

1. What is Transition of Care?

Transition of Care (TOC) is a service for new UnitedHealthcare (UHC) enrollees to request limited-time extended coverage from their current, out-of-network health care professional at in-network rates.

- Only specified medical conditions can be considered for TOC (see examples under Question 4).
 - One application per medical condition. If you have multiple conditions you must apply for TOC for each condition, even if the conditions are being treated by the same provider.
- Current health care provider or facility must be out-of-network in the UHC network after the plan effective date of 1/1/2025.
- If approved, in-network rates will apply for the approved provider/facility/condition through the duration of your treatment, or until safe transfer of care to a participating health care professional or facility can be arranged.
- You must apply for Transition of Care no later than 60 days after the effective date of your coverage.
 - Effective date of coverage: 1/1/2025
 - Deadline to apply for Transition of Care: 3/1/2025

2. What is Continuity of Care?

Continuity of Care is a service for existing UHC enrollees to request extended care from their current health care professional if that provider chooses to no longer participate in UHC's network and is now considered out-of-network with UHC.

3. What is the difference between Transition of Care and Continuity of Care?

Both phrases are similar and give the enrollee the option to apply for extended coverage with their out-of-network provider.

- Continuity of Care is used for **current** UHC enrollees if your provider leaves the network.
- Transition of Care is for **new** UHC enrollees who are receiving care for a certain medical condition with a provider who will be out of the UHC network after the new plan effective date.
- DENSO associates and dependents will apply for Transition of Care, as UHC is a new medical plan carrier for DENSO.

4. What are some examples of conditions that may qualify for Transition of Care?*

- Pregnancy or undergoing a course of treatment for pregnancy
 - Trimester determined by state requirements
 - Note: Transition of Care for the mother does not apply to the newborn; if the physician/facility is out-of-network for the newborn, then a Network Gap request can be submitted for services for the newborn.

- Newly diagnosed or relapsed cancer and are currently receiving chemotherapy, radiation therapy, or reconstruction.
- Transplant candidates, unstable transplant recipients, or recipients in need of ongoing care due to complications associated with a transplant.
- Recent major surgeries in the acute phase and follow-up period (generally six to eight weeks after surgery).
- Serious acute conditions in active treatment, such as heart attack or stroke.
- Other serious chronic conditions that require active treatment.

*This list is not all inclusive.

5. What are some examples of conditions that would not qualify for Transition of Care/Continuity of Care?

- Routine exams, vaccinations, and health assessments.
- Chronic conditions, such as diabetes, arthritis, allergies, asthma, kidney disease, and hypertension that are stable.
- Minor illnesses, such as colds, sore throats, and ear infections.
- Elective scheduled surgeries, such as removal of lesions, bunionectomy, hernia repair, and hysterectomy.
 - Except as required by state law

6. Who is eligible for Transition of Care?

DENSO Associates and dependents covered under a DENSO medical plan who are currently under active treatment for a specified medical condition by a provider who will be out of the UHC network after 1/1/2025.

7. What is the difference between in-network and out-of-network? How do I tell the difference?

- In-network describes the facility, provider, and supplier who has contracted with your health plan carrier to provide health care services at discounted rates.
- Out-of-network means the facility, provider, and supplier who provides health care services has not contracted with your health plan carrier.
- Go to whyuhc.com/denso (all lowercase letters) and search for providers who participate in:
 - *Options PPO network* (for those enrolled in the ExpressWay, MainStreet, or OpenRoad plans), or
 - *Choice Plus network* (for those enrolled in Surest).

8. What is the deadline to submit an application for Transition of Care?

Submit the application by 3/1/2025. Application, along with relevant medical records and information, must be mailed or faxed to:

UnitedHealthcare
 1311 W President George Bush Hwy
 Richardson, TX 75080-1133
 Attn: Transition of Care

Fax: 1-800-628-0654

9. How long will I receive Transition of Care coverage, if approved?

If your request is approved for the medical condition listed in your form, you will receive the network level of coverage for treatment of the specific conditions by the health care professional for:

- up to 60 days from the effective date of coverage, or
- through completion of the current active course of treatment period.

10. What does Active Course of Treatment mean?

An active course of treatment typically involves regular visits with a healthcare provider in order to monitor the status of an illness or disorder, provide direct treatment, prescribe medication or other treatment, or modify a treatment plan. Discontinuing an active course of treatment could cause a recurrence or worsening of the condition under treatment and interfere with recovery. Generally, an active course of treatment is defined as within the last 30 days but is evaluated on a case-by-case basis.

11. What do I do if I want to continue my treatment beyond the approved Transition of Care coverage?

After the approved Transition of Care coverage, the network coverage ends and you can choose to continue treatment through out-of-network coverage, following DENSO's out-of-network fees and requirements.

12. Can I apply for Transition of Care if I'm not currently in treatment but have a diagnosis?

No, you must already be in active and current treatment for the condition that is noted on the Transition of Care request application.

13. I'm not eligible for Transition of Care but am currently receiving medical treatment. What are my options?

- First, tell your physician about the change to UHC.
- You can choose to continue treatment with an out-of-network provider. You must follow the plan's out-of-network requirements (such as prior-authorization) and will pay costs toward your out-of-network benefits. There is a separate out-of-network deductible, coinsurance, and out of pocket maximum.
- If you choose to change to an in-network provider, a dedicated UHC care advocate can work with your current providers to ensure a smooth transition. Call DENSO's dedicated support line at 844-749-7834 to talk with a UHC care advocate.

14. Are prescriptions part of the Transition of Care?

Prescriptions are not included as part of UHC's Transition of Care process. However, Optum Rx will review prior authorizations and fill drugs that are not on the new formulary for a period of time following the transition.

- Talk with your healthcare provider to see if there's another drug on the formulary that you can switch to. If there is no alternative, you or your healthcare provider can request a formulary exception. If approved, you can continue your current drug for a certain period of time until another can be arranged.

- You may be eligible for a transition supply of your current drug if you encounter a negative formulary change or need more time to speak with your provider after the transition to Optum Rx. Call the number on the back of your UHC ID card to speak with a customer service representative. They may be able to approve a one-time, one-month override on certain medications.

15. Will DENSO see my Transition of Care application?

No, UHC is a third-party administrator who will securely maintain all your medical records and claims, review your application, and make the decision regarding approval or denial. They can't share any information with DENSO without your permission.

16. Who do I call if I have questions about Transition of Care?

Call DENSO's dedicated UHC support line at 844-749-7834 to talk with a UHC care advocate after our coverage effective date of 1/1/2025.