



Member and Provider Guide to Care

Information for Members

The Verizon Advantage Plan — a UnitedHealthcare® Group Medicare Advantage (PPO) plan, offers a unique set of benefits to members. Because of this, you and your doctor may not be familiar with all of the details of the plan. This flyer will help give you and your doctor information on how this plan works. The other side of this flyer contains important information that can help guide your doctor in providing you with covered services.

You can go to any doctor or provider that participates in Medicare.

- This Preferred Provider Organization (PPO) plan gives you the freedom to go to any doctor or other licensed medical professional (provider) that participates in Medicare, anywhere in the United States.
- The provider does not have to be contracted and part of the UnitedHealthcare network.

Most doctors and providers will accept the plan and treat you.

- Providers who have a contract with UnitedHealthcare (“in-network”) must accept this plan and continue to treat you if you are a current patient.
- Similar to traditional PPO plans, providers who do not have a contract with UnitedHealthcare (“out-of-network”) can choose to accept the plan and treat you, except in a medical emergency when they must accept the plan and provide treatment.

What to do next.

If your doctor is part of the UnitedHealthcare network, you don't need to do anything. If your doctor or provider is not part of UnitedHealthcare's network, check before your first appointment to make sure he/she will accept the plan.

If your doctor won't accept the plan please call Customer Service. We will be happy to call your doctor's office and help explain your new plan. In most situations, more detailed information on how the plan works, is all that is needed. The provider network may change at any time.

You will receive notice when necessary.



You pay the same cost share whether your provider is in- or out-of-network.

- Any co-pay for covered services can be paid to the provider at the time of service.
- Most out-of-network providers will bill UnitedHealthcare on your behalf, not Medicare.

Questions? Give us a call. We're happy to help.



Call Customer Service toll-free at **1-877-211-6548**, TTY **711** 8 a.m. – 8 p.m. local time, Monday – Friday.

Out-of-network/non-contracted providers may not be obligated to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information. UnitedHealthcare Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-211-6548, (TTY: 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-877-211-6548, (TTY: 711).

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract approval with Medicare.



Physician Guide to UnitedHealthcare® Group Medicare Advantage PPO

Information for Care Providers

We're pleased you're caring for a patient who is a UnitedHealthcare Group Medicare Advantage (PPO) plan member. Members enrolled in this plan have the freedom to access care from any care provider who participates in Medicare and accepts this plan whether you participate in our network or not.

The plan doesn't require referrals, prior authorization or notification for members to see out-of-network care providers. And co-pays and co-insurance are the same for in- or out-of-network care.

If you participate in our network.

You can find out more about policies and protocols, including information about prior authorization and notification requirements, in the UnitedHealthcare Provider Administrative Guide at [UnitedHealthcareOnline.com > Tools and Resources > Medicare > PPO – Group Retiree](https://www.unitedhealthcare.com/medicare/po).

If you don't participate in our network.

- If you're not in our UnitedHealthcare Group Medicare Advantage network, but you do participate in Medicare, you may bill UnitedHealthcare up to the Medicare allowable charge. Your patient will not incur any additional charges. You may not balance bill the patient. Any excess charges – up to the Medicare allowable amount – will be paid by UnitedHealthcare.
- There is no need to request prior authorization or submit notification to provide services to UnitedHealthcare Group Medicare Advantage (PPO) plan members.
- We pay out-of-network care providers according to Medicare's allowable fee schedule or Medicare limiting charge, where applicable.

Questions?

Give us a call – we're happy to help. Please call the number on the back of your patient's health plan ID card.

Claims and Payment

You may submit claims the following ways:

- [UnitedHealthcareOnline.com](https://www.unitedhealthcare.com/medicare/po) > Claims & Payments
- Electronic claims submission using the clearinghouse of your choice with UnitedHealthcare Payer ID 87726
- Mail to the address on the back of your patient's health plan ID card

For more information about claims and payment, please visit [UnitedHealthcareOnline.com](https://www.unitedhealthcare.com/medicare/po) > Claims & Payment or call **877-842-3210**.

For information about joining our network, please call **877-842-3210**. Select "other professional services," then "credentialing."