MEMBER
WELCOME GUIDE

HEALTH PLANS
UNIVERSITY OF UTAH

WELCOME

Thank you for choosing University of Utah Health Plans.

There are a few things you need to know about getting started with your plan. This guide will provide you with a quick overview of the following:

- Member Portal
- ID Cards
- Benefits
- Health Plan Basics
- Accessing Your Benefits
- Your Health
- Key Terms
- Contact Information

You will also find helpful links throughout this document to make it more convenient to find what you're looking for.

QUESTIONS?

Our Member Services Team is here to help! If you have questions about your current plan, we'll get you the answers you need.

MEMBER SERVICES

Monday - Friday, 8 am - 6 pm MST
801-213-4111 or toll free 833-981-0214

MEMBER PORTAL

Access your health plan information 24/7 through the member portal. To set up your free portal account:

1. Visit uhealthplan.utah.edu
2. Click "Member Login" in the upper-right corner of the navigation bar
3. On the portal home page, click "Register Here" under the new user section and enter your information

Or access the member portal directly via URL at MyUofUHealthPlans.org

DOWNLOAD THE APP

You can also access the portal via mobile app (available on both Android and iOS). To download the app, scan the QR code below with your phone's camera or search "UUHIPMembers" in the App Store or Google Play.

Available on the iPhone App Store

ANDROID APP ON Google play

YOUR HEALTH PLAN AT YOUR FINGERTIPS

Our member portal is a one-stop shop for all of your health plan information. With a portal account, you can:

- View or print plan documents and benefit summaries
- Keep track of your deductible and out-of-pocket expense balances
- Estimate costs and shop around for services
- Select or change your primary care provider (PCP)
- Search for providers in your network by name, specialty or location
- Print temporary ID cards or request official ID cards in the mail
- Send messages and documents to the Customer Service Team
- Review your claims, explanation of benefits statements (EOBs), and other documents
- Access health and wellness information in the knowledge database
- View your eligibility for services

ID CARDS

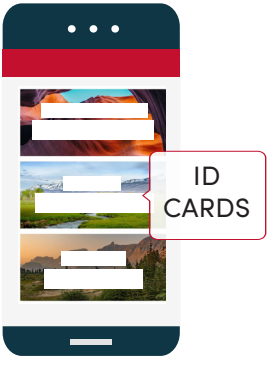
Your ID card is for the following services: Medical, Pharmacy (Rx), and Behavioral Health. If dental coverage is part of your plan, you will receive a separate dental card from your dental plan administrator.

Please present your new ID card to your provider(s) for you and any of your enrolled dependents. Up-to-date claims submission and contact information is located on the back of your card.

ACCESS YOUR ID CARD THROUGH THE MEMBER PORTAL

You can access your ID card on the go, anywhere and anytime, through our member portal mobile app. You can also print or request mailed ID cards through the portal.

For instructions on how to register for the portal and download the mobile app, see the previous section titled Member Portal.



MEDICAL PLAN BASICS

YOUR PROVIDER NETWORK

Your provider network offers access to thousands of doctors for you to choose from, including U of U Health and many other local, award-winning providers. If you have out-of-network coverage, you also have the option to seek care from providers not listed in our network, but it's important to note that their services could have higher out-of-pocket costs.

Members may seek care from in-network specialists, including behavioral health providers, without a referral. When non-emergent hospital care is needed, your doctor will help you get care at a network facility.

Your provider network is identified by the logo on your ID Card. To receive benefits, you must use doctors, clinics, and hospitals that participate in your network.

To find an in-network provider, visit uhealthplan.utah.edu and click on "Find a Provider" in the navigation menu.

You can also find providers in the member portal under the "My Providers" tab or by scanning the QR code below.

For information regarding your provider network or network doctor's qualifications, contact our Member Services Team at 801-213-4111 or visit uhealthplan.utah.edu

PRESCRIPTION COVERAGE

Your U of U Health Plan provides prescription drug coverage. More information about U of U Health Plans' pharmacy coverage is available at the website listed on the back of your ID Card and on the member portal, including the preferred drug list for your plan, information on how to use the pharmaceutical procedures, an explanation of limits, the process for generic substitution, therapeutic interchange, step therapy, and how prescribing practitioners must participate in an exception request. Preferred drug lists may change from time to time, but updates are posted on the website on or before the effective date of any change.

URGENT CARE

Urgent care is available for situations that are not life-threatening, such as:

- Flu, fever, and earaches
- Nausea
- Rashes, allergic reactions, and bites
- Sprains and minor bone fractures
- Minor cuts
- Urinary tract infections

VIRTUAL URGENT CARE

For common conditions such as allergies, cough, cold, flu, and minor skin conditions. You don't need an appointment, just a connection.

MDLive (Medical + Behavioral Care)
1-844-475-2050
Available 24 hours a day, 7 days a week

EMERGENCY CARE

If you experience an emergency, call 911 or go to the nearest hospital.

HOSPITALS

U of U Health Plans offers access to many local, award-winning hospitals. To view a comprehensive list of in-network hospitals, visit uhealthplan.utah.edu or the member portal.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

As part of the Affordable Care Act, health insurance issuers and group health plans are required to provide you with an easy-to-understand summary of your health plan's medical, pharmacy, and behavioral health benefits, coverage, and exclusions. This regulation is designed to help you better understand and evaluate your health insurance choices. Visit uhealthplan.utah.edu or log on to the member portal to view the most current SBC.

EXPLANATION OF BENEFITS (EOB)

An EOB statement is created each time you receive care. It explains how your claim was processed and lists the amount you are responsible to pay to the provider.

You can access and review your EOB(s) though the member portal or mobile app. Refer to the Member Portal section for registration information.

ACCESS YOUR BENEFITS

YOUR BENEFITS

To review your medical and pharmacy benefits, visit uhealthplan.utah.edu. You can also access all of your benefit and eligibility information specific to your plan with a member portal account.

IN-NETWORK PROVIDERS

When you choose to see an in-network provider, you will receive the highest level of benefits and will not be billed for balances on covered services beyond any copayment, deductible, and/or coinsurance.

SELECTING YOUR PRIMARY CARE PROVIDER (PCP)

You can select or change your PCP through the member portal (see Member Portal section). Routinely visiting a PCP can lower your medical costs and help you maintain a healthy lifestyle. If you need help finding a doctor, contact our Member Services Team. They can help you find the closest doctor with the most immediately available appointment, and they can schedule appointments for you.

OUTSIDE OF UTAH

Coverage for urgent and emergency care outside of Utah is available through our national network. Check your member portal for details. In-network providers are also available in some Idaho counties for Healthy Premier members. To find In-Network Providers, call Member Services at 801-213-4111, log on to your member portal account, or visit the website listed on the back of your ID card.

OUTSIDE OF THE UNITED STATES

If you are traveling outside of the country and need urgent or emergency care, visit the nearest doctor or hospital. You may need to pay for the treatment at the time of service. Some services received outside of the United States require preauthorization. Call Member Services at 801-213-4111 for details.

FILING / SUBMITTING A CLAIM

University of Utah Health Plans
Attention: Claims Department
PO Box 45180
Salt Lake City, UT 84145-0180

Participating providers will file claims for you. However, if you need to file a claim from a non-participating provider or submit a paid claim for reimbursement, call Member Services at 801-213-4111 to find out what information is needed or visit uhealthplan.utah.edu.

YOUR HEALTH

Our care and utilization management teams are led by distinguished physicians, highly skilled nurses, and care coordinators that help members navigate the health care system to improve their health care experience, resulting in the best outcomes while providing cost-effective care.

OUR PROGRAMS

Our programs are built around population health, disease management, and quality improvement. The program teams help members get the right care at the right time to allow for the best outcome based on nationally recognized evidence-based guidelines.

- Quality Improvement
- U Baby Women's Health
- Pediatric Special Needs
- Behavioral Health
- Adult Complex Chronic Needs
- Health and Wellness
- Inpatient Navigator

The Quality Program continuously works to improve the services offered by our staff and network providers and our clinical outcomes. To learn more about our programs visit uhealthplan.utah.edu/care-management/programs.

INTERPRETER SERVICES

We have interpreters for any language. Call Member Services to ask for help finding a doctor who speaks your language. You can also find this information on our website in the Provider Directory.

Telephone relay services, or TTY/TDD, are also available by calling Utah Relay Services at 711 or 1-800-346-4128. TDD/TTY services are also available for care and utilization management services.

HEALTH RISK ASSESSMENT

Our care management team offers you the opportunity to complete a free, confidential, and voluntary health questionnaire to see how healthy you are. The questionnaire identifies personal risk factors and provides an action plan to help prevent future conditions or manage current conditions.

To complete your health questionnaire, log on to the member portal and select "Health Questionnaire" from the "My Health" drop-down menu.

This program allows you to work one on one with a nurse care manager. It is our goal to help you get the best possible health care.

MENTAL HEALTH SERVICES

In partnership with the Huntsman Mental Health Institute (HMHI), we offer a comprehensive menu of crisis and non-crisis services including a CrisisLine, WarmLine, Mobile Outreach Team, Recovery Center, virtual visits, and clinic options. Call 801-213-0816 for more information.

KEY TERMS

ALLOWED AMOUNT
The dollar amount allowed for a specific covered service.

COPAY
A fixed amount that you must pay for covered services to a provider or facility.

COINSURANCE
A fixed percentage of the allowed amount you pay toward health care after meeting your deductible.

COVERED DEPENDENT
A member of your family who meets the eligibility requirements to be covered by your plan and whom you have enrolled on your plan.

DEDUCTIBLE
A fixed amount that you must pay each year for covered services before we make a payment. Some categories of benefits may be subject to separate deductibles.

EFFECTIVE DATE
The date that coverage for you and your covered dependent(s) begins. It may be different from the eligibility, contract, and/or anniversary date.

EXPLANATION OF BENEFITS (EOB)
A document describing how a claim has been processed. EOBs outline the services provided, the amount billed, payment made, and any costs that are your responsibility.

NETWORK PROVIDER
A health professional, a supplier of health items, or a health care facility that has an agreement or contract with U of U Health Plans to provide or coordinate covered services to you.

OUT-OF-NETWORK PROVIDER
Any provider not under contract to deliver covered services to you.

OUT-OF-POCKET MAXIMUM
The most you will pay in coinsurance and deductible for covered health care services and prescription drugs.

PRIMARY CARE PROVIDER (PCP)
A physician you may select within the panel of participating providers who will provide and coordinate your health care.

PRIVACY NOTICE

U of U Health Plans is legally required to protect the privacy of each member's health information, and doing so is of extreme importance. Protected Health Information (PHI) includes your personal and demographic information that identifies you and that relates to your past, present, or future physical or mental health condition and related health care services. Please visit uhealthplan.utah.edu to read the Notice of Privacy Practices.

If you would like a free copy of these materials printed and mailed to you, please contact our Member Services Team at 801-213-4111.

RIGHTS AND RESPONSIBILITIES

U of U Health Plans wants to give you the best care and service. As a University of Utah Health Plans member, you have rights and responsibilities. To see these Rights and Responsibilities in detail please, visit uhealthplan.utah.edu.

COBRA

Some U of U Health Plans group plans may entitle you to COBRA benefits if you or your family members lose your health care coverage. Please refer to our website, uhealthplans.utah.edu, to see our Notice Of Continuation Of Coverage Rights (COBRA).

COMPLAINTS, GRIEVANCES, AND APPEALS

You have the right to make a complaint or ask for reconsideration of a decision related to an authorization, service, benefit, or plan policy. You also have the right to an independent, external review of final internal UM determinations. To file a complaint or appeal, visit uhealthplan.utah.edu or contact our Member Service Team at 801-213-4111.

OTHER

ADVANCING MEDICAL TECHNOLOGIES

U of U Health Plans evaluates advances in technology to make sure that members have fair access to safe and effective care. This includes medical and behavioral healthcare procedures, drugs, and devices. To be included in your plan, the technology must meet the following nationally accepted criteria:

1. Final approval from the appropriate governmental regulatory agencies;
2. Scientific studies showing conclusive evidence of improved net health outcome;
3. The use of the technology is in accordance with standards of good medical practice.

COVERAGE DECISIONS

All utilization review decisions and care management actions are based on a determination of appropriateness of care and service according to the benefit coverage for the member. U of U Health Plans provides no incentive or reward for issuing denials of coverage. There is no use of incentives to encourage barriers to care and services. Utilization Review decisions are based on nationally recognized criteria, plan benefits, and adherence of utilization management policies and procedures.

LANGUAGE

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de University of Utah Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-833-443-3440.

Chinese: 如果您, 或是您正在協助的對象, 有關於[插入SBM項目的名稱 University of Utah Health Plans 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 [在此插入數字 1-833-443-3440.

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về University of Utah Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-833-443-3440.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 University of Utah Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-833-443-3440 로 전화하십시오.

Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwiijigo holne' 1-833-443-3440.

Nepali: य"द तपा' आ)ना ला"द आफ- आवे◌िनको काम ि◌ि◌ै, वा कसलै ाई म8दत ि◌ि◌ै हुनह्ु;छ, University of Utah Health Plans बारे ?@नहA छन् भने आ)नो मातृभाषामा दन:शुGक सहायता वा जानकार। पाउने अ"दकार छ । ि◌ोभाषे (इ;टर?टर) सँ◌ि कु रा ि◌नु◌ुपु रे 1-833-443-3440 मा फोन ि◌नु◌ुह ोस्।

Tongan: 'O kapau 'oku i ai ha'o fehu'i, pe ha fehu'i mei ha tokotaha 'oku ke tokoni ki ai, 'o kau ki he University of Utah Health Plans, 'oku ke ma'u 'a e totonu ke ma'u ha fakahinohino mo e tokoni 'i ho'o lea fakafonua ta'etotongi. Ke talanoa mo ha tokotaha fakatonu lea, tā ki he fika ko 'eni 1-833-443-3440.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o University of Utah Health Plans, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-833-443-3440.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga atanungan tungkol sa University of Utah Health Plans, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-833-443-3440.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum University of Utah Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-833-443-3440 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу University of Utah Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-833-443-3440.

Arabic: إذا كانت لديك، أو لدى أي شخص تساعده، أسئلة حول University of Utah Health Plans، فلديك الحق في الحصول على المساعدة والمعلومات بلغتك دون أي تكلفة. للتحدث مع مترجم، اتصل بالرقم 1-833-443-3440.

Mon-Khmer, Cambodian: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពីគម្រោងសុខភាពរបស់សាកលវិទ្យាល័យយូថាហ៍ អ្នកមានសិទ្ធិទទួលបានជំនួយ និងព័ត៌មានជាភាសារបស់អ្នកដោយមិនគិតថ្លៃ។ ដើម្បីនិយាយជាមួយអ្នកបកប្រែ សូមទូរស័ព្ទទៅលេខ 1-833-443-3440.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de University of Utah Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-833-443-3440.

Japanese: ご本人様、またはお客様の身の回りの方でも、University of Utah Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-833-443-3440 までお電話ください

YEARLY NOTICES

U of U Health Plans wants to give our members the best service and care. As a health plan, we have a responsibility to notify and update our members on a yearly basis. Please review the following notices and contact us with any questions.

University of Utah Health Plans
6056 Fashion Square Drive, Suite 3104, Murray, UT 84107
Phone: (801) 213-4111 or (833) 981-0214
Email: uuhp@hsc.utah.edu | Website: uhealthplan.utah.edu

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

The Newborns' Act defines the amount of time you and your newborn child are covered for a hospital stay following childbirth. For a vaginal delivery, you can stay in the hospital for up to 48 hours. For a C-section, you can stay in the hospital for up to 96 hours. However, your provider may decide, after talking to you, to let you or your newborn leave the hospital earlier. For more information on the Newborns' Act, please visit www.dol.gov/ebsa/newsroom/fsnmhafs.html

TRAVELING

When traveling outside of Utah, you are covered for urgent and emergency care. U of U Health Plans has an agreement with one of the largest national provider networks. Using these providers will cost you less. To find in-network providers, call Member Services or visit our website.

BROKER COMMISSION DISCLOSURE

University of Utah Health Plans is required to disclose information to enrollees for individual health plans. If you use an agent to help facilitate your enrollment, the agent will be compensated for the enrollment. This compensation is paid by University of Utah Health Plans. Your monthly premium will be the same whether you choose to use an agent or not. For more information on the compensation that our agents and brokers receive please visit: uhealthplan.utah.edu/notices

CONSENT TO RECEIVE COMMUNICATION

When you provide University of Utah Health Plans with your telephone number, including your cellphone or mobile number, you are consenting to give University of Utah Health Plans permission to contact you via phone call or text for certain important messages related to your healthcare. These communications can include, but are not limited to, appointment reminders, change in office hours or office closing, billing and payment issues, and other health care-related messages. Some of these messages may be generated by an automated dialing system or include a prerecorded voice. Be aware that text and messaging rates may apply. You can opt out of receiving text reminder from University of Utah Health Plans at any time. You can do so by replying "STOP" to any text message or by contacting Member Services.

CONTACT US

MEMBER SERVICES

(801) 213-4111
Toll Free: (833) 981-0214
Fax: (801) 281-6121
uuhp@hsc.utah.edu

CLAIMS/ELIGIBILITY

(801) 213-4111

CASE MANAGEMENT & UTILIZATION REVIEW

(801) 213-4111

PROVIDER RELATIONS

(801) 587-2838
provider.relations@hsc.utah.edu

SUBMIT CLAIMS TO:

University of Utah Health Plans
Attention: Claims Department
PO Box 45180
Salt Lake City, UT 84145-0180

HEALTH PLANS

UNIVERSITY OF UTAH

(801) 213-4111

uhealthplan.utah.edu