Helpful information when you go to the doctor and other health care providers

With the MyFlorida Group Medicare Advantage (PPO) plan, you can see doctors and other health care providers that are in and out of our network at the same cost share as long as they participate in Medicare and accept the plan. You'll find helpful tips to share with your doctor on the back side of this page.

Going to a network doctor or health care provider

What is a network doctor?
A network doctor or health care provider is one who contracts with UnitedHealthcare to provide services to Medicare-eligible members.

What do I pay?
You pay your copay or coinsurance according to your plan benefits. Your doctor or health care provider will bill UnitedHealthcare for the rest of the cost of your service(s).

Can a network doctor refuse to see me?
If you are an existing patient, the doctor or health care provider must continue to see you. A network doctor may choose not to see you if they have not seen you before and if they are not accepting any new Medicare patients.

How is the doctor paid?
The doctor or health care provider is paid according to their contract with UnitedHealthcare.

Going to an out-of-network doctor or health care provider

What is an out-of-network doctor?
An out-of-network doctor or health care provider does not have a contract with UnitedHealthcare.

Can I see any out-of-network doctor?
You can see any out-of-network doctor or health care provider that participates in Medicare and accepts the plan. Accepting the plan means the doctor is willing to treat you and bill UnitedHealthcare.

What do I pay?
You pay your plan’s copay or coinsurance. UnitedHealthcare will pay for the rest of the cost of your covered service(s) including any excess charges up to the limit set by Medicare.

Will the doctor bill UnitedHealthcare?
If a doctor or hospital refuses to directly bill UnitedHealthcare, they may ask that you pay the full allowable amount. In that case, you can pay the doctor and then submit your claim to UnitedHealthcare. You will be reimbursed for the cost of the claim less your copay or coinsurance.

What if my doctor says they will not accept the plan?
We will be happy to contact your doctor on your behalf to explain how the plan works. Usually, that is all that is needed.

Helpful information when you go to the doctor and other health care providers

We’re here to help
If you have questions or need help finding a new doctor, please give us a call toll-free at 1-877-352-7794, TTY 711, 8 a.m. – 8 p.m. local time, Monday – Friday.

Help for your providers
Helpful tips for your doctor can be found on the back side of this page.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan’s contract renewal with Medicare. Out-of-network/non-contracted providers are under no obligation to treat Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.
We've created this Guide to Care to help you understand how the UnitedHealthcare Group Medicare Advantage (PPO) plan differs from individual Medicare plans or Medicare Supplement plans in which your patients may be enrolled. Members of this plan can see any care provider who participates in Medicare and accepts the plan, and hasn’t opted out of or been excluded or precluded from Medicare, whether or not the care provider participates in the UnitedHealthcare network.

The UnitedHealthcare Group Medicare Advantage (PPO) plan works differently than other types of Medicare Advantage plans:

- It’s a Group Medicare Advantage plan. It’s been designed exclusively for these members by their former employer or plan sponsor. This isn’t an individual Medicare Advantage plan or Medicare Supplement plan.
- This is a preferred provider organization (PPO) plan and members can use in-network or out-of-network care providers for, in most cases, the same copay or coinsurance, as long as the care providers accept the plan and haven’t opted out of or been excluded or precluded from Medicare.
- No referrals are required.

**Frequently Asked Questions**

**Do I need a contract with UnitedHealthcare to see members of this plan?**

No, you do not need a contract with UnitedHealthcare to see and treat members of the Group Medicare Advantage (PPO) plan. If you’re not in our UnitedHealthcare Group Medicare Advantage network, but you participate in Medicare and haven’t opted out of or been excluded or precluded from Medicare, you may bill UnitedHealthcare up to the Medicare allowable charge. Please don’t balance bill the patient. UnitedHealthcare will pay any excess charges up to the Medicare allowable amount.

**What do members pay for services?**

Members pay their appropriate copay or coinsurance.

**Are prior authorizations required?**

For doctors and care providers not contracted with UnitedHealthcare, prior authorization or notification requests are not needed to provide services to UnitedHealthcare Group Medicare Advantage (PPO) plan members.

**Online Resources for All Care Providers**

We have online tools and resources available to you for secure transactions such as checking member eligibility and benefits, managing claims, and viewing policies, protocols and reference guides. To learn more, visit [UHCprovider.com](http://UHCprovider.com).

**Claims and Payments**

You may submit claims in the following ways:

- Go to [UHCprovider.com](http://UHCprovider.com). To access the claimsLink tool, sign in to Link by clicking on the Link button in the top right corner of UHCprovider.com.
- Use the clearinghouse of your choice with UnitedHealthcare payer ID 87726.
- Mail paper claims to the address on the member’s ID card.

For more information about claims and payment, visit [UHCprovider.com](http://UHCprovider.com) > Menu > Claims, Billing and Payments.

**Join Our Network**

If you wish to join our network, please call Provider Services at 877-842-3210. Select “Other Provider Services,” then “Credentialing.”