

OFFICIAL  
MEDICAL CODE  
863.0 | OPEN WOUND OF FINGERS  
WITHOUT COMPLICATION



OFFICIAL  
MEDICAL CODE  
E029.2 | ROUGH HOUSING  
AND HORSEPLAY



So many ways into the complex health care system.

**One guide to make shopping  
for health insurance\* simpler.**

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E001.1 | ACTIVITIES INVOLVING RUNNING



welcome to  
simpler  
insurance shopping

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

# Let's get started.

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



## How to choose insurance.

Learn how to compare insurance plans and when to sign up.



## Compare plans.

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



## What comes next?

Get your health insurance and find out what happens next.

# 1 How to choose insurance.

## 3 key decisions.



### 1) Choose a primary doctor.

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

#### Compass Plans

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



### 2) Pick an insurance plan level.

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

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

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



### 3) Check prescription drug costs and coverage.

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

## Other considerations.

### We're working hard to make it simpler to use your health insurance.

#### Great coverage in every insurance plan.

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



##### Preventive Care

Checkups, flu shots & vaccinations.



##### Essential Benefits

Prescriptions, ER care & lab tests.



##### Alternative Medicine

Chiropractic care.

#### Ways to save.



##### Subsidies

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



##### Cost Estimates

Check prices for procedures before you get care.

#### Easy access to health care.

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



##### 24-hour NurseLine<sup>SM</sup>

Ready to help anytime you need us.



##### Virtual Doctor Visits

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



##### 24/7 Benefit Access

At home or on-the-go.

\* Projected savings based on qualification for a tax credit subject to verification upon filing an individual's federal tax return. Approximately 87 percent of individuals in Federally-Facilitated Marketplace selected plans with tax credits and these individuals had post-tax credit premiums that were 72% (an average of \$263) less than full premium, on average. See Health Insurance Marketplaces 2015 Open Enrollment Period: March Enrollment Report, March 10, 2015, Department of Health and Human Services. Actual savings may vary.

# Compass Plans

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



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

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

## The Compass Network

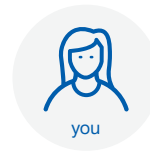
Compass plans have doctors, clinics and hospitals in every county.



UnitedHealthcare of Oklahoma, Inc.  
Oklahoma Marketplace

# Compass co-pay plans

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



In-Network	Bronze	Silver	Silver	Silver	Silver
	Compass 6500	Compass 4500	Compass 3500	Compass 2000	Compass 2000 1

<b>Your Monthly Payment</b>	\$	\$\$	\$\$	\$\$	\$\$
<b>Your Co-pay (cost per visit/drug)</b>	\$\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$

### Deductible and Co-insurance

Deductible (Individual) / (Family)	\$6,500 / \$13,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$2,000 / \$4,000	\$2,000 / \$4,000
Co-insurance	40%	0%	20%	30%	0%

### Out-of-pocket Maximum (Medical and Pharmacy Combined)

Individual / Family	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700	\$6,850/\$13,700
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### Medical

Primary Care Physician (PCP) Office Visit	\$45 copay	\$10 copay	\$20 copay	\$30 copay	\$25 copay after deductible
Preventive Care	No charge – 100% covered in-network				
Specialist Office Visit (with referral)	\$100 copay	\$30 copay	\$60 copay	\$60 copay	\$50 copay after deductible
Urgent Care Visit	40% after deductible	No charge after deductible	20% after deductible	30% after deductible	No charge after deductible
Emergency Room Fees	\$500 copay, then deductible and coinsurance	\$500 copay, then deductible and coinsurance	\$500 copay, then deductible and coinsurance	\$500 copay, then deductible and coinsurance	\$500 copay after deductible
Outpatient Surgery (Doctor's Office, Freestanding Surgery Center)	40% after deductible	No charge after deductible	20% after deductible	30% after deductible	\$350 copay after deductible
Outpatient Surgery (Hospital)	\$500, then 40% after deductible	\$400, then 0% after deductible	\$400, then 20% after deductible	\$400, then 30% after deductible	\$500 copay after deductible
Lab and X-ray (Doctor's Office, Freestanding Center or Lab)	40% after deductible (not included in office visit copay)	No charge after deductible	20% after deductible (not included in office visit copay)	30% after deductible (not included in office visit copay)	No charge after deductible
Lab and X-ray (Hospital)	50% after deductible	20% after deductible	60% after deductible	50% after deductible	30% after deductible
Hospital Stay, Maternity Stay	40% after deductible	No charge after deductible	20% after deductible	30% after deductible	\$437 copay after deductible

### Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)

Prescription Deductible	Combined Medical and Drug	\$1,000	\$1,000	\$500	Combined Medical and Drug
Tier 1	\$10 copay after deductible	\$5 copay	\$5 copay	\$10 copay	\$10 copay after deductible
Tier 2	\$50 copay after deductible	\$40 copay	\$40 copay	\$50 copay	\$50 copay after deductible
Tier 3	20% (\$150 min) after deductible	20% (\$120 min) after deductible	20% (\$120 min) after deductible	20% (\$120 min) after deductible	20% (\$120 min) after deductible
Tier 4	30% (\$300 min) after deductible	30% (\$250 min) after deductible	30% (\$250 min) after deductible	30% (\$250 min) after deductible	30% (\$250 min) after deductible

**UnitedHealthcare of Oklahoma, Inc.**  
**Oklahoma Marketplace**

# Compass co-pay plans

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



In-Network	Gold	Gold	Gold
	Compass 1000	Compass 500	Compass 0
<b>Your Monthly Payment</b>	\$\$\$	\$\$\$	\$\$\$
<b>Your Co-pay (cost per visit/drug)</b>	\$\$	\$\$	\$\$

**Deductible and Co-insurance**

Deductible (Individual) / (Family)	\$1,000 / \$2,000	\$500 / \$1,000	\$0 / \$0
Co-insurance	20%	25%	30%

**Out-of-pocket Maximum (Medical and Pharmacy Combined)**

Individual / Family	\$6,850 / \$13,700	\$6,850 / \$13,700	\$6,850 / \$13,700
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**Medical**

Primary Care Physician (PCP) Office Visit	\$10 copay	\$20 copay	\$30 copay
Preventive Care	No charge – 100% covered in-network		
Specialist Office Visit (with referral)	\$30 copay	\$40 copay	\$60 copay
Urgent Care Visit	20% after deductible	25% after deductible	30% after deductible
Emergency Room Fees	\$400 copay, then deductible and coinsurance	\$400 copay, then deductible and coinsurance	\$500 copay, then deductible and coinsurance
Outpatient Surgery (Doctor's Office, Freestanding Surgery Center)	20% after deductible	25% after deductible	30% after deductible
Outpatient Surgery (Hospital)	\$250, then 20% after deductible	\$300, then 25% after deductible	\$400, then 30% after deductible
Lab and X-ray (Doctor's Office, Freestanding Center or Lab)	20% after deductible (not included in office visit copay)	25% after deductible (not included in office visit copay)	30% after deductible
Lab and X-ray (Hospital)	40% after deductible	45% after deductible	50% after deductible
Hospital Stay, Maternity Stay	20% after deductible	25% after deductible	30% after deductible

**Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)**

Prescription Deductible	\$500	\$250	\$0
Tier 1	\$5 copay	\$5 copay	\$5 copay
Tier 2	\$35 copay	\$40 copay	\$40 copay
Tier 3	20% (\$100 min) after deductible	20% (\$100 min) after deductible	20% (\$120 min) after deductible
Tier 4	30% (\$200 min) after deductible	30% (\$200 min) after deductible	30% (\$250 min) after deductible



# UnitedHealthcare of Oklahoma, Inc.

## Compass health savings account (HSA) plans

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



In-Network	Bronze	Silver
	Compass HSA 5500	Compass HSA 3000

<b>Your Monthly Payment</b>	\$	\$\$
<b>Your Co-pay (cost per visit/drug)</b>	\$\$\$\$	\$\$\$

### Deductible and Co-insurance

Deductible (Individual) / (Family)	\$5,500 / \$11,000	\$3,000 / \$6,000
Co-insurance	0%	0%

### Out-of-pocket Maximum (Medical and Pharmacy Combined)

Individual / Family	\$6,500 / \$13,000	\$6,500 / \$13,000
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### Medical

Primary Care Physician (PCP) Office Visit	No charge after deductible	No charge after deductible
Preventive Care	No charge – 100% covered in-network	
Specialist Office Visit (with referral)	No charge after deductible	No charge after deductible
Urgent Care Visit	No charge after deductible	No charge after deductible
Emergency Room Fees	No charge after deductible	No charge after deductible
Outpatient Surgery (Doctor's Office, Freestanding Surgery Center)	No charge after deductible	No charge after deductible
Outpatient Surgery (Hospital)	30% after deductible	30% after deductible
Lab and X-ray (Doctor's Office, Freestanding Center or Lab)	No charge after deductible	No charge after deductible
Lab and X-ray (Hospital)	30% after deductible	30% after deductible
Hospital Stay, Maternity Stay	No charge after deductible	No charge after deductible

### Retail Pharmacy (We group prescription drugs into cost tiers to help you save money.)

Prescription Deductible	Combined Medical and Drug	Combined Medical and Drug
Tier 1	\$10 copay after deductible	\$5 copay after deductible
Tier 2	\$50 copay after deductible	\$40 copay after deductible
Tier 3	20% (\$150 min) after deductible	20% (\$150 min) after deductible
Tier 4	30% (\$300 min) after deductible	30% (\$285 min) after deductible

# 3 What comes next?

## Sign up.

## Before your coverage starts.

Nov. 1, 2015 - Jan. 31, 2016



**Choose a plan.**



**See your monthly premium.**



**Learn about financial help.**



**Use this simple sign-up checklist.**

Have everything ready for everyone you're covering.

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

### What we're doing:



Setting up your insurance.



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



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

### What you can do:



Look for network doctors, clinics and hospitals in your state at [myuhc.com](http://myuhc.com)



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

## Sign up now:

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

**Special Enrollment: After Jan. 31,**

## Coverage starts.

## Use your insurance.



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

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



### Check out your ID card.

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

What to do before you visit a doctor:



### Compass Plans

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

Find a doctor at [myuhc.com](http://myuhc.com)

Have a question?



Call the number on your ID card or on [myuhc.com](http://myuhc.com)



Remember to get preventive care like checkups and flu shots.



Use the tools below to manage your health and costs.

### 24-hour NurseLine

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

### Virtual Doctor Visits

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

### Price Checker Tool

Shop doctors, clinics and hospitals to find the best price at [myuhc.com](http://myuhc.com)

### Personalized Member Website

Manage your insurance info, print ID cards, find doctors and access health tools. Sign up at [myuhc.com](http://myuhc.com)



# Glossary

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

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

# Let's look at the fine print.

## Compass exclusions and limitations

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

### Exclusions and limitations:

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

# But wait, there's more.

## Compass additional provisions

### Adjustments to premium

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

### Events terminating your coverage

Coverage ends on the earliest of these dates:

#### The contract terminates

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

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

#### You are no longer eligible

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

#### We receive notice to end coverage

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

#### Other events ending your coverage

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

##### Failure to pay

You fail to pay your premium.

##### Fraud or intentional misrepresentation of a material fact

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

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

##### You accepted reimbursement for premium

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

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



# Shopping for health insurance just got simpler.

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

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

Virtual visits are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider.

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

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

Compass plans underwritten by **UnitedHealthcare of Oklahoma, Inc.**

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

Policy numbers in this document:

45480OK0050001-01, 45480OK0050002-01, 45480OK0050003-01, 45480OK0050004-01, 45480OK0050005-01, 45480OK0050006-01, 45480OK0050007-01, 45480OK0050008-01, 45480OK0050009-01, 45480OK0050010-01, 45480OK0050011-01

