

Member Welcome Guide



HEALTH
CO-OP

Welcome

Thank you for choosing MHC. We have partnered with University of Utah (U of U) Health Plans as our plan administrator.

There are a few things you need to know about getting started with your plan. This guide will provide you with a quick overview of the following.

- ID Cards
- Benefits
- Medical Plan Basics
- What You Pay
- Your Health
- Contact Information

You will also find helpful links throughout this document to make it more convenient to find what you're looking for quickly and easily.

QUESTIONS?

Our Member Services Team is here to help! If you have questions about your current plan, we'll get you the answers you need.

MEMBER SERVICES

For questions regarding claims and coverage, enrollment, billing, payment and general member service, please call:

1-855-447-2900

Monday - Friday, 8 am - 6 pm Mountain Time

HOW TO MAKE CHANGES

If you have a family, income, address or any other change, you must report the change. If you purchased your policy on www.healthcare.gov, you will need to update your information there. If you purchased your policy direct through us, please call Member Service at **1-855-447-2900** to make any changes.

ID Cards

The ID card is for the following services: Medical, Pharmacy (Rx) and Behavioral Health.

Please present your new ID card for you and any enrolled dependents. Up to date claims submission and contact information is located on the back of your card.

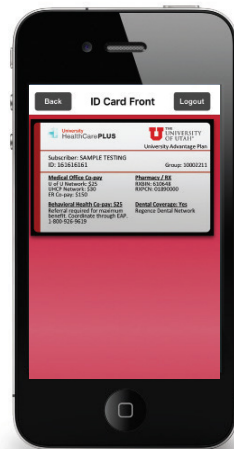
ID CARD MOBILE APP

You can access your ID Card on the go, anywhere and anytime, through the U of U Health Plans ID Card application.

To download the ID card app, scan the QR code with your phone or search “UUHP ID Card” in iTunes or Google Play. The app will let you download your ID card right to your phone.



App PIN CODE = Last 4 digits
of your subscriber ID



Benefits

Did you know that routinely visiting a Primary Care Provider (“PCP”) can lower your medical costs and help you maintain a healthy lifestyle?

We support a relationship with your PCP and can help you identify one to meet your needs. It’s easy! You can call our Customer Service team or search on-line at www.mhc.coop/members and then scroll down to “Provider Finder.” Your participating Network name can be found on your ID card or on the next page of this booklet.

UNDERSTANDING YOUR COVERAGE

In order to help you better understand your benefits, we provide a couple of documents.

The Summary of Benefits and Coverage breaks down your covered expenses in an easy-to-read format.

The Policy Document for your plan gives detailed information about your plan including excluded benefits, prior authorization requirements, your appeal, complaints and external review rights, instructions on how to file a claim, how we pay for emergency care, how we evaluate new technology and so much more.

You can find both of these documents for your plan at www.mhc.coop/member-plan-documents.

Medical Plan Basics

We are committed to optimizing your health insurance plan.

As such, we have added some new and exciting benefits for you beginning January 1, 2020. These benefits include virtual services for urgent care and behavioral health, a Centers of Excellence program which can reduce your out-of-pocket costs significantly and an annual adult vision exam reimbursement. Please visit our website or call us for additional details.

You have enrolled in an Access Care plan for plan year 2020. The Access Care plan is a standard PPO plan featuring a wide range of in-network providers.

To find a participating provider, visit www.mhc.coop, select your state, scroll down to the button labeled “Find in-network providers” and select “Access.” Here you can search for your provider. You can also call our Customer Service Team.

EMERGENCY CARE

If you experience an emergency, call **911** or go to the nearest hospital. Please rest assured that we have you covered and will pay Covered Benefits at the in-network benefit level regardless of where you end up. For more information on emergency care, please visit our website. www.mhc.coop/member-plan-documents.

WHEN YOU NEED NON-EMERGENT CARE AFTER NORMAL BUSINESS HOURS

You have coverage after normal business hours. Ask your provider about how they would like to see you after normal business hours. Most providers have an on-call process. Otherwise, you can visit the closest urgent care center. To maximize your benefits, visit our website at www.mhc.coop/members finder to find an in-network urgent care center.

HOW TO FIND OUT ABOUT OUR COVERAGE OF A SPECIFIC DRUG

You can call or go online to find out if a drug is covered. Visit www.mhc.coop/members and scroll down to “Pharmacy” for a link to see covered drugs and any specific requirements/limitations.

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You have enrolled in a Connected Care plan for plan year 2020. The Connected Care plan is designed to allow freedom of choice while working to reduce your out-of-pocket costs.

To find a participating provider, visit www.mhc.coop, select your state, scroll down to the button labeled “Find in-network providers” and select “MHC Connected Care” from the top drop-down menu. Here you can search for your provider. You can also call our Customer Service Team.

EMERGENCY CARE

If you experience an emergency, call **911** or go to the nearest hospital. Please rest assured that we have you covered and will pay Covered Benefits at the in-network benefit level regardless of where you end up. For more information on emergency care, please visit our website. www.mhc.coop/member-plan-documents.

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You have enrolled in a CO-OP Plus plan for plan year 2020. The CO-OP Plus plan is designed to emphasize preventative healthcare with two tiers of in-network providers.

To find a participating provider, visit www.mhc.coop, select your state, scroll down to the button labeled “Find in-network providers” and select “MHC Co-op Plus” from the top drop-down menu. Here you can search for your provider. You can also call our Customer Service Team.

EMERGENCY CARE

If you experience an emergency, call **911** or go to the nearest hospital. Please rest assured that we have you covered and will pay Covered Benefits at the in-network benefit level regardless of where you end up. For more information on emergency care, please visit our website. www.mhc.coop/member-plan-documents.

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You have enrolled in an Engage plan for plan year 2020. The Engage plan is a standard PPO plan featuring a wide range of in-network providers.

To find a participating provider, visit www.mhc.coop, select your state, scroll down to the button labeled “Find in-network providers” and select “Engage.” Here you can search for your provider. You can also call our Customer Service Team.

EMERGENCY CARE

If you experience an emergency, call **911** or go to the nearest hospital. Please rest assured that we have you covered and will pay Covered Benefits at the in-network benefit level regardless of where you end up. For more information on emergency care, please visit our website. www.mhc.coop/member-plan-documents.

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Medical Plan Basics

We are committed to optimizing your health insurance plan.

As such, we have added an adult vision exam reimbursement to your 2020 plan. Please visit our website or call us for additional details.

You have enrolled in a LINK plan for plan year 2020. The LINK plan is designed to emphasize preventative healthcare with a narrow and cost-efficient network of providers.

To find a participating provider, visit www.mhc.coop, select your state, scroll down to the button labeled “Find in-network providers” and select “LINK.” Here you can search for your provider. You can also call our Customer Service Team.

EMERGENCY CARE

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IN-NETWORK PROVIDER

When you choose to see an in-network provider, you will receive the highest level of benefits and will not be billed for balances on covered services beyond any copayment, deductible and/or coinsurance.

In addition, our in-network providers will automatically submit claims to us on your behalf, which means you don't have to do a thing.

OUT-OF-NETWORK PROVIDER

Services obtained from an out-of-network provider are subject to a higher deductible, out-of-pocket maximum and coinsurance amounts. In addition, out-of-network providers may bill you for the difference between their charge and MHC's allowance. This is referred to as balance billing.

For additional information about other covered services, visit our website at www.mhc.coop/member-plan-documents.

EXPLANATION OF BENEFITS (EOB)

An EOB statement is created for every claim for coverage. It explains how your claim was processed and lists the amount you are responsible to pay to the provider. You can access and review your EOB(s) through MyChart, your secure, online connection to your health information. To activate your account or request paper statements call Member Services at 1-855-447-2990.



What You Pay

COVERAGE EXAMPLE

This is not a cost estimator. Treatments shown are just examples of how a plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

• The plan's overall deductible	\$2,450
• Specialist [cost sharing]	\$50
• Hospital (facility) [cost sharing]	40% AD
• Other [cost sharing]	40% AD

This EXAMPLE event includes services like:

- Specialist office visits (prenatal care)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- Diagnostic tests (ultrasounds and blood work)
- Specialist visit (anesthesia)

Total Example Cost	\$12,731
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2290
Copayments	\$0
Coinsurance	\$4960
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$7,310

Your Health

Our care and utilization management teams are led by distinguished physicians, highly skilled nurses and care coordinators that help members navigate the health care system to improve their health care experience resulting in the best outcomes while providing cost-effective care.

OUR PROGRAMS

Our care and utilization management teams assist members in getting the right care at the right time to allow for the best outcome, based on nationally-recognized, evidence-based guidelines. To learn more about our care and management programs call the Member Services Team at **1-855-447-2900** or visit www.mhc.coop and read about our Commitment to Quality in the “About Us” section of the website.

Our care management team offers you the opportunity to complete a free, confidential and voluntary health risk assessment (HRA) to see how healthy you are. The HRA identifies personal risk factors and provides an action plan to help prevent future conditions or manage current conditions.

This program entitles you to work one on one with a nurse care manager. It is our goal to assist you in getting the best possible health care.

INTERPRETER SERVICES

We have interpreters for any language. You may call Member Services Team at **1-855-447-2900** to ask for help finding a doctor who speaks your language. You can also find this information on our website in the Provider Directory. Telephone relay services, or TTY/TDD, are also available by calling **711** or **1-800-346-4128**.

Privacy Notice

MHC and U of U Health Plans are legally required to protect the privacy of each member's health information, and doing so is of extreme importance. PHI (Protected Health Information) is information that includes your personal and demographic information that identifies you and that relates to your past, present or future physical or mental health condition and related health care services. For more information please visit www.mhc.coop to read the Notice of Privacy Practices.

If you would like a free copy of these materials printed and mailed to you, please contact our Member Services Team at [1-855-447-2900](tel:1-855-447-2900).



COVERAGE DECISIONS

All utilization review decisions and care management actions are based on a determination of appropriateness of care and service according to the benefit coverage for the member. MHC provides no incentive or reward for issuing denials of coverage. There is no use of incentives to encourage barriers to care and services. Utilization Review decisions are based on nationally recognized criteria, plan benefits and adherence of utilization management policies and procedures.

NON-DISCRIMINATION

MHC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age disability, or sex.

Language Assistance

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de MHC, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-855-447-2900

Chinese : 如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 MHC 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字1-855-447-2900。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về MHC, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-855-447-2900.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 MHC 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 1-855-447-2900 로 전화하십시오.

Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-447-2900.

Nepali: यदि तपाईं आफ्ना लादि आफैं आवेनिको काम ििँ, वा कसैलाई मददत ििँ हुनुहुन्छ, MHC बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा दनःशुल्क सहायता वा जानकारी पाउने अधिकार छ । िोभाषे (इन्टरप्रेटर) सँ ि कुरा िनुपरे 1-855-447-2900 मा फोन िनुहोस् ।

Tongan: 'O kapau 'oku i ai ha' o fehu'i, pe ha fehu'i mei ha tokotaha 'oku ke tokoni ki ai, 'o kau ki he MHC, 'oku ke ma'u 'a e totonu ke ma'u ha fakahinohino mo e tokoni 'i ho'o lea fakafonua ta'etotongi. Ke talanoa mo ha tokotaha fakatonu lea, ta ki he fika ko 'eni 1-855-447-2900.

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o MHC, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 1-855-447-2900.

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa MHC, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-855-447-2900.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum MHC haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-447-2900 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу МНС, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-855-447-2900.

Arabic: الحق يكفلد ، MHC بخصوص أسئلة تساعد شخص لدى أو لديك كان إن والمعلومات المساعدة على الحصول في 1-855-447-2900 ب اتصل مترجم مع للتحدث. تكلفة اية دون من بلغتك الضرورية.

Mon-Khmer, Cambodian: ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ម្ចាស់សំណួរអំពី MHC បេ, អ្នកម្ចាស់សិទ្ធិស្នើសុំជំនួយនិងព័ត៌មាន ចៅកនុងភាសា របស់អ្នក ហើយមិនអ្វីៗទាក់ ៗ បែរើមបីនិយាយជាមួយអ្នករកដប្រ សូម 1-855-447-2900. ។

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de MHC, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 1-855-447-2900.

Japanese: ご本人様、またはお客様の身の回りの方でも、MHCについてご質問がございましたら、ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳とお話される場合、1-855-447-2900までお電話ください。

[illegible]

Notes

Contact Information

MEMBER SERVICES

1-855-447-2900

Fax: 406-447-5799

E-mail: memberservices@mhc.coop

SUBMIT CLAIMS TO:

MHC Claims

U of U Health Plans

PO Box 45180

Salt Lake City, UT 84145-0180