



Something sweet is here

2024 benefit options

SHBP 2024 HMO and HDHP
benefits guide





Benefits sweet as a peach

Your health and the health of your family are important, and we want to thank you for considering UnitedHealthcare to help you make the most of it. We're committed to delivering a better health care experience and appreciate the opportunity to participate in your State Health Benefit Plan (SHBP) options for more than 20 years.

What's inside this brochure:

- **Plan summary** – Provides information about your plan options, UnitedHealthcare network providers, clinical and disease management programs, resources and support to help you make an informed 2024 enrollment decision
- **Benefit grid** – Provides detailed information about your plan coverage, including information about co-pays, deductibles and out-of-pocket maximums
- **New for 2024** – Diagnostic colonoscopies and mammograms, plus dilated retinal eye exams for members diagnosed with diabetes, will be covered 100% for both the HMO Plan and High Deductible Health Plan (HDHP). The emergency room co-pay for the HMO Plan will be \$200 per visit.

Learn more about:

- **Reducing your health care expenses** – UnitedHealthcare will reward you and your covered spouse with a \$250 reward card, up to \$500 per household, for completing the activities under *Be Well SHBP*®*
- **Virtual care** – Whether you need 24/7 Virtual Visits for urgent care needs in the middle of the night or behavioral health appointments from the comfort of home, we have options so you can take an appointment where you want, without traveling to a provider's office
- **The HDHP option with a health savings account (HSA)** is the least expensive plan offered by SHBP, and you can use pretax money to pay for qualified expenses

To learn more about how to get the most out of your plan and the advantages of UnitedHealthcare, please review the enclosed information and visit [whyuhc.com/shbp](https://www.whyuhc.com/shbp) or call a dedicated SHBP advocate at **888-364-6352**.

Wishing you and your family well,

Kimberly A. McCurdy-Spence
Senior Account Vice President, UnitedHealthcare

Table of contents

Benefits sweet as a peach 2

Take a bite-sized look at
what's available..... 3

Quality care any way
you slice it..... 4

Pick your plan 5

Member scenarios..... 6

2024 SHBP benefits
at a glance..... 8

See a doctor from anywhere..... 10

Know where to go..... 11

Take a fresh look at
your health..... 12

Helping you stay healthy 13

Support for
emotional well-being..... 14

Take these steps to earn 15

Redeem your rewards 16

Find answers and support 17

Prepare to enroll 18

Here's the fine print 19

Health care terms

Co-insurance – Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.

Co-pay – A fixed amount you pay for a covered health care service, usually when you receive the service.

For more health care term definitions, visit the Just Plain Clear® English and Spanish Glossary at glossary.justplainclear.com.

*Be Well SHBP, the SHBP well-being program, is administered by Sharecare.

Take a bite-sized look at what's available



Network coverage with nationwide UnitedHealth Premium® program providers



Provider access with 24/7 Virtual Visits



Emotional support with a variety of behavioral health tools



24/7 access to a registered nurse to help guide your health care decisions



Dedicated Customer Service team to answer health and benefit questions



Innovative technology with **myuhc.com**® and the UnitedHealthcare® app



Personalized condition support for over 100 chronic conditions and catastrophic health events



Programs and resources that can help with life's challenges

Find your perfect fit

Visit the premember website at whyuhc.com/shbp, where you can learn about the UnitedHealthcare benefits and services offered for 2024 from the comfort of your own home or on the go. Using your computer or mobile device, you can learn about your health plans options, search for network providers, and learn about the physical and mental health programs available with both plans.



Quality care any way you slice it

No matter which plan you choose, you'll have access to our broad network of doctors and hospitals, including:

Access to our nationwide network of over **1.7 million** physicians and health care professionals and **7,000** hospitals*

A local Georgia network that includes over **26,000** health care providers and more than **140 hospitals***

Specialist visits with no required referral, even when traveling outside of Georgia

Behavioral health support with over **9,300** behavioral health clinicians, **75** behavioral health facilities and **290** group practices throughout Georgia*

Access to Centers of Excellence for specialty conditions, such as cancer and transplant

How to find a network doctor or hospital

- 1 Go to whyuhc.com/shbp > Search for a Provider
- 2 Click on the health plan you're considering to see a list of network providers
- 3 Members can sign in at myuhc.com/virtualvisits to talk to a doctor by video 24/7
- 4 Once you're a member, search for a provider at myuhc.com > Find Care & Costs or search on the **UnitedHealthcare app**. You can also download the UnitedHealthcare app for quick access to health plan details.



Choose smart. Look for the blue hearts.

The UnitedHealth Premium program helps make it easier for you to find doctors who meet our quality care criteria, which includes safe, timely, effective and efficient care to help you choose care with confidence. To find a Premium Care Physician near you, look for 2 blue hearts next to their name on myuhc.com.

Choose Premium Care Physicians with confidence, knowing these doctors have:

- ✓ Proven better outcomes
- ✓ Fewer redo procedures
- ✓ Lower complication rates
- ✓ Proven to provide care with costs in mind

*As of July 2023.

Pick your plan

You have 2 plan options from UnitedHealthcare. Both plans provide access to a large national network, cover network preventive care* at 100%, do not require you to choose a primary care provider (PCP) and allow you to see a network specialist without a referral. Each plan offers personalized customer service and clinical care tailored to your needs, plus opportunities to reduce costs by earning up to 480 points and receiving a **\$250 reward card** from UnitedHealthcare for you and your covered spouse when you each complete certain health actions and redeem all 480 points through the Sharecare Redemption Center.

Choice HMO Plan	HDHP with HSA
<p>With this plan, you have the freedom to use any doctor or hospital in the Choice network. If you use a provider outside of the network, you'll be responsible for the entire cost of the service (except in an emergency).</p> <ul style="list-style-type: none">• You have predictable co-pays• Your co-insurance responsibility is lower for services not requiring a co-pay• If you have a co-pay, deductible or co-insurance payment, the points you earn and redeem as credits through the Sharecare Redemption Center will automatically be used to reimburse you the cost of your eligible medical and pharmacy expenses• Medical and pharmacy expenses both count toward your out-of-pocket maximum	<p>With this plan, you have the lowest monthly premium of all plans offered by SHBP. You can also open an HSA through UnitedHealthcare or at any financial institution of your choice. Deductibles and co-insurance responsibility can be offset by the wellness incentive points you earn.</p> <ul style="list-style-type: none">• For members covered under a family tier, once an individual's coverage ("you" coverage tier) deductible and out-of-pocket maximum has been satisfied for that individual family member, all eligible medical and pharmacy expenses for that member will be paid at 100% for the plan year.** This means you don't have to wait for the entire family to meet the family deductible and out-of-pocket maximum in order to receive cost sharing with the plan.• You have the freedom to use any doctor or hospital you want. You also have coverage if you go out of the network. However, the coverage will be lower, which means you may pay more.• The well-being incentive credits are not automatically applied with the HDHP. You will need to meet a minimum deductible threshold before the credits will be used.***

Why open an HSA with the HDHP?

An HSA is a personal bank account to help you save money and pay for health care expenses, like deductibles and co-insurance, while also giving you real tax savings. An HSA can give you great value now and even more in the future.

An HSA is yours to keep. There is no "use it or lose it" rule, so the balance can grow from year to year. If you leave your employer or change plans, you take your HSA with you to use for future health care expenses—even during retirement.

It's not just for doctor visits and prescriptions. You can use it to pay for vision exams and eyeglasses, dental exams, hearing aids, long-term care and more.

For more information about your plan options and opening an HSA, visit [whyuhc.com/shbp](https://www.whyuhc.com/shbp).

*The plan pays 100% of covered services provided by network providers that are properly coded as "preventive care" within the meaning of the Affordable Care Act (ACA).
**Please note that each individual family member cannot contribute more than their own individual deductible and out-of-pocket maximum to the overall family deductible and out-of-pocket maximum.
***For members enrolled in the HDHP, well-being credits cannot be used until the \$1,600 (employee) or \$3,200 (employee + spouse, employee + child(ren) or employee + family) threshold has been met.

Member scenarios

These member scenario examples walk you through different health care situations and estimated health care costs, not including premiums.



John Single coverage

John is 27 years old, single and in great health. He doesn’t have any kids, so he’s looking for a plan with low monthly premium payments that will cover him in case of unexpected health issues. Here’s how he used care this year and an estimate of what it may have cost him with each plan. John considers that he could use his premium savings from the lower-cost HDHP with HSA to fund his HSA and save money to offset future medical costs. He decides to enroll in the HDHP with HSA.

Type of cost	Choice HMO	HDHP with HSA
Qualified medical expenses		
Sick visit to PCP	\$35 co-pay	\$160
Preventive care visit	\$0 co-pay	\$0
Urgent care visit	\$35 co-pay	\$180
Tier 1 medication	\$20 co-pay	\$30
Total cost before deductible reached	\$90	\$370
Deductible	\$1,300	\$3,500
Employee HSA contributions*	N/A	\$1,352
Well-being credits cost reduction**	(480)	(480) after meeting \$1,600 threshold***
Total out-of-pocket medical costs not including premiums	\$0	\$0 (\$370 covered by HSA contributions)
HSA balance to roll over	N/A	\$982
Health incentive account (HIA) rollover balance	390	480
UnitedHealthcare Reward Card	\$250	\$250

*Voluntary pretax employee HSA contributions can be used to pay for qualified medical, dental, vision and prescription drug expenses, including certain over-the-counter drugs and medications, as defined in IRS Publications 502 and 969. And the HSA rolls over from year to year, so it can continue to grow to be used in the future—even into retirement.

**Assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

***For members enrolled in the HDHP, well-being credits cannot be used until the \$1,600 (employee) or \$3,200 (employee + spouse, employee + child(ren), or employee + family) threshold has been met.





Michelle
Employee plus family coverage

A 45-year-old married mother of 2, Michelle is interested in a family plan that fits their tight budget yet offers enough coverage to keep up with their care needs—including managing her diabetes and her son’s asthma. Here’s how her family used care this year and an estimate of what it may have cost her with each plan. Michelle considers her out-of-pocket medical costs and reviews the plan deductibles and the premiums for 2024. She also considers that if she signs up for a Diabetes Disease Management Program and qualified for a Co-pay or Co-insurance Waiver Program, she could save money on her diabetes medications. She decides to enroll in the Choice HMO.

Type of cost	Choice HMO	HDHP with HSA
Qualified medical expenses		
4 sick visits to PCP	\$140 co-pay	\$640
3 preventive care visits	\$0 co-pay	\$0
3 urgent care visits	\$105 co-pay	\$540
2 specialist visits	\$90	\$1,000
Emergency room visit	\$200	\$2,200
6 Tier 1 medications	\$120	\$180
Total cost before deductible reached	\$655	\$4,560
Deductible	\$2,600	\$12,900
Well-being credits cost reduction*	(960)	(960) after meeting \$3,200 threshold**
Employee HSA contributions***	N/A	\$3,785
Total out-of-pocket medical costs not including premiums	\$0	\$3,600 covered by HSA contributions & 960 covered by the well-being credits
HSA balance to roll over	N/A	\$185
Health incentive account (HIA) rollover balance	305	0
UnitedHealthcare Reward Card	\$250	\$250



Have questions?
If you want to talk to someone about your own coverage scenario, call **888-364-6352**.

*Assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.
**For members enrolled in the HDHP, well-being credits cannot be used until the \$1,600 (employee) or \$3,200 (employee + spouse, employee + child(ren), or employee + family) threshold has been met.
***Voluntary pretax employee HSA contributions can be used to pay for qualified medical, dental, vision and prescription drug expenses, including certain over-the-counter drugs and medications, as defined in IRS Publications 502 and 969. And the HSA rolls over from year to year, so it can continue to grow to be used in the future—even into retirement.

2024 SHBP benefits at a glance

For more coverage details for each of these plans, please visit whyuhc.com/shbp or call **888-364-6352**.

	Choice HMO		HDHP with HSA			
Medical	Network	Earned well-being credits reduce cost to:*	Network	Earned well-being credits reduce cost to:*	Out-of-network	Earned well-being credits reduce cost to:*
Deductible						
You	\$1,300	\$820	\$3,500	\$3,020	\$7,000	\$6,520
You + child(ren)	\$1,950	\$1,470	\$7,000	\$6,520	\$14,000	\$13,520
You + spouse	\$1,950	\$990	\$7,000	\$6,040	\$14,000	\$13,040
You + family	\$2,600	\$1,640	\$7,000	\$6,040	\$14,000	\$13,040
Out-of-pocket maximum						
You	\$4,000	\$3,520	\$6,450	\$5,970	\$12,900	\$12,420
You + child(ren)	\$6,500	\$6,020	\$12,900	\$12,420	\$25,800	\$25,320
You + spouse	\$6,500	\$5,540	\$12,900	\$11,940	\$25,800	\$24,840
You + family	\$9,000	\$8,040	\$12,900	\$11,940	\$25,800	\$24,840
Earned well-being incentive credit maximums	Your earned well-being incentive credits reduce your out-of-pocket costs by: You – \$480 You + child(ren) – \$480 You + spouse – \$960 Family – \$960					
Co-insurance (plan pays)	80%		70%		50%	
Covered services						
Preventive care services When provided by network providers and properly coded as “preventive care” within the meaning of the Affordable Care Act (ACA)	100%		100%		Not covered	
Non-preventive diagnostic colonoscopy, mammogram, breast MRI and breast ultrasound	100%		100% after deductible		50% after deductible	
Eye exam – routine (limited to 1 exam every 24 months; no out-of-network coverage) Dilated retinal eye exams for those with diabetes covered 100%	100%		100%		Not covered	
Routine maternity care physician services (prenatal, delivery and postpartum)	100%		70% after deductible		50% after deductible	
Non-routine maternity care physician services (prenatal, delivery and postpartum)	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	
Primary care physician (PCP), specialist or clinic office visits (treatment of illness or injury)	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	
Urgent care visit	100% after \$35 co-pay		70% after deductible		50% after deductible	
Emergency room (treatment of an emergency medical condition or injury)	100% after \$200 co-pay (waived if admitted)		70% after deductible		70% after deductible	
24/7 Virtual Visits	100% after \$35 PCP co-pay		70% after deductible		Not covered	
Telemedicine	100% after \$35 PCP co-pay \$45 specialist co-pay		70% after deductible		50% after deductible	

*Amount assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

**For members enrolled in the HDHP, credits cannot be used until the \$1,600 (employee) or \$3,200 (employee + spouse, employee + child(ren), or employee + family) threshold has been met. Amount also assumes member has earned and redeemed 480 points through the UnitedHealthcare HIA.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

	Choice HMO	HDHP with HSA	
Medical	Network	Network	Out-of-network
Ambulance (emergency only)	100%	70% after deductible	70% after deductible
Outpatient surgery	80% after deductible	70% after deductible	50% after deductible
Hospital services (inpatient/outpatient facility/outpatient professional)	80% after deductible	70% after deductible	50% after deductible
Hospital services (inpatient professional)	100% after deductible	70% after deductible	50% after deductible
Outpatient rehabilitation – physical, speech, occupational, cardiac, pulmonary therapy (40 visits per therapy per plan year) *	100% after \$25 co-pay	70% after deductible	50% after deductible
Chiropractic visit – spinal manipulation only (20 visits per plan year)	100% after \$45 co-pay	70% after deductible	50% after deductible
Hearing – exam and fitting (office visit)	Hearing aid exam: \$35 primary physician \$45 specialist co-pay per visit, then 100% of eligible expenses	70% after deductible	50% after deductible
Hearing aid allowance • Children (up to age 19) – (\$3,000 per hearing-impaired ear/4 years) • Adult – (\$1,500 max/5 years)	Hearing aid: 100% Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing aid: 100% after deductible Up to 4-year benefit maximum for children and 5-year benefit maximum for adults	Hearing aid: 100% after deductible Up to 4-year benefit maximum for children and 5-year benefit maximum for adults
Behavioral health			
Mental health and substance use disorder inpatient facility and residential treatment centers. NOTE: Prior approval required	80% after deductible	70% after deductible	50% after deductible
Mental health/substance use (inpatient professional)	100% after deductible	70% after deductible	50% after deductible
Mental health/substance use disorder outpatient facility, professional, methadone clinics, intensive outpatient program and partial day hospitalization	100%	70% after deductible	50% after deductible
Mental health/substance use disorder Physician office service	100% after \$35 co-pay PCP and specialist 100% after \$10 co-pay group therapy	70% after deductible	50% after deductible
Pharmacy – administered by CVS Caremark™			
Retail pharmacy (up to a 31-day supply)	Tier 1 – \$20 Tier 2 – \$50 Tier 3 – \$90	70% after deductible	70% after deductible
90-day mail order	Tier 1 – \$50 Tier 2 – \$125 Tier 3 – \$225	70% after deductible	70% after deductible

* The limits for physical, speech, and occupational therapy do not apply for care as part of the Mental Health and Substance Abuse Services benefit. Physical, speech and occupational therapy benefits may be extended beyond 40 visits in a calendar year for children up to the age of 19 with congenital anomalies, developmental, feeding and/or speech-language conditions. The child will also have to be enrolled in Case Management and meet medical necessity criteria.

Select generics, listed on the Federal Preventive Drug List, can be obtained for a co-insurance fee without having to meet the deductible first.

This information is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents, which may include a Summary Plan Description. If descriptions, percentages and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefits coverage documents prevail.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the official plan documents.

The UnitedHealthcare plan with health savings account (HSA) is a high deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open an HSA with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the health savings account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

See a doctor from anywhere



24/7 Virtual Visits

When you need care quickly, a 24/7 Virtual Visit is a convenient way to help you start feeling better faster. Video chat with a doctor on myuhc.com or the UnitedHealthcare app* from the comfort of home. Doctors can diagnose a wide range of medical conditions and even prescribe medications, if needed.**

Commonly diagnosed and treated nonemergency medical conditions include:

- Allergies
- Bladder infection/urinary tract infection
- Fever
- Bronchitis
- Pink eye
- Cold/flu
- Sinus problems
- Sore throat

Use 24/7 Virtual Visits when:

- You are considering visiting a hospital emergency room
- Your doctor is not available
- You become ill while traveling

To get started, go to uhc.com/virtualvisits.



Network provider telehealth

Your PCP is the doctor who knows you best, yet office visits aren't always the most convenient. These are virtual visits that save you the trouble of visiting your doctor in person. Telehealth visits let you see any network provider who offers a telehealth option.

- Video chat with a network provider of your choice—including PCPs, specialists, behavioral health providers and physical therapists
- The technology used to access the virtual visit is determined by the provider, not UnitedHealthcare

Reach a nurse 24/7

NurseLine provides information from registered nurses who are here to help guide your health care decisions. Get immediate answers to your questions anytime, anywhere—at no extra cost. Call **888-364-6352**.

Download the app

Through myuhc.com and the **UnitedHealthcare app**, you have easy access to tools to help you:

- Find care and compare costs for providers and services in your network
- Connect with providers through 24/7 Virtual Visits by phone or video to discuss common medical conditions and get prescriptions, if needed**
- Check your plan balances and view your claims
- View your health plan ID card and download it to your digital wallet
- View your HSA balance
- And more



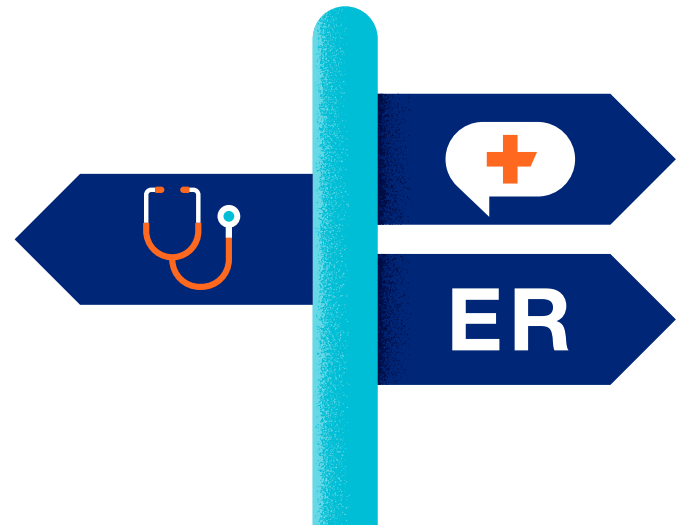
*Data rates may apply.

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

Know where to go

When you need care, call your PCP or family doctor first

They have easy access to your records, know the bigger picture of your health and may even offer same-day appointments. If you can't see them, it's helpful to know your quick-care options so you can find the right care and avoid financial surprises.



	Quick-care options	Needs or symptoms		Cost
	24/7 NurseLine Call the number on your health plan ID card for expert advice	<ul style="list-style-type: none"> Deciding where to get medical care Finding a provider or hospital 	<ul style="list-style-type: none"> Health and wellness help Getting answers to questions about medicines 	No additional cost
	PCP Office or telemedicine visit via provider's platform	<ul style="list-style-type: none"> Preventive care Follow-up visits 	<ul style="list-style-type: none"> Checkups for ongoing conditions like asthma, diabetes and more 	\$
	24/7 Virtual Visits Online doctor visits anytime, anywhere via myuhc.com or the UnitedHealthcare app	<ul style="list-style-type: none"> Bladder infections Bronchitis Colds/flu 	<ul style="list-style-type: none"> Fevers Pink eye Sinus problems 	\$
	Convenience care clinic Nearby treatment	<ul style="list-style-type: none"> Skin rashes Flu shots 	<ul style="list-style-type: none"> Minor injuries Earaches 	\$\$
	Urgent care center Quicker after-hours care	<ul style="list-style-type: none"> Low back pain Respiratory issues (e.g., coughs, pneumonia, asthma) Stomach issues (e.g., pain, vomiting, diarrhea) 	<ul style="list-style-type: none"> Infections (e.g., skin, eye, ear/nose/throat, genital-urinary) Minor injuries (e.g., burns, stitches, sprains, fractures) 	\$\$\$
	Emergency room (ER) For serious, immediate needs	<ul style="list-style-type: none"> Chest pain Shortness of breath Severe asthma attacks 	<ul style="list-style-type: none"> Major burns Severe injuries Kidney stones 	\$\$\$\$

Take a fresh look at your health

Your body needs regular maintenance. Preventive care can help you catch health problems early when they're easier and less costly to treat.

Get the care you need

Regular preventive care is covered 100% by your health plan when you see a network doctor.

Covered services include:

- An annual exam
- Pap tests and mammography for women
- Prostate screenings for men
- Child and adult immunizations—including flu shots and COVID-19 vaccines
- Cancer screenings
- Cholesterol and blood pressure screenings

To see which preventive care screenings you need and what's covered, visit uhc.com/preventivecare.

Tips for making the most of your visit

- **Plan ahead.** Write down any symptoms, concerns or questions so you don't forget.
- **Listen carefully.** Be sure you understand what your doctor is telling you. Ask for written instructions, if needed.
- **Take someone with you.** They can take notes and help you remember what was said.
- **Ask questions.** Tell your doctor if you have any concerns about your treatment and recommended screenings or about any costs.



Looking for a doctor?

Find one at myuhc.com or call the dedicated advocate team at **888-364-6352, TTY 711**.

Recommended preventive screenings*

	Years of age											
	18	25	30	35	40	45	50	55	60	65	70	75+
Annual physical	Every year											
Blood pressure screening	At each annual physical											
Cholesterol screening					Every year							
Colorectal screening					Ask your doctor about screening methods and intervals**							
Diabetes screening					Every year**							
Lung cancer screening					Every year for those 50 to 80, as recommended by your doctor							
Breast cancer screening (mammogram)					Every 1 to 2 years starting at age 40, as recommended by your doctor							
Cervical cancer screening, including Pap smear	Every 3 years for ages 21–65											

☐ Men and women ☒ Women only

These guidelines are provided for informational purposes only and do not constitute medical advice. Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions. Discuss with your doctor how these guidelines may be right for you, and always consult your doctor before making any decisions about medical care. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on the back of your medical plan ID card.

*For a full list of recommended screenings by age and gender, plus tips on how to prepare for your visit and more, go to uhc.com/preventivecare.

**SHBP covers as a preventive screening starting at age 18.

Helping you stay healthy



Support for managing chronic medical conditions

Our disease management programs offer personalized support from a dedicated personal nurse for the following conditions:

- Asthma
- Cancer
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Diabetes
- Heart failure
- Kidney disease



Condition management

If you or a loved one has a chronic health condition or has experienced a catastrophic health event, you probably have questions. A dedicated, personal nurse can help you and your family explore care options and provide additional support and resources for more than 100 chronic conditions. Call **888-364-6352, TTY 711**.



Personalized guidance throughout your pregnancy

If you're thinking about having a baby, or already have one on the way, maternity support is here to provide information and resources.

Start by taking a maternity support assessment, which only takes minutes to complete. You'll get 24/7 access to 7 online maternity courses covering topics from preconception through postpartum.

Based on your responses, a maternity nurse may reach out to you and connect you with the care you need, answer your questions and support you every step of the way.



Access to the nation's leading health care facilities

Our Centers of Excellence network provides access to leading health care facilities, physicians and services to support safe, specialized and cost-effective care for services such as transplant and cancer care.



Bariatric Resource Services

If you are considering surgical treatment for obesity, you need to make some difficult and important decisions. Among the most important decisions are which treatment to get and where to receive it. When you enroll in the BRS program, an experienced bariatric nurse will work with you to help you make informed decisions and find a Bariatric Center of Excellence for weight-loss surgery with better outcomes and fewer complications.

Co-pay/Co-insurance Waiver Program

If you are participating in and meet the requirements of a disease management program for diabetes, asthma, CAD or medication addiction treatment, you may not have to pay any co-pay or co-insurance for certain medications used to treat that condition. See your health plan documents for details or give us a call at **888-364-6352**.

Support for emotional well-being

Live and Work Well	<p>Creating a healthy work-life balance can be challenging. Live and Work Well offers support for stressful situations such as:</p> <ul style="list-style-type: none"> • Anxiety and stress • Alcohol and drug use • Grief and loss • Marital problems • Eating disorders • Compulsive spending or gambling • Medication management 	Visit liveandworkwell.com
Talkspace	<p>Communicate with a licensed therapist via text or live video using your phone or desktop computer. No office visit is required, and you can start therapy within hours of choosing a therapist. It's confidential and convenient. Your behavioral health benefit applies as an office visit for each week of unlimited texting via Talkspace.</p>	Register at talkspace.com/connect
Behavioral health support	<p>From everyday challenges to more serious issues, you can receive confidential help from a psychiatrist or therapist for:</p> <ul style="list-style-type: none"> • Depression, stress and anxiety • Substance use and recovery • Eating disorders • Parenting and family problems <p>You can schedule a visit in person or virtually.</p>	<p>To schedule a behavioral health virtual visit:</p> <ul style="list-style-type: none"> • Sign in to liveandworkwell.com • Select Find a Resource > virtual visits • Choose “Get Started” <p>To schedule an in-person visit, search for a provider near you at liveandworkwell.com.</p>
Self Care by AbleTo	<p>Get access to self-care techniques, coping tools, meditations and more—anytime, anywhere. With Self Care, you'll get new, personalized content each week that's designed to help you boost your mood and shift your perspectives. Tap into clinician-created tools—all here to help support your self-guided journey to better mental health.</p>	Get to know AbleTo at ableto.com/begin
ABA therapy	<p>Applied behavior analysis (ABA) therapy—included as part of your benefits*—uses behavioral principles to teach children skills and behaviors they may not otherwise learn on their own.</p>	Call 888-364-6352, TTY 711
Substance use treatment	<p>If you or someone you love is struggling with substance use, call the Substance Use Treatment Helpline. It's available 24/7 as part of your benefits and is completely confidential—you can even remain anonymous.</p>	<p>To speak with a recovery advocate, call 855-780-5955 or visit liveandworkwell.com/recovery to find care options and resources</p>
988 Suicide & Crisis Lifeline	<p>Free and confidential emotional support 24 hours a day, 7 days a week for anyone in suicidal crisis or emotional distress.</p>	Call or text 988 . You can also visit 988lifeline.org .

*Pre-certification is required. If your child has already been diagnosed with autism and is receiving treatment, your provider may already be approved.

Take these steps to earn

You and your covered spouse can each earn up to 480 credits in your HIA, plus **each earn a \$250 reward card (\$500 per household) from UnitedHealthcare**. Here's how:

- When you choose a UnitedHealthcare HMO or HDHP, you and your covered spouse are each eligible to earn up to 480 points to use toward eligible medical and pharmacy expenses by completing the activities under *Be Well SHBP**
- Because achieving your best health is an important personal goal, UnitedHealthcare will also reward you with a \$250 reward card when you complete your *Be Well SHBP*** activities and redeem all 480 points in the Sharecare Redemption Center
- To qualify for points with the *Be Well SHBP* well-being program** and the UnitedHealthcare reward card, you must complete the activities listed below between **Jan. 1, 2024**, and **Dec. 2, 2024**



What you need to do	What you can earn
Assess your health—complete the RealAge Test Discover your RealAge by completing a 10-minute confidential online questionnaire. Complete this step early to allow time to complete the actions below.	120 points
Know your numbers with a biometric screening There are 3 ways to complete a biometric screening: <ul style="list-style-type: none">• Through your doctor• At an SHBP-sponsored screening event• Through a Quest Diagnostics® Patient Service Center (PSC)	+ 120 points
Take action Take action with the Coaching Pathway, Online Pathway, Preventive Screening Exams or a combination of all 3. Well-being coaching – Earn 40 points for each completed coaching call per calendar month. You can earn 40 points up to 6 times, for a maximum of 240 well-being incentive points. Monthly Engagement Activities – Earn 40 points up to 6 times, for a maximum of 240 points. Preventive screening exams – Earn 60 points for each completed screening exam, up to 2 times.	+ 240 points
Total	= 480 points
Earn your UnitedHealthcare reward When you and your covered spouse complete <i>Be Well SHBP</i> ** wellness activities and redeem your points, UnitedHealthcare will reward you by giving you each a \$250 reward card.	+ \$250 reward card

*No fee/expiry. One Reward Card each per member and covered spouse.
***Be Well SHBP*, the SHBP well-being program, is administered by Sharecare.



Redeem your rewards

Choose from 2 options to redeem points

You can redeem points earned in 2024 through the Sharecare Redemption Center. Under the *Be Well SHBP* program administered by Sharecare, in 2024, you can choose to redeem them for 1 of these 2 options:

- 480 well-being credits applied toward eligible medical and pharmacy expenses in your UnitedHealthcare HIA. Please note that points can be redeemed in increments of 120.
- A \$150 Prepaid Visa® Card (all 480 points earned in 2024 needed for redemption)

Regardless of how you redeem your 480 points through the Sharecare Redemption Center, UnitedHealthcare will reward you and your covered spouse with a \$250 reward card.

Rollover credits

Regardless of which plan option you select, all unused well-being incentive credits earned in 2023 will automatically roll over to your 2024 plan option. SHBP will deposit your unused credits in the incentive account associated with your 2024 plan selection in April 2024. If you remain with the same medical claims administrator and in the same plan option in which you were enrolled in 2023, rollover credits will be available Jan. 1, 2024. However, rollover credits from 2023 cannot be redeemed for a \$150 Prepaid Visa Card or the UnitedHealthcare \$250 reward card in 2024.



For details or questions, go to BeWellSHBP.com or call **888-616-6411**.



Find answers and support

Get the answers you need

We're here to make managing your health plan benefits simpler. As a member, you can call or email to connect with a dedicated SHBP service advocate who can help you understand your benefits and claims, help you find a doctor, connect you to resources to help you manage your health and more—you can even call or chat with a service advocate in real time.



To reach an SHBP service advocate, call **888-364-6352** or email through your myuhc.com account.

Prepare to enroll

Open enrollment is Oct. 16–Nov. 3, 2023

We know choosing a health plan can be confusing. We're here to help you make informed decisions during open enrollment, including helping you understand your benefits so you and your family can make the most out of them.

Learn more about the HMO and HDHP options, plus the tools and programs included with UnitedHealthcare coverage at no additional cost. Visit [whyuhc.com/shbp](https://www.whyuhc.com/shbp).



Questions?

Call us at **888-364-6352**, TTY 711.

Ready to enroll?

Getting started is easy. Just visit
mySHBPga.adp.com.

Here's the fine print

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.

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.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: 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 hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 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, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توضيح: إذا كنت تتحدث لغة عربية (**Arabic**)، فيمكننا مساعدتك في فهم الخدمات الصحية. يرجى الاتصال بالرقم المجاني على بطاقة هويتك. كل خدماتنا مجانية.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon 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**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić 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.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shóodí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béésh bee hane'í biká'ígíí bee hódíilnih.

We're here to help

If you have any questions—from help finding a network doctor to learning more about what's covered in a health plan—please visit us online or give us a call. With a team of dedicated SHBP service advocates ready to answer questions, coordinate and make referrals to important resources, and help you make the most of your plan, the personalized support you are looking for may be just a phone call away.



Call **888-364-6352**



Visit **whyuhc.com/shbp**



Additional contact information

Optum Bank® (for HDHP with HSA)	800-791-9361
Member website	myuhc.com
United Behavioral Health	liveandworkwell.com
Sharecare	888-616-6411 BeWellSHBP.com

Cheers to a healthy year ahead

Ready to enroll? Get started by visiting **mySHBPga.adp.com**.



**United
Healthcare**



The UnitedHealthcare 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.

The UnitedHealthcare plan with Health Savings Account (HSA) is a high deductible health plan (HDHP) designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) through Optum Bank®, Member FDIC. The "HSA" refers generally to the UnitedHealthcare HSA product, which includes an HDHP, although at times "HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP. Accounts are offered by Optum Bank and are subject to eligibility. This communication is not intended as legal or tax advice. Please contact a competent legal or tax professional for personal advice on eligibility, tax treatment and restrictions. Federal and state regulations are subject to change. Please check your health benefit plan materials to determine whether your employer will make supplemental contributions to your HSA.

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 co-payments, co-insurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

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.

The Centers of Excellence (COE) program providers and medical centers are independent contractors who render care and treatment to health plan members. The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center.

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. 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.

The AbleTo 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 Self Care information contained in the AbleTo mobile application is for educational purposes only; it is not intended to diagnose problems or provide treatment and should not be used on its own as a substitute for care from a provider. AbleTo Self Care is available to members ages 13+ at no additional cost as part of your benefit plan. Self Care is not available for all groups in District of Columbia, Maryland, New York, Pennsylvania, Virginia or West Virginia 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 mobile application.

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.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are registered trademarks of Google Inc.

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