



# MEMBER GUIDE

800.223.4590 • Fax: 949.975.9960 • [unitedag.org](http://unitedag.org)  
54 Corporate Park, Irvine, CA 92606

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# 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-benefits](https://unitedag.org/health-benefits) 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](https://unitedag.org/spd) as well as your Schedule(s) of Benefits for the details of your health plan.**

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.

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,

**The UnitedAg Family**

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# Important Contact Information

## UnitedAg Member Services

UnitedAg Member Services:	800.223.4590
UnitedAg Member Advocate Service:	800.223.4590

## 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 Centers:	877.877.7981
Blue Shield of California (for Prior Authorizations):	800.541.6652
First Health Network (Out-of-State):	800.226.5116
SAIN (Mexico Network):	653.536.7800
CVS Caremark (Pharmacy Network):	888.626.1084
CVS Specialty (Specialty Pharmacy):	800.237.2767
Teladoc (Telemedicine):	800.835.2362
First Dental Health (Dental):	800.334.7244
VSP (Vision):	800.877.7195

## Member Health Portal *(Instructions to access are on page 22)*

[unitedag.org/healthportal](https://unitedag.org/healthportal)

## UnitedAg Health & Wellness Centers

[unitedag.org/wellness](https://unitedag.org/wellness)

## Network Partner Directories

[unitedag.org/networks](https://unitedag.org/networks)

## 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 check them out.

- **The Weekly Harvest (English)**  
Our weekly member newsletter offers the latest in UnitedAg news, member resources, legislative updates, industry news and more.
- **La cosecha semanal (Spanish)**  
This weekly member newsletter will bring the best parts of the Weekly Harvest, tailored for our Spanish-speaking population.
- **The Quarterly Newsletter (English)**  
Our quarterly member newsletter offers the latest in UnitedAg news, member resources, legislative updates, industry news and more.
- **HealthChats (English)**  
Led by our Chief Medical Officer Dr. Rosemary Ku, HealthChats is a monthly webinar covering the health issues affecting the agriculture community.
- **CharlasSaludables (Spanish)**  
Led by a UnitedAg Health & Wellness provider, CharlasSaludables is the Spanish-language alternative to HealthChats.

## Subscribe Today

[signup.unitedag.org/benefits](https://signup.unitedag.org/benefits)

## Find Us on Social Media



[Facebook.com](https://Facebook.com)



[Instagram.com](https://Instagram.com)



[linkedin.com](https://linkedin.com)



[Twitter.com](https://Twitter.com)

# Your ID Card


## Your ID Card

The card includes your unique ID number for yourself and any dependents on your health plan, along with the name of your provider network and any applicable copay amounts.



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

## Sample ID Card

### Front

 <small>UNITED AGRICULTURAL BENEFIT TRUST</small>	<b>Benefit Administered by:</b> United Agricultural Benefit Trust 54 Corporate Park Irvine, CA 92606-5105
<b>Member</b> Name: Testing6 Lastname Member ID: 123A56786 Employer: UnitedAg Employer #: 00110-001 <small>*Benefit ID Only - Not proof of Eligibility *Solo Para Identificarse - No es Prueba de Eligibilidad</small>	<b>Benefit Plans</b> <b>Office Visit:</b> Test Patients with co-pays may still be responsible for deductible and/or percentage of covered expense. <b>Rx Copay:</b> Test CVS/Caremark: If co-pay reads 100%, patient will pay a contracted discount price.
rev01/01/2020	<b>Eligibility</b> UnitedAg: For eligibility, benefits, and claims status (in/out-of-CA) & prior auth. of services outside of CA: 800.223.4590. Blue Shield CA, for prior auth. only (In CA): 800.541.6652 CVS Customer Care: 888.626.1084 Telemedicine: 800.835.2362

### Back

<b>Utilization</b> All inpatient admissions require prior authorization. Emergency admissions require 48 hour notice. Failure to notify may result in benefit reduction. Blue Shield of CA, an independent member of the Blue Shield Association, provides network access only, and no Network Access is available from Blue Cross Blue Shield plans out of CA's service area. Blue Shield of CA provides no claims payment services and does not assume any financial risk or obligation with respect to claims. <b>Locate a Blue Shield CA Provider:</b> www.blueshieldca.com/networkppo <b>Locate a First Health Network Provider:</b> (outside of CA): 800.247.2898	<b>Claims Submission</b> <b>Please file all California medical claims with Blue Shield of California:</b> Blue Shield of California PO Box 272540 Chico, CA 95927-2540 <b>Please file all vision, and out of state medical claims with UnitedAg:</b> <b>Payor ID:</b> UAGBT <b>Mail to:</b> UnitedAg P. O. Box 2399 Montclair, CA 91763 <b>Mail dental Claims to:</b> First Dental P. O. Box 919029, San Diego, CA 92191
<b>Provider Networks</b> CA Network Provided by: 	RxBIN: 004336 RxPCN: ADV Rx Group: RX4853 

Access our Member Health Portal to request a new Member ID Card or to print a temporary ID Card:

[unitedag.org/healthportal](https://unitedag.org/healthportal)

# Your Network

## How to Find a Doctor

To find a doctor in your network, visit:

**UnitedAg Health & Wellness Centers:** [unitedag.org/wellness](https://unitedag.org/wellness)

**Blue Shield of California:** [blueshieldca.com/fap/app/find-a-doctor.html](https://blueshieldca.com/fap/app/find-a-doctor.html)

**First Health Network:** [myfirsthealth.com/LocateProvider/LocateProviderSearch/](https://myfirsthealth.com/LocateProvider/LocateProviderSearch/)

**SAIN Mexico Network:** [sainmedical.com/medical\\_directory](https://sainmedical.com/medical_directory)

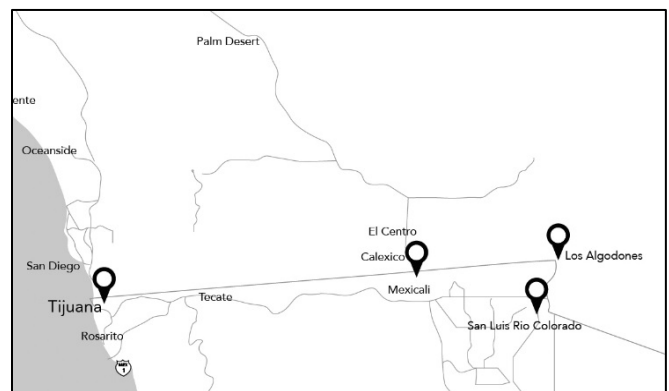
Look for your network and then you can search for a provider by selecting the type of provider you are seeking in your preferred location. Or you can download a PDF version of the directory to see all providers in your network.

## UnitedAg Service Area



### Mexico Border Cities

Tijuana • Mexicali • Los Algodones  
San Luis Rio Colorado



### UnitedAg Health & Wellness Center Locations:

Chico • Colusa • King City • Salinas  
Santa Maria • Turlock • Visalia

# Health & Wellness Centers

Our health and wellness centers are open to all UnitedAg members' covered employees and dependents, offering a full range of services from acute and episodic care to health-risk and disease management to wellness and prevention. Our wellness centers are tailored to meet the needs of the agricultural industry by providing short wait times and personalized care. Some of our centers are available weekends and offer bilingual teleconsultations for patients who need to talk with a doctor on their own time.

For more information visit: [unitedag.org/wellness](https://unitedag.org/wellness).

**Many of these services are available at \$0 co-pay\* with no deductible for most plans.**

- COVID-19 Testing
- COVID-19 Vaccination
- Primary health care
- Preventative care
- Teleconsultations
- Lifestyle Management
- Minor illnesses
- Minor injuries
- Gynecology
- Pediatrics (basic infant)
- Lab & x-ray services

## Health & Wellness Center Locations

### CHICO, CA

1074 East Avenue Suite Q  
Chico, CA 95926  
Mon–Wed 9 a.m. – 6 p.m.  
(Closed Thu & Fri)

### COLUSA, CA

412 4th St.  
Colusa, CA 95932  
Thu–Fri 9 a.m. – 6 p.m.  
(Closed Mon–Wed)

### KING CITY, CA

122 Broadway St.  
King City, CA 93930  
Mon–Fri 9 a.m. – 6 p.m.

### SALINAS, CA

333-A Abbott St.  
Salinas, CA 93901  
Mon–Fri 8 a.m. – 5 p.m.  
Wed 10am–7 p.m.

### SANTA MARIA, CA

2605 S. Miller St. #100  
Santa Maria, CA 93455  
Mon, Tue, Thu, Fri  
8 a.m. – 5 p.m.  
Wed 10 a.m. – 7 p.m.

Please contact your regional health center for availability of wellness & preventive services. Cost may vary according to type of service.

\* \$0 copay does not apply to HSA Plans

### TURLOCK, CA

415 E. Olive Ave. Ste. 1  
Turlock, CA 95380  
Mon, Tue, Thu, Fri  
8 a.m. – 5 p.m.  
Wed 10 a.m. – 7 p.m.

### VISALIA, CA

315 S. Johnson St.  
Visalia, CA 93291  
Mon–Fri 8 a.m. – 6 p.m.  
Saturday 8 a.m. – 3 p.m.

**Call Today to Schedule Your Appointment**  
**877.877.7981**



# Health & Wellness Centers

## Teleconsult Service

Innovative health care solutions are what makes our health care experience more convenient and unique through our teleconsult service. The teleconsult service connects a member with a bilingual health care professional to assist with non-emergency related conditions. In the comfort of your own home, our Teleconsult service is available Monday through Friday from 7:30 am to 5:30 pm by appointment only.

Our health care professionals will ask a member for symptoms and medical history through a private audio or video conference, then help provide medical guidance. Depending on the level care, our wellness team can provide prescription refills for medications that are suitable.

Some of the common conditions for which teleconsultations are recommended include: Acid reflux, Allergies, Cough, Cold, Conjunctivitis (Pink Eye), Constipation, Croup, Diarrhea, Fever, Flu, Headache, Insomnia, Migraines, Nausea, Sinusitis, Sore throat, Stomachaches, Urinary Tract Infection & Vomiting.

**To schedule your appointment with a health care professional at a wellness center nearest you, visit [unitedag.org/wellness](https://unitedag.org/wellness) or call 877.877.7981.**

# Mexico Medical & Dental Network

## SAIN (Servicios Agrupados Integrales)

SAIN is 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](http://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 • San Luis Río 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. **Employees will need to present a valid photo ID** to the primary care doctor for coverage verification. If an employee does not have a photo ID available, they can request an ID at SAIN offices located at: **Av. Sonora & 4ta #400, San Luis Río Colorado, Sonora 83440.**
3. **Co-pays will be based on the employees' medical plan.** Applicable co-pays will be payable to the provider at the time services are rendered.
4. **To verify coverage in Mexico or need assistance in making appointments or scheduling a patient transfer, simply contact SAIN offices at (+52) 653-53-67800, ext. 1 (SL) and ext. 2 (Mxl).**

# Telemedicine

## Teladoc Health

Access licensed doctors by web, phone or app

Who wants to sit in a waiting room when they are feeling sick? 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

#### Tobacco Cessation\*

Teladoc offers a multi-faceted proven program that combines nurse coach support, physician treatment and relevant content.

### 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 (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 (835-2362).

*\*Does not apply to HSA Plans*

## Neck & Back Care\*

Teladoc's neck & back care program provides instructional videos and personalized coaching for how to build strength and flexibility and improve your posture without having to go to a physical therapist's office.

### How it works:

1. Login and click on the Teladoc Neck & Back Care tile.
2. Complete a 5-minute assessment.
3. Reach out to a certified health coach for a personalized care plan to fit your needs.
4. Follow the plan on your computer, phone, or tablet.

## Nutrition\*

Talk to a registered dietitian for help with staying healthy, eating right, or managing a health condition like diabetes or high blood pressure.

### How it works:

1. Schedule your visit 7 days a week (7 a.m. to 9 p.m. local time).
2. Talk to a registered dietitian by phone or video.
3. Get a personalized diet plan to meet your health needs.

*\*Does not apply to HSA Plans*

# Prescription Coverage

## Your Pharmacy Network

UnitedAg utilizes CVS Caremark 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:

- **Tier 1 - Lowest Cost:** Commonly used Generic medications (may include lower-cost brand medications)
- **Tier 2 - Mid-Range Cost:** Common brand-name drugs, known as "Formulary Medications"
- **Tier 3 - Higher Cost:** "Non-Formulary" brand-name drugs
- **"Specialty" medications** generally are the most expensive drugs (utilized through CVS Specialty). To enroll in the specialty program, please call 800.237.2767 or visit [cvsspecialty.com](https://cvsspecialty.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!

We also have a Mail-Order Pharmacy Services 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 the mail-order program by calling CVS Caremark at 888.626.1084 or visiting [caremark.com/mailservice](https://caremark.com/mailservice).

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 and they will be happy to help answer your questions.

To view the full list of formulary prescription drugs visit: [unitedag.org/rx-list](https://unitedag.org/rx-list)

**UnitedAg members can go to any  
pharmacy in the CVS Caremark network.**

To locate a pharmacy near you, please visit: [unitedag.org/pharmacylocator](https://unitedag.org/pharmacylocator)

# What You Need to Know About Your Coverage

Delivering trusted and understandable information to our members about their health plan is a core piece of UnitedAg's mission.

**Making the best use of your health benefits is our mission at UnitedAg.**

Our website is a great source for information for our members. It was designed with your needs in mind and is designed to help you get the most value out of your health coverage.

**For more information about UnitedAg's Health Benefits platform, visit:**

[unitedag.org/health-benefits/](https://unitedag.org/health-benefits/)

Some things require advanced approval by us, and that is referred to as **Prior Authorization**. You can learn more about this on page **16** of this guide.

**Formulary Medications** is our drug list of recommended medications that are available at a lower cost. To view this list visit: [unitedag.org/rx-list](https://unitedag.org/rx-list)

Your **Provider Directory** lets you know who is in your network. Staying in-network helps to keep your out-of-pocket costs down!



## How to Manage Your Care

For non-life-threatening illness or injuries

### Urgent Care / UnitedAg Health & Wellness Centers

A walk-in or urgent care center 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, although sometimes the wait can be long. **Out-of-Network** urgent care is only covered when you are outside of the panel service area (restrictions and limitations do apply for services rendered outside of the network).

Also, make sure you are visiting an urgent care centers for the right reasons such as Fever or cold, sore throat, sprains abrasions or minor cuts, etc. If you are looking for routine care such as immunizations or simple treatments for things like insect bites, you should contact your doctor's office or a UnitedAg Health & Wellness Center to save money.

### For annual exams or to diagnose a health concern

### Primary Care Provider

By far the best way to navigate the health-care system is to establish a relationship with 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.**

Don't wait until it's too late! If you do not currently have a PCP and you will or are in need of services, you can visit our website ([unitedag.org/providernetworks](https://unitedag.org/providernetworks)) and use the online provider directory search or feel free to contact our Member Services team at 800.223.4590 and they will be happy to assist you in your search.

# Navigating Health Care

## Convenient access for a full range of services

### Health & Wellness Centers

UnitedAg Health & Wellness Centers offer members access to many services at \$0 copay\*. These services can include: **basic immunizations, physicals, treatment for minor burns, rashes or insect bites and more.** Our centers also offer the Teleconsult Service, which connects a member with a bilingual health care professional to assist with non-emergency related conditions. Many of the services mentioned are available at \$0 copay\* with no deductible for most plans.

Visit [unitedag.org/wellness](https://unitedag.org/wellness) or call 877.877.8791 to make an appointment.

## 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. Your plan reflects cost associated with the level of service (example - A true Medical emergency vs. a non-life-threatening emergency) has a different cost responsibility for the member).

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 in an emergency situation, and no other providers are available In-Network, special circumstance **can apply** because your life is at risk.

**If you are not in a serious or emergency situation,** then the emergency room is probably the last place you want to go. That's because the cost of emergency room care is significantly higher than a doctor's office, Urgent Care or walk-in Clinic setting. In addition, you are likely to wait a long time to get care from medical providers that practice emergency medicine, not general medicine.

*\*\$0 Copay does not apply to HSA Plans*





## Year Flu Vaccinations

### Getting Vaccinated Not Only Protects You, it Also Keeps You from Spreading the Flu to Others Who Can Get Seriously Ill

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.

#### Important Facts:

- The flu is a contagious respiratory illness caused by influenza viruses that can infect the nose, throat, and the lungs. It can cause mild to severe illness, and at times can lead to death.
- People with flu can spread it to others up to about 6 feet away. Most experts believe that flu viruses spread mainly by droplets made when people with flu cough, sneeze or talk.
- According to the CDC, prompt treatment with a flu antiviral can mean the difference between having a mild case versus a very serious one that can potentially land you in the hospital.
- CDC estimates that, from October 1, 2018 through May 4, 2019, there have been approximately 40 million flu illnesses, 600,000 flu hospitalizations, and 50,000 flu deaths.

#### Where Can I Get the vaccines?

Flu vaccinations are available from UnitedAg's Health & Wellness Centers, your Doctors' office, urgent cares, health departments, health centers, pharmacies, and at many employer offices and some schools.

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

**Employers interested in providing onsite flu vaccinations\* should contact UnitedAg Client Services at 800.223.4590 or email [clientservices@unitedag.org](mailto:clientservices@unitedag.org).**

*\*Onsite flu shots are available for member companies with over 25 employees. For more details regarding plan coverage and availability contact Client Services.*

# Preventive Care

## Preventive Care



UnitedAg offers certain preventive services at no cost to members if they are scheduled with an in-network doctor. No cost means copayments, coinsurance and deductibles do not apply to these specific services – **if they meet our definition of no cost preventive care and the services are received from an in-network provider**. No cost preventive care starts with an annual routine checkup with any of

the following primary care providers (PCPs):

- Your pediatrician
- A doctor that specializes in internal medicine
- A nurse practitioner
- Your family doctor
- A general medicine physician
- Your OB/GYN

**For a comprehensive list of preventive care benefits, view the full listing online:**

[unitedag.org/preventivecare](https://unitedag.org/preventivecare)

## Avoid Surprise Charges

While preventive care is intended to prevent illness or detect problems before there are any symptoms, be aware diagnostic medical care is different. This type of care diagnoses and treats problems based on symptoms or as follow up to abnormal test results. It may result if you speak with your doctor about a health concern during an annual exam or if a problem is detected during a preventive screening. Any tests needed, including follow up mammograms or colonoscopies, are diagnostic and may be subject to cost sharing such as deductibles or coinsurance.

When you schedule an appointment for any no-cost preventive services, make it known that you're interested in getting your free preventive screenings and want to be told if any services fall outside the list of approved no-cost services. If you're visiting your doctor, don't be afraid to ask questions when he or she recommends additional testing and treatment. If the testing doesn't meet our definition of preventive screening, you'll need to pursue those recommendations with the knowledge that you'll likely have some cost-sharing responsibilities. You can also call UnitedAg Member Services at 800.223.4590.

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.

# Preventive Care

## COVID-19 Testing

FDA-Approved COVID-19 tests with a physician or physician assistant order / prescription are covered at 100%. There is no out-of-pocket cost for health care provider visits, urgent care visits and emergency room visits that may result in the administration of a COVID-19 test. Please note that testing must be recommended by a medical professional. If symptoms are not present, testing will be considered an out-of-pocket expense. Also, you will be responsible for standard out-of-pocket expenses for the treatment of COVID-19.

For up-to-the-minute information on COVID-19 health benefits available to you, visit [unitedag.org/covid19-benefits](https://unitedag.org/covid19-benefits). If you have questions, contact UnitedAg Member Services at 800.223.4590 or email [memberservices@unitedag.org](mailto:memberservices@unitedag.org).

## Diabetic Benefit Program

**Control your diabetes. Monitoring made easy, so you can stay on top of your levels.**

If you have diabetes, it is best to check your blood sugar levels regularly. CVS Caremark makes it easy for members to manage their diabetes with several options for blood glucose meters and continuous glucose monitors available under your health plan.

- **Accu-chek (Guide/Aviva) – Blood Glucose Meters\***  
Available at \$0 co-pay for members with standard and HSA health plans.
- **Freestyle Libre (14 day/10 day) – Continuous Glucose Monitors\***  
Available at \$0 co-pay for members with standard and HSA health plans.
- **Dexcom (G6/G5) – Continuous Glucose Monitors\***  
This is considered Tier 2 and subject to your pharmacy plan benefits.

To get started, simply visit [caremark.com/managingdiabetes](https://caremark.com/managingdiabetes). Discover resources to help you manage your diabetes and request a blood glucose monitor.

If you have questions about the Diabetic Benefit Program, please contact CVS Customer Care at 877.418.4746, Monday – Friday, 6 a.m. – 4 p.m. (Pacific Time).

*\*A doctor's prescription is required.*

# Understanding Prior Authorization

Certain medical services require prior authorization. That means the service 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 to see if it is required. 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 identification card prior to admission to a hospital or in-patient facility). **See below under "Eligibility."** For prior authorization in California, contact Blue Shield of California. For outside-California, please call UnitedAg.



The image shows a UnitedAg Member Identification Card. The card is divided into several sections: Member Information, Benefit Plans, and Eligibility. The Member Information section includes the member's name (Testing6 Lastname), Member ID (123A56786), Employer (UnitedAg), and Employer # (00110-001). It also includes a disclaimer: "Benefit ID Only - Not proof of Eligibility" and "Solo Para Identificarse - No es Prueba de Elegibilidad". The Benefit Plans section includes Office Visit (Test) and Rx Copay (Test). The Eligibility section includes contact information for UnitedAg, Blue Shield CA, and CVS Customer Care. The card is dated rev01/01/2020.

Member	Benefit Plans	Eligibility
<b>Name:</b> Testing6 Lastname <b>Member ID:</b> 123A56786 <b>Employer:</b> UnitedAg <b>Employer #:</b> 00110-001 <small>*Benefit ID Only - Not proof of Eligibility *Solo Para Identificarse - No es Prueba de Elegibilidad</small>	<b>Office Visit:</b> Test Patients with co-pays may still be responsible for deductible and/or percentage of covered expense. <b>Rx Copay:</b> Test CVS/Caremark: If co-pay reads 100%, patient will pay a contracted discount price.	<b>UnitedAg:</b> For eligibility, benefits, and claims status (in/out-of-CA) & prior auth. of services outside of CA: 800.223.4590. <b>Blue Shield CA, for prior auth. only (in CA):</b> 800.541.6652 <b>CVS Customer Care:</b> 888.626.1084 <b>Telemedicine:</b> 800.835.2362

Emergency admissions require notice (by phoning the Prior Authorization number) within forty-eight (48) hours of emergency admissions. If you are not notified by either your provider or UnitedAg that your prior authorization has been approved, be sure to check with Member Services by calling 800.223.4590 before receiving the care.

If your provider determines that additional care beyond the services specified or the length of time originally authorized is medically indicated, UnitedAg must be contacted to request an extension of the original authorization.

**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.

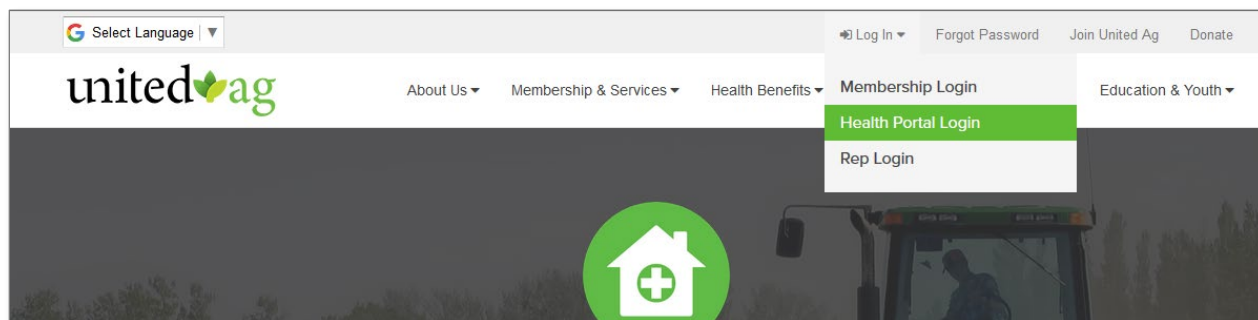
# Services Requiring Prior Authorization

- Ambulance, non-emergency air and ground
- Anesthesia (with colonoscopy testing)
- Applied Behavioral Analysis – Autism
- Bariatric Surgery
- Biofeedback
- Blepharoplasty
- Botox injections (For 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 in cost
- 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 so be sure to view the comprehensive list and more information at: [unitedag.org](https://unitedag.org)**

# Accessing UnitedAg's Online Health Portal

1. Visit [unitedag.org](http://unitedag.org). Hover your mouse over **Log In** and click on **Health Portal Login**. You can also access the online health portal directly by visiting: [webportal.unitedag.org](http://webportal.unitedag.org).



2. If you do not have a login, please click on the **Register** button below **Log In**.

A screenshot of the UnitedAg Benefits Portal. The header shows the UnitedAg logo and 'Benefits Portal'. A green bar at the top right displays the date '3/19/2019 6:10 PM' and a 'Login' link. Below this is a section for 'New User Registration' and 'Returning Users Log In'. The 'Returning Users Log In' section has fields for 'User Name:' and 'Password:', followed by a password requirement note: '( Password minimum length 8, with at least 1 letter, 1 number and 1 of the following: !@#%&\* )'. There is a 'Forgot Your Password?' link and a green 'Log In' button.

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

- Administrator Name: United Agribusiness League
- First and Last Name
- Date of Birth
- Member ID #
- Employer Group Name (Company Name)

4. What can I 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. To access 2019 or prior claims, please contact Member Services at 800.223.4590 or email [memberservices@unitedag.org](mailto:memberservices@unitedag.org).

# 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.

### Below is a preview of the benefits that the Member Advocate Service provides:

- Assist the member when they receive a collection notice on services processed by the health plan
- Helping the member find financial assistance for medications
- Assisting members when surgical appointment/authorization is being canceled or denied
- Assisting the member when their medication was denied at the pharmacy even though prior authorization was on file
- Assisting the member with provider types that are not listed on the contracted Network, such as Home Health or Applied Behavioral Analysis (ABA)
- Inform the member of the progress of their case, returned phone calls, and email communications as promptly as possible
- Assisting and educating the member on detailed plan benefits, Teladoc, CVS Caremark, Health Centers, etc.
- And much more!

For any inquiries or for assistance, please contact UnitedAg Member Services at 800.223.4590 or email [memberadvocate@unitedag.org](mailto:memberadvocate@unitedag.org).

## Frequently Asked Questions (FAQs)



### 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, DOB change/correction & 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 us different is that we are a nonprofit organization that is governed by our members. We answer to our members request and focus our innovation based on our members’ needs. Our Board is made up of employers who also participate in the Health Plan, who 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 CVS Caremark. You will need to call CVS Caremark at 888.626.1084 and a new patient care coordinator will enroll you and send a prescription request to the doctor. You can also enroll in CVS Caremark Online at [caremark.com](https://www.caremark.com).



## Frequently Asked Questions (FAQs)

All specialty medications go through our specialty program, CVS Specialty. You will need to call CVS Specialty at 1.800.237.2767 and a new patient care coordinator will enroll you and send a prescription request to the doctor. You can also enroll online: [cvsspecialty.com](https://cvsspecialty.com).

### When no In-Network Provider(s) are 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.

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

Members are recommended to check the CVS Specialty drug list online at: [unitedag.org/rx-specialty](https://unitedag.org/rx-specialty). 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 CVS Caremark/UnitedAg?

No. prior authorizations from previous PBM's are not transferable to CVS Caremark or CVS Specialty. You can create a CVS Caremark account by calling 800.207.2568 or enrolling online at [caremark.com](https://caremark.com). You can sign up for the CVS Specialty Program by calling 800.237.2767 or enrolling online at [cvsspecialty.com](https://cvsspecialty.com).

### Who starts my authorization process?

For all specialty medications, the new patient care coordinator at CVS Specialty will do a test claim to verify if an authorization will be required. If an authorization is needed, they will reach out to CVS Caremark to start the request with your doctor. Once authorization is received, CVS Caremark will notify CVS Specialty and process your medication and call you to schedule delivery date.

**For any other medications needing a prior authorization your provider can call CVS directly at 800.294.5979 to start the Prior Authorization or you can contact UnitedAg Member Services at 800.223.4590 for assistance.**

# Frequently Asked Questions (FAQs)

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

Contact our Member Services Department, they will assist you with a one-time exception override while your medications (regular and specialty) prior authorization is being processed through CVS Caremark or CVS Specialty.

## Are the diabetic test strips and supplies available to all plan participants including HSA plans?

The diabetic test strips at \$0 copay are available to all UnitedAg (UABT) plan participants including HSA plans.

## How do I sign up for the CVS Caremark App?

You can download the app through the Apple App Store or Google Play Store. You can register for an account online at [caremark.com](https://www.caremark.com) or through the app using your 9-digit Member ID number located on your Health Benefit ID Card (shown below):



## How do I sign up for the CVS Specialty App?

You can download the app through the Apple App Store or Google Play Store. You can register for an account online at [cvsspecialty.com](https://www.cvsspecialty.com) or through the app using your 9-digit Member ID number located on your Health Benefit ID Card (shown below):

## When using the Specialty App feature, if you were to submit a question via the chat box in Spanish would we receive a response in Spanish?

Yes, CVS Caremark has the capability of receiving and responding to questions in Spanish via the secure chat. CVS Specialty works with a team of translators as well as a bilingual customer service team based in Puerto Rico to translate messages.

## 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 and they can assist you by contacting the network

## Frequently Asked Questions (FAQs)

provider authorization department and will assist you in getting further clarity on authorization status.

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

Your new EOB reflects a compilation of 21 days of service instead of a single date of service.

### 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.

### 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](mailto:hipaaprivacy@unitedag.org) or faxed to 949.975.1573. You can also access this form without having to login by visiting [unitedag.org](http://unitedag.org).

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

Login to our **Member Health Portal** at [unitedag.org/healthportal](http://unitedag.org/healthportal) and click on the ID Card button on the left menu. You will then see 2 buttons for either Printing Temporary ID Cards or Request an ID Card (shown below).

# Frequently Asked Questions (FAQs)

I would like to view ...

Claims

Deductibles

Eligibility

**ID Card**

FSA/HRA

Status Change

Documents

FAQ

Print Temporary ID Card


Request ID Card

Number of cards currently requested: 1    Last requested date: 5/2/2019 5:39:59 PM

ID cards last printed date: 12/29/2018 2:10:08 PM

# How to Read Your Explanation of Benefits (EOB)

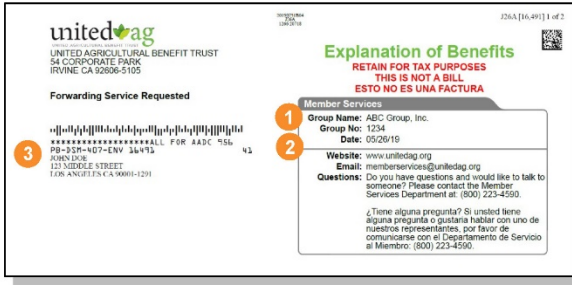
Your **Explanation of Benefits (EOB)** has details about your health care benefits. You'll get an EOB in the mail after you visit a doctor or seek medical treatment. Be sure to carefully read your EOBs, and always keep it for future reference. Below is a just sample of an EOB with explanations of each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



The sample EOB document shows the header with the UnitedAg logo and title 'Explanation of Benefits'. It includes a 'Member Services' section with contact information for ABC Group, Inc. and a 'Forwarding Service Requested' section with a barcode and address.

**4 For the Service Period:** 02/28/2019 thru 03/15/2019

<b>Total Billed Amount</b> \$755.00	This is the total amount for bills received for the dates of service 02/28/2019 through 03/15/2019
<b>Total Amount Paid By Plan</b> \$212.75	This is the amount the plan paid for services billed. Please see the claim detail section below for more information.
<b>Your Financial Responsibility</b> \$150.24	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.

**5 Claim Summary**

Claim #	Patient Name	Billed Amount	Discount/Ineligible	Allowed Amount	Deductible Amount	Co-Pay Amount	Pre-Paid Other Ins.	Plan Payment	Patient Responsibility
2019-129065234-0000	John Doe	\$154.00	\$83.96	\$70.04	\$0.00	\$0.00	\$0.00	\$35.04	\$35.00
2019-129065987-0000	John Doe	\$154.00	\$83.96	\$70.04	\$0.00	\$0.00	\$0.00	\$35.04	\$35.00
2019-086067659-0000	John Doe	\$447.00	\$224.09	\$222.91	\$45.24	\$0.00	\$0.00	\$142.67	\$80.24
Column Totals		\$755.00	\$392.01	\$362.99	\$45.24	\$0.00	\$0.00	\$212.75	\$150.24

- Claim Summary:** Overview of the claims incurred within the service period.
- Patient Name:** Member who received benefit services under this explanation.
- Billed Amount:** The amount billed for services provided.
- 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.
- 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.
- Claim Detail:** Detailed information regarding the claims incurred within the service period and with the claims listed in the Claim Summary (see item 5).

54 Corporate Park Irvine, CA 92606 • 800.223.4590 • [www.unitedag.org](http://www.unitedag.org) • [memberservices@unitedag.org](mailto:memberservices@unitedag.org)





# 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.

# Important Definitions

## 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 Health Center (for locations and hours, visit: [unitedag.org/wellnesscenters](https://unitedag.org/wellnesscenters)) 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.



# 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. **(Please refer to the UnitedAg Summary Plan Description: [unitedag.org/spd](http://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:**

- a) 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.
- b) 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.
- c) 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.

# Member Rights

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.

## Certain Rights through the California Department of Insurance

If you believe all or part of the claim has been wrongfully denied or rejected in addition to your rights to appeal your benefit denials to UABT, you may have the matter reviewed by the California Department of Insurance, Consumer Services Division, 300 South Spring Street, Los Angeles, CA 90013; 800.927.4357.

# 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](http://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](http://unitedag.org)