

Save money by using freestanding facilities

You should always talk to your physician about your best options for medical care. Review this document for what to ask your doctor and how to get the best value when you need outpatient care such as lab tests, radiology services, surgery or other services that could be provided in a freestanding facility.

Save money by choosing a lower cost place of service

A **freestanding facility**[1] is an outpatient, diagnostic or ambulatory center or independent laboratory which performs services and submits claims as a freestanding entity and not as a hospital. You will have a lower co-payment or no co-payment[2] when you use a freestanding network facility instead of a hospital for outpatient services. Outpatient services are health services or treatments that do not require an overnight hospital stay.

Outpatient care you receive in a hospital will typically cost you more. You can lower your out-of-pocket expenses when you receive outpatient care in a non-hospital-based location. Talk to your doctor about the options available to you for these services.

Ask your doctor

Many doctors and clinics have laboratories in their offices for your convenience. When you need lab tests, radiology or outpatient surgery outside of your doctor's office, always ask the following questions:

- Do you know the cost of the tests you are ordering?
- Is the provider in my network?
- Since my share of the cost is less for services performed in a freestanding facility, can the test or service be performed at a freestanding facility?
- Can you recommend a freestanding facility in the UnitedHealthcare network?

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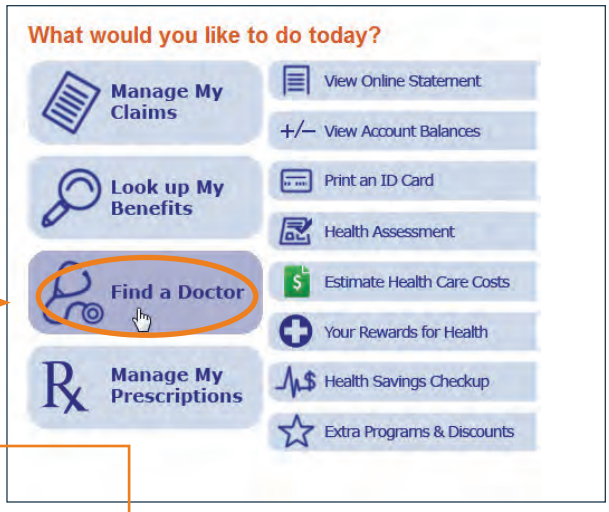
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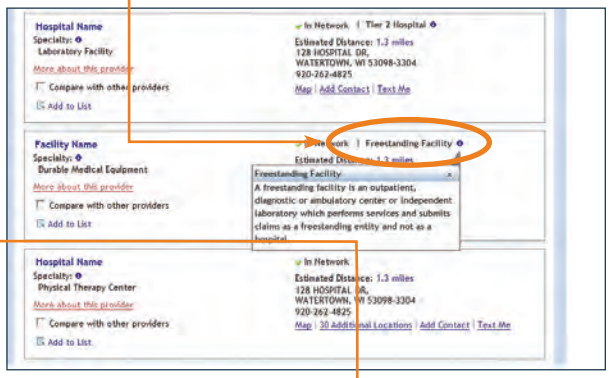
Finding a freestanding network facility

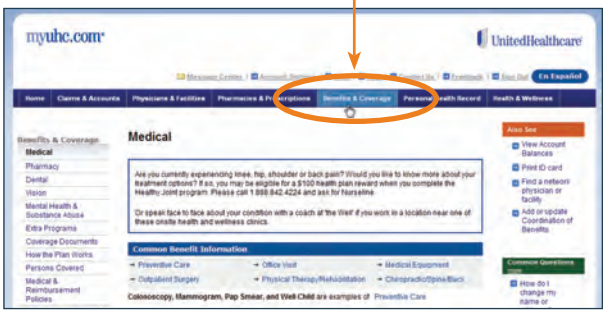
1 Log in to **myuhc.com®**

2 Click on *"Find a Doctor"* to find doctors and facilities in your network by name, specialty, facility or condition.

3 Whenever possible, choose a facility marked *"Freestanding Facility"* in the Additional Information section of the search results to reduce your out-of-pocket expenses.







More information

Visit the Benefits & Coverage section of myuhc.com for additional information about your plan and using freestanding facilities.

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[1] Freestanding facilities include any of the following: outpatient facility, diagnostic or ambulatory center or independent laboratory. At a freestanding facility, plan deductible and co-insurance may still apply. See plan benefit information for further details.

[2] Co-payments are the charge or set dollar amount that members are required to pay for certain services per their benefit plans. In addition to office visit co-payments, members may also be responsible for co-payments when they visit a facility or hospital. Facility and hospital co-payments are in addition to the calendar-year/policy-year deductible and co-insurance. Facility and hospital co-payments do not apply to the deductible and continue to apply after the deductible is satisfied. These co-payments may be referred to in plan documents as "per-occurrence co-payments" or "per-occurrence deductibles." All member cost share for eligible expenses will apply to the out-of-pocket maximum.

This guide is intended for members of UnitedHealthcare place-of-service/tiered benefit plans, including UnitedHealthcare Choice Advanced, UnitedHealthcare Choice Plus Advanced, UnitedHealthcare Choice Direct and UnitedHealthcare Choice 250 Direct plans. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates.

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