



MEMBER GUIDE

Welcome

This guide was designed with you in mind!

UnitedAg is your Health Benefit Plan and Administrator. What does that mean for you, our member? UnitedAg is here, not only to help you navigate and pay your benefits (Medical, RX, Dental, Vision), but to also help guide you to understand your benefits.

This guide provides you the tools and resources to understand your benefits:

- What are your costs regarding services received?
- What is a deductible and how does it relate to your benefits and/or services?
- What are your out-of-pocket costs?
- How do you locate providers and services in your area?
- How can you find access to the care you need?
- Help you understand your member identification card
- What is an explanation of benefits (EOB)?

We hope this guide provides you with a complete overview with helpful information and links to better understand your health benefits. You can also visit our website - unitedag.org/health to find updated information, FAQs and other relevant information and resources related to your benefits.

Please note that this guide is not intended to act or serve as a Summary Plan Description. Refer to the UnitedAg Summary Plan Description Booklet: unitedag.org/spd as well as your Schedule(s) of Benefits for the details of your health plan.

Thank you for joining UnitedAg, the association health plan created for Agribusiness with its members needs in mind! We look forward to making your health care experience life changing and exceptional.

Sincerely,

UnitedAg

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Important Contact Information

UnitedAg Member Services

UnitedAg Member Services 800.223.4590

UnitedAg Member Advocate Service 800.223.4590

Looking for a quick response to a simple benefits-related question? 949.594.0788

Send us a text and a Member Services team member will respond in under 2 minutes (during normal business hours).

UnitedAg Hours of Service

Monday - Friday 6:30 a.m. - 5:30 p.m.

Saturday 7:00 a.m. - 3:30 p.m.

UnitedAg Provider Network Partners

UnitedAg Health & Wellness Clinics (California Virtual Primary Care) 877.877.7981

Blue Shield of California (for Prior Authorizations): 800.541.6652

Blue Shield National Coverage Network (Outside of California) 800.810.2583

SAIN Mexico Network (Outside of the U.S.) 653.536.7800

Costco Health Solutions (Pharmacy Network) 877.908.6024

Costco Specialty Service (Specialty Pharmacy) 866.443.0060

Teladoc (Telemedicine) 800.835.2362

Spring Health (Mental Health Care) 855.629.0554

myStrength (Mental Health Care) 800.945.4355

First Dental Health (Dental) 800.334.7244

VSP (Vision) 800.877.7195

UnitedAg Health Portal

unitedag.org/healthportal

UnitedAg Benefits Connect App

unitedag.org/benefitsconnect

UnitedAg Health & Wellness Clinics

ua.clinic

Network Partner Directories (Search)

unitedag.org/networks

Treatment Cost Estimator Tool

unitedag.org/costestimator

Stay Connected with Us

Stay informed About Your Benefits

Stay up-to-date by subscribing to our email communications. While you'll receive information related to your benefits, we have other newsletters to help you make the most of your UnitedAg membership. We encourage you to subscribe and check them out.

The Harvest

A bi-monthly newsletter focused on providing the latest news, information and updates on UnitedAg Membership.

Healthy U

A monthly newsletter with the latest health and wellness updates, essential network partner news, and health benefits resources for your care needs.

Saludable

A monthly Spanish newsletter with the latest health and wellness updates, essential network partner news, and health benefits resources for your care needs.

HealthChats

A quarterly webinar series, designed to help you live your healthiest life. Learn about health issues affecting our community, and get tips on how to manage and prevent them.

Benefiting U (Quarterly Newsletter)

A quarterly newsletter focused on providing the latest information on UnitedAg Membership.

OPS Forum

A monthly webinar that provides opportunities for members to access real-time updates on new benefits and services and to dialogue with our leadership.

HR Roundtable

UnitedAg's HR Roundtables and webinars connect agricultural HR professionals to share insights, address challenges, and gain practical tools through expert-led discussions—supporting a stronger, more empowered HR community.

Subscribe Today
unitedag.org/subscribe

Your Network & ID Card

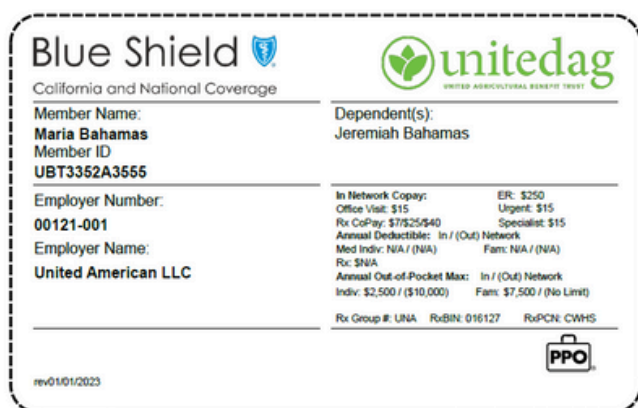
When you join the UnitedAg health plan, your member identification card is sent to you. You should present it when seeking medical and pharmacy services. Always review the information on the card upon receipt, to ensure that it is accurate.

Your ID Card

The front side of the card includes your unique ID number for yourself and any dependents on your health plan, along with your benefit plan information, and any applicable copay amounts. Instructions on where to submit claims can be found on the back side of the card.

The information on your ID card is helpful when searching for a doctor, filling a prescription or accessing your Member Health Portal.

Access our Member Health Portal to request a new Member ID Card or to print a temporary ID Card: unitedag.org/healthportal. For questions, contact UnitedAg Member Services at 800.223.4950 or email memberservices@unitedag.org.



How to Find a Doctor

To find a doctor in your network, visit:

UnitedAg Health & Wellness Clinics: unitedag.org/wellness

Blue Shield of California: unitedag.org/bsc

Blue Shield National Coverage Network (Outside of California): unitedag.org/bsn

(Note: In the "Find your plan by prefix" window, enter **UBT**)

SAIN Mexico Network (Outside of the U.S.): unitedag.org/sainmedical

Look for your network and then you can search for a provider by selecting the type of provider you are seeking in your preferred location. Or you can request a PDF version of the directory to see all providers in your network by contacting UnitedAg Member Services at memberservices@unitedag.org or call 800.223.4950.

UnitedAg Health & Wellness Clinics



Our Health & Wellness Clinics are open to all UnitedAg covered employees and their dependents. They offer a full range of services from acute and episodic care to health-risk and disease management and so much more. We've tailored our clinics to meet the agricultural industry's needs by providing short wait times and personalized care. Plus, all offer bilingual virtual primary care for patients who need to speak with a doctor on their own time.

Available Services

The following services are available at all locations. Many of these services are available at \$0 copay* with no deductible for most plans. Please consult with your local Health & Wellness Clinic for more information.

- Primary care
- Preventive care
- Seasonal flu shots
- Virtual Primary Care
- Wellness coaching
- Minor illnesses & injuries
- Gynecology
- Pediatrics (basic infant)
- Lab & x-ray services

Health & Wellness Clinic Locations

Chico

1074 East Ave. Suite Q
Chico, CA 95926

*Monday, Tuesday & Wednesday
9 a.m.–6 p.m.
(Closed for lunch: 1 p.m.–2 p.m.)
(Closed Thursday - Friday)*

Colusa

412 4th St.
Colusa, CA 95932

*Thursday & Friday 9 a.m.–6 p.m.
(Closed for lunch: 1 p.m.–2 p.m.)
(Closed Monday - Wednesday)*

Salinas

333-A Abbott St.
Salinas, CA 93901

*Monday-Friday 8 a.m.–5 p.m.
(Closed for lunch: 12–1 p.m.)
Wednesday 10 a.m.–7 p.m.
(Closed for lunch: 2–3 p.m.)*

Santa Maria

2605 S. Miller St. #100
Santa Maria, CA 93455

*Monday, Tuesday, Thursday,
Friday 8 a.m.–5 p.m.
(Closed for lunch: 12–1 p.m.)
Wednesday 10 a.m.–7 p.m.
(Closed for lunch: 2–3 p.m.)*

Turlock

1080 Delbon Ave.
Turlock, CA 95380

*Monday, Tuesday, Thursday, Friday
8 a.m.–5 p.m.
(Closed for lunch: 12–1 p.m.)
Wednesday 10 a.m.–7 p.m.
(Closed for lunch: 2–3 p.m.)*

Visalia

315 S. Johnson St.
Visalia, CA 93291

*Monday-Friday 8 a.m.–6 p.m.
(Closed for lunch: 1 p.m.–2 p.m.)
Saturday 8 a.m.–3 p.m. (Open all day)*

To schedule an in-person or telephone appointment with a healthcare professional at your nearest Health & Wellness Clinic, scan the QR code to the right, visit **ua.clinic** or call **877.877.7981**.

***A \$40 copay applies to office visits and \$25 copay applies to teleconsults for HSA plan members. A \$0 copay fee will apply to HSA plan members after the annual deductible is met.**



ua.clinic

Virtual Primary Care



Available through UnitedAg Health & Wellness Clinics

What is Virtual Healthcare?

Virtual healthcare, also known as telehealth or telemedicine, is a healthcare delivery model that leverages technology and digital communication tools to provide medical services and consultations remotely. This approach enables members and healthcare providers to interact and exchange information without the need for in-person visits to a healthcare facility.

Key Benefits

Virtual primary care provides many advantages for our members. It offers convenience and accessibility, enabling members to receive medical care from home or remote locations. This reduces travel time and wait times for appointments and members with chronic conditions benefit from regular check-ins, and are cost-effective. Remote monitoring and member empowerment are also notable benefits. However, it's essential to remember that virtual healthcare may not be suitable for all medical situations, and its effectiveness depends on individual needs and conditions.

Services

- Acid reflux
- Allergies
- Arthritis
- Annual Wellness Visit
- Cough
- Cold
- Constipation
- Croup
- Diabetes Management
- Diarrhea
- Fever
- Flu
- Headache
- Sinusitis
- Sore throat
- Urinary tract infections
- Vomiting
- And more!

How to Schedule a Virtual Care Visit

To schedule a virtual care appointment with a healthcare professional, scan the QR code to the right, visit **ua.clinic** or call **877.877.7981**.

Virtual Care visit hours: Monday - Friday from 8:00 am - 5:00 pm.

**Service hours are subject to change.*



ua.clinic

What is the cost to access the Virtual Primary Care service?

*A \$40 copay applies to in person office visits and \$25 copay for all virtual care visits for HSA plan members. Zero copay will apply for any follow up virtual care visits that are scheduled in conjunction with the initial visit.

A \$0 copay fee will apply to HSA plan members after the annual deductible is met.

Agile Occupational Medicine Clinics



Available to all UnitedAg members' covered employees and dependents, Agile Occupational Medicine offers an array of services at \$0 co-pay for office visits* (for most UnitedAg health plans). With clinics conveniently located in California farming communities, Agile Occupational Medicine provides acute and episodic care to health-risk and disease management, all dedicated to improving the health and well-being of every member.

Services

- Colds and flu
- Minor lacerations and wound care
- Simple fractures, sprains and dislocations
- Minor eye problems and nose bleeds
- Asthma and allergies
- Urinary tract and gynecological problems
- Flu and Tetanus Shots
- Hepatitis A/B
- Measles
- Mumps
- Annual Physicals
- Prostate checks
- Women's health screenings
- Men's health screenings
- Basic infant / child care
- Immunizations
- Lab & x-ray services*

For more information or to schedule an appointment visit agileoccmed.com or call **833.373.3430**.

Agile Clinic Locations

WATSONVILLE, CA

40 Penny Lane, Ste 4
Watsonville, CA 95076
Mon-Fri 8am-6pm
831.763.4444

HOLLISTER, CA

591 McCray St Ste 101
Hollister, CA 95023
Mon-Fri 8am-5pm
831.634.4444

KING CITY, CA

1180 Broadway Street
King City, CA 93930
Mon-Fri 8:30am-5pm
831.385.8000

LOS BANOS, CA

285 Mercey Springs Rd A
Los Banos, CA 93635
Mon-Fri 8:30am-5:00pm
209.829.0444

SALINAS-BLANCO, CA

947 Blanco Cir, Ste A
Salinas, CA 93901
Mon-Fri 8am-5pm
831.422.5555

SALINAS-ROSSI, CA

2 Rossi Circle
Salinas, CA 93907
Mon-Fri 8am-6pm
Sat 9am-3pm
831.770.0444

SOLEDAD, CA

2524 H. Dela Rosa Sr.
St Soledad, CA 93960
Mon-Fri 8am-6pm
831.678.8899

YUMA, AZ

4343 E. 31st Place
Yuma, AZ 85365
Mon-Fri 8am-5pm
928.341.4544

** A \$90 fee will apply to members with an HSA health plan who have NOT met their annual deductible. Once the plan deductible is met, a zero copay will apply for future office visits.*

Out-of-pocket costs apply for specific procedures and services. Clinic hours may vary seasonally.

Mexico Medical & Dental Network



Seeking medical care outside of the US and Mexico southern border? Then we encourage you to access our Mexico Medical and Dental Network. In partnership with SAIN, a family-owned Business with over 30 years of experience and dedication offering the best medical services in Northern Mexico along the California and

Arizona border. They have a panel of over 150 doctors of all medical areas. Family medicine, specialists and dental services. All their doctors have the highest certifications in the country and international recognition in their area of expertise. For more information, visit sainmedical.com.

Medical Specialties

- Family Medicine
- Gastroenterology
- Gynecology and Obstetrics
- Pediatric Surgery
- General Surgery
- Reconstructive Surgery
- Oncology
- Neurology
- Internal Medicine
- Urology
- Cardiology
- Proctology
- Allergology and Clinical Immunology
- Nephrology
- Ophthalmology
- Pediatrics
- Orthopedics and Traumatology
- Otolaryngology
- Pathology
- Mammogram
- Bone Survey
- And more!

Dental Services

- Dental Surgery
- Endodontic
- Prosthodontics
- Periodontics
- Orthodontics
- Dental Implants
- Crowns
- Bridges
- Dentures
- Extractions

Locations

Tijuana, Mexicali, Los Algodones and San Luis Rio Colorado

How to Access SAIN Services in Mexico

- 1. Once an employee and their dependent(s) have received coverage under UABT**, they will then be able to access SAIN Medical Services.
- 2. To verify coverage, please contact the SAIN office prior to seeking medical attention**, at +52-653-536-7800 ext. 1 (Administration), ext. 2 (Mexicali network), ext. 3 (San Luis network), ext. 4 (Dental Services).
- 3. Applicable co-pays and valid photo ID must be presented to the primary care doctor at the time services are rendered.** If an employee does not have a photo ID available, they can request an ID at the SAIN office.
- 4. To make an appointment to see a medical provider, stop by the SAIN office to request a pass. Once received, you may visit any of the practitioners from their medical panel list.** Please note, doctors welcome walk-ins. If you need more information, call SAIN's offices at +52-653-536-7800.

Telemedicine with Teladoc



Access licensed doctors 24/7 by web, phone or app

Teladoc doctors are available 24/7/365 to provide quality care through the convenience of phone or video consults. The next time you're sick, call Teladoc!

Who are the Teladoc doctors?

Teladoc doctors are U.S. board certified in Internal Medicine, Family Practice, or Pediatrics. They average 15 years practice experience, are licensed in your state, and incorporate Teladoc into their day-to-day practice to provide people with convenient access to quality medical care.

What kind of medical care does Teladoc provide?

When requesting a consult, you can choose between general medical, behavioral health, dermatology, tobacco cessation, and back care. Teladoc doctors can treat a wide range of conditions:

General Medical

- Cold & flu
- Bronchitis
- Allergies
- Pink eye
- Upper respiratory infections
- And more

Dermatology*

- Skin infection
- Acne
- Skin rash
- Abrasions
- Moles/warts
- And more

Behavioral Health*

- Stress/anxiety
- Depression
- Addiction
- Domestic abuse
- Grief counseling
- And more

Other Services*

- Tobacco Cessation
- Neck & Back Care
- Nutrition

How do I set up my Teladoc account?

Setting up your account is a quick and easy process online. Visit [Teladoc.com](https://www.teladoc.com) and click "Set Up Account". Follow the online instructions. You can also call 1-800-Teladoc (1-800-835-2362) to set up your account by phone.

How do I request a consult to talk to a doctor? (3 ways)

- Use the Teladoc App (for Apple or Android users, download at [Teladoc.com/mobile](https://www.teladoc.com/mobile))
- Visit [Teladoc.com](https://www.teladoc.com), log into your account and click "Request a Consult".
- Call Teladoc to request a consult by phone at **1-800-Teladoc** (1-800-835-2362).

What is the cost to access Teladoc services?

Teladoc services are available at \$0 fee for most plans. However, a \$55 consult fee applies for HSA plan members. A \$0 fee will apply to HSA plan members after the annual deductible is met. Please note, fees apply for additional Teladoc health services.

**These services are not available for HSA plans*



A confidential mental wellness benefit with therapy, in-app exercises, and more

Spring Health offers fast access to guidance and resources and convenient appointment options to help you reduce stress and anxiety, and to improve sleep and relationships, so you can start feeling better quickly.

Spring Health Benefits

- **Therapy:** Get convenient, confidential support from a therapist of your choice.
- **Dedicated guidance:** Your Care Navigator can walk you through your care plan, help you find the right therapist, and provide support whenever you need it.
- **Personalized care:** Take a short online assessment to get care and provider options that support your unique needs, goals, and preferences.
- **Wellness exercises:** Find fast relief for stress, anxiety, burnout, poor sleep, or other challenges with Moments digital wellness exercises.
- **Diverse providers:** Choose a therapist you can relate to. Browse recommendations or search by specialty, gender, ethnicity, or language.

How do I know if I'm eligible?

United Agricultural Benefit Trust plan participants can access (10) visits annually with zero cost share. After the first ten (10) visits have been utilized, plan copays, coinsurance and deductibles will apply. Please note, medical necessity applies to ALL visits.

Spring Health is available to HSA plan members. However, in accordance to plan guidelines, HSA plan participants must pay the visit fees until the plan deductible has been met. After the deductible is met, applicable plan cost sharing will apply until the maximum out of pocket cost is met. Additional exclusions may apply, please refer to your plan benefits for more information. United Agricultural Benefit Trust offers Spring Health therapy an in-network rate to participants enrolled in the United Agricultural Benefit Trust (UABT).

How do I enroll?

Get started online at unitedag.springhealth.com or download the Spring Health mobile app (available for from the App Store or Google Play).

For questions or support, visit springhealth.com/support or call 855.629.0554.

- Press 1 for support in Spanish
- Press 2 for crisis support (available 24 hours a day, 7 days a week)
- Press 3 for general questions/support (available Monday-Friday, 8:00am-11:00pm ET)

Mental Health Specialty Care



Specialty Care Program—designed to provide personalized mental health care specifically for you.

The Spring Health Specialty Care program offers personalized mental health support tailored to each member's needs. It helps address various challenges, including unsettling dreams or nightmares, substance use issues, anxiety with physical symptoms, disordered eating habits, and persistent sadness that disrupts sleep.

How it Works

The Spring Health Specialty Care program is available to UABT plan participants. Services are paid according to plan benefits. For more information, contact UnitedAg member services at 800.223.4590.

Spring Health is available to HSA plan members. However, in accordance to plan guidelines, HSA plan participants must pay the visit fees until the plan deductible has been met. After the deductible is met, applicable plan cost sharing will apply until the maximum out of pocket cost is met.

Getting Started

1. Scan the QR code or visit unitedag.springhealth.com to sign-up for Spring Health and take a quick assessment. If you're seeking care for a dependent, sign-up and then invite them to join Spring Health to create their account.
2. Schedule a free and confidential call with a specialized clinician who can connect you to the right care.
3. Get a personalized plan that works with your budget and lifestyle.



For Immediate Crisis Support call 855.629.0554 Option 2. Available 24/7.

Mental Health Care (Continued)



MyStrength, by Teladoc Health, is a flexible and comprehensive digital program for emotional health to help with life's evolving challenges. From learning activities and guided meditations to skill-building courses to working with a licensed therapist. With myStrength, you get personalized support to build a healthier mind for a stronger you.

myStrength Benefits

- **A simple place to start getting support**, no matter what your needs are.
- **Ongoing care** that adjusts as your needs evolve.
- **A clinically based digital assessment** so they can create a plan designed just for you
- **Teletherapy your way**. Connect with a licensed therapist of your choice by appointment and seven days a week from the comfort of home.

How do I know if I'm eligible?

You must be at least 18 years of age and enrolled in a UnitedAg health plan* through your employer. Questions about your enrollment status? Call Member Support at 800.945.4355.

How do I enroll?

You can enroll online, by phone or app. Use the access code "UnitedAg."

- **Online:** Visit myStrength.com/join and answer a few questions about yourself and your health to register. Then, download the myStrength app to log in and get started.
- **Phone:** Call Member Support at 800.945.4355.
- **App:** You can access myStrength through your Teladoc app.

How do I request a consult to talk to a doctor? (3 ways)

- Use the Teladoc App (for Apple or Android users, download at Teladoc.com/mobile)
- Visit Teladoc.com, log into your account and click "Request a Consult".
- Call Teladoc to request a consult by phone at 1-800-Teladoc (1-800-835-2362).

HSA Fees:

Psychiatrist Initial Visit: \$220
Psychiatrist Follow Up: \$100
Psychologist/Therapist: \$90

**Digital care app is available at zero fees for all plans including HSA plans. For HSA plans, virtual care visits are available at zero fees after deductible has been met.*

Prescription Coverage with Costco Health Solutions



Your pharmacy network

UnitedAg utilizes Costco Health Solutions as its preferred Pharmacy Network Manager. The list of commonly prescribed medications is called a "formulary." Within the list, we define drugs that fall into the following tiers or categories.

Medication Categories (Tiers):

- **Tier 1 - Lowest Cost:** Commonly used Generic medications (may include lower-cost brand medications)
- **Tier 2 - Mid-Range Cost:** Common brand-name medications, known as "Formulary Medications"
- **Tier 3 - Higher Cost:** "Non-preferred" brand-name medications
- **"Specialty" medications** generally are the most expensive medications (utilized through Costco Specialty Service). To enroll in the specialty program, please call 866.443.0060 or visit costcohealthsolutions.com.

Your Schedule of Benefits will describe the different copay tiers based on these classes of medications. You are still likely to pay less for generic or preferred brand name drugs than those in the non-preferred or specialty category. Talking with your doctor about your options for your medications can save you a lot of money!

Costco also has a Mail Order Pharmacy program that is available for you to utilize. It is designed for maintenance (long term) prescriptions and can help save on your overall cost and trips to the pharmacy. You can enroll in this program by calling Costco Pharmacy at 800.607.6861 or visit rx.costco.com.

Some prescription formulary medications require Prior Authorization (PA), Step Therapy (ST) or have Quantity Limits (QL). It is always a good idea to review the formulary and understand the prescription requirements prior to visiting the pharmacy. If you are unsure of the requirements for a certain prescription, or simply have any questions regarding a drug or procedure, please call UnitedAg Member Services at 800.223.4590 and they will be happy to help answer your questions.

No Cost Generic Program | Available through Costco Pharmacy

UnitedAg members can access Tier 1 generic drugs for \$0 copay at retail Costco Pharmacies. Specialty generics are not included. This benefit does not apply at Costco Mail Order or Costco Specialty pharmacies. HSA plan members will pay \$9 per 30-day supply. A \$0 generic prescription fee will apply to HSA plan members after the annual deductible is met.

To view the full list of formulary prescription drugs visit: unitedag.org/formulary

**UnitedAg members can go to any pharmacy in the
Costco Health Solutions network.**

To locate a pharmacy near you, log in to Costco's Member Portal to view the list:
members.costcohealthsolutions.com

Prescription Coverage

Brand Name vs. Generic Drugs

What is a generic drug?

A generic drug is a medication that contains the exact same active ingredient, is taken the same way and offers the same therapeutic effect as the brand name drug

Is there a difference between generic and brand name drugs?

There are two main differences between generic and brand name drugs:

- The inactive ingredients, such as flavoring or preservatives (fillers), may be different
- Generic drugs are generally produced by more than one manufacturer and cost less than brand name drugs

How are generic and brand name drugs similar?

The U.S. Food and Drug Administration (FDA) sets standards for generic drugs to ensure they work the same way and have the same benefits and risks as their brand name counterparts. Generic drugs must match the brand name versions in the following ways:

- They must have the same active ingredient(s)
- The dosage and strength must be identical
- The overall quality, stability and safety must be the same

Are generic drugs made with the same standards as brand name drugs?

Yes. The FDA requires a generic drug manufacturer to follow the same standards as the brand name manufacturing process. They are often made in the same facilities. The agency conducts onsite inspections each year to make sure the manufacturers are following the rules.

What are the potential cost savings of using generic drugs?

Generic medications on average are 80–85% less expensive than brand-name medications.

No Cost Generic Program | Available through Costco Retail Pharmacies

UnitedAg members can access Tier 1 generic drugs for \$0 copay at retail Costco Pharmacies. Specialty generics are not included. This benefit does not apply at Costco Mail Order or Costco Specialty pharmacies. HSA plan members will pay \$9 per 30-day supply. A \$0 generic prescription fee will apply to HSA plan members after the annual deductible is met.

****Comparative information provided by Costco Health Solutions***

Navigating Health Care

How to Manage Your Care

For non-emergency treatment, wellness services and disease management

Urgent Care / UnitedAg Health & Wellness Clinics

A Health & Wellness Clinic or urgent care is good option for care and is available at a lower cost than the emergency room (usually your copay will only be required if you stay in-network). Hours and locations can be more convenient and the wait can be shorter. Out-of-Network urgent care is only covered when you are outside of the panel service area (restrictions and limitations apply). Make sure you are visiting an urgent care center for the right reasons such as fever or cold, sore throat, sprains, abrasions, cuts, etc.

UnitedAg Health & Wellness Clinics offer members access to many services at \$0 copay* with no deductible for most plans. These services can include: basic immunizations, physicals, treatment for minor burns, rashes or insect bites and more. Visit ua.clinic or call **877.877.7981** to make an appointment.

For annual exams or to diagnose a health concern

Primary Care Provider

A Primary Care Provider (PCP) who can help guide you to the right place if you need lab tests done or to see a specialist. PCPs are doctors or nurse practitioners that practice general, internal or family medicine.

If you do not currently have a PCP and you will or are in need of services, you can visit our website (unitedag.org/networks) and use the online provider search. Feel free to contact our Member Services team at **800.223.4590** and they will be happy to assist you.

In a serious or life-threatening situation

Emergency Care

In a serious or life-threatening situation (i.e., chest pain, loss of consciousness, difficulty breathing, broken bones, uncontrolled bleeding) you should always go to the nearest emergency room. There are distinct differences when receiving care at an emergency room.

Also, In-Network and Out-of-Network care will be covered differently based on the member's responsibility. It is always best to see an In-Network emergency room physician where your cost will be lower. If you are not in a serious situation, then the emergency room is not a cost-effective option. That's because the cost of emergency room care is significantly higher than a doctor's office, telemedicine, or walk-in care setting.

****A \$40 fee applies to office visits and \$25 fee applies to teleconsults for HSA plan members. A \$0 office visit fee will apply to HSA plan members after the annual deductible is met.***

Preventive Care

Vaccines can lower your chance of getting certain diseases. Vaccines work with your body's natural defenses to help you safely develop immunity to disease. This lowers your chances of getting certain diseases and suffering from their complications. Getting vaccinated not only protects you, it also keeps you from spreading diseases to others who can get seriously ill. You can be vaccinated from your PCP, urgent care, or local pharmacy. Visit unitedag.org/networks to find a local provider.

Annual Flu Vaccinations

It is important that you get your flu shot, especially if you or a family member has a chronic disease such as Hepatitis B. The CDC recommends that everyone get vaccinated by the end of October, which gives your body roughly a two-week period it needs to develop an immune response to the vaccine prior to the start of peak flu season. If you miss this deadline, however, the vaccine can still offer some benefits.

COVID-19 Vaccinations & Testing

COVID-19 vaccines and booster shots authorized by the FDA (Moderna, Pfizer-BioNTech, or Novavax) have been shown to be safe and effective in clinical trials. These vaccines make it substantially less likely you'll get COVID-19 and may help keep you from getting seriously ill.

You do not need a prescription from a healthcare professional to receive a COVID-19 test. FDA-Approved COVID-19 tests are considered preventive and are covered at 100% for eligible (UABT) plan participants. You do not need to pay out-of-pocket costs (copay, coinsurance, or deductible) for tests:

- Whether or not you have symptoms of COVID-19.
- Whether or not you think you were exposed to someone who has COVID-19.

For COVID-19 resources, visit unitedag.org/coronavirus. For questions regarding your health benefits, contact UnitedAg Member Services at 800.223.4590 or email memberservices@unitedag.org.

Where Can I Get Vaccinated?

Vaccines are available at all your Doctors' office, urgent care centers, health centers and pharmacies. Visit unitedag.org/networks to find a local provider of vaccines.

How much does it cost?

Your UnitedAg Health Plan will pay 100% of the cost for vaccination, with no copay or deductible, when vaccinated at a licensed in-network medical provider's office or pharmacy. Older adults covered under Medicare Part B can also get the vaccine for free, with no copay or deductible.

Preventive Care continued

Understanding Your Preventive Care Benefits

Even if you're feeling fine, scheduling an appointment with your doctor for preventive care services is important. Through a preventive exam and routine health screenings, your doctor can determine your current health status and detect early warning signs of more serious, costly problems.

UnitedAg offers certain preventive services at no cost to members if they meet our definition of no cost preventive care and the services are received from an in-network provider. No cost means copayments, coinsurance and deductibles do not apply to these specific services. Preventive care starts with an annual routine checkup with any of the following primary care providers (PCPs): family doctor, general medicine physician, pediatrician, nurse practitioner, internal medicine physician and OB/GYN.

What's covered in a preventive care visit: During your visit, your doctor will determine what tests or health screenings are right for you based on factors such as your age, gender, medical history, current health, and family history.. Plus, your health plan covers 100% of the costs for preventive health services when care is provided through network providers.

What's not considered a preventive care visit: If you discuss new health concerns or a current illness, the entire visit may be considered a medical treatment visit and would not be covered as preventive care. You will be required to pay the plan's physician office copayment or coinsurance.

For a comprehensive list of preventive care benefits, visit our website at unitedag.org/preventivecare, contact our Member Services team at 800.223.4590 or email memberservices@unitedag.org.

Avoid Surprise Charges

While preventive care is intended to prevent illness or detect problems before there are any symptoms, be aware that diagnostic medical care is different. Diagnostic medical care diagnoses and treats problems based on symptoms or as follow up to abnormal test results. Any tests needed, including follow up mammograms or colonoscopies, are considered diagnostic and subject to cost-sharing responsibilities such as coinsurance or deductible.

If you are getting a colonoscopy, talk to your doctor about whether it will be preventive care or diagnostic. Diagnostic colonoscopies are not paid at 100%. You can call Member Services to confirm how a diagnostic or preventive service will apply to your benefits. If polyps are found at the time of a preventative colonoscopy, we will still allow it under preventive; unless you do not have the polyps removed at the time of the service and go back for a second time, that would be consider diagnostic.

Understanding Prior Authorization

Certain medical services must be pre-approved by UnitedAg (UABT) before you can receive care. Failure to get prior authorization for services could result in your procedure being denied or postponed.

Talk to your provider about prior authorization whenever a medical service is recommended. All in-patient admissions require prior authorization. Your doctor's office must call the "Prior Authorization" phone number (indicated on the reverse side of your UABT ID card prior to admission to a hospital or in-patient facility). For prior authorization in California, contact Blue Shield of California. For outside-California, please call UnitedAg.

Emergency admissions require 48-hour notice. If you are not notified by either your provider or UnitedAg that your prior authorization has been approved, check with Member Services before receiving the care.

If your provider determines that additional care beyond the services or the length of time originally authorized is needed, you must request an extension from UnitedAg.

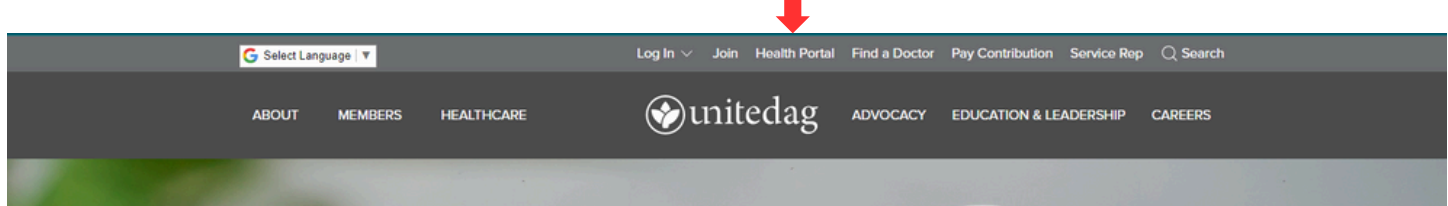
Penalty for Non-Compliance. If In-Patient Prior Authorization or emergency admission notification is not completed, benefits otherwise payable will be reduced by 50%. Any additional expenses that become your responsibility for failure to comply with the requirements will not be considered Covered Expense and will not apply to any Deductible or Out-of-Pocket Maximums of the Plan.

Services Requiring Prior Authorization

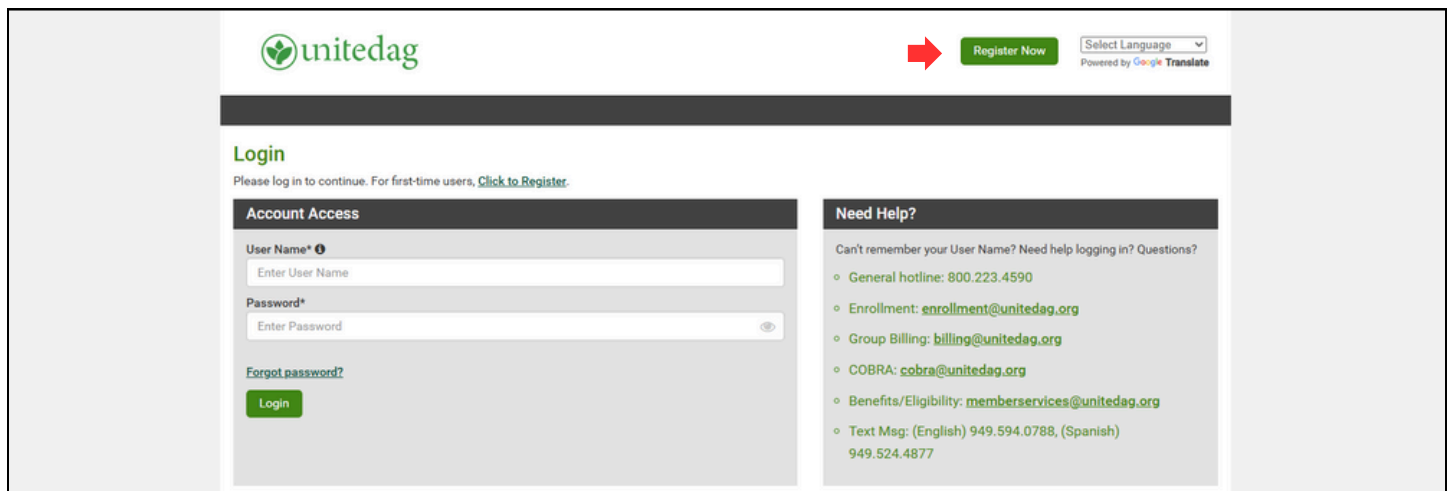
- Ambulance, non-emergency air and ground
 - Anesthesia (with colonoscopy testing)
 - Applied Behavioral Analysis – Autism
 - Bariatric Surgery
 - Biofeedback
 - Blepharoplasty
 - Botox injections (non-cosmetic treatments)
 - Chemotherapy - outpatient and inpatient
 - Routine care associated with Clinical trials
 - Cochlear implants
 - Dental care resulting from an accident
 - Dental/Anesthesia - Hospital Ambulatory Surgery Services
 - Dialysis (outpatient and home dialysis)
 - Durable medical equipment over \$1,000
 - Genetic testing
 - Infusion Therapy
 - Inpatient Confinement, including Inpatient Hospice (not including observation stay which is less than two (2) midnights)
 - Care or confinement levels other than Inpatient: Residential, Partial Hospitalization, Intensive Outpatient services, Skilled Nursing Facility, and Inpatient Rehabilitation Facility
 - Medicaid
 - MRI's (Breast)
 - Negative pressure wound therapy
 - Pet Scans
 - Prosthetics
 - Radiation therapy - outpatient and inpatient
 - Reconstructive or plastic surgery procedures, including breast reconstruction surgery following mastectomy
 - Specialty medications administered in an office or outpatient setting
 - Spine Surgery and Pain Management
 - Surgery – inpatient hospital, outpatient hospital, free standing surgical center and ambulatory surgery centers (does not include physician office procedures)
 - Transplant evaluations, services and procedures
 - Ultrasound bone growth Stimulation
 - Varicose Veins
- Additional exclusions may apply. Please contact Member Services for more information at 800.223.4590 or memberservices@unitedag.org.**

UnitedAg Health Portal & Benefits Connect App

1. Visit unitedag.org and click on the **Health Portal** link on the top navigation bar. You can also access the online health portal directly by visiting: unitedag.org/healthportal.



2. You will then arrive at the **UnitedAg Health Portal**. If you do not have a login, please click on the Register button below **Log In**.



3. You will need the following information to register as an employee:

- First and Last Name
- Date of Birth
- Member ID # - UBT (0000000000) - Only enter the ID card details after UBT
- Email, cell phone, or phone number

4. What can you access on the Health Portal?

- View your Explanation of Benefits (EOB's)
- Print temporary ID cards
- Download forms
- Communicate with enrollment representative through our secure message system

5. Download the Benefits Connect App to manage your benefits on the go!

Get instant access to your health benefits, ensuring that you always have your benefits information and identification card handy, wherever you go.

Download the iOS and Android app user guides online:

unitedag.org/benefitsconnect



Apple
App Store



Google
Play Store

Member Advocate Service

Simplifying and Personalizing the Member Health Care Experience

In a fast-paced world it becomes hard to stay on top of the ever-changing rules and regulations of health care. This means our members have less time to spend on figuring out the ins and outs of their health benefits. With that in mind, we have developed the Member Advocate Service to help our members. The mission of the Advocate Service is to help our members navigate through the increasingly complex world of health care.

About the Program

The Member Advocate Service is designed to work directly with our members to help resolve a wide range of health care and insurance related issues. Advocates serve as a liaison with health care providers, network partners and health related community services. They stay involved until all issues are completely resolved and are also available to address any follow up needs.

- Collection Notices
- Surgical Appointment / Authorization Cancellation
- Member Information and Communications
- Denied Medications
- Financial Assistance on Medications
- Provider Assistance

How Can We Help?

Our Member Advocates are experts that can assist you in resolving your healthcare issues. Save time by contacting them at **800.223.4590** or email memberadvocate@unitedag.org to get started.

Looking for a quick response to a simple benefits-related question? Send us a text and a Member Services team member will respond in under 2 minutes (during normal business hours).

Text Message Line: 949.594.0788

Frequently Asked Questions (FAQ's)

How do I change my address or make other changes?

You will need to contact your employer and complete an Employee Change Form which is available on our website. You can also contact our Member Services team for additional changes such as: Address updates, date of birth change/correction and name correction(s).

What is a Special Enrollment Period?

You only qualify for a "Special Enrollment", which allows for specific changes to be made to your benefit plan if you've had a significant life event that qualifies you for a special enrollment period. Events may include losing health coverage involuntarily (if you had previously waived coverage with UnitedAg), a marriage or Domestic Partnership (a notarized affidavit is required for all Domestic Partnerships), birth of a child or adopting a child, losing a dependent, gaining citizenship, divorcing your spouse. If you feel you are eligible for a special enrollment period, you will need to talk with your Employer or Plan Sponsor so that they can request the changes. Don't delay because most special enrollment periods are only available for 31 days from the date the life event occurs.

How does UnitedAg handle complaints?

Our Member & Advocate Services Team is here to help. If you feel you have a complaint/grievance regarding any aspect of care or service provided by our contracted providers, please call **800.223.4590**. They will be happy to listen and help you to understand or explain the when, what and why!

What sets UnitedAg apart as an Employer Sponsored Health Plan?

In many ways, a trust operates much like a health benefits provider. We meet many of the same laws and regulations, and we provide similar medical benefits and prescription drug coverage. What makes UnitedAg different is that we are a nonprofit organization that is governed by our members. We answer to our members' requests and focus our innovation based on our members' needs. Our governing board is made up of employers who also participate in the Health Plan, and are elected by the entire membership.

I'm switching from my old carrier to UnitedAg and I need medication. What do I need to do?

All regular medications go through Costco Health Solutions. You will need to call CHS at **877.908.6024** and a new patient care coordinator will enroll you and send a prescription request to the doctor. You can also enroll in CHS at costcohealthsolutions.com.

All specialty medications go through our specialty program, Costco Specialty Service. You will need to call Costco Specialty Service at **866.443.0060** and a new patient care coordinator will enroll you and send a prescription request to the doctor.

What if there are no in-network providers available in my area?

If there are not any in-network providers (within a 50-mile radius) that can perform the medically necessary covered service you need, you will likely qualify for special circumstances that have set reimbursement rates for out-of-network providers.

NOTE: Please be aware that when out-of-network care is covered, it will be paid at our maximum allowable fee. Providers may decide to bill you for any amount above and beyond what we pay. This is called "balance billing" and is prohibited in our contracts with in-network providers.

Frequently Asked Questions (FAQ's)

How do I know if my medication is a specialty drug?

Members are encouraged to contact Costco Specialty Service at 866.443.0060. They can also call UnitedAg's Member Services department to assist in determining if their medication is specialty drug by calling 800.223.4590.

My medication requires authorization. Can the authorization from my previous Pharmacy Benefits Manager carry over to Costco Health Solutions/UnitedAg?

No. Prior authorizations from previous PBM's are not transferable to Costco Health Solutions or Costco Specialty Service. You can get started with Costco Specialty Service by calling 866.443.0060.

Who starts my authorization process?

On the formulary, medications that require prior authorization for coverage are marked with "PA" next to the medication. Your physician submits the prior authorization request on your behalf. Costco Health Solutions will review the prior authorization request within 48 hours of receiving complete information from your physician.

For any other medications needing a prior authorization your provider can call Costco Health Solutions at 877.908.6024 to start the prior authorization process or you can contact UnitedAg Member Services at 800.223.4590 for assistance.

My medication needs a prior authorization, but I need my medication now, what can I do?

Contact our Member Services Department at 800.223.4590. They will assist you with a one-time exception override while your medications (regular and specialty) prior authorization is being processed by Costco Health Solutions/Costco Specialty Service.

Why is my procedure/treatment/surgery not being authorized?

Your medical provider receives an explanation of why services are being denied, many times services are not denied but are pending additional information from you or the provider. Please contact our Member Services Department at 800.223.4590 and they can assist you by contacting the network provider authorization department and will assist you in getting further clarity on authorization status.

Why does my EOB show a range of dates of service?

Your EOB reflects a compilation of claims processed for that date of service range.

How does UnitedAg determine if my claim is a possible accident?

Examiners will review a claim upon submission, if the claim is submitted with a possible accident diagnosis the examiner will issue a pend letter to the member requesting accident details. At this time the examiner may also request if the accident is work related or the circumstances of the accident. Once the accident details have been received, they will be reviewed by our Claims Department, if additional information is required, we will issue a letter requesting necessary information like a lien, police report, doctor's office notes etc.

Is different information required for an injury/accident vs. motor vehicle accident?

Accident/Possible accident/MVA all will require accident details. MVA will also require a copy of the police report to be submitted (if applicable), and a signed lien.

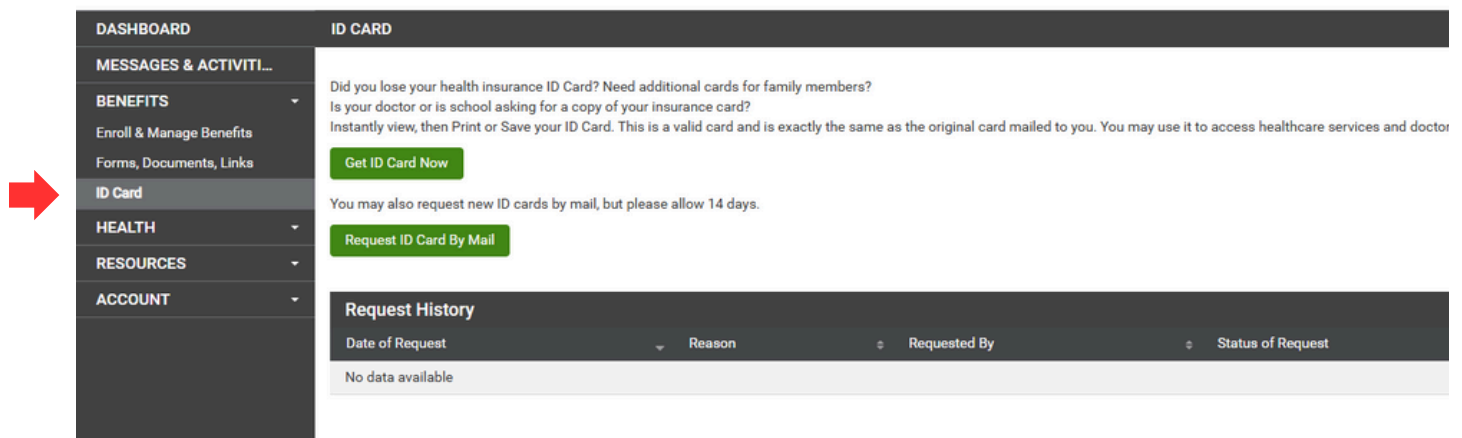
Frequently Asked Questions (FAQ's)

How can I have access to my child's EOB who is over the age of 18?

To gain access to your child's EOBs, you must complete the PHI Form that is available in the member portal and should be submitted via email to hipaaprivacy@unitedag.org or faxed to 949.892.1352. You can also access this form without having to login by visiting unitedag.org/hipaaprivacy.

How can I request a New ID Card or print a Temporary ID Card?

Login to our **Member Health Portal** at unitedag.org/healthportal and click on the ID Card button on the left menu. You will then see 2 buttons for **Get ID Card Now** or **Request an ID Card by Mail** (shown below). If you're trying to access your digital ID card, please ensure that your pop-up blocker is turned off, as it may prevent your ID card from appearing.



A screenshot of the UnitedAG Member Health Portal. On the left is a dark grey sidebar menu with a red arrow pointing to the "ID Card" option. The menu items are: DASHBOARD, MESSAGES & ACTIVITI..., BENEFITS (with a dropdown arrow), ID Card, HEALTH (with a dropdown arrow), RESOURCES (with a dropdown arrow), and ACCOUNT (with a dropdown arrow). The "ID Card" option is highlighted. The main content area has a dark grey header "ID CARD". Below this, there is a text block with the following content: "Did you lose your health insurance ID Card? Need additional cards for family members? Is your doctor or is school asking for a copy of your insurance card? Instantly view, then Print or Save your ID Card. This is a valid card and is exactly the same as the original card mailed to you. You may use it to access healthcare services and doctor". Below this text are two green buttons: "Get ID Card Now" and "Request ID Card By Mail". Below the buttons is a section titled "Request History" with a table. The table has four columns: "Date of Request", "Reason", "Requested By", and "Status of Request". The table currently shows "No data available".

How to Read Your Explanation of Benefits (EOB)

Your **Explanation of Benefits (EOB)** has details about your health care benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Below is a just sample of an EOB with explanations of each item.

Understanding Your Explanation of Benefits (EoB)

Your Explanation of Benefits (EOB) has details about your healthcare benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Here are a few tips to help you understand your EOB:

- Group Name:** Name of the subscribed members employer associated with UnitedAg.
- Group No:** Number of the subscribed members employer associated with UnitedAg.
- Member ID:** The member's (subscriber) unique UnitedAg Identification number.
- Patient Mailing Address:** The address the EoB was mailed to connected to the patient. (Patients over the age of 18 will receive their own EoB and mailed to their address on file)
- Service Period:** This range of dates are the dates of service of the claims received and processed on the EoB

unitedag
UNITED AGRICULTURAL BENEFIT TRUST
54 CORPORATE PARK
IRVINE, CA 92606-5105

Forwarding Service Requested

11/02/2021-11/13/2021

1234 MIDDLE AVE
LOS ANGELES, CA 91234

Explanation of Benefits
RETAIN FOR TAX PURPOSES
THIS IS NOT A BILL
ESTO NO ES UNA FACTURA

Member Services
Group Name: ABC Group, Inc.
Group No: 1234
Date: 12/08/21
Member ID: 123456780

Website: www.unitedag.org
Email: memberservices@unitedag.org
Questions: Do you have questions and would like to talk to someone? Please contact the Member Services Department at: (800) 223-4590.
Si usted tiene una pregunta y le gustaría hablar con alguno de nuestros representantes, por favor comuníquese al Departamento de Servicios al Miembro: (800) 223-4590.

5 For Dates of Service: 11/02/2021 thru 11/13/2021

Total Billed Amount	This is the total amount your provider(s) charged for services received from 11/02/2021 through 11/13/2021
\$1,234.03	
Total Amount Paid By Plan	This is the amount the plan paid on your behalf for services you received. Please see the claim detail section below for more information.
\$49.17	
Your Financial Responsibility	This is the amount the provider(s) of service may bill you after your health plan benefits were paid. Typically a plan participant may be billed by the provider of service because they may have a deductible, co-pay, coinsurance (%), or the service is not covered by the health plan. Amounts shown here do not reflect any payments made at the point of service. A breakdown of your total financial responsibility is shown in the claim detail for each member.
\$446.91	

6	7	8	9	10	11	12	13	14	15	16	17
Claim #	Dates of Service	Patient Name	Billed Amount	Discount Amount	Ineligible Amount	Allowed Amount	Deductible Amount	Co-Pay Amount	Pre-Paid Other Ins.	Plan Payment	Patient Responsibility
2021-XXXXXXX-0000	11/02/2021-11/02/2021	John John	\$649.03	\$368.58	\$0.00	\$280.45	\$280.45	\$0.00	\$0.00	\$0.00	\$280.45
2021-XXXXXXX-0000	11/09/2021-11/09/2021	John John	\$193.00	\$98.83	\$0.00	\$94.17	\$0.00	\$45.00	\$0.00	\$49.17	\$45.00
2021-XXXXXXX-0000	11/11/2021-11/11/2021	John John	\$270.00	\$148.54	\$0.00	\$121.46	\$121.46	\$0.00	\$0.00	\$0.00	\$121.46
2021-XXXXXXX-0000	11/13/2021-11/13/2021	John John	\$122.00	\$122.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Column Totals			\$1,234.03	\$737.95	\$0.00	\$496.08	\$401.91	\$45.00	\$0.00	\$49.17	\$446.91

- Claim Summary:** Overview of the claims incurred within the service period.
- Dates of Service:** Dates when patient was treated.
- Patient Name:** Member who received benefit services under this explanation.
- Billed Amount:** The amount billed for services provided.
- Discount Amount:** This is the Network Discount
- Ineligible Amount:** Amount that is not eligible for benefits under the Plan.
- Allowed Amount:** Total amount billed less Network Discount for each benefit service received under the Plan.
- Deductible Amount:** The amount incurred by the member before benefits are payable under the terms of the Plan.
- Co-pay Amount:** Amount applied to either the patient's co-pay and/or deductible.
- Pre-paid Other Insurance:** Amount paid by other insurance plan(s).
- Plan Payment:** Total Payment sent to Provider and/or Member by UnitedAg.
- Patient Responsibility:** Remaining balance owed/due to the provider after co-pay, total allowed, and network discount have been applied to the claim. Payable by the Member directly to the provider.

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How to Read Your Explanation of Benefits (EOB)

Understanding Your Explanation of Benefits (EOB)

18

19

21

26

27

20

22

23

24

25

Claim: 2021-XXXXXX-0000		Member ID: 1234L56780		Oper #: 10		Provider: ADVENTIST HEALTH PHYSICIANS NE						
Patient: John John		Patient Account #:1234567S123456				Provider #: 680357690						
Dates of Service	Procedure	Remark Code	Network	Billed Amount	Discount Amount	Ineligible Amount	Allowed Amount	Deductible Amount	Co-Pay Amount	Co-Insurance	Remaining Paid At	Payment Amount
11/11/2021-11/11/2021	PROCEDURE	1 13	1	\$270.00	\$148.54	\$0.00	\$121.46	\$121.46	\$0.00	\$0.00	70%	\$0.00
Column Totals				\$270.00	\$148.54	\$0.00	\$121.46	\$121.46	\$0.00	\$0.00		\$0.00

Patient Responsibility to Provider... \$121.46

- 18. Claim Detail:** Detailed information regarding the claims incurred within the service period and with the claims listed in the Claim Summary (see item 5).
- 19. Claim #:** Unique number assigned to your claim by UnitedAg. You will need to refer to the claim number when calling UnitedAg with questions about the claim.
- 20. Patient Account #:** Provider assigned patient account number.
- 21. Operator #:** UnitedAg examiner who processed the claim.
- 22. Dates of Service:** Dates when patient was treated.
- 23. Procedure:** Service type received from the provider.
- 24. Remark Code:** When present, this code is connected to notes (see item 28) that provide general information about the claim.
- 25. Network:** The network tied to the benefits used to process the claim (see item 30).
- 26. Provider:** Doctor, location or physician who rendered your benefit services. This may also be the billing facility which produced the billed charges identified on the EoB.
- 27. Provider #:** The assigned provider number.
- 28. Remark Code Description:** Detailed notes that help explain any adjustments associated with the claim.

Remark Code	Description
1	Applied To Deductible
13	PPO Benefits Applied
15	Co-Benefits Applied

Description	Accumulators	
	Amount Met	Amount Remaining
Individual In-Network Deductible	\$923.18	\$3,076.82
Individual In-Network Out of Pocket		\$6,627.46
Individual Out-of-Network Deductible	\$0.00	\$8,000.00
Individual Out-of-Network Out of Pocket		\$30,000.00

Network Information
1 These claims are being paid pursuant to your contract with Blue Shield of California. Blue Shield of California, an independent member of the Blue Shield Association, provides network access and no network access is available from Blue Cross Blue Shield plans outside of Blue Shield of California's service area. Blue Shield of California provides no claims payment services and does not assume financial risk or obligation with respect to claims.

Patient Rights
<p>29. Accumulators: This includes details on the individual's deductible and out-of-pocket amounts, both in-network and out-of-network. For each, it shows the amount applied and the amount remaining.</p> <p>30. Network Information: Information on the network the claim was paid under.</p> <p>31. Patient Appeal Rights: Information that outlines the patient's rights to appeal any benefits determination and the process to do so.</p>

29. Accumulators: This includes details on the individual's deductible and out-of-pocket amounts, both in-network and out-of-network. For each, it shows the amount applied and the amount remaining.

30. Network Information: Information on the network the claim was paid under.

31. Patient Appeal Rights: Information that outlines the patient's rights to appeal any benefits determination and the process to do so.

If you have questions about your Explanation of Benefits, please call Member Services at 800.223.4590 or email memberservices@unitedag.org.



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Important Definitions

Deductible

This is the amount you owe for covered health care services before your UnitedAg plan begins to pay. The deductible, which is usually a flat dollar amount per calendar year or event. For example, if your deductible is \$1,000, your coinsurance (percentage payable) will kick in once you've paid \$1,000 toward covered health care services subject to that deductible. Charges that do not qualify as covered expense cannot be used to satisfy any part of the patient's deductible. Know exactly how your deductible works as it greatly influences how much you will pay out of pocket.

Copayment / Percentage Payable

Copays exist in certain plans. A copay is a fixed amount you will pay for certain covered health care services (i.e. a physician office visit) received from a network provider. The amount can vary by the type of covered health care service. Copays typically apply before deductibles are met in most benefit plans, but this is not always the case.

Coinsurance

Your share of the costs of a covered health care service, calculated as a percent of the discounted charge that UnitedAg has negotiated for the service. If you have a deductible, you pay towards your deductible first. Once your deductible is met you pay a coinsurance percentage until you reach your out-of-pocket maximum.

Out-of-Pocket Maximum

The term "Out-of-Pocket Maximum" means the highest amount of Covered Expense you will be responsible to pay in any given calendar year, before the Trust begins to pay 100% of Covered Expense for the remainder of that year. Your Out-of-Pocket Maximum includes your deductible and Coinsurance percentage payable. Your Plan may also include any applicable co-payments for specific medical services. Your Out-of-Pocket Maximums may differ for Contracted versus Non-Contracted provider services.

In-Network

The providers contracted to provide health care services, usually at a discounted rate, can be found on the lower portion on the back of your UnitedAg Identification card. For services to apply to your benefits, you typically need to stay inside the network unless you are in an emergency or urgent situation outside of our coverage area.

Out-of-Network

An out-of-network provider or hospital is one not contracted within our network. Going out-of-network could mean you will be responsible for the entire cost of the service rendered unless otherwise indicated in your Schedule of Expense Benefits. Plan out-of-network care is not a covered benefit except in limited circumstances including emergencies or care outside of our service area. If you go out-of-network, your bill may be higher because the out-of-network provider or hospital can bill you for charges over and above what we pay as our maximum allowed amount for services.

How to Pay Less Out of Pocket

Stay in Network

It doesn't matter if you have a copay or coinsurance plan, seeing in-network providers will save you money.

Choose the Right Kind of Provider

Emergency room care is the most expensive care you can receive. If you are not experiencing a medical emergency, you have the option to use Teladoc at little or no cost to you (check your plan benefits for details). A doctor's office visit is a good choice, and much less expensive than the emergency room. Or, you can visit one of our regional UnitedAg Wellness Clinic (for locations and hours, visit: unitedag.org/wellness) or Urgent Care.

Know Your Benefits

If you do not understand your benefits in any way, the best thing you can do is call our UnitedAg Member Services team at 800.223.4590 to ask questions before you seek treatment. Be as specific as possible about what type of care you want and why.

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or must pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

Your Rights and Protections Against Surprise Medical Bills

You are protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed by a provider, you may contact UnitedAg at **800.223.4590**, visit cms.gov/nosurprises/consumers or call **800.985.3059** for more information about your rights under federal law.

Member Rights

UnitedAg (UABT) is a Non-profit and Member-driven Employer Sponsored Health Plan

It is important to us that you understand your rights as a UnitedAg member.

- You have the right to receive information about UnitedAg, its services, its providers
- You have the right to appeal any decision made by UnitedAg and to receive a response within 30 days. You have 180 days to appeal an adverse determination or appeal of a denied claim. Please send your appeal to: UnitedAg, 54 Corporate Park, Irvine, CA 92606. (Refer to the UnitedAg Summary Plan Description: unitedag.org/spd)

As a participant in UABT you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA, 29 U.S.C. 1001 et seq.). ERISA specifies that all Plan Participants shall be entitled to:

1. Examine, without charge, at the Plan Administrator's office, all Plan Documents and copies of all documents filed by the Plan with the U.S. Department of Labor, such as detailed annual reports and Plan descriptions.
2. Obtain copies of all Plan Documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
3. Receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

In addition to creating rights for Plan Participants, ERISA imposes obligations upon the individuals who are responsible for the operations of the Plan. The individuals who operate the Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of the Plan participants and beneficiaries. No one, including your employer or any other person, may fire a participating employee or otherwise discriminate against a participating employee in any way to prevent the employee from obtaining a benefit under the Plan or from exercising his rights under ERISA.

If your claim for a benefit is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan review and reconsider your claim (Refer to Part XII, Section 6). Under ERISA there are steps that you can take to enforce the above rights. For instance, if you request materials from the Plan and do not receive them within thirty (30) days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and to pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator.

If it should happen that the Plan fiduciaries misuse the Plan's money, or if a participant is discriminated against for asserting his rights, he may seek assistance from the U.S. Department of Labor or may file suit in a federal court. The court will decide who should pay court costs and legal fees. If the participant is successful, the court may order the person sued to pay these costs and fees. If the participant loses, the court may order him to pay these cost and fees, for example, if it finds the claim or suit frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor listed in your telephone directory; Employee Benefits Security Administration, Los Angeles Regional Office, 1055 East Colorado Blvd., Suite 200, Pasadena, California 91101, 626.229.1000; or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Member Responsibilities

It is the responsibility of our members to:

- Comply with all provisions outlined in the Summary Plan Description and Schedule of Expense Benefits, including Prior Authorization requirements.
- Know and confirm their benefits before receiving treatment.
- Show their ID card before receiving health care services.
- Provide accurate information, to the extent possible to make an informed coverage determination.
- Use providers & facilities affiliated with your health plan network for health care benefits and services, except where services are authorized or allowed by their health plan, or in the event of emergencies.
- Pay appropriate Copayments, coinsurance and deductibles to participating providers and/or facilities when services are received.

Notice of Privacy

As a member of UnitedAg, you have certain rights. One of these is the right to confidentiality. Confidentiality means you have the right to have your medical information kept private. This information cannot be released without your permission. At UnitedAg, we take confidentiality very seriously.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict the UnitedAg's ability to use and disclose protected health information. UnitedAg's privacy policy applies to UnitedAg, its Board of Trustees, Plan Administrator, employees, service representatives and any third party that assists in the administration of UnitedAg claims.

Protected Health Information. Protected health information means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of a participant; the provision of health care to a participant; or the past, present, or future payment for the provision of health care to a participant; and that identifies the participant or for which there is a reasonable basis to believe the information can be used to identify the participant. Protected health information includes information of persons living or deceased.

UnitedAg understands that medical information about the patient's health is personal. UABT is committed to protecting medical information about the patient. UABT creates and protects records of health care claims reimbursed under the benefit plan.

UnitedAg believes that all patients the age of eighteen (18) or older are entitled to privacy regarding their health care. The patient's personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of medical information created in the doctor's office or clinic.

UnitedAg is required by law to make sure that medical information that identifies the patient is kept private, give the patient notice of our legal duties and privacy practices with respect to medical information about the patient, and follow the terms of the policy that is currently in effect.

For more information, please refer to the Summary Plan Description: unitedag.org/spd

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.223.4590.



54 Corporate Park
Irvine, CA 92606
800.223.4590
unitedag.org

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