



**Open enrollment
2024 Benefits Guide
City of Orlando**

1-800-382-5480

**United
Healthcare**





Your guide to all the details

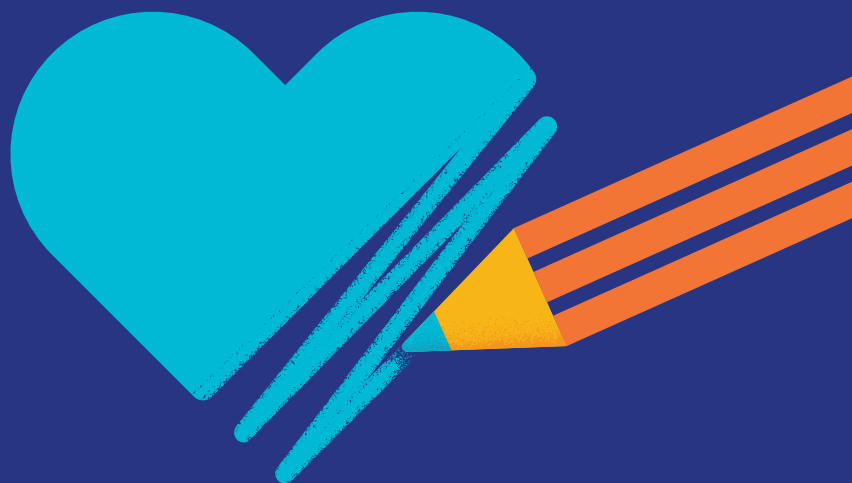
Welcome to your curated collection of plan resources.
Everything here was hand-selected to help make it easier for you to
learn about what your plan option(s) cover, include, require and more.







Get a smart start to choosing your benefits



Welcome to a nationwide network of quality care, designed to help lower your costs. Our health plans are built with affordability, convenience and simplicity in mind. Speaking of simple, here are some quick things to consider when picking a plan that best fits your needs.

1 Ask yourself these questions

- Do you have a regular provider you'd like to keep seeing?
It's a good idea to make sure they're in the plan's network.
- What kind of care might you or your family need in the plan year ahead?
For example, if you have major health care needs or see specialists often, you may want a plan that offers more coverage.
- How do you prefer to manage your costs: lower monthly premiums or lower deductibles/copays?

2 Consider the quality of providers

The UnitedHealth Premium® program works to help you find doctors who have met quality and cost-efficiency guidelines—a benefit designed to help you save time and money.

Get help choosing a plan



Scan this code for tips on how to pick a health plan.

Our broad national network includes

1.7M+

physicians and
health care professionals*

7K+

hospitals*

*As of June 30, 2023.

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3 Know 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
40%**

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

**Your plan pays
60%**

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, coinsurance and deductibles count toward this.



Some plans may require you to pay a fixed amount—or **copay**—each time you see a provider.



Every plan has a **premium**, a routine payment typically taken out of your paycheck to keep your plan active—so you stay covered.

*Your deductible and coinsurance may vary by plan or service. This example is for illustrative purposes only. These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

4 Save with Optum Rx pharmacy services

Optum Rx® pharmacy services help make it easier for you to save on medications and keep track of them, too—whether you're online or on the go. Using pharmacies that are in the network may cost you less out-of-pocket. Choosing medications from the lower tiers or generic drugs on the Prescription Drug List (PDL)—the list of medications that are commonly covered by your health plan option—may help you save money, too.

5 Get preventive care at no additional cost

Preventive care—such as routine wellness exams and certain recommended screenings and immunizations—is covered by most of our plans at no additional cost when you see network providers. A preventive care visit may be a good time to help establish your relationship with your primary care provider (PCP) and create a connection for future medical services.



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 member toll-free phone number listed on your ID 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.

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Administrative services provided by United HealthCare Services, Inc. or their affiliates.







The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Optum Rx® is an affiliate of United HealthCare Insurance Company.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

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See what's covered

Health plan details	Choice Plan HMO	Choice Plus Plan POS
 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.	✓	✓
 Referrals required You'll need referrals from your PCP before seeing a specialist or getting certain health care services.	NA	NA
 Freestanding centers benefit You may pay less when you use certain freestanding centers — health care facilities such as MRI or surgery centers — that do not bill for services as part of a hospital.	✓	✓
 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.	✓	✓



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

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These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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Health plan coverage details

	Choice Plan HMO		Choice Plus Plan POS			
Premium	Your employer will provide your premium amounts					
Annual medical deductibles and out-of-pocket limits	Network	Out-of-network	Network	Out-of-network		
Deductible amounts						
Individual	\$250	Not Covered	\$500	\$1,000		
Family	\$500	Not Covered	\$1,000	\$2,000		
Out-of-pocket limits						
Individual	\$6,350	Not Covered	\$3,000	\$6,000		
Family	\$12,700	Not Covered	\$6,000	\$12,000		
Medical copays (\$) and coinsurance (%)	Network	Out-of-network	Network	Out-of-network		
Doctors and specialists						
Preventive care visit	\$0	Not Covered	\$0	40% *		
Primary care visit (illness or injury)	\$15 *	Not Covered	\$15 *	40% *		
24/7 Virtual Visit (online doctor)	\$15 *	Not Covered	\$15 *	Not Covered		
Specialist visit	\$35 *	Not Covered	\$35 *	40% *		
Urgent care visit	\$35 *	Not Covered	\$35 *	40% *		
Lab and X-ray	\$0 (Freestanding Facility)* / \$100 (Hospital Facility)*	Not Covered	20% *	40% *		
Major diagnostic and imaging	\$50 (Freestanding Facility)* / \$250 (Hospital Facility)*	Not Covered	20% *	40% *		
Emergency care						
Emergency room	\$200 *	\$200 *	\$200 *	\$200 *		
Emergency transportation	Covered 100% *	Covered 100% *	20% *	20% *		
Other care						
Mental health visit (outpatient)	\$15 *	Not Covered	\$15 *	40% *		
Mental health visit (inpatient)	\$600 *	Not Covered	20% *	40% *		
Surgery—outpatient	\$50 (Freestanding Facility)* / \$350 (Hospital Facility)*	Not Covered	20% *	40% *		
Hospital—inpatient stay	\$600 *	Not Covered	20% *	40% *		
Pharmacy deductible amounts						
Individual	\$50		\$50			
Family	\$100		\$100			
Prescription type	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
Tier level 1 (\$ - generic)	\$10 **	Not Covered	\$20 **	\$10 **	40% **	\$20 **
Tier level 2 (\$\$ - brand-name and generic)	\$35 **	Not Covered	\$70 **	\$35 **	40% **	\$70 **
Tier level 3 (\$\$\$ - brand-name and generic)	\$70 **	Not Covered	\$140 **	\$70 **	40% **	\$140 **

The above is only a summary. It is not intended to be a complete listing of all plan details.

* After the medical deductible has been met.

** After the pharmacy deductible has been met. ** Walgreens Pharmacy is excluded

Note: Specialty Prescription Drugs are covered in network for both plans, subject to the pharmacy deductible. Tier 1 \$50/Tier 2 \$75/Tier 3 \$100 for up to a 31-day supply.

Included in your Choice HMO and Choice Plus POS plans you have an eye exam every other year for \$15 copay. You are required to use a Routine Vision Provider

listed in the Vision Provider Directory available on www.myuhc.com.

Common health care terms — good info to know

Coinsurance

The percentage of costs you pay for a covered health care service after your deductible is reached.

Copayment

Also called a copay, this is a fixed amount of money you may pay for certain covered health services, like a doctor's appointment.

Deductible

The amount you pay before your plan starts sharing costs for covered services.

Out-of-pocket limit

The most you could pay for covered services in a plan year.

Premium

A routine payment that's typically taken out of your paycheck and helps keep your plan active, so you can stay covered.

[justplainclear.com](https://www.justplainclear.com)

For thousands of health care terms defined simply and clearly, this is your site.



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These plans have exclusions, limitations and reduction of benefits. For costs and complete details contact your employer.

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Health Plan coverage provided by or through UnitedHealthcare of Florida, Inc.



Important things to know about selecting your PCP

A primary care provider (PCP) is your health guide—someone who can help coordinate your care and supports you in achieving your best health.

Your PCP:

- Must be a general practice, family practice, pediatrician or internal medicine provider*
- Must be an individual provider, not a medical practice**
- Must be accepting new patients (if you are not a current patient)
- Must be located in a town or city near where you (the subscriber) live or work
- Can be selected for the entire family or each covered member can select their own



A PCP is the doctor who knows you best—who understands your health history and health goals. They're who you turn to first—for everything from routine care to prescriptions and more.

And, since most PCPs offer virtual visits for primary care, you can choose to see them in person or from home.

So, whether or not your plan requires you to have a PCP, it's a good idea to choose one.

See reverse side for instructions on how to select a PCP.

*Some states allow you to choose a specialist, like an OB/GYN, as your PCP. Contact your employer for more information.

**Some health plans may allow you to choose a medical group rather than a doctor as your PCP.

continued

Follow these steps to choose your PCP

- 1 • Go to myuhc.com[®] (you don't need to sign in)
• Then select **Find a Provider > Medical Directory** then, **Employer and Individual Plans**.

Not sure which plan name to look for? Check your enrollment materials or ask your employer.

- 2 If prompted, select the year in which you will be receiving care (choose the following year if you are making enrollment selections)—confirm the ZIP code for your search, choose **People**, then **Primary Care**, then select from any of the categories listed.

John Smith, MD
Family Practice
★★★★★ (27) In-Network

Save (555) 555-1234

OVERVIEW SERVICES & COSTS **LOCATIONS** PATIENT REVIEWS

2 Locations for 12345 ADJUST RADIUS
Within 20 Miles

Location	Phone	Availability	Additional Information
1234 Main Street, Ste 123 Anytown, ST 12345 4 Miles Away Get Directions View Hours > OPEN NOW	(555) 555-1234 Phone 123 TTY Website Not Available Email Not Available	Evening Appointments Weekend Appointments Accessibility Parking > Patient Age & Gender Requirements 0 - 150 years	Additional Information ♥♥ Premium Care Physician ✔ Accepting All Patients Provider ID 01234567891234 Copy
1010 North Hwy, Ste 100 Othertown, ST 12345 7 Miles Away Get Directions View Hours > OPEN NOW	(555) 555-5555 Phone 456 TTY Website Not Available Email Not Available	Evening Appointments Weekend Appointments Accessibility Parking > Patient Age & Gender Requirements 0 - 150 years	Additional Information ♥♥ Premium Care Physician ✔ Accepting All Patients Provider ID 43219876543210 Copy

- 3 Scroll through the search results, and once you have made your selection, click on the provider's name to **locate the Provider ID in the lower right corner of the page**. Select **Copy** or write it down—you'll need it when you enroll.

- 4 If your selected PCP is associated with multiple locations, you can find the correct Provider ID by selecting **Locations** and then copying the appropriate Provider ID.

And there you have it—choosing your PCP is the first step in the process to help manage your health. Be sure to schedule your first visit with your PCP. It can be a great way for your doctor to get to know you—and vice versa.

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This Guide is intended for individuals selecting a new plan (or) in open enrollment. Active members should log in to myuhc.com for assistance.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

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Stop Loss only: Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company of New York (in NY) and UnitedHealthcare Insurance Company (in all other states and DC).

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Welcome to what care can do

These health and wellness benefits are available as part of your health plan — at no additional cost to you.



Support with a personal touch

Connect with an Advocate by phone or on the UnitedHealthcare® app to get the information you need, when you need it. Specially trained Advocates are here to help you understand your benefits, make more informed health care decisions and access the care that fits your needs.



Get care, virtually anywhere

With 24/7 Virtual Visits, you can connect to a care provider by phone or video* through myuhc.com® or the UnitedHealthcare® app. Providers can treat a wide range of nonemergency health conditions—from flu and pinkeye to migraines and more—and may even prescribe medication as needed.**

*Data rates may apply.

**Certain prescriptions may not be available, and other restrictions may apply.



Healthier starts here

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



It helps to have someone to talk to

When life gets stressful, the Employee Assistance Program (EAP) is just a phone call away. EAP coordinators are available 24/7 for confidential conversation and referrals to expert care and services.



Support for emotional well-being

Whether you're in a time of greater need or want to work on personal growth, you can get connected to self-help digital tools, in-person or virtual behavioral health providers and more. These resources and programs are designed to help with a variety of concerns, from depression and anxiety to mental health and substance disorder services.



A self-help app to help manage stress

Sanvello™ is an app that offers clinically tested techniques, coping tools and community support to help dial down possible symptoms of stress, anxiety and depression—anytime. You'll have premium access to the app, which includes daily mood tracking, meditation tools and guided journeys.



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Caring support for precious deliveries

Maternity support is designed for all parents, no matter what the pregnancy journey looks like. It includes 24/7 access to online courses covering trimester benchmarks, nutrition and exercise during pregnancy, breastfeeding and postpartum care.

Get more info

Visit myuhc.com[®], your personalized member website, after your plan is active to learn more and sign up for these programs and services



Guidance for coping with cancer

The Cancer Support Program helps connect you and your family with dedicated cancer nurses and personal advocates. They'll help you understand your diagnosis, share information that may help you make more informed decisions about your care and find emotional support for you and your family members.



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Get more info

Call 1-866-873-3903, TTY 711

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Advocate4Me[®] should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through the program is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. The program is not an insurance program and may be discontinued at any time. Additionally, if there is any difference between this information and your coverage documents (Summary Plan Description, Schedule of Benefits, and any attached Riders and/or Amendments) your coverage documents govern. The UnitedHealthcare[®] app is available for download for iPhone[®] or Android[®]. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

The information provided under Maternity Support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. UnitedHealthcare makes no representation or warrant with regard to the accuracy of the information presented. If you believe that you may have any emergency medical condition you should immediately call 9-1-1. Participants should consult an appropriate health care professional to determine what may be right for them. If you have questions about the information presented or questions about health care services, supplies, or treatments, you should consult your health care provider before making any health care decisions. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30% of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

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.

The Sanvello 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 information contained in the Sanvello Mobile Application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used as a substitute for your provider's care. Please discuss with your doctor how the information provided may be right for you. Premium access is available for members at no additional cost as part of their benefit plan. Sanvello premium is not available for all groups in New York 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 Application.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 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, or for all members. Check your benefit plan to determine if these services are available.



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