- 1) Go to <u>www.uhcwest.com</u>.
- 2) Click on "Find a Doctor":



- 3) To search for providers within a particular network plan, make sure you're on the "Search by Location" tab, and when asked to select a plan, choose one of the following:
  - a. For Network 1, select "UnitedHealthcare Signature Value Flex Network 1 (HMO)"
  - b. For Network 2, select "UnitedHealthcare Signature Value Flex Network 2 (HMO)"
  - c. For Network 3, select "UnitedHealthcare Signature Value Flex Network 3 (HMO)"

| Search By Location  | Searcl   | n By Name      | Search | By Medical Group/Network |  |  |  |
|---|--|----------------|--------|--------------------------|--|--|--|
| Find Providers N  | ear a Loca   | ition          |        | HELP                     |  |  |  |
| 1 Enter Address<br>Street Address   |  |                |        |                          |  |  |  |
| City*   | State*   | Zip*           |        |                          |  |  |  |
| *Minimum of City/State or   | r State/ZipCode re   | equired        |        |                          |  |  |  |
| 2 Select Plan or Servic<br>Choose a Plan or Servic  | ce Type  |                |        | <b>▼</b>                 |  |  |  |
| Alternative Health/Chiro Behavioral Health Dental   | practic  |                |        |                          |  |  |  |
| Pharmacy<br>Vision<br>UnitedHealthcare Signa  | tureValue (HMC   | 0              |        |                          |  |  |  |
| UnitedHealthcare Signa<br>UnitedHealthcare Signa<br>St CalPERS UnitedHealthca   | Unicel/tealthcare SignatureValue Advantage (HMO Value Network)<br>Unicel/tealthcare SignatureValue Advantage (HMO Value Network)<br>CalPERS Unicel/tealthcare SignatureValue Aliance |                |        |                          |  |  |  |
| UntedHealthcare SignatureValue Flex - Network 1 (HMO)<br>UntedHealthcare SignatureValue Flex - Network 1 (HMO)<br>UntedHealthcare SignatureValue Flex - Network 2 (HMO) |  |                |        |                          |  |  |  |
| CS VEBA Performance<br>CS VEBA Performance  | tureValue Flex   | Network 3 (HMC | I)     |                          |  |  |  |
| CS VEBA Performance   | HMO - Network  | 3              |        |                          |  |  |  |

4) If you'd rather search for a specific provider or medical group, you can click on the "Search by Name" or "Search by Medical Group" tabs instead, and follow the above instructions when asked to select a plan.

| Search By Location                                   | Search By Name        | Search By Medical Group/Network      |  |  |  |  |  |
|--|-----------------------|--------------------------------------|--|--|--|--|--|
| First Development and                                |                       |                                      |  |  |  |  |  |
| Find Providers by I                                  | vame                  | HELP                                 |  |  |  |  |  |
| 1 Enter Name   |                       |                                      |  |  |  |  |  |
| Last or Facility Name:                               |                       | (minimum of two characters required) |  |  |  |  |  |
| First Name:  |                       | (optional)                           |  |  |  |  |  |
|  |                       |                                      |  |  |  |  |  |
| 2) Enter Address (optional)                          |                       |                                      |  |  |  |  |  |
|  |                       |                                      |  |  |  |  |  |
| City*  | State* Zi             | ∕ip*                                 |  |  |  |  |  |
|  | CA 🔻                  |                                      |  |  |  |  |  |
| "Minimum of City/State of St                         | ate/ZipCode required  |                                      |  |  |  |  |  |
| 3 Select Plan or Service                             | Туре                  |                                      |  |  |  |  |  |
| Choose a Plan or Service Type                        |                       |                                      |  |  |  |  |  |
| A Select Drovider Type                               |                       |                                      |  |  |  |  |  |
| All Providers  |                       |                                      |  |  |  |  |  |
|  |                       |                                      |  |  |  |  |  |
| Start Over Search Now                                | Refine Search         |                                      |  |  |  |  |  |
| Important information and disclosure about your plan |                       |                                      |  |  |  |  |  |
| important information and disci                      | osare about your plan |                                      |  |  |  |  |  |
|  |                       |                                      |  |  |  |  |  |