

Provider Directory 2021

UnitedHealthcare® Group Medicare Advantage (PPO)

CalPERS

Northern and Central California

Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, Del Norte, El Dorado, Fresno, Glenn, Humboldt, Inyo, Kings, Lake, Lassen, Madera, Marin, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Napa, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Shasta, Sierra, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Tehama, Trinity, Tulare, Tuolumne, Yolo and Yuba Counties

You can see **any provider** (network or out-of-network) **at the same cost share**, as long as they accept the plan and have not opted out of, been excluded, or precluded from the Medicare Program. Your copays or coinsurance will be the same.

Some network providers may have been added or removed from our network after this directory was printed. We do not guarantee that each provider is still accepting new members or current providers will remain in the network.

For more information, please contact Customer Service at:



Toll-free **1-888-867-5581**, TTY **711**

7 a.m. - 8 p.m. local time, 7 days a week



www.UHCRetiree.com/calpers



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Your plan

Provider Directory

This directory provides a list of your plan's network providers.

This directory is for the plan listed on the cover. It is not a complete list of network providers available to you. To see if a specific provider that is not included in this directory is in our network, please call the toll-free number below. You can also search for network providers and print a Provider Directory online, which is updated weekly and available 24 hours a day, 7 days a week.

For the most up-to-date information about the plan's network providers that serve your area:

Visit www.UHCRetiree.com/calpers or call Customer Service toll-free at **1-888-867-5581**, TTY **711**, 7 a.m. - 8 p.m. local time, 7 days a week.

This information is available for free in other languages. Please call Customer Service toll-free at the number listed above.

This document may be available in an alternate format such as Braille, larger print or audio. Please call Customer Service toll-free at the number on the cover.

Introduction

This directory provides a list of the plan's network providers. You do not need a referral to see a network or out-of-network provider. You can see **any provider** (network or out-of-network) **at the same cost share**, as long as they accept the plan and have not opted out of, been excluded, or precluded from the Medicare Program. Your copays or coinsurance will be the same. To get detailed information about your health care coverage, please see your Evidence of Coverage.

The difference between network and out-of-network providers

Network providers are providers that your plan works with to provide your care. Out-of-network providers are providers that we currently are not contracted with. This directory contains a listing of providers who are part of the UnitedHealthcare provider network.

As a member of this plan, you may receive services from providers who are not part of the UnitedHealthcare network. You do not need a referral to receive services from network or out-of-network providers. However, the out-of-network provider you use must accept your plan and have not opted out of, been excluded, or precluded from the Medicare Program. We cannot pay a provider who has opted out of, been excluded, or precluded from the Medicare Program. If you receive services from a provider who has opted out of, been excluded, or precluded from the Medicare Program, you will be responsible for the full cost of the services you received. Check with your provider before receiving services to confirm that they have not opted out of, been excluded, or precluded from the Medicare Program.

If you receive services from a provider who does not accept your plan, but does accept Medicare, the provider may bill you directly. If this occurs you can submit your bills and proof of payment to UnitedHealthcare for reimbursement of any Plan/Medicare eligible services.

Virtual Medical or Behavioral Health Visits

To access a Virtual Medical or Behavioral Health network provider, use your computer, tablet or smartphone and visit **www.amwell.com** or **www.doctorondemand.com** 24 hours a day, 7 days a week.

Not all medical conditions can be treated through virtual visits. The virtual provider will identify if you need to see an in-person doctor for treatment.

The network providers listed in this directory have agreed to provide you with your health care coverage. In some cases, you may get covered services from out-of-network providers. You can see a network specialist without getting a referral. If you have been going to one network provider, you are not required to continue going to that same provider.

What is a primary care provider?

A primary care provider (PCP) is the doctor who provides most of your care.

Your PCP can help you:

- Make smart lifestyle choices to improve and maintain your health
- Get preventive care and health screenings
- Better understand your medical conditions
- Coordinate any specialist care to help avoid duplicate and expensive tests
- Manage your prescriptions and identify possible harmful interactions

Choose a primary care provider (PCP)

You may choose one of our network providers to be your primary care provider (PCP) or you may choose an out-of-network provider to be your PCP.

Your PCP plays an important role in your health care. If you need help finding a PCP, call Customer Service toll-free at the number on the cover of this directory.

If you need emergency or urgently needed services

A **medical emergency** is when you, or any other ordinary person with an average knowledge of health and medicine, believe that you have symptoms that require immediate medical care to prevent death, loss of a limb, or loss of function of a limb. The medical symptoms may be an illness, injury, severe pain, or a medical condition that is quickly getting worse.

If you have a medical emergency, get help as quickly as possible. Call **911** or go to the nearest emergency room, hospital or urgent care center. Emergency care can always be obtained in or out of the service area from the nearest available provider. Emergency services are also covered whether a provider is network or out-of-network.

Urgently needed services is a non-emergency, unforeseen medical illness, injury, or condition that requires immediate medical care. If you need urgent care, care can always be obtained in or out of the service area from the nearest available provider, whether that provider is network or out-of-network. In addition, when out of the service area, you can obtain dialysis treatment from any qualified dialysis provider.

If you get a bill

There may be times when you get a bill from a provider for the full cost of medical care you have received. If you get a bill, contact us. In most cases, you should send this bill to us instead of paying it. We will decide whether the services should be covered. If we decide the services should be covered, we will pay the provider the plan's portion directly. Please see your Evidence of Coverage for more information.

Accessing your behavioral/mental health benefits

To access your behavioral/mental health benefits, please call the toll-free behavioral/mental health number on the back of your member ID card. When you call, a representative will check your eligibility and get basic information about you and your situation. Depending on the help you need, a clinician may talk with you and recommend a provider and treatment plan. Your personal information will be kept strictly confidential.

Organ transplant services

Your plan has a network of facilities that perform organ transplants (including heart, lung, liver, intestine, kidney, bone marrow and/or pancreas). Solid organ transplants must be performed at a facility that is currently Medicare-approved for your specific type of transplant. The plan's hospital network for organ transplant services is different than the network shown in the "Hospitals" section of this provider directory. Some hospitals in the plan's network for other medical services are not in the plan's network for transplant services. The complete list of Medicare-approved facilities in your plan's network may change throughout the year. For information on network facilities for transplant services, please call Customer Service toll-free at the phone number listed on the cover of this directory.

Introduction

What is the service area for your plan?

See your Evidence of Coverage for information about your plan's service area.

How do you find network providers that serve your area?

Network providers that serve your area are listed in the following sections of this directory. To find a provider using this directory, turn to the Table of Contents and see where each section begins. Go to the section of the type of provider you are looking for. Once you are in that section, locate the city you live in. Under each city you will find a list of providers in alphabetical order.

If you have questions about your plan or require assistance in finding a provider, please call Customer Service toll-free at the phone number listed on the cover of this directory. Or visit us online.

For more information, please contact Customer Service at:



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