

UnitedHealthcare Group Medicare Advantage (PPO) plan

Quick reference guide for out-of-network providers

Quick facts

- Out-of-network health care professionals are not contracted with UnitedHealthcare for UnitedHealthcare Group Medicare Advantage (PPO) plans
- For many UnitedHealthcare Group Medicare Advantage (PPO) plans, a member pays the same out-of-pocket costs for covered services provided by network and out-of-network health care professionals who are eligible to be paid under Medicare
- Most UnitedHealthcare Group Medicare Advantage (PPO) plans are open access, with no referrals required. Members don't need prior authorization or notification to use out-of-network care providers.
- If you participate in Medicare but don't accept Medicare assignment, you can be reimbursed up to the Medicare limiting charge when you file claims



UnitedHealthcare Provider Portal

- Access patient- and practice-specific information 24/7 using the UnitedHealthcare Provider Portal. You can complete tasks online, get updates on claims, reconsiderations and appeals, submit prior authorization requests and check eligibility – all at no cost and without calling. Learn more at UHCprovider.com/portal.
- To access, the portal, go to UHCprovider.com > Sign In. If you aren't registered yet, visit UHCprovider.com/access to set up a One Healthcare ID and get started.



Claims submission

Electronic claims:

- UnitedHealthcare Provider Portal: To access the portal, go to UHCprovider.com > Sign In
- Electronic Data Interchange (EDI): Use Payer ID 87726. Learn more at UHCprovider.com/edi.

Paper claims: Mail claims to the address on the member ID card.



Behavioral health

Refer to the member's ID card for information about the mental health provider network.



Care coordination

Prior authorization is required for certain services based on the member’s benefit plan. Please refer to the member’s ID card for the Care Coordination phone number.



Member appeal rights

Members can learn about their appeal and grievance rights in their Certificate of Coverage/Evidence of Coverage or by calling the member number on their ID card.



Interim rate letters

Please fax interim rate letters and updates to Reimbursement Services at **866-943-9811**.



Cancer centers

We pay for out-of-network cancer centers according to the CMS Medicare Advantage payment guide for out-of-network payment. Member cost sharing applies.

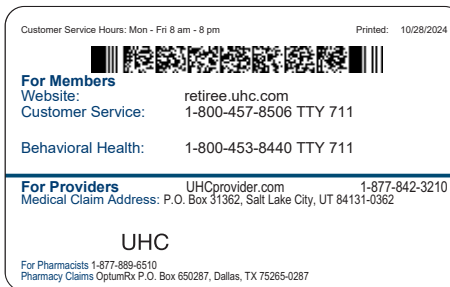
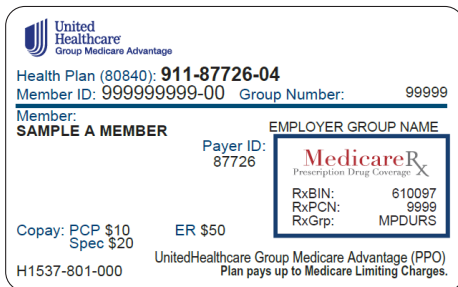


UnitedHealthcare Vision

Most UnitedHealthcare Group Medicare Advantage PPO plans utilize the UnitedHealthcare Medical benefit through UnitedHealthcare for vision services and **not** UnitedHealthcare Vision. To verify eligibility and benefits, be sure to check with UnitedHealthcare Medical first by using the **UnitedHealthcare Provider Portal**.



Sample member ID card



Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

2025 plan overview

Referrals are not required

Plan name and type	Counties	Centers for Medicare & Medicaid Services (CMS) contract	Group number
UnitedHealthcare Group Medicare Advantage (PPO)	National service area—available in all counties	<ul style="list-style-type: none"> • H2001, PBP 801-899 • H1537, PBP 801-899 • H2406, PBP 801-899 • H2228, PBP 801-899 • H0710, PBP 801-899 	See the member ID card

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in these plans depends on the plan’s contract approval with Medicare.

