Frequently asked questions

STATE OF COLORADO 2011 - 2012 BENEFITS

HOW DO I CHOOSE THE RIGHT PLAN? Please visit **welcometouhc.com/colorado** to view scenarios and tools that can help you make the best decision.

Provider/Network

Q. How do I find out which doctors are in the network?

A. Access the Physicians and Facilities directory from **welcometouhc.com/colorado**. It offers a list of physicians, hospitals and other facilities participating in our network.

Q. Must I use network providers?

A. To receive the highest level of benefits, you must use UnitedHealthcare's network providers. You may go out of network and use any doctor, but you will be required to satisfy the out-of-network deductible before the plan will pay 50% of the eligible charges.

Q. Will I need a referral to see a specialist?

A. No. Because UnitedHealthcare's network is "open access," you may see any physician at any time without a referral. To maximize your benefits, make sure the specialist is in the network.

Q. Where can I access an up-to-date listing of UnitedHealthcare providers?

A. An up-to-date listing of UnitedHealthcare providers can be found on the internet at **welcometouhc.com/colorado.**

Using Your Medical Benefits

Q. What should I do in an emergency?

A. If you need immediate medical attention, dial 911 and ask for help. A life-threatening condition resulting from an injury or illness is covered at the in-network level 24 hours a day, seven days a week, at any emergency facility. Please note: It is your responsibility to notify us if you are admitted to a hospital.

Q. If I am out of state and have an emergency, will it be covered?

A. In or Out of Network: Yes, you are covered anytime, anywhere, at the closest hospital or medical facility for life-threatening emergencies only.

Q. How do I submit a claim for reimbursement?

A. Most physicians or other health care professionals will submit claims on your behalf. However, when a claim is not submitted (typically for out-of-network services), it then becomes your responsibility to forward a completed reimbursement/claim form and receipt to UnitedHealthcare. Reimbursement forms can be found in the "Manage My Account" section of myuhc.com. Your Medical ID card includes addresses for claims submissions.

Q. If I am on the Family* High Deductible Health Plan, must the family deductible be met before any benefits are paid by the health plan?

A. Yes. For family coverage, the family annual deductible is $3,000 per policy year. No one in the family is eligible to receive benefits until the family annual deductible is satisfied. This is known as an embedded deductible.

Q. What if I have dependents who are not residing in the service area?

A. Dependents can access both in-network doctors and facilities if there is a network available in the area. Or they may go out of network and use any doctor, but will be required to satisfy the out-of-network deductible before the plan will pay 50% of the eligible charges.

UnitedHealthcare®

* Employee plus spouse/same-gender domestic partner/child or children/family

Q. Do office visit copays apply to the out-of-pocket maximum?

A. Yes.

Q. Does the out-of-pocket maximum include the deductible?

A. Yes.

Q. Must I pre-certify hospital stays or surgical procedures?

A. All surgical procedures (in and out of network) must be reported to Care Coordination at 1-800-842-3920. You will need to pre-certify any out-of-network hospital stays or surgical procedures. Failure to do so could result in an additional $250 copay penalty.

Prescription/Pharmacy

Q. Where are network pharmacies located?

A. Most chain pharmacies participate in our pharmacy network. We have 788 network pharmacies in Colorado, and more than 60,000 nationwide. Pharmacies will know how to submit claims when you present your ID card.

Q. What is a generic drug?

A. Generic drugs are safe, equivalent and economical alternatives to more expensive brand-name drugs. Generic drugs will save you money compared to their brand-name equivalent products.

If you choose the brand name over the generic alternative, you are responsible for the copay plus the difference in price between the generic version and the brand-name version.

Q. What is a covered drug?

A. A covered drug is a prescription medication or product covered under your benefit. See the State of Colorado Top 500 prescription drug list at **welcometouhc.com/colorado**.

Q. Are oral contraceptives covered?

A. Yes. For specific drug coverage, see the State of Colorado Top 500 prescription drug list at **welcometouhc.com/colorado**.

Q. Where can I find the PDL (formulary) that contains the prescriptions available to State of Colorado employees?

A. A Top 500 PDL Guide is posted on the State's Web site and included in this packet. If you have a specific drug question and do not see it listed, please call your dedicated customer service team at **1-877-283-5424** (they have access to the complete PDL).

Q. What medication limitations/restrictions should I be aware of?

A. There are a few different types of limitations/restrictions, as outlined in The State of Colorado Top 500 prescription drug list.

Quantity Limitations: Some medications have restrictions on the amount of medication you receive per copayment. The State of Colorado Top 500 prescription drug list shows which medications have quantity limitations.

Prior Authorization: Some medications require your pharmacy to confirm coverage before your prescription can be filled (example: Humira to treat arthritis). Your doctor or pharmacist should call for this confirmation. The State of Colorado Top 500 prescription drug list indicates the medications requiring prior authorization.

Step Therapy: Some medications require you to try a different drug first, before your requested drug is allowed. The State of Colorado Top 500 prescription drug list indicates which medications have step therapy requirements.

Q. What if I take a self-administered injectable or other specialty medication?

A. Self-administered injectables and other specialty medications are covered through your pharmacy benefit. To help manage costs and provide high-touch specialty member support, you may be required to fill your specialty prescriptions through our Prescription Solutions Specialty Pharmacy to receive coverage.

Q. What is a specialty medication?

A. Specialty medications are high-cost products used to treat rare, complex conditions. They come in infused, inhaled, injectable and oral forms.

Q. If I am taking a specialty medication, what is the difference between my medical and pharmacy benefit?

A. Generally, specialty medications can be covered under your medical or pharmacy benefit. It depends on how you take them. Specialty medications that fall under your pharmacy benefit apply to those medications that you take on your own. Specialty medications administered by your doctor or another health care professional will be covered under your medical benefit and deductible coinsurance will apply.

Q. If I am taking a specialty medication, how often can I get my medication filled through Prescription Solutions Specialty Pharmacy?

A. With Prescription Solutions Specialty Pharmacy as your designated specialty pharmacy provider, you may receive up to a **31-day supply** of specialty medication.

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