health Plans
2. Choose the name of the health plan you're considering
3. Select Provider Network
4. Choose People > Primary Care > All Primary Care Providers
5. Change your location to search providers near you



Learn more about your benefits

Scan this QR code to view a video and learn more about your plan benefits.



UnitedHealthcare Colorado Doctors Plan

UnitedHealthcare, Centura Health and HealthONE have come together to bring you a health plan that focuses on your relationship with your doctor. With this plan, you and each covered family member select a primary care physician (PCP) to guide your care, help you avoid cost surprises and support you in achieving your best health.



Colorado Doctors Plan uses your personal health record—including your history, medications, test results, health goals and more—to help network doctors coordinate your care. This health plan is available only to members living in the 8-county Denver metro area (**Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, El Paso and Jefferson**) and **does not require a referral from your PCP** if you need to see a network specialist.



Select your personal PCP from the plan network.

This is a health plan that requires you to select a PCP, who will help manage your care. Each enrolled person must select a **PCP participating in Colorado Doctors Plan**. Your PCP will be a partner in helping to manage your health and your out-of-pocket costs. He or she can provide preventive care, routine services and treatment for many injuries and illnesses.



Pay \$0 copays for network: PCP visits, urgent care visits, mental health visits and 24/7 Virtual Visits.



Save money by staying in the plan network. A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in the plan network. If you don't use the network, you'll have to pay for all of the costs.



There's no coverage if you go out of network. You will be responsible for the entire cost of the service.



Preventive care is covered at 100% when you use a network provider.*

Here's how to choose your PCP

You must select a PCP from the plan's network when you sign up for the plan. One PCP can be selected for the entire family, or each covered person can select his or her own. If you don't select a PCP when you enroll, or if the PCP you selected is not in the network or near where the subscriber lives, one will be assigned for you.

Choose a PCP for each covered member of your family:

- Must be contracted with the Colorado Doctors Plan that covers the 8 major counties in the Denver Metro Area
- Must be a general practice, family practice, internal medicine physician or a pediatrician
- Cannot be an obstetrician/gynecologist (OB/GYN)

When you sign up, you will need this information about your PCP:

- First name, last name and address
- Physician ID number (you'll find this 14-digit number when you search for your PCP)
- Search for a PCP at [whyuhc.com/ccsd](https://www.whyuhc.com/ccsd)
- Email your PCP election to CCSDCDP@uhc.com

You don't need a specialist referral

Because your PCP is your first and foremost source of care and will understand your health needs thoroughly, he or she is best at referring you to other network physicians or specialists when additional care is needed. However, you are not required to have a referral on file with UnitedHealthcare to see a specialist.

Connect whether you're online or on the go

Alexa and Quick Care Finder™

Alexa helps you figure out the care that best fits your situation when you need it—and she'll even direct you to the nearest location.

Online digital tools

Manage your coverage and benefits, track your claims, check your prescription, compare prices and more with online digital tools like [myuhc.com](https://www.myuhc.com)® and the UnitedHealthcare® app.

*Age-appropriate preventive care services are covered at 100% when received in the plan network. You may be required to receive approval for some services before they can be covered.

Colorado Doctors Plan HDHP with HSA

Get a plan with network freedom and an HSA



Save money by staying in our network.

A network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network.



There's no need to select a primary care physician (PCP) or get referrals to see a specialist. Consider choosing a PCP. He or she can help you avoid duplicating tests and services and connect you to a specialist.



Preventive care is covered at 100% in our network.*



There's coverage if you need to go out of the network. You can receive care and services from any provider in or out of our network. It's important to remember that seeing an out-of-network provider will cost you more. Out-of-network providers can even bill you for amounts higher than what your plan will cover. **For all of the COVERAGE DETAILS, see your official health plan documents.**

Make your money go further with an HSA

An HSA is a personal savings account to help members with the HDHP save and pay for qualified medical expenses and is available only to members enrolled in the HDHP.

It's your money. There's no "use it or lose it" rule. You get to keep it even if you change plans, change employers or retire.

Set a savings goal, even a small one. Check with your employer to see if you can set up regular pretax deposits through payroll deduction.

Save on taxes**

You don't have to pay federal taxes or, in most cases, state income taxes when you deposit money into your HSA, let it collect interest or use it for qualified medical expenses.

The 2023 IRS HSA deposit limits are:

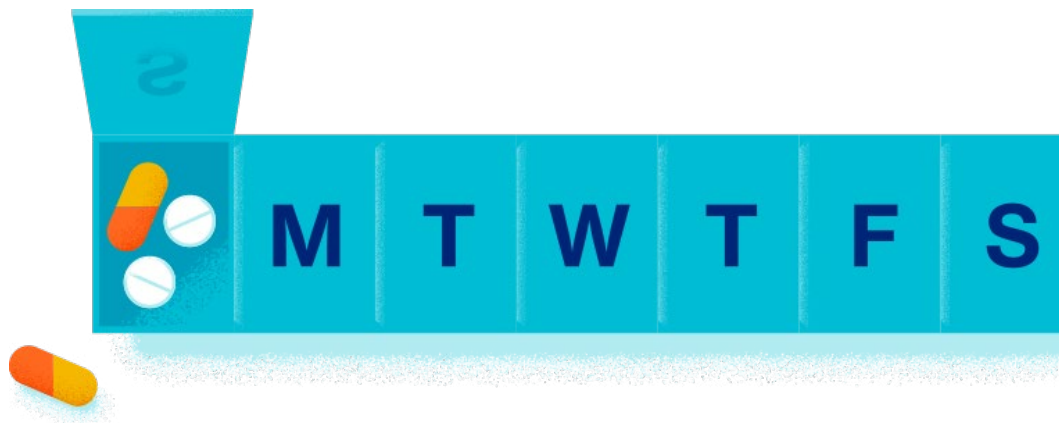
Individual: \$3,850 for individual coverage

Family: \$7,750 for family coverage

Are you 55 or older? You can put an extra \$1,000 in your HSA in 2023.

Paying for prescriptions

You will have to pay the full cost of your covered prescriptions until you've paid the deductible. You can use your HSA to help pay. After the deductible, you will pay a copay. For more details, see your official health plan documents.



* Age-appropriate preventive care services are covered at 100% when received in the plan network. You may be required to receive approval for some services before they can be covered.

** Precise HSA tax effects depend on federal law. We recommend that you see your tax advisor for specific tax advice.

How health plans work — an example

Plan start



You pay 100%*

At the start of your plan year, you pay 100% of your covered health services until you meet your **deductible**, which is the amount you pay before your plan starts sharing costs.

Deductible reached

You pay 30%

Your plan pays 70%

Now, your health plan starts to share a percentage of the costs with you —this is your **coinsurance**.*

Out-of-pocket limit met

Your plan pays 100%



Here, your plan's got you covered at 100%. Your **out-of-pocket limit** is the most you could pay for covered services in a plan year —copays and coinsurance count toward this.

Along the way, you may also be required to pay a fixed amount—or **copay**—each time you see a provider or purchase a prescription.

*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. Please refer to your official plan documents for coverage details.

Review your health plan options

Health plan details	Colorado Doctors Plan	Colorado Doctors Plan CDHP
Network coverage only		
You may save money when you receive care for covered benefits from network providers.	✓	✓
In- and out-of-network benefits		
You can receive care and services from providers and facilities in and out of our network, but staying in network can help lower your costs.	✓	✓
Preventive care covered at 100%		
There's no additional cost to you for seeing a network provider for preventive care.	✓	✓
Pharmacy benefits		
You'll be able to order up to a 3-month supply of medications you take regularly and have them delivered right to your home.	✓	✓
Health Savings Account (HSA) included		
You'll have the option to open an HSA, which has pretax savings advantages, and can be used to help pay for qualified medical, dental and vision expenses. Your employer contributes to your HSA.		✓

Benefits at a glance

You have 2 plans to choose from. The grid below outlines covered benefits and member responsibility for these services. For more information on each of these plans, as well as how to select a primary care physician (PCP), please visit whyuhc.com/ccsd.

Health plan coverage	Colorado Doctors Plan			Colorado Doctors Plan HSA		
Deductibles and out-of-pocket limits	Network			Network		
Deductible amounts						
Individual	\$2,500			\$6,000		
Family	\$5,000			\$12,000		
Out-of-pocket limits						
Individual	\$4,500			\$6,000		
Family	\$9,000			\$12,000		
Medical copays and coinsurance	Network			Network		
Doctors and specialists						
Preventive care visit	No Cost			No Cost		
Primary care visit (illness or injury)	No Cost			No Cost after Deductible		
24/7 Virtual Visit (online doctor)	No Cost			No Cost after Deductible		
Urgent care visit	No Cost			No Cost after Deductible		
Specialist visit	\$40 Copay			No Cost after Deductible		
Lab and X-ray	20% after Deductible			No Cost after Deductible		
Major diagnostic and imaging	\$500 Copay			No Cost after Deductible		
Emergency care						
Emergency room	20% coinsurance after Deductible			No Cost after Deductible		
Emergency transportation	20% after Deductible			No Cost after Deductible		
Other care						
Mental health visit (outpatient)	No Cost			No Cost after Deductible		
Mental health visit (inpatient)	20% after Deductible			No Cost after Deductible		
Surgery—outpatient	20% after Deductible			No Cost after Deductible		
Hospital—inpatient stay	20% after Deductible			No Cost after Deductible		
Physician fees for surgical and medical services	20% after Deductible			No Cost after Deductible		
Pharmacy copays	Retail up to 31-day supply	Out-of- network	Home delivery up to 90-day supply	Retail up to 31-day supply	Out-of- network	Home delivery up to 90-day supply
Prescription type						
Tier level 1 (\$—generic)	\$10 Copay	Not Covered	\$20 Copay	No Cost after Deductible	Not Covered	No Cost after Deductible
Tier level 2 (\$\$—brand-name and generic)	\$20 Copay	Not Covered	\$40 Copay	No Cost after Deductible	Not Covered	No Cost after Deductible
Tier level 3 (\$\$\$—brand-name and generic)	\$35 Copay	Not Covered	\$70 Copay	No Cost after Deductible	Not Covered	No Cost after Deductible
Tier level 4 (\$\$\$\$—mostly brand-name)	20% up to \$250	Not Covered	NA	No Cost after Deductible	Not Covered	No Cost after Deductible

This information does not replace your official health plan documents. Please see your official health plan documents for all coverage details, including limitations and exclusions.

Pharmacy benefit

Your covered medications

Optum Rx® is your UnitedHealthcare plan's pharmacy care services manager. Optum Rx is committed to helping provide you with safer, easier and lower-cost ways to get the medication you need.

The UnitedHealthcare prescription drug list (PDL) is the list of medications that are covered by the plan. The PDL is organized by cost levels, known as tiers. Choosing medications in the lower tiers may save you money.

\$
Tier 1
Lower-Cost
Medications

\$\$
Tier 2
Midrange-Cost
Medications

\$\$\$
Tier 3
Higher-Cost
Medications

\$\$\$\$
Tier 4
Highest-Cost
Medications

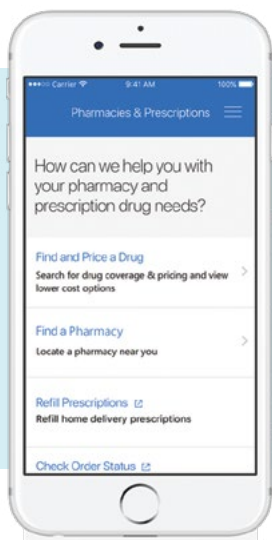
*Colorado Doctors
Plan Only*

Fill your prescriptions 2 ways

1. Choose from thousands of network retail pharmacies.
2. Take advantage of the convenience of Optum Rx home delivery.

Save on your medications

- Use home delivery. Up to a 3-month supply of your medications will ship free to your home, often at a lower cost than retail. You also get 24/7 phone support, medication refill reminders and more. And it saves you trips to the pharmacy.
- Use network pharmacies. Pharmacies in our network have agreed to charge lower prices. Our network includes thousands of pharmacies across the country.
- Use lower-tier medications, such as generics. Use the PDL to help you or ask your doctor. If you have a medication that is placed in a higher tier (Tier 3, for example), check to see if a Tier 1 option is available. The higher-cost brand medications are usually placed in higher tiers.



Manage your pharmacy benefits on the go

It's easy to start using your pharmacy benefits. Once you've set up your online account at **myuhc.com** or downloaded the UnitedHealthcare app,* you can:

- Check for lower-cost medication options
- Set up home delivery for maintenance medication and more
- Fill your prescriptions by selecting a network pharmacy

Visit **myuhc.com** or **whyuhc.com/ccsd** to view the PDLs for both plans.

*The UnitedHealthcare app can also help determine how a medication is covered and whether or not there are other options to help save you money.

Behavioral health benefits

Whatever challenges you're dealing with, your medical benefits include a network of behavioral health clinicians who will offer confidential support.



Live and Work Well

Connecting to care is easier than ever on **liveandworkwell.com**. It's available around the clock, from the convenience of your desk or the comfort of your home. You'll find 24/7 confidential access to professional care, self-help programs and resources specific to your needs — whether you're dealing with substance use, depression and anxiety, or seeking care for a family member.

Log in to **liveandworkwell.com**.

Register or use your HealthSafeID™ to see your personalized plan benefits. To browse as a guest, use access code: UHC EAP.



Virtual Behavioral Health Care

Through Behavioral Health virtual care, you may have a real-time, audio-and-video enabled session with a behavioral health provider.

Use a behavioral health virtual visit for needs such as:

- Anxiety
- Bipolar Disorder
- Depression
- Neuro-development disorders
- Substance disorders

You can access this benefit through **myuhc.com**. The cost of this benefit is subject to the Outpatient Mental Health benefit.



Self Care, an AbleTo® program

Reduce and manage day-to-day stress, anxiety and depression with Self Care. It's available to all Cherry Creek School District employees and their eligible family members at no additional cost.

Self Care gives you access to:

- **Daily mood tracking**
- **Collections**— Learn and apply skills to cope with a variety of life situations
- **Resources and tools**— Goal setting, relaxation techniques and adaptive thinking tools
- **Community support**— Peer-to-peer sharing and learning

UnitedHealthcare members: To sign up for Self Care, visit **ableto.com/begin** to complete registration. Once you are registered, you will be given access to the mobile app.

24/7 Virtual Visits

See a doctor whenever, wherever

When you're sick and need care quick, a 24/7 Virtual Visit is a convenient way to start feeling better faster. With a 24/7 Virtual Visit, you can see and talk to a doctor via mobile device* or computer, no appointment needed. The doctor can give you a diagnosis and prescription,** if needed. And with a UnitedHealthcare plan, your cost is \$50 or less.***

Conditions commonly treated through 24/7 Virtual Visits

Doctors can diagnose and treat a wide range of non-emergency medical conditions, including:

- Bladder infection/urinary tract infection
- Bronchitis
- Cold/flu
- Fever
- Pink eye
- Rash
- Sinus problems
- Sore throat
- Stomachache

Access 24/7 Virtual Visits

24/7 Virtual Visits are available through your **myuhc.com** account and the UnitedHealthcare app.* Log in to **myuhc.com/virtualvisits** and complete a brief health profile before starting your first visit. There are no additional accounts to set up or apps to download. During your visit, you will be able to talk to a doctor about your health concerns, symptoms and treatment options.

*Data rates may apply.

**Prescription services may not be available in all states.

***The Designated 24/7 Virtual Visit provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.

Explore more benefits that are part of the plan

UnitedHealthcare's digital tools and online resources help make managing your health — and health plan — easier and more convenient. Here are just a few examples of what's included.



Advocates

Support with a personal touch

Get help to understand your benefits and claims, find a doctor and make more informed decisions about your care that may lead to better health outcomes. Call the member phone number on your ID card or use the click-to-chat function at myuhc.com.



Cancer Resource Services

Support for dealing with cancer

Get personal support from an experienced cancer nurse who can help you understand your diagnosis and share information to help you make more informed decisions about your care. Call the member phone number on your ID card or visit myuhc.phs.com/cancerprograms.



Rally

Rewards for well-being

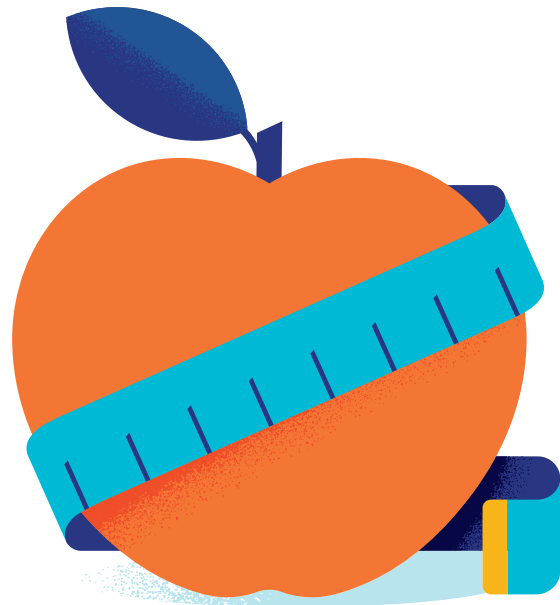
Have fun and get healthier with Rally®. Get personalized support to help you achieve your health goals, join Missions and complete activities to earn Rally Coins that you can use for a chance to win rewards.



24/7 Virtual Visits

Get care, virtually anywhere

With 24/7 Virtual Visits, you can chat with a health care provider by computer or mobile device.* Doctors can diagnose and treat common, nonemergency conditions — from seasonal flu to pink eye.



* Data rates may apply.

Notice

We do not treat members differently because of sex, age, race, disability or national origin. If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator.

Online: UHC_Civil_Rights@uhc.com

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

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 7 a.m. to 7 p.m., MST.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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

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

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

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

We provide free services to help you communicate with us, such as letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free phone number listed on your ID card, TTY 711, Monday through Friday, 7 a.m. to 7 p.m., MST.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (Spanish), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(Korean)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (Tagalog), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (Arabic)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية الخاص بك.

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (French), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (Polish), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (Portuguese), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ATTENZIONE: In caso la lingua parlata sia l'italiano (Italian), sono disponibili servizi di assistenza linguistica gratuiti. Per favore chiamate il numero di telefono verde indicato sulla vostra tessera identificativa.

ACHTUNG: Falls Sie Deutsch (German) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

注意事項：日本語 (Japanese) を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما فارسی (Farsi) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

CEEB TOOM: Yog koj hais Lus Hmoob (Hmong), muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយភាសាខ្មែរ (Khmer) ស្វែងរកជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានស្តាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

PAKDAAR: Nu saritaem ti Ilocano (Ilocano), ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyan. Maidawat nga awagan iti toll-free a numero ti telepono nga nakalista ayan iti identification card mo.

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánití'go, saad bee áka'anída'awo'ígíí, t'áá jíí'eh, bee ná'ahóót'i'. T'áá shq'odí ninaaltsoos nít'ízi bee nééhozinígíí bine'déé' t'áá jíí'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

OGOW: Haddii aad ku hadasho Soomaali (Somali), adeegyada taageerada luqadda, oo bilaash ah, ayaad heli kartaa. Fadlan wac lambarka telefonka khadka bilaashka ee ku yaalla kaarkaaga aqoonsiga.

We're here to help

Get the answers you need

If you have any questions—from help finding a network doctor to learning more about what's covered in a health plan—please visit us online or give us a call.



whyuhc.com/ccsd



Cherry Creek School District Colorado Doctors Plan: **1-844-376-0313**

Take the next step

Ready to enroll? Getting started is easy. Log in to your employer enrollment portal to make benefit elections.

Visit whyuhc.com/ccsd

Choose the health plan that best fits you and your family. The site offers:

- Details of your 2 plan options, including a plan comparison grid
- Information on how to find and select a PCP for Colorado Doctors Plan members
- Prescription benefits coverage
- Searches for doctors, hospitals and pharmacies
- Links to learn about your digital resources, such as myuhc.com, our UnitedHealthcare app, information about 24/7 Virtual Visits and more

Go to whyuhc.com/ccsd to learn more.

United
Healthcare



Dedicated to Excellence
Cherry Creek Schools

This document includes general information about your medical benefit plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described on this website are subject to change at any time.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

The UnitedHealthcare plan with health savings account (HSA) is a High Deductible Health Plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a HSA with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the HSA that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The AbleTo mobile application should not be used for urgent care needs. If you are experiencing a crisis or need emergency care, call 911 or go to the nearest emergency room. The Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia and is subject to change. Refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Participation in the program is voluntary and subject to the terms of use contained in the mobile application.

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

Access to 24/7 Virtual Visits and prescription services may not be available in all states or for all groups. Go to myuhc.com for more information about availability of 24/7 Virtual Visits and prescription services. Always refer to your plan documents for your specific coverage. 24/7 Virtual Visits are not an insurance product, health care provider or health plan. 24/7 Virtual Visits are an internet-based service provided by contracted UnitedHealthcare providers that allow members to select and interact with independent physicians and other health care providers. It is the member's responsibility to select health care professionals. Care decisions are between the consumer and physician. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations. Members have cost share responsibility and all claims are adjudicated according to the terms of the member's benefit plan. Payment for 24/7 Virtual Visit services does not cover pharmacy charges; members must pay for prescriptions (if any) separately. No controlled substances may be prescribed. Other prescriptions may be available where clinically appropriate and permitted by law, and can be transmitted to the pharmacy of the member's choice.