UnitedHealthcare Navigate®

Frequently Asked Questions

How is Navigate different from other products?

Navigate focuses on primary care as the key to helping people live healthier lives. Members must select a primary care physician, who will manage and coordinate their care, and make electronic referrals to other network physicians or specialists when additional care is needed.

How does Navigate help employers promote better health and lower costs?

Navigate offers a national network of primary care physicians including family practitioners, pediatricians, specialists and other health care practitioners. A variety of products and plan designs gives employers a way to manage costs and offer their employees traditional benefits with a primary care physician's guidance.

How does the cost of Navigate compare to other products?

Navigate's focus on primary care, referral management and prior authorization for medical necessity are driving factors leading to more efficient use of specialty care. Additionally, a primary care physician with thorough knowledge and understanding of his or her patient's medical history can provide faster, more cost-effective care.

Are there any specialty physicians members can see without a referral from a primary care physician?

Members have direct access to network OB/GYNs, Substance-Related and Addictive Disorders, Mental Health Services and sexual and reproductive services. Direct access to other network specialists will be allowed as required by individual state regulations.

Can members use a network convenience care clinic or urgent care clinic without a referral from their primary care physician?

Yes. Members can go to any urgent care or convenience care clinic that is part of the Navigate network without a referral from their primary care physician.

Can a specialist refer to another specialist?

No. Only the member's primary care physician can issue an electronic referral to see another specialist in the network.

Can this product be offered alongside other products or plans?

Yes, employers may be able to offer Navigate alongside other UnitedHealthcare products.

What types of physicians can be selected as primary care physicians?

Primary care physicians can be general practitioners, family practitioners, internists, OB/GYNs or pediatricians.

How do members choose a primary care physician?

Each member must select a primary care physician upon enrollment. Each family member may select a different primary care physician, or they may all choose to use the same one.

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Employees and all dependents (spouse and children) must select a primary care physician in the market in which the employee (subscriber) lives; this includes dependents who are living out of state. To find a network primary care physician, members will log in to **myuhc.com®**, click on "Find a Doctor" and search by specialty, location, gender or languages spoken.

Once a primary care physician is selected, both the physician and member can view the member's selection online. The primary care physician will also be listed on the member's health plan ID card.

Can members change their primary care physician? And how long will it take?

Members may request a change in primary care physician by calling the member phone number on their health plan ID card or online at myuhc.com.

- Primary care physician changes submitted by the 15th of the month will become effective by the first of the very next month (e.g., a change submitted on June 15 will be effective on July 1)
- Primary care physician changes submitted on the 16th of the month (or after) will become effective on the first of the month after the next month (e.g., a change submitted on June 16 will be effective on August 1)
- New health plan ID cards will be issued whenever members change their primary care physician
- **Members may not see a new primary care physician before the effective date of their primary care physician change. Members who do so will be responsible for all charges. Retroactive changes will not be permitted.**

Who do members call if they have questions?

Members can always call the member phone number on their health plan ID card and get help finding a doctor if they don't have access to the internet, need translation services or have questions.

Promoting health ownership

The plan includes resources and tools designed to engage members in getting and staying healthier:

- The myuhc.com member website provides access to benefit information, tools and programs to help members keep their health on track. In addition, members can view their electronic referrals to see if they've been approved.
- Disease management programs offer support and resources to help members manage chronic conditions, such as diabetes and asthma
- An Employee Assistance Program (EAP) and behavioral health benefits offer support in difficult situations

Regarding prior authorization process and requirements

Certain services and procedures require prior authorization by UnitedHealthcare for medical necessity.
If a member is receiving care from a network physician, that physician is responsible for obtaining the prior authorization.

Members can find the procedures and services that require prior authorization in their Schedule of Benefits and other plan documents.

If UnitedHealthcare decides the procedure or service is not medically necessary, the request for authorization will be denied. UnitedHealthcare will notify both the physician and the member of the decision. If the member decides to have the service or procedure, even though it has not been authorized, the member will have to pay the charges.



Disease Management programs and services may vary on a location-by-location basis and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

The Navigate network included herein is subject to approval by regulators. If the Navigate network offered herein is subsequently modified by regulators we will immediately advise you of the change in network, in accordance with applicable law.

Health plan coverage provided by or through UnitedHealthcare Insurance Company, UHC of California and UnitedHealthcare Benefits Plan of California. Administrative services provided by United Healthcare Services, Inc., OptumRx or OptumHealth Care Solutions, Inc. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC).

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