

Maryland Exchange Plans

Overview

UnitedHealthcare Exchange benefit plans for individuals and families are built on patient-centered health. Members are assigned a primary care provider (PCP) to help coordinate their care. Effective Jan. 1, 2021, we'll offer Exchange benefit plans in 14 Maryland counties using the Compass network.



Coverage Area

The UnitedHealthcare Exchange plan will be available in Anne Arundel, Baltimore, Baltimore City, Carroll, Charles, Frederick, Howard, Kent, Montgomery, Prince George's, St. Mary's, Talbot, Washington and Wicomico counties.



Key Features

- Specifically designed for Exchanges
- Customized, more focused network of care providers
- Members are assigned a PCP to manage their health care needs; members can change their PCP by calling the Member Services number on their ID card.
- PCPs can find the patients assigned to their practice at UHCprovider.com/documentvault.
- The member's PCP must submit electronic referrals for members to see a network specialist physician.
- Standard prior authorization and notification requirements apply.



Sample Member ID Card*

1. Name of state exchange with referral indicator
2. Payer ID number
3. PCP information or "PCP Required"; find the member's assigned PCP by using the eligibilityLink tool on Link. Sign in at UHCprovider.com/eligibilityLink.



*Sample member ID card for illustration only; actual information may vary.





Benefits

- Members are required to pay the first month’s premium before coverage goes into effect.
- No coverage is provided for out-of-network providers, except for emergency services and related authorized admissions.
- No coverage is provided outside the limited service area, except for emergency services and related authorized admissions.

Plan Models	Referral Required	Prior Authorization Required	Out-of-network/Out-of-area coverage
Value Gold	Yes	Yes	No coverage*
Balance Gold	Yes	Yes	No coverage*
Value Silver	Yes	Yes	No coverage*
Balance Silver	Yes	Yes	No coverage*
Value Bronze	Yes	Yes	No coverage*
Balance Bronze	Yes	Yes	No coverage*

*Except for emergency services and related authorized admissions



Referrals

- Referrals must be submitted by the member’s PCP or a PCP within the same tax ID number (TIN).
- Referrals must be submitted for a **network specialist within the defined service area**.
- Referrals can be backdated up to five calendar days prior to the date of entry and are valid for up to six months or six visits, whichever is met first.

Some services don’t require a referral. To see a full list of services that require a referral, refer to the UnitedHealthcare Administrative Guide at UHCprovider.com/guides > Administrative Guide for Commercial, Medicare Advantage and DSNP > Health Insurance Marketplace (Exchanges) Supplement.



Learn More

- For more information about UnitedHealthcare Exchange plans, go to UHCprovider.com/exchange. To view Exchange reimbursement policies, go to UHCprovider.com/policies > Individual Exchange Policies > Reimbursement Policies for UnitedHealthcare Individual Exchange Plans.
- To view medical policies, go to UHCprovider.com/policies > Individual Exchange Policies > UnitedHealthcare Value & Balance Exchange Medical & Drug Policies and Coverage Determination Guidelines.
- To view the prior authorization list, go to UHCprovider.com/priorauth > Advance Notification and Plan Requirement Resources.



Contact Us

If you have questions about your Participation Agreement, please contact your Network Management representative. To find your Network Representative, go to UHCprovider.com/contactus > Find a Network Contact. For general questions, please call Provider Services at **888-478-4760**. Thank you.

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