

Save money by using freestanding facilities.



You should always talk to your doctor about your best options for medical care. Depending on your type of plan benefits, a freestanding facility not connected to a hospital may be a lower cost option than a hospital when you need outpatient care such as lab tests, radiology services, surgery or other services.



Save money by choosing a lower cost place of service.

Generally, you will have a lower copayment or no copayment¹ when you use a freestanding network facility or provider office² instead of a hospital for health care services or treatments that do not require an overnight hospital stay. A freestanding facility performs outpatient services and submits claims separately from any hospital affiliation.

You will likely pay more when you receive outpatient care in a hospital or hospital-affiliated facility. Talk to your doctor about the options available to you for these services.



Ask your doctor.

When you need lab tests, radiology or outpatient surgery outside of your doctor's office, always ask the following questions:

- Do you know the cost of the tests you are ordering?
- Is the provider or laboratory in my network?
- Since my share of the cost is less for services performed in a freestanding facility that is not connected to a hospital, can the test or service be performed at a freestanding facility?
- Can you recommend a freestanding facility in the UnitedHealthcare network?



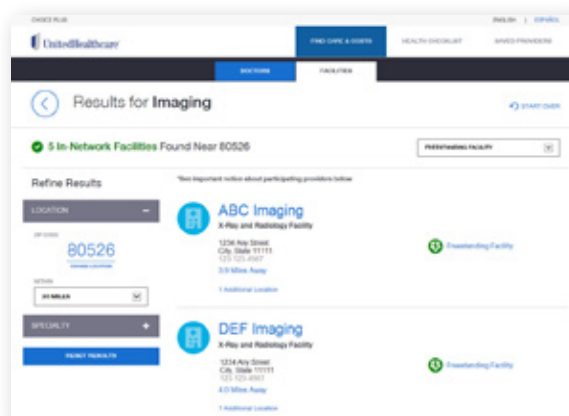
Finding a freestanding network facility.

Search for an outpatient center or laboratory on **myuhc.com**[®]. Choose a facility that is marked as "Freestanding Facility" to help reduce your out-of-pocket costs.



More information.

Visit the Benefits & Coverage section of **myuhc.com** or call the member phone number on your health plan ID card for additional information about your plan and using freestanding facilities.



¹ Copayments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit copayments, members may also be responsible for copayments when they visit a facility or hospital. Facility and hospital copayments are in addition to the calendar-year/policy-year deductible and coinsurance. Facility and hospital copayments do not apply to the deductible and continue to apply after the deductible is satisfied. These copayments may be referred to in plan documents as "per-occurrence copayments" or "per-occurrence deductibles." All member cost share for eligible expenses will apply to the out-of-pocket maximum.

² Freestanding facilities include any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, plan deductible and coinsurance may still apply. See plan benefit information for further details.

This guide is intended for members of UnitedHealthcare place-of-service/tiered benefit plans. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

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