Provider Access Information 2024

UnitedHealthcare® Group Medicare Advantage (PPO)

San Francisco Health Service System

You can see any provider (network or out-of-network) at the same cost-share, as long as they accept Medicare and the plan. Your copays or coinsurance will be the same.

For more information, please contact Customer Service:

📞 Toll-free **1-877-259-0493**, TTY **711**
8 a.m.-8 p.m. local time, Monday - Friday

💻 **whyuhc.com/sfhss**

United Healthcare®

Provider Access Information

As a member of this plan, you can see out-of-network providers as long as they accept Medicare and the plan, and the services they provide are covered benefits and medically necessary. **Unlike most PPO plans, with this plan you pay the same copays or coinsurance for both network and out-of-network services.**

Not all service areas have network providers (doctors or other health care professionals contracted with UnitedHealthcare). For more information or help finding an out-of-network provider that accepts Medicare and the plan, please call the toll-free Customer Service number on the cover of this directory. For detailed information about your health care coverage, please see your Evidence of Coverage.

Important information about using out-of-network providers

You can get your care from an out-of-network provider. Unlike other PPO plans, with this plan you pay the same copays or coinsurance for both in and out-of-network services. However, the out-of-network provider you see must accept Medicare. We cannot pay a provider who has opted out of, been excluded or precluded from Medicare. If you receive services from a provider that doesn't accept Medicare, you will be responsible for the full cost of the services. Check with your provider before receiving services to confirm that they accept Medicare.

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 covered services.

You don't need a referral or prior authorization to get care from out-of-network providers. If you have any questions about using an out-of-network provider, you can call the toll-free Customer Service number on the cover of this directory.

What to do if you get a bill for covered services

Sometimes you may need to be paid back (reimbursed) by the plan. This could happen if you are required to pay the full cost of medical care up front, even when the services are covered under the plan. Other times you may pay more than you need to under the coverage rules of the plan. You have the right to be paid back by our plan whenever you've paid more than you should have for covered medical services.

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

If you need emergency or urgently needed services

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. You do not need a referral or approval from the plan.

Accessing your behavioral health benefits

To access your behavioral health benefits, please call the toll-free behavioral health number on the back of your UnitedHealthcare member ID card. When you call, a representative will 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 a treatment plan. Your personal information will be kept strictly confidential.

Wait times for primary care and behavioral health

We must provide you with access to primary care and behavioral health services within the following timeframes:

- Immediately for urgently needed services or an emergency.
- Within 7 days for services that are not an emergency or urgently needed, but you require medical attention.
- Within 30 days for routine and preventative care.

What is the service area for your plan?

Our service area includes the 50 United States and the District of Columbia, Puerto Rico, the United States Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

For more information, please contact Customer Service:

Toll-free **1-877-259-0493**, TTY **711**
8 a.m.-8 p.m. local time, Monday - Friday

whyuhc.com/sfhss

SFHSS_Provider Access