2027 Agent Quick Reference Guide

Provider and Network Considerations

Provider networks play a key role in member satisfaction and plan selection. When agents can confidently explain network types and help locate participating providers, they help build trust, reduce member frustration and support better healthcare access from day one.

This guide provides a simple overview of the different types of provider networks and how to search for providers, equipping you with the knowledge and tools to:

- Match consumers to plans that include their preferred doctors and facilities
- Set clear expectations around network versus out-of-network coverage
- Support a smoother enrollment experience and stronger long-term member confidence

Ultimately, understanding provider networks isn't just about plan knowledge, it's about delivering a better member experience and helping consumers make informed, confident decisions about their healthcare coverage.

Types of Provider Networks

A **Health Maintenance Organization (HMO)** plan requires members to choose a Primary Care Provider (PCP) who coordinates their care. Members must use in-network providers to receive full coverage. Some HMO plans require specialist referrals.

A **Preferred Provider Organization (PPO)** plan offers more flexibility, allowing members to see both network and out-of-network providers without needing a referral to visit specialists. While members can go outside the network, they will typically pay higher out-of-pocket costs compared to using network providers.

National or Multi-State networks are designed to support members who travel or live in multiple locations by providing access to care outside their home service area. These networks may allow members to receive network level benefits and cost sharing in other locations and can be identified on the member ID card or confirmed through customer service.

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National Network and UnitedHealth Passport ®

The UnitedHealthcare National Network and the UnitedHealthcare Passport ® benefit provides options that may be important for members who travel or live in more than one location.

National Network

Members who select a UnitedHealthcare Medicare Advantage plan that offers the UnitedHealthcare Medicare National Network will have access to a large provider network when traveling, which includes broad local networks of providers*.

- UnitedHealthcare Medicare National Network is offered on many, but not all, UnitedHealthcare Medicare Advantage plans.
- Eligible members enjoy access to care at network costs when visiting participating network providers, no activation or extra paperwork required.
- For HMO and HMO-POS plans, referral requirements apply for members both in their home service area and when they travel and receive certain specialty care from providers in the National Network.

UnitedHealth Passport ®

Members who select a UnitedHealthcare Medicare Advantage plan that offers the UnitedHealth Passport® travel benefit will have access to a large provider network when traveling, which includes broad local networks of providers*.

- The Passport benefit is available on select UnitedHealthcare Medicare Advantage plans. Eligible members enjoy access to care at network costs when visiting participating network providers.
- Referrals are not required for members accessing services under Passport, even if their plan requires referrals in their home service area.
- To use Passport, the member must activate the benefit by calling customer service.
- Each activated Passport timeline is good for up to 9 consecutive months.
- When the member returns home, they are responsible for calling customer service to deactivate the benefit

**Network sizes vary by local market and exclusions may apply; providers are not available in all areas*

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2027 HMO Plans

UnitedHealthcare HMO plans are supported by a large provider network*. Many HMO plans also give members access to care at network costs when they see providers in the UnitedHealthcare Medicare National Network.

Cost control within the network without compromising on access to quality providers. Plans work best within the network of providers, helping members save money and get care that's connected and coordinated.

Get the right care at the right time. The value of being a UnitedHealthcare member extends far beyond benefits.

What is an HMO and how does it work?

HMO plans focus on preventive care to help members stay healthy. UnitedHealthcare HMO plans have access to a large local network.

- Care can stay connected within a single network, reducing the risk of surprise bills and helping to ensure better communication between providers
- Helps lower overall healthcare costs by avoiding unnecessary or duplicate services
- More personalized, consistent care through strong provider relationships and a focus on long-term health goals

An **HMO-POS** (point of service) plan gives members the option to use out-of-network providers for certain services, generally at a higher cost. Most UnitedHealthcare HMO-POS plans only cover dental services outside the network.

Important reminder about HMO Plans

If a member does not select a PCP during enrollment, one will be automatically assigned. Depending on the plan, this could affect which specialists are available through that PCP's referral network. To help avoid unexpected provider restrictions, encourage members to select a PCP. If they want to use specific hospitals, physicians, or other providers, they should confirm with their PCP that referrals can be made to those providers.

*Provider network may vary in local market.

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Best practices for provider and network discussions

When helping members understand their plan options, focus on providing accurate information and setting clear expectations.

Avoid these common mistakes:

- ✕ Assuming a provider is in-network without verifying the member's location and plan.
- ✕ Confusing a provider with a facility.
- ✕ Promising coverage before confirming network participation.

Use member-friendly language to guide the conversation:

- ✓ *"Let's double-check your doctor is in the plan's network so there are no surprises."*
- ✓ *"This plan works best when you stay in network."*
- ✓ *"Your costs may be different if the provider isn't part of the network."*

Key Takeaway:

Verify provider and network information before making recommendations and keep the conversation focused on helping members understand their choices, costs and access to care. Taking a few extra moments to confirm details can help avoid surprises, set accurate expectations and build trust with the member.

How can I look up providers to support my sales conversation?

From the Jarvis homepage, select **Find a Doctor** under **Quick Access** to search for and verify provider information for your members.

What you should verify

- Network status: Can directly impact a member's costs and access to care
- Provider participation: In the network at one location, but not another
- Accepting new patients: Confirm whether the provider is currently accepting new patients
- Provider type: Primary Care Provider (PCP), Facility or Specialist

What you can search for

- Provider or facility name
- Specialty
- Network Affiliation
- Location (ZIP code, city or distance)
- Specific plan or plan type

***Click here** to access the **Find a Doctor** or go to the Jarvis Homepage.*

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Frequently Asked Question (FAQ)

Below are some questions that may be on your mind with answers to help you feel more confident when talking about plan referrals.

How will a member know if a provider is in the plan network?

Members may access the member site or call customer service to locate healthcare providers participating in the plan's network.

Can a member see any provider with a PPO plan?

While PPO plans offer the flexibility to use out-of-network providers, out-of-network providers and facilities are not required to accept PPO members for non-emergency services. In some markets, certain providers may choose not to see PPO members, even if the plan includes out-of-network benefits. Members should always verify provider participation and acceptance before scheduling care.

How will a member know if their plan has National Network or the Passport® benefit?

The member ID card will display the logo. Members can also call customer service to find out.

What happens if a member doesn't select a PCP for an HMO plan?

If a member does not select a PCP during enrollment, one will be automatically assigned. Depending on the plan, this could affect which specialists are available through that PCP's referral network. To help avoid unexpected provider restrictions, encourage members to select a PCP. If they want to use specific hospitals, physicians, or other providers, they should confirm with their PCP that referrals can be made to those providers.

What is a referral and why are they important?

A referral is an order from the network PCP to send members to get certain health care services from a specialist. Referrals keep the member's PCP at the center of their care. They can help guide care decisions and determine when specialists are needed for more advanced and consistent care.

How will members know if their plan has a referral requirement?

Members can review the plan's Evidence of Coverage and the member's ID card will indicate if referrals are required. Customer service can also help navigate the process.

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Frequently Asked Question (FAQ), Cont.

Are there limits on how many referrals a member can get?

Members can receive as many referrals as necessary to continue care. Members can work with their PCP to determine whether they need to see a specialist before asking for a referral. Members will need one referral for each specialist.

Will members need a referral when traveling?

Members do not need a referral if they have an emergency while traveling. Emergency medical care and urgently needed services are covered under the plan. For non-emergencies, members will need a referral from their PCP to see a specialist while traveling. However, if the member's plan includes the UnitedHealth Passport® benefit and the member activated it, they will not need a referral for covered network services when traveling outside the plan's service area and visiting participating network providers.

Does the provider a member is referred to need to be in the plan's network?

Yes, the PCP will refer the member to a network provider.

Can a member get a referral to see a specialist for a second opinion?

If a member has a referral to see a specialist but wants a second opinion from a different specialist, the member will need to work with their PCP to get another referral.

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Resources to support you

UnitedHealthcare has your back with resources to support you and your members.

Agent Support:

Explore the **Hompage** of Jarvis to access the **Find a Plan** tool and the **Find a Doctor**. Both tools allow you to view network providers for plans.

***Click here** or access by going to the Jarvis Homepage.*

Explore the **Knowledge Center** of Jarvis to access the **Medicare Product Resources**. Here you can learn about how our plans work with Medicare.

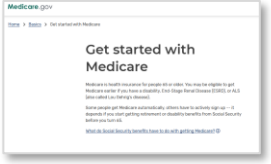
***Click here** or access by going to the Jarvis > Knowledge Center > Medicare Product Resources*

The **Producer Help Desk** supports your entire sales experience, including contracting, certifications, provider/Rx look-ups and commission inquiries.

***Click here** or access by going to the Jarvis > Agent Support Center*

Member Support:

Members can explore the **UHC.com** website or UnitedHealthcare app to help understand their coverage. In addition, LivePerson is available on both the website and mobile app to help assist with any questions.



Members can visit the **Medicare.gov** website to learn about the basics of Medicare and guidelines for coverage.