

## Services While Confined/Incarcerated

Policy Number: BIP158.K  
Effective Date: January 1, 2022

[Instructions for Use](#)

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Related Benefit Interpretation Policy
<ul style="list-style-type: none"> <li><a href="#">Emergency and Urgent Services</a></li> </ul>

### Federal/State Mandated Regulations

None

### State Market Plan Enhancements

None

### Covered Benefits

**Important Note:** Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Note: Refer to the member's Evidence of Coverage (EOC)/Schedule of Benefit (SOB) to determine the coverage eligibility.

UnitedHealthcare will reimburse Members their out-of-pocket expenses for Services received While Confined/Incarcerated, or, if a juvenile, while detained in any Facility, if the services were provided or authorized by the member's PCP or Network Medical Group in agreement with the terms of this Health Plan or were Emergency Health Care Services or Urgently Needed Services.

This exclusion does not restrict UnitedHealthcare's liability with respect to expenses for Covered Health Care Services solely because the expenses were incurred in a state or county hospital; however, UnitedHealthcare's liability with respect to expenses for Covered Health Care Services provided in a state hospital is limited to the rate UnitedHealthcare would pay for those Covered Health Care Services if provided by a Network Hospital.

### Not Covered

- Services While Confined, except as stated in the *Covered Benefits* section.
- Services required for injuries or illnesses experienced while under arrest, detained, imprisoned, incarcerated or confined according to federal, state or local law.

## Policy History/Revision Information

Date	Summary of Changes
01/01/2022	<ul style="list-style-type: none"><li data-bbox="337 216 1032 247">• Routine review; no change to benefit coverage guidelines</li><li data-bbox="337 249 857 279">• Archived previous policy version BIP158.J</li></ul>

## Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.