Benefits designed with care

Explore your plan option(s) for:
- Health

Open Enrollment

2022 Benefits Guide
City of Orlando

United Healthcare
Welcome to what care can do

With UnitedHealthcare, you’ve got a helping hand. We offer plans that are designed to help you keep costs in check and enjoy a healthier life. Choose a plan that, at the heart of it, works every day to take good care of you.

Access your plan costs and coverage 24/7, to help avoid cost surprises

Use personalized tools to help you understand and stay on top of your plan details

Enjoy member resources and dedicated support to help you reach your goals

It all works together — for a health plan that’s built to be better for you
Choosing a plan — good questions to ask

Is your provider in the network?
Getting care from doctors, clinics and hospitals that are in the network may help you save money. To find out if your preferred providers are included:
- Go to uhc.com/providersearch > Medical Directory > All UnitedHealthcare Plans > Shopping Around (if applicable)
- Choose the health plan you’re considering to view providers in the network

Are your medications covered?
If you take any medications, you can check a plan’s Prescription Drug List (PDL) to see your costs and possible deductibles.
To check the list:
- Go to uhc.com > Health & Wellness > Managing Medications
- Select the appropriate PDL to see which medications are covered

What are your health needs?
You may need less coverage if you see the doctor occasionally for your annual checkup, minor illness or injury. You may need more coverage if you’re planning for a major procedure, see the doctor often or take specialty medications.

What are the plan’s details?
Review each plan’s overall costs, deductibles and copays (if applicable)—plus their wellness programs, tools and apps.

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 20% | Your plan pays 80% |

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.

justplainclear.com

For thousands of health care terms defined simply and clearly, this is your site.
## Review your health plan option(s)

<table>
<thead>
<tr>
<th>Health plan details</th>
<th>Choice Plan HMO</th>
<th>Choice Plus Plan POS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network coverage only</strong></td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>You may save money when you receive care for covered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>benefits from network providers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>In and out-of-network benefits</strong></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>You can receive care and services from providers and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>facilities in and out of our network, but staying in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>network can help lower your costs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Referrals required</strong></td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>You'll need referrals from your PCP before seeing a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>specialist or getting certain health care services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Preventive care covered at 100%</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>There's no additional cost to you for seeing a network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>provider for preventive care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pharmacy benefits</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>You'll be able to order up to a 3-month supply of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>medications you take regularly and have them delivered</td>
<td></td>
<td></td>
</tr>
<tr>
<td>right to your home.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freestanding centers benefit</strong></td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>You may pay less when you use certain freestanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>centers — health care facilities such as MRI or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>surgery centers — that do not bill for services as part</td>
<td></td>
<td></td>
</tr>
<tr>
<td>of a hospital.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Health plan coverage

<table>
<thead>
<tr>
<th>Deductibles and out-of-pocket limits</th>
<th>Choice Plan HMO</th>
<th>Choice Plus Plan POS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible amounts</strong></td>
<td>Network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Individual</td>
<td>$0</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Family</td>
<td>$0</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Out-of-pocket limits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$6,350</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Family</td>
<td>$12,700</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Medical copays and coinsurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Doctors and specialists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive care visit</td>
<td>$0</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Primary care visit (illness or injury)</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Virtual Visit (online doctor)</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Urgent care visit</td>
<td>$35</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$35</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Lab and X-ray</td>
<td>$0**,$50***</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Major diagnostic and imaging</td>
<td>$50**,$100***</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency room</td>
<td>$200</td>
<td>$200</td>
</tr>
<tr>
<td>Emergency transportation</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td><strong>Other care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health visit (outpatient)</td>
<td>$15</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Mental health visit (inpatient)</td>
<td>$600</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Surgery — outpatient</td>
<td>$50**,$250***</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Hospital — inpatient stay</td>
<td>$800</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Pharmacy copays</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail up to 31-day supply</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tier level 1</td>
<td>$10</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier level 2</td>
<td>$35</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Tier level 3</td>
<td>$70</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

*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.*

**After the deductible.** **Free-standing Facility.** **Hospital-Based Facility.**

NOTE: Specialty Prescription Drugs are covered in network only for both plans. 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 a $15 copay. You are required to use a Routine Vision Provider listed in the Vision Provider Directory available on www.myuhc.com.
For all things pharmacy, say hi to OptumRx

UnitedHealthcare plans use OptumRx® for pharmacy care services. We’ve designed it to be easier for you to save on medications and easier to keep track of them, too—whether you’re online or on the go.

3 ways you may save on costs

**Use home delivery**
Order a 3-month supply through OptumRx and you may pay less for medication, get standard shipping at no cost and save trips to the pharmacy.

**Use network pharmacies**
You can find out which pharmacies are in the network on myuhc.com® or the UnitedHealthcare® app—using them may cost you less out of pocket.

**Use Tier 1 drugs**
Choosing medications from the lower tiers on the Prescription Drug List (PDL)—the list of medications that are commonly covered by your health plan option—may help you save money.

More ways to manage your meds

As a UnitedHealthcare member, you’ll be able to go to myuhc.com and use the UnitedHealthcare app to:
- Find and compare medication costs
- Locate a network pharmacy
- See if your medications have any requirements before filling them
- Search the PDL
- Manage your home delivery orders
With a PCP, there’s a doctor in your corner

Your primary care physician (PCP) is your health guide—someone who can help connect you to the care you need and help you avoid cost surprises. Although your health plan option may not require you and each covered family member to select a PCP,* it can be a good idea to have one.

More good reasons to have a PCP

- They know your health history and health goals
- They provide routine care, such as annual checkups, which may help identify potential health issues earlier
- They advise you when to see a specialist and provide referrals if needed**

It’s easy to browse network PCPs

- Go to uhc.com/providersearch > Medical Directory > All UnitedHealthcare Plans > Shopping Around (if applicable)
- Choose the name of the health plan you’re considering
- Select the appropriate calendar tile
- Choose People > Primary Care > All Primary Care Providers
- Change your location to search providers near you
- From the provider listing, click on the name of the PCP you’d like to select and write down the 14-digit Provider ID number—you’ll need it when you enroll

*Some health plans may allow you to choose a facility rather than a doctor as your PCP. Some states allow you to choose a specialist, like an OB/GYN, as your PCP.
**Some health plans may require a referral prior to seeing another network physician or specialist.
It’s so easy to connect to your plan

With UnitedHealthcare, you get personalized digital tools that help you check in on your plan whenever you want — which makes it easier to stay on top of your benefit details.

myuhc.com
Your online hub for plan details
Built to help you manage your plan 24/7, myuhc.com® gives you access to all your plan info in one place, so you can:
- Find and price care
- See what’s covered
- View claim details
- Check your plan balances
- Find network doctors and pharmacies
- Order prescriptions

UnitedHealthcare app
Your app for on-the-go access
When your health plan’s right at your fingertips, you can manage your benefits anytime, anywhere. Download the UnitedHealthcare® app to:
- Find nearby care options in your network
- See your claim details and view progress toward your deductible
- View and share your health plan ID card
- Video chat with a doctor 24/7

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Google Play and the Google Play logo are registered trademarks of Google Inc.
Health and wellness benefits powered by care

Once your health plan becomes active, you can sign up for wellness programs and take advantage of health support services—all at no additional cost to you.

UnitedHealthcare Resources

Support with a personal touch
Connect with an advocate—via the phone or the click-to-chat function at myuhc.com or on the UnitedHealthcare app—for information and support to help you understand your benefits and make more informed health care decisions that may help save you money and lead to better health outcomes. Direct extensions and voicemails are available for all advocates, making it easier for you to connect with someone who knows you and your health care needs.

Maternity Support

Support throughout pregnancy
Learn what to expect, how to help stay healthier and how to manage your health through pregnancy and postpartum using the resources and tools offered by the UnitedHealthcare Maternity Support program.

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.
More health and wellness benefits to explore

Virtual Visits

Get care, virtually anywhere

With Virtual Visits, you can video chat with a doctor by computer or mobile device,* from the comfort of home or anywhere. Doctors can diagnose a wide range of nonemergency medical conditions—and even provide prescriptions, if needed.**

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

Cancer Support Program

Support for dealing with cancer

Many questions may come up if you or a loved one has cancer. With the Cancer Support Program, dedicated cancer nurses will help you find information and emotional support for you and your family.

Live and Work Well

Tap into behavioral health support

The Live and Work Well website gives you access to support, care and resources to help you feel like the best version of you. These behavioral health support services are available at liveandworkwell.com 24/7 — whether you’re in a time of greater need or want to work on personal growth. As part of your health plan benefits, Live and Work Well is available at no additional cost to you and your family.

Sanvello app

Tools to manage stress and anxiety

Access clinically tested techniques, coping tools and community support to help dial down possible symptoms of stress, anxiety and depression—anytime. You’ll get premium access to the Sanvello™ app at no additional cost, which includes ways to relax, be present and stay focused, right at your fingertips.

Employee Assistance Program

It helps to have someone to talk to

When life gets stressful, the Employee Assistance Program (EAP) is just a phone call away. Our coordinators are available 24/7 for no-cost, confidential conversations and referrals to expert care and services.
Now you’re ready to roll

Review your option(s)
Now that you’ve had some time to review all the details, you’re ready to enroll in the plans that fit you best.

Get ready for coverage to begin
While waiting for your plan date to start, you can search the network for providers near you at uhc.com/providersearch.

Say hello to your benefits
Watch the mail for your welcome kit and health plan ID card—then go to myuhc.com® and download the UnitedHealthcare® app to stay connected.

Get the most out of your plan throughout the year
• Schedule an annual checkup, flu shot or other preventive screening service
• Take advantage of resources and programs to help you stay healthier and save money
• View average costs before you get care, see what’s covered, find network doctors and pharmacies and more using myuhc.com or the UnitedHealthcare app

We're here to help
Get even more info about your options

Health Plans
www.welcometouhc.com
General 1-866-873-3903 TTY 711
We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

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

**Online:** UHC_Civil_Rights@uhc.com

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 member phone number listed on your ID card.

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

**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. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

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**ATTENTION:** If you 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.

**XIN LƯU Y:** 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 hiệu viên của quý vị.

**일림:** 한국어를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 환대 번호로 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, чьё родной язык является русским (Russian). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

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**ATANSYON:** Si w pa Kreyol ayisyen (Haitian Creole), ou kapab benefisyè sèvis ki gratis pou edo w nan lang pa w. Tenpè reke ninvè gratis ki sou kòt idenfityasyon 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), udostępniamy darmowe usługi tłumacza. Prosimy zadzwoń 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.

**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.

**توجيه:** أكر زبان شما فارسی (Persian) است. خدمات امداد زبانی به مطابق رایگان در اختیار شما می‌باشد. لطفاً با شماره تلفن رایگان که روی کارت شناسایی شما قید شده ماسی همگرد.

**ध्यान:** सदर्श आप हिंदी (Hindi) बोलते हैं, आपको भाषा सहायता सेवाएं, निर्मल उपलब्ध हैं। कुछ अपने पहचान पत्र पर सूचीबद्ध टील-फोन नंबर पर कॉल करें।

DÍÍ BAA’ÁKONNÍZIN: Diné (Navajo) bizaad bee yámíí’go, saad bee aha’antíí awo’i gíí, t’áá jíl’eh, bee ná’ahóítéi’. T’áá shqóódi naanaltsóo níí’íí bee nééhoozíídii binc’ddéé t’áá jíl’ehgo béésí bee hanc’i biká’íígíí bee hódíílííhé.
Administrative services provided by United HealthCare Services, Inc. or their affiliates.

This service 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.

This program 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 this service is for informational purposes only and provided as part of your health plan. The nurse cannot diagnose problems or recommend treatment and is not a substitute for your doctor’s care. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance with the law. This nurse support service is not an insurance program and may be discontinued at any time.

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.

This program should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. This program is not a substitute for a doctor’s or professional’s care. Consult with your clinician for specific health care needs, treatment or medication. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against Optum 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 the Maternity Support Program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. 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 percent 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.

Virtual Visits phone and video chat with a doctor 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. 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.
Take care, take note