



Frequently asked questions

Answers to questions about Doctors Plan:

Canopy Health and UnitedHealthcare have collaborated to deliver a new health plan in Northern California – one where the doctor and insurance company work closely together to bring members lower costs, 24/7 access to care and an overall experience that's more convenient and personalized.

Overview

UnitedHealthcare, Canopy Health and their affiliated physician groups created Doctors Plan out of a shared commitment to deliver quality care at a lower cost by integrating care in a patient-centered environment. This health plan has the strength of high-performing IPAs/Medical Groups that are affiliated with Canopy Health and contracted with UnitedHealthcare. They include the following IPAs/Medical Groups:

- **Dignity Health Medical Network (Santa Cruz)**
- **Hill Physicians Medical Group**
- **John Muir Health Physician Network**
- **Meritage Medical Network**
- **Santa Clara County IPA (SCCIPA)**

The network of this new plan includes care providers who primarily use Canopy Health for their patients' care. The collaboration between UnitedHealthcare and Canopy Health in developing the network is expected to provide members with quality, efficient care at a lower cost.

We prepared this document to answer frequently asked questions about Doctors Plan.

Key Points

- UnitedHealthcare, Canopy Health and their affiliated physician groups created a consumer-focused commercial health benefit plan called Doctors Plan that became available for enrollment on July 1, 2020.
- Consumers who live and/or work in Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano* and Sonoma* counties will be able to choose this new plan.
- Member benefits include \$0 copays for primary care provider (PCP) visits, urgent care or virtual doctor visits.
- Members will choose a PCP when they enroll. If they don't select one, UnitedHealthcare will assign them to a PCP.
- Members will have a copay, deductible and coinsurance for emergency room visits and other medical services and prescriptions.

*Partial county: some zip codes do not apply.

Plan Overview

What is Doctors Plan?

Doctors Plan is a new lower-cost, consumer-focused commercial health benefit plan developed by UnitedHealthcare and the IPAs/Medical Groups that are affiliated with Canopy Health. The value-based benefit design of the plan includes features to help support PCPs in managing their patients' care. The network supporting Doctors Plan includes care providers who primarily use Canopy Health for their patients' care. This new collaboration was designed to deliver the Triple Aim of improved health, lower medical costs and an improved patient experience for UnitedHealthcare commercial plan members.

When did Doctors Plan become available?

On July 1, 2020, UnitedHealthcare began offering the plan to employers whose employees live and/or work in Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma counties.

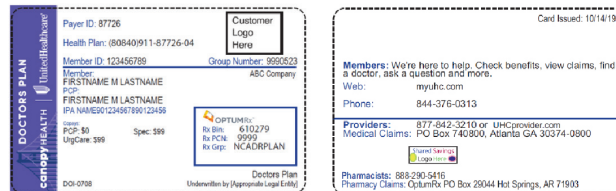
Which care providers and hospitals are included in Doctors Plan?

Care providers and facilities in the Doctors Plan network already contract with Canopy Health. They primarily use these facilities for their patients' care. The following IPAs/ Medical Groups and hospitals that participate in Doctors Plan:



How will I know if a member participates in Doctors Plan?

You'll be able to tell if a member participates in Doctors Plan if they present the following sample member ID card:



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

Will a member have to choose a PCP?

Yes. Members will be required to select a participating PCP when they enroll. If they don't, they'll be assigned to a PCP prior to the effective date of the employer group's coverage. Referrals to participating specialists, other PCPs or other network care providers are **not** required, but members will be encouraged to work with their PCP to coordinate their care. The member's PCP acts as the member's health coach and will direct them to the most appropriate care at the most appropriate place with a participating care provider. Members will be able to view their care provider network at myuhc.com.

Will care providers who participate in Doctors Plan have a larger administrative burden as members start choosing this plan for their health coverage?

To ease administrative tasks, UnitedHealthcare offers online resources and self-service tools that can help save you and your staff time, so you have more time for patient care. You can use our Link self-service tools to submit prior authorization requests, check claim status, get real-time prescription coverage details and more. See the training and resources section of this document or visit UHCprovider.com/Link for more information about Link self-service tools.

Benefit Features

What are the benefits of Doctors Plan, and will members have any out-of-pocket costs?

When members use a Doctors Plan care provider for a primary care, virtual doctor visit or urgent care visit, they won't pay a copay for the visit.

- Members will have a copay plus a deductible and coinsurance for emergency room visits and for care rendered by specialists who participate in Doctors Plan.
- Doctors Plan will reduce barriers to members receiving the right care, in the right place, at the right time.
- There are no out-of-network (OON) benefits for Doctors Plan, except for emergency care.
- Please note: Doctors Plan doesn't have OON benefits for urgent care, so you'll want to remind your patients that if they have an urgent care need, they'll have to use in-network Doctors Plan urgent care facilities.

The following is a summary of Doctors Plan in-network benefits*:

	Non-HSA Plan	
Core benefit	Coinsurance	80%
	Deductible	\$500 - \$6,000
	Individual out-of-pocket maximum	\$4,500 - \$7,350
Primary Care	Primary care physician	\$0 copay
	Virtual Visit	\$0 copay
Urgent Care	Urgent care center	\$0 copay
Emergency Care	Emergency room	\$500 copay plus deductible/coinsurance
Specialist	Specialist	\$75 - \$100 copay
Hospitalization and Surgeries	Outpatient surgery	80% coinsurance after deductible is met
	Inpatient admission	80% coinsurance after deductible is met
Labs and Imaging	Minor lab	\$25
	Complex imaging	\$500

*Note: This is a sample benefit design and is subject to change.

What is the pharmacy offering for Doctors Plan?

The preferred offering is the **Essential Prescription Drug List (PDL)**, which balances affordability with access to medications. Key features include:

- 4 copay tiers
- Generic drugs in every tier
- Specialty drugs in tiers 3 and 4
- Changes on Jan. 1, May 1 and Sept. 1, 2020

An alternative offering is the **Advantage PDL**. Key features include:

- Copay tiers (3 or 4)
- Generic drugs in every tier
- Specialty drugs in every tier
- Changes on Jan. 1, May 1 and Sept. 1, 2020

Additionally, the automated Grace Fill Program allows for two refills of a non-specialty, non-formulary medication or medications requiring a prior authorization for new members during the first 120 days after their enrollment.

Will advance notification/prior authorization be required for some services?

Yes. To view services that require advance notification/prior authorization, see Chapter 6 of the UnitedHealthcare Provider Administrative Guide at [UHCprovider.com/guides](https://www.uhcprovider.com/guides). To view which services are reviewed by the IPA/Medical Group and which are reviewed by UnitedHealthcare, go to [UHCprovider.com/priorauth](https://www.uhcprovider.com/priorauth) > California Doctors Plan Prior Authorization List.

<p>Will you be delegating medical management for Doctors Plan?</p>	<p>Yes. We're delegating medical management to Canopy for these services:</p> <ul style="list-style-type: none"> • Utilization review and authorization of services: pre-service, concurrent and retrospective • Denials • Emergency services • Fraud, waste and abuse monitoring • Case management and complex case management
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OON Benefits Information

<p>If a member uses an OON care provider or facility for non-emergency needs, are they responsible for the cost of the service?</p>	<p>Yes. The member will be responsible for the cost of the service because Doctors Plan doesn't have an OON benefit except for emergency care.</p>
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<p>If a member needs care that's not available within the network, what should their care provider do?</p>	<p>Members should be referred to in-network care providers since there are no OON benefits.</p> <p>If a member needs highly specialized care that's not available in-network, the member's PCP will need to contact UnitedHealthcare for an exception by calling the phone number listed on the back of the member's health plan ID card.</p> <p>For more information about what steps to take if a member needs care that's not available within the Doctors Plan network, see Chapter 5 of the UnitedHealthcare Administrative Guide, which includes guidance and information about referrals to non-participating care providers. You can access the guide at UHCprovider.com/guides.</p>
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<p>If a care provider is OON for Doctors Plan and sees a member for non-emergency needs, will their claim be denied?</p>	<p>Yes, the claim will be denied. The member will be responsible for the cost of the service since the plan doesn't have OON benefits, except for emergency care. If an exception was approved for the OON service, the claim will be processed for payment.</p>
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<p>If my patient has a question, how should they contact UnitedHealthcare?</p>	<p>We have a dedicated customer service team for Doctors Plan. If your patient has questions about Doctors Plan, they can call the phone number on their member ID card.</p>
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Network Structure and Rates

<p>Does the UnitedHealthcare participation agreement for care providers include Doctors Plan?</p>	<p>Yes. For care providers and hospitals that were selected to participate in Doctors Plan, their participation agreement includes this plan.</p>
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<p>What rates will care providers who participate in Doctors Plan be paid?</p>	<p>UnitedHealthcare will use the current contract rates that we use for our UnitedHealthcare Choice Plus and UnitedHealthcare Select plans. If you have questions about rates, please contact Network Management at 866-574-6088.</p>
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Training and Resources

Will there be training available so I can learn more about Doctors Plan?

Yes. In addition to the welcome kit you received, we'll host training webinars, town halls and individual meetings for care providers and their staff. You'll receive additional information about this training soon.

What self-service tools are available to me through Link?

Link is your gateway to UnitedHealthcare's online tools. Link self-service tools include:

- **PreCheck MyScript:** Run a pharmacy trial claim and get real-time prescription coverage details for your patients who are UnitedHealthcare benefit plan members.
- **Eligibility and Benefits:** Check member eligibility, review detailed benefits information and find out if referrals or prior authorization are needed.
- **Claims on Link:** Check claim status, view payment information and submit an appeal or reconsideration request.

Learn more at UHCprovider.com/Link.

We're here to help



If you have questions, please call Provider Services at **877-842-3210**. Thank you.

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