



Medical Administration Guide

2 to 99 employees

Thank you for selecting UnitedHealthcare as your company's health insurance provider. To make the administration of benefits easy, fast and accurate for you and your employees, we have created **Employer eServices®**, a secure website for your online benefits administration. From eligibility maintenance to customer reporting and billing solutions, the website is a gateway to tools that make health benefits administration more efficient and accurate.

Please encourage your employees to register on **myuhc.com®** for access to easy-to-use personalized tools and information to get the most out of their benefits. As well as practical tools for organizing claims and reviewing personal account information or finding a doctor, **myuhc.com** also features a variety of engaging wellness tools – all available whenever they want them.

These websites are designed to help both you *and your employees* save time, manage your health care coverage and maximize resources – anytime, anywhere. At UnitedHealthcare, we are committed to making the health care system work better – for everyone.

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Please note that this administration booklet is merely a guide and under no circumstances, does it take the place of your group contract. For specific legal guidelines and requirements, please refer to your group contract with UnitedHealthcare.

If you need to clarify information provided in this guide, require information not covered in this guide, or want help resolving a situation that arises, please contact us.

Contacts

Resource	Website / Address	Phone / Fax
Benefit Administration <ul style="list-style-type: none"> ▶ Enrollment / Eligibility* ▶ Billing information and payment ▶ Medical benefit information ▶ Pharmacy drug card services ▶ Physician / Health professional status ▶ Notification status <p>*Make eligibility changes online at EmployerServices.com. If you don't have access to the Internet, please see page 14.</p>	EmployerServices.com Enrollment / Eligibility address UnitedHealthcare PO Box 30964 Salt Lake City, UT 84130-0964 Overnight mail UnitedHealthcare Prime eligibility 4050 South 500 West Salt Lake City, UT 84123 Claims address Please mail claims to the address on the member's health plan ID card. Billing address For billing address, please see your invoice remittance stub or call customer service.	Technical support 1-800-651-5465 Customer service 1-888-842-4571 Fax 1-248-733-6062
UnitedHealthcare Benefit ServicesSM <ul style="list-style-type: none"> ▶ COBRA Administration ▶ Flexible Spending Accounts ▶ Pre-Tax Premium 	uhcservices.com	1-800-318-5311
Member Service <ul style="list-style-type: none"> ▶ Benefits and eligibility ▶ Care24[®] nurses and specialists ▶ Health and Wellness Information ▶ Medical claims ▶ Notifications of hospital admissions ▶ Physicians and facilities 	myuhc.com	Technical support 1-877-844-4999 Members simply call the toll-free phone number on their health plan ID card.
UnitedHealthcare Specialty BenefitsSM <ul style="list-style-type: none"> ▶ Dental ▶ Life and Disability Insurance ▶ Vision 	EmployerServices.com	1-888-866-3192 1-877-816-3596 Technical support 1-800-651-5465 Customer Service 1-888-299-2070 1-800-638-3120
U.S. Department of Labor Employee Benefits Security Administration	dol.gov/ebsa	1-866-444-3272
Individual Conversion Unit Questions about conversion coverage		1-866-747-1019
UnitedHealthOneSM Offers individual and family coverage		1-800-291-2632

Employer eServices®

Employer eServices.com allows you to manage virtually every aspect of your benefits administration online and in real time, increasing efficiency and saving time and money.

- ▶ Enroll, verify or change status of employees and dependents immediately
- ▶ Enter Coordination of Benefits information
- ▶ Download forms
- ▶ Request medical health plan ID cards
- ▶ View, sort, and search current and prior month's invoices
- ▶ Request adjusted invoices after adding/changing employee eligibility
- ▶ Authorize payments online; choose when to view and pay bills
- ▶ View and download your administration kit*, brochures and other materials

If you don't have Internet access or temporarily lose Internet access, please follow the steps outlined on page 14.

*Online administration kit access only available to groups with PRIME policies. See **Additional Information** beginning on page 17 for instructions on how to access your administration kit on Employer eServices.

Setting up and managing your website access

When you provided your email address on the employer application, you were automatically:

- ▶ Registered on the Employer eServices website;
- ▶ Set up to receive your invoices online, our standard billing method; and
- ▶ A Client Master Administrator (CMA) was designated from your company.

Your CMA should have received two emails from us that contain their user ID and password. They can simply go to **Employer eServices.com**, use their new ID and password to log in and begin setting up company users' access. If your CMA has not

received or cannot locate their ID and password, please call Employer eServices customer support at **1-800-651-5465**.

Your CMA sets up, manages and controls in real time who in your company has access to the various information and tools within Employer eServices.

Your CMA can:

- ▶ Create or deactivate users
- ▶ View a list of current users
- ▶ Assign or change data access levels and privileges, e.g., designate your billing contact to receive the bills online
- ▶ Reset users' passwords
- ▶ Add or change access by completing and submitting the *Plan Administrator Addition/Removal* form that can be downloaded from the **Brochures & Forms >>Forms section** on Employer eServices.

Online training resources to help you get started

Learn how to accomplish online benefit transactions through multiple online training resources:

- ▶ **Online tutorials:** General overview and self-starter introduction with step-by-step instructions for specific online transactions
- ▶ **Online help:** Online resource for obtaining answers to specific questions
- ▶ **Quick reference guides:** Reference cards that may be downloaded and printed for easy access to information

Still have questions after trying the self-service online training resources? Call **Employer eServices** at **1-800-651-5465** for help.

The Employer eServices support staff are a user's best resource for help. Other UnitedHealthcare representatives do not have access to the website due to security and privacy issues.

Note: In the event Employer eServices is unavailable due to a UnitedHealthcare outage, please refer to pages 1 and 14 for assistance.

Additional resources and tools

Employer eServices offers a full range of resources that make your job easier. We encourage you to explore them and learn more about how they can be tailored for your needs.

Network information

Directory: Search the online directory of physicians and other health care professionals in our network.

Network fact sheets: Find key local network information including number of covered individuals, accreditation status, reimbursement methods and much more.

Programs and services

We're always looking for ways to enhance the value of your benefits plan. Check online frequently to learn more about new programs and services available to you.

Forms on the website

You can access several forms on Employer eServices. To view forms, select **Brochures & Forms** from the **Resources section** on the home page then select **Forms by State**.

- ▶ Employee Enrollment Forms
- ▶ Dental Claim Form
- ▶ Health Insurance Claim Form
- ▶ HRA Bank Change Form
- ▶ HIPAA Authorization for the Disclosure of Information

- ▶ Life Insurance Claim Form
- ▶ Medicare Status Change Form for Enrollees and Dependents
- ▶ STD/LTD Claim Form

Group benefit plan documents online

Access, view, print or save your group benefit plan documents on your computer.

Employee communications

The **Communication Resource Center (CRC)** offers turnkey employee communications to help you educate and motivate your employees to improve health habits and get the most from their UnitedHealthcare benefit plan. The CRC is filled with employee education materials that are easy to access, flexible to use, and included at no additional cost.

- ▶ Build a custom newsletter in seconds, complete with your logo, a message from you, and pre-written articles that you select. Your professionally formatted newsletter is available immediately in PDF format, which you can then distribute to employees via email, hard copy, or on your intranet site.
- ▶ View and download posters, brochures, fliers, and a collection of electronic articles that you can email, print, or use in company newsletters.
- ▶ Access health and wellness articles on a wide variety of important health topics, and leverage the planning tools to effectively promote workplace wellness.

Access the CRC at:

- ▶ **uhc.com/crc**
- ▶ via **EmployerServices.com**, and click on the **Communication Resource Center** link under **Resources** on the lower left of the home page

Stay connected with our e-newsletter

Receive the very latest news and information about your benefits plan by subscribing to our monthly e-newsletter. To subscribe, go to **uhctogether.com/forms/eNews/form10871.gsp**.

Enrollment and eligibility information

Ongoing enrollment and eligibility management

Log in to **EmployerServices.com** and click on the **Enrollment** tab. Under this tab, you can add, terminate, reinstate, inquire or change your employees' eligibility information immediately.

Eligibility requirements

All newly hired eligible employees should be given the opportunity to apply for coverage within 60 days of date of hire or the waiting period. Please reference your group contract for your exact eligibility requirements. Please follow your own company eligibility policies for rehire situations.

Consistent with the effective date rules for new hires defined in your group contract, terminations of coverage are effective on the date of termination, or the first day of the month following the termination.

Medical Leave of Absence

UnitedHealthcare's Leave of Absence (LOA) Policy; Eligibility for Medical Coverage

If the employee is on an employer approved leave of absence and the employer continues to pay required medical premiums, the coverage will remain in force for: (1) No longer than 13 consecutive weeks for non-medical leaves (i.e. temporarily laid-off). (2) No longer than 26 consecutive weeks for a medical leave.

Coverage may be extended for a longer period of time, if required by local, state or federal rules.

If the employee does not return from the LOA at the end of the applicable timeframe, as stated above, the employer must terminate the member's coverage as of the date notice of their intent not to return is provided, or the date employee did not return to work as scheduled.

Note: Do not retroactively term back to the start of the leave.

If the employee's medical coverage terminates under this LOA policy, the employee may exercise the rights

under any applicable Continuation of Medical Coverage provision or the Conversion of Medical Benefits provision described in the Certificate of Coverage.

Questions can be directed to: Client Services at 1-888-842-4571.

Effective date

New hires are effective on the date of hire, the first day of the month following the date of hire, or the first day following the completion of any designated waiting period. The waiting period is defined in your group contract. Changes on waiting periods can be made for future effective dates and only upon renewal.

If the employee is on leave and covered under the Family Medical Leave Act, the coverage begins on the date the group policy becomes effective even if he or she was on leave at that time.

Transition of care

If new enrollees are concerned about transitioning their care from a non-network physician to a network physician, they may request and qualify for our Transition of Care program for certain health conditions. Enrollees should call the toll-free phone number on their health plan ID card for more information.

Retroactive eligibility adjustments

All requests for additions, changes and terminations of eligibility must be submitted immediately or within 60 days of the effective date. The 60-day limit is used unless prohibited by state law, COBRA or by UnitedHealthcare contract. If COBRA coverage is part of a new enrollment or if terminating coverage for a COBRA participant, notification must be received within 60 days of the effective date. There are no limitations for retroactive COBRA reinstatements that have no lapse in coverage.

Health Plan Identification (ID) card

Enrollees will receive two health plan ID cards.

Each card includes basic benefit information, employee and dependent name(s), identification number(s) and important telephone number(s) and website addresses.

If the enrollee's plan requires primary care physician selection(s), each enrolled family member will receive a health plan ID card listing his or her primary care physician, as well as basic benefit information, important telephone numbers and identification number(s).

If enrollees lose their health plan ID cards, they can go to myuhc.com and print a temporary card and also order a new replacement health plan ID card. Employers can also request a new health plan ID card on the enrollee's behalf at EmployerServices.com.

Consumer-Driven Health (CDH) Employer Toolkit

The CDH Employer Toolkit has been enhanced to provide improved, consumer-tested communications to either help employers introduce a CDH plan for the first time or encourage increased adoption of an existing CDH plan. Look for turnkey communication materials and tools available in the Pre-, Open- and Post-Enrollment Support sections of the Employer Toolkit at: uhctools.com/new_cdh_main.

Health4Me

The UnitedHealthcare Health4Me® app provides instant access to your employee's important health information – anytime/anywhere. They can find a physician nearby, check the status of a claim or speak directly with a health care professional. Health4Me is available for download on the App StoreSM for iPhone® or Google PlayTM for Android®.

Claims Estimator

Physicians can process online, real-time pre-determination of benefits to check if procedures they suggest for your employees will be covered and

¹ These services are available for groups with 20-99 eligible employees. In select markets, these services may also be available for groups with 2-19 eligible employees. Contact your broker or UnitedHealthcare representative to find out your group's specific eligibility.

² Your company's legal arrangement determines whether you can pay your own premiums on a pre-tax basis.

at what amount, all within seconds. Physicians can access the Claims Estimator tool on our Physician website at UnitedHealthcareOnline.com.

Treatment Cost Estimator

UnitedHealthcare's **my Healthcare Cost Estimator**, is an online resource for information available at no additional cost to UnitedHealthcare members. It's conveniently located on myuhc.com, and the information is personalized to calculate estimated out-of-pocket expenses based on your employees' plan and current benefit status.

Members can receive personalized, comprehensive estimates on myuhc.com. Estimates help members understand the costs associated with their treatment options so they can make more informed choices. Both network and non-network estimates are available.

UnitedHealthcare Benefit ServicesSM

UnitedHealthcare medical plans include Flexible Spending Account, Pre-Tax Premium and COBRA administration services to employer groups with **20 to 99 employees**¹. These programs are designed to help you save administrative time and money.

► Flexible Spending Accounts

The Flexible Spending Account portion of Section 125 allows for employee contributions to a dedicated savings account be made on a pre-tax basis, resulting in savings to both employers and employees. Your company's total taxable payroll is reduced, directly lowering payroll-related taxes and your employees reduce their taxable income and pay less in federal, state, Social Security and Medicare taxes.

► Pre-Tax Premium

A Pre-Tax Premium plan reduces your total taxable payroll and your payroll-related taxes. Employee Pre-Tax Premium contributions are not considered taxable income under Section 125 resulting in an increase in take-home pay².

COBRA enrollment

During the eligible period of COBRA/Continuation, we will not terminate an insured individual until

we are notified to do so. When you are notified by an insured individual of an event that terminated continuation of coverage, please complete the COBRA enrollment online at Employer eServices.

► **Activate your accounts at www.uhcservices.com**

To take advantage of these services, activate your accounts at www.uhcservices.com. You will need a username and password. Your group's username, password and activation instructions will be sent to the designated group administrator via email. If you do not receive/have your username and password, please contact us at **1-800-318-5311**.

Once activated, you can manage enrollment and view activities on the site. Your employees can also use the site to view their FSA balance, make COBRA premium payments and file eclaims for FSA reimbursements.

Conversion/Individual coverage

At the end of the continuation period, an employee and other persons whose coverage has been continued may be eligible for conversion to an individual conversion health contract. These individuals should be **notified of the conversion option** before the end of their continuation period. Refer to your group contract to determine if conversion is offered.

Employees must exhaust any COBRA or state continuation benefits prior to conversion. Notification should come from the COBRA administrator or UnitedHealthcare depending on state regulatory laws. All employees should refer to their group contract and state law to determine when notice of their conversion rights should be sent and whether the employer or UnitedHealthcare must send the notice. If an employee or other person has questions about conversion coverage, please direct them to our Individual Conversion Unit at **1-866-747-1019**.

Qualifying person and situations for conversion/individual coverage

- Employer-sponsored benefit terminates
- Termination was due to loss of eligibility as an employee or a covered dependent

- Termination was due to expiration of continuation coverage; COBRA and/or state continuation
- Not eligible for Medicare or any other coverage via spouse or group or contract

Procedure

The employer, COBRA administrator or UnitedHealthcare:

- Informs the terminated employee of their conversion rights and to contact UnitedHealthcare directly regarding conversion coverage, unless otherwise required by state law.

The employee:

- Contacts conversion unit for conversion enrollment materials.
- Submits written application and first premium payment (where applicable) for conversion coverage within 31 days except where the state-mandated number of days is higher (up to 63 days), following the date coverage terminates under the group contract.

Individual coverage through UnitedHealthOneSM

UnitedHealthOne offers personal health insurance products directly to individuals and families throughout much of the United States. The UnitedHealthOne product portfolio includes: copayment, Health Maintenance Organization (HMO), Health Savings Accounts (HSA), short-term medical, dental and vision plans. UnitedHealthcare's national network is offered with most UnitedHealthOne plans giving individuals broad access to quality care and a network discount. For more information, call **1-800-291-2632** or your local broker.

Texas rule Senate Bill 51 exception

Texas residents may be eligible for benefits under Texas Senate Bill 51 (Obligation to Continue Premium Payment and Coverage After Notice of Lost Group Eligibility) until the end of the month in which the employer notifies the carrier of the

change in the employee's or dependant's status. Employers may be responsible for the entirety of the premium for any coverage period extended under Texas Senate Bill 51. Please contact customer service for more information.

Subrogation

Through UnitedHealthcare's affiliate company, OptumInsight™, your employees receive subrogation services as part of their UnitedHealthcare membership. OptumInsight Subrogation Services recovers certain health care expenses that are the result of an accident from other insurance companies.

OptumInsight has a process to obtain information in recovery efforts that may require the affected employee's immediate attention in order for resolution:

1. OptumInsight may send an inquiry letter to the employee of the UnitedHealthcare medical plan.
2. The letter and questionnaire must be completed and returned to OptumInsight as soon as possible.
3. There are three convenient ways of responding: by mail, telephone or via a special website. This contact information is listed on the letter the employee receives.

To help make the subrogation experience with us smoother and more efficient for your employees, we encourage you to visit the **Communication Resource Center** on **EmployereServices.com** for a flier you can share with your employees.

UnitedHealthcare's subrogation process may vary by employer group and state.

Medical extension of benefits

If for some reason your group contract is terminated and your plan covers medical extension of benefits, coverage – for a covered person who is totally disabled at the time of the termination – will not end automatically. See your group contract for details.

Health Insurance Portability and Accountability Act (HIPAA)

We take our responsibility to protect the privacy of individually identifiable health information

of enrollees very seriously. UnitedHealthcare is compliant with HIPAA to protect the confidentiality of individuals' protected health information, and we require that our business associates appropriately safeguard protected health information. For specific questions, concerns or advice regarding HIPAA, please consult your legal counsel.

A copy of the HIPAA rules can be found on **EmployereServices.com** in the Brochures section (click on the **Brochures & Forms** link in the Resources area of the site).

Important notice regarding ERISA

In 1974, a federal law known as the Employee Retirement Income Security Act (ERISA) was enacted. This is an employer law and has certain requirements that must be met. Most employers and their employee benefit plans are subject to ERISA. If you have questions about ERISA, please consult your legal counsel.

A copy of the ERISA notification and form may be included in your Administration Kit, which is viewable from **EmployereServices.com** in the **Administration Kits and Guides** section in the **Resources area** of the home page.

Qualified Medical Child Support Order

A Qualified Medical Child Support Order is a court order requiring either the employer or the employee to provide medical coverage for the employee's child. Federal law requires that you keep a written procedure for determining whether a medical child support order is qualified. If you receive a qualified order, call customer service for the form to enroll the child.

Waiving coverage

If an employee chooses to decline health care coverage, have the employee complete the waiver portion of the Employee Enrollment Form. Review the form to be sure all necessary parts are completed and keep a copy for your records.

Note: If an employee or dependent who waived coverage due to the existence of other health coverage later wishes to enroll in the plan, the waiver form that was originally signed due to other coverage must be sent to the enrollment address at the point of eligibility. If the form is not received, the employee or dependent will be treated as a late enrollee.

Billing and payment information

Because electronic transactions are delivering faster access to benefits for enrollees, and reducing billing and claims errors for customers and physicians, online billing and payment is our standard method of operation.

Online billing through Employer eServices offers fast service, simplified invoices, downloadable data and real-time calculations and payments.

- ▶ A reminder email will be sent to you every month when your invoice is ready for your review and payment on **EmployerServices.com**.
- ▶ Click on the **Billing** tab to view, sort or download current activity, view account balance and past due aging payment history, as well as submit payments.
- ▶ If you have made eligibility changes after the original invoice was generated, you can request a new adjusted invoice.
- ▶ Elect to submit your payments **online** or through **Scheduled Direct Debit**. Scheduled Direct Debit allows payment electronically through an automatic monthly debit from a designated checking account on the due date of your invoice. To set up Scheduled Direct Debit or establish an online payment method, go to the **Billing** tab of **EmployerServices.com** and select **Edit Payment Method** in the menu bar.

If you don't have access to the online billing tool, please call customer service at **1-888-842-4571** to pay by phone, or see page 14 for paying paper invoices.

To sign up for online billing, see the **Employer eServices** section (page 2) of this guide for more information.

Payment due date

Payment is due and should be received by the payment due date on your invoice each month to ensure uninterrupted coverage (please allow five business days for manual payment and two business days for electronic bank processing). If your premium payment is not received in full and posted to your account by the payment due date, your policy is subject to termination (see your master group contract).

Claims information

Claim explanation

- ▶ Medical claim expenses may be submitted to UnitedHealthcare by the covered individual, or the physician or other health care professional.
- ▶ Physicians and/or other health care professionals in our network submit claims to UnitedHealthcare online, and payments are made directly to the provider of the service.
- ▶ An employee may submit claims directly to UnitedHealthcare for non-network claims or in other circumstances where the physician did not submit their claims. Standard medical claim forms are available online at **myuhc.com**. Each page of the invoice should at a minimum include the employee's name and employee/subscriber ID number and policy number located on their health plan ID card.
- ▶ Missing or incorrect information may result in a delay in processing the claim.
- ▶ Send medical claims to the claim office address listed on the enrollee's health plan ID card.
- ▶ Questions regarding claims submission and payment may be directed to the number listed on the enrollee's health plan ID card.

The enrollee can check the claims status on **myuhc.com**.

Health Statements

Instead of receiving a number of separate EOBs, we are now combining the same information into one easy-to-read consolidated Health Statement. If the enrollee or any of their dependents received care and they need to pay for part of the service, the enrollee will receive a Health Statement within 30 days. If the enrollee or any of their dependents received care and their plan paid for the service in full, the enrollee will receive a Health Statement within 90 days. Some enrollees may also receive an Explanation of Benefits (EOB). All enrollees can view their claim activity and health statements at any time, day or night, on **myuhc.com**.

Real-time adjudication

Real-time adjudication (RTA) refers to the near instant claims processing available at all physician offices. Physicians and other health care professionals using our RTA technology can submit a claim through the Physician website at **www.UnitedHealthcareOnline.com** and get a fully adjudicated response in real time. Patients know precisely what they're responsible for without having to wait for a bill in the mail. Also, the doctor can request payment of the patient's responsibility from the patient before they leave the office. If applicable, enrollees can use their Optum BankSM consumer accounts card and immediately fund qualifying expenses directly from their HRA/FSA/HSA accounts.

Coordination of Benefits (COB)

COB occurs when more than one insurance company or health plan covers the employee or dependent. To determine if this coverage is primary or secondary for an employee, please review the *Certificate of Coverage*.

When coverage under this plan is secondary:

1. Submit the claim to the primary coverage company.
2. After their payment and Explanation of Benefits (EOB) are received, send a copy of the primary coverage company's EOB and an original invoice to the UnitedHealthcare claim office.

When coverage under this plan is secondary to Medicare:

1. Submit the claim to the primary coverage company.
2. After their payment and Medicare EOB are received, send a copy of the Medicare EOB and an original invoice to the UnitedHealthcare claim office.

Information regarding other coverage is updated every 12 months. The employee can update their COB information online at **myuhc.com**. The employee may receive a letter requesting this information, and should return it to the claim office in a timely manner. Refer to the *Certificate of Coverage* for more information.

Medicare supplemental coverage with automatic claim filing

We offer Medicare supplemental coverage to customers who provide group health coverage to their Medicare eligible employees and retirees. Through automatic claim filing, unpaid Medicare deductibles and coinsurance are electronically submitted to UnitedHealthcare for processing. Enrollees enjoy added convenience because there is no paperwork and claims processing is expedited.

Claims appeal process

If enrollees disagree with a benefit determination, they have the right to appeal the claim decision. Enrollees should refer to their *Certificate of Coverage* on **myuhc.com** for details about how to appeal a claim decision.

To expedite enrollees' questions or concerns regarding claims, coverage or appeals, there's a **Member Service Request Form** with instructions about how to submit information to us so we can resolve their issue. The form is located on **myuhc.com** under **Claims and Accounts** and then **Appeals and Grievances**.

myuhc.com[®] for your employees

Our self-service member website, **myuhc.com**, provides employees convenient access to their personal benefit information as well as a host of health and wellness tools – day or night. Employees can quickly and easily find many health care answers online, saving them – and you – valuable time.

At **myuhc.com**, members can:

- ▶ Check claims status and history
- ▶ Find network physicians and facilities
- ▶ Find Tier 1 providers for lower out-of-pocket costs in tiered benefit plans
- ▶ Review eligibility/benefit information
- ▶ Update Coordination of Benefit information
- ▶ Choose eco-friendly online delivery of health documents and enroll in direct deposit (for claim reimbursements)
- ▶ Compare network and non-network costs
- ▶ Print a temporary medical ID card or request a replacement medical ID card
- ▶ Review flexible spending account, health savings account and health reimbursement account information (if in coverage)
- ▶ Use Pharmacy Online (if in coverage)
- ▶ Review hospital specialties and quality-of-care measures using the Hospital Comparison Tool
- ▶ Estimate the costs of different plan options using the Plan Cost Estimator
- ▶ Estimate the costs of treatments using the Treatment Cost Estimator
- ▶ Elect to receive documents online
- ▶ Communicate one-on-one with a nurse using the Live Nurse Chat
- ▶ Use the Personal Health Record to organize health data and receive condition-specific

- ▶ Get a personalized Health Assessment and participate in Health Improvement Programs that help set goals and achieve health objectives

Benefit plan documents online

Employees and their family members can also access and view their benefit plan documents, including their *Certificate of Coverage*, on **myuhc.com** anytime, day or night.

Encourage your employees to register – it's easy.

To help inform your employees about **myuhc.com**, fliers, posters, email articles and other materials are available on the **Communication Resource Center (CRC)**. Access through **EmployerServices.com** or at **uhc.com/crc**.

Once registered on **myuhc.com**, there may be a 72-hour delay to access personalized information, but your employees are able to log in and immediately use the site to print a temporary health plan ID card, search for a physician, or view current and reliable health information including the latest information on health topics and treatments.

Customer care

If enrollees don't have Internet access, they can call the toll-free phone number their health plan ID card for information related to:

- ▶ Medical claims
- ▶ Benefits and eligibility
- ▶ Care24[®] nurses and specialists
- ▶ Pharmacy
- ▶ Mental health and substance use disorder
- ▶ Physician, hospital or health professional network status
- ▶ Notifications of hospital admissions
- ▶ Transplant, cancer, congenital heart, kidney and neonatal resource specialized services

Proactive health solutions

Your medical plan includes several programs designed to help your employees manage their health and well-being. Individuals who have access to information and easy-to-use services may be more apt to be healthy and productive employees.

To make sure your employees are aware of these clinical programs, access the **Communication Resource Center (CRC)** where you'll find fliers, posters and a collection of articles that you can email, print, use in company newsletters or other employee communication. To access the CRC, log in to **EmployerServices.com** or access directly at **uhc.com/crc**.

UnitedHealth Wellness®

A comprehensive portfolio of wellness programs and services help you and your employees stay healthy.

Employees can:

- ▶ Gauge current health status by taking the online health assessment.
- ▶ Choose from a menu of online health improvement programs to follow at their own pace.
- ▶ Save money on thousands of wellness products and services.
- ▶ Track progress with online trackers.
- ▶ Test health trivia and knowledge with our wellness quizzes and games.
- ▶ Read up on health topics in our vast health and wellness library.

To access these services, employees simply visit **myuhc.com** and click on the **Health & Wellness tab**.

Care24®

Registered nurses and master's-level specialists are available 24 hours a day, seven days a week to assist your employees and their families with health, personal or family-related concerns. Enrollees simply call **1-888-887-4114** or the toll-free phone number on their health plan ID card to access this service.

Mental health and substance use disorder

Employees or their family members can request confidential, comprehensive support and resources through United Behavioral Health for all types of mental health concerns. To contact a professional counselor, enrollees simply call **1-800-357-0978** or the toll-free phone number on their health plan ID card.

UnitedHealth pharmaceutical solutions

Our pharmacy programs address the challenges of effectively managing pharmaceutical costs and services while offering choice, access and value to your employees. We have over 60,000 pharmacies in our network and prescriptions can be filled in person, online, by telephone or mail. Employees can find pharmacy information on **myuhc.com** or they can call the toll-free phone number on their health plan ID card.

Healthy Pregnancy program

Once we are notified that a woman is pregnant, we support mothers through all stages of pregnancy and delivery. In addition, we have an aggressive case management program to help high-risk maternity patients have healthier babies with less reliance on costly neonatal intensive care services.

Care management

For individuals with more serious health issues, our care management process takes a deliberate approach, mobilizing the appropriate care resources on behalf of the enrollee. This process may identify gaps in care – such as missing medications or misunderstanding of care instructions.

Individuals enter the care management system through notification from a physician or hospital or through predictive model technology that reveals a care need. Education and prevention programs include preadmission counseling, inpatient care advocacy and readmission prevention.

Chronic condition case management

Our care management approach is an intense, focused approach for enrollees with chronic conditions, such as asthma, diabetes and coronary artery disease. We identify individuals through calls to Care24, notification from a physician, retrospective review of claims information, or through the individual's health assessment survey. Enrollees benefit from a tailored approach that includes education and coaching from a registered nurse.

Specialized networks for complex medical conditions

For complex medical conditions including congenital heart disease, transplants, kidney and neonatal services, enrollees have access to premier medical centers renowned for providing quality treatment while managing treatment costs and maximizing employee benefits. This resource can help enrollees make informed choices about where to get care, coordinate care with their treatment team, schedule appointments, find accommodations, and direct enrollees to appropriate support programs. Enrollees simply call the toll-free phone number on their health plan ID card to access these services.

Again, make sure your employees are aware of these clinical programs. Access the **Communication Resource Center (CRC)** where you'll find fliers, posters and a collection of articles that you can email, print, use in company newsletters or other employee communication. To access the CRC, log in to **EmployereServices.com** or access directly at **uhc.com/crc**.

Administering benefits offline

In the event that you don't have or temporarily lose access to the Internet, please follow the steps outlined here to help us administer your benefits. Refer to page 1 for phone and fax numbers as well as mailing addresses.

Enrolling employees

- ▶ Employee completes, signs and dates the Employee Enrollment Form within 60 days (see eligibility requirements in your group contract) from when the eligible person first becomes eligible to enroll.
- ▶ Employer completes the Employer Section of the Employee Enrollment Form, reviewing the form for accuracy and completeness. Refer to page 1 for the mailing address or fax number. Keep completed forms in files.

Reporting enrollee changes

Call us immediately with any employee or dependent name, address or telephone number changes. Please have available your group number and the employee's or dependent's identification number on their health plan ID card.

Terminating enrollees

- ▶ Call us immediately to report a termination of employment. If you do not call, you will continue to be charged for that employee's coverage.
- ▶ Please have available your group number, and the employee's name and identification number on their health plan ID card.
- ▶ Collect the health plan ID card from the terminated employee and their dependents.
- ▶ Staple the health plan ID card to the terminated employee's enrollment form and keep them in your file.

Note: We will continue to charge you for a terminated employee's coverage if you do not process the termination online or call. If a covered customer uses services after the termination of employment and before we are notified, a premium must be paid up to and through the time in which services were used.

Reporting continuance of coverage/ COBRA information

- ▶ Complete and submit an Employee Enrollment Form to disenroll the employee and/or dependent.
- ▶ Notify the employee in a timely manner of the right to elect continuation coverage.
- ▶ Complete and submit an Employee Enrollment Form, if the employee (and/or dependent, if COBRA applied) elects continuation of benefits.
- ▶ Call us to obtain the continuation rates for your plan.
- ▶ Collect premium payments from employees and eligible dependents (checks should be made payable to your company) and remit total billed amount with your monthly payment.
- ▶ Call us to disenroll employees and eligible dependents once they reach the end of their COBRA coverage.

Upon receipt of the Employee Enrollment Form, all COBRA beneficiaries will be enrolled with a continuation status code so you can easily identify them on the bill.

Paying paper invoices

If you receive a paper invoice, please pay the amount billed and do not adjust your invoice. If we do not receive your Employee Enrollment form in time to be reflected on your current invoice, your additions or terminations will be reflected on your next invoice. Any refund, credits and back charges will appear as an adjustment on your next month's invoice.

The bottom portion of your invoice is the return payment stub. To ensure that we apply your payment correctly, return the payment stub and check only to the address on the payment stub.

Important: Written changes with your payment stub will not be processed. Do not send any other correspondence or materials with your paper payment

Common questions and answers

General

Q. Who can I contact for assistance?

A. For a complete listing of websites, phone numbers and addresses, see the information resources on page 1.

Q. How can I get a list of physicians and health care professionals in the network?

A. To view a list of network physicians and health care professionals in your area, visit **EmployerServices.com** or **myuhc.com**. If you need paper copies of a directory, contact us, or fill out and mail in the business reply card provided in your Administration Kit.

Enrollment

Q. How do I enroll new employees in the health benefit plan?

A. These transactions can be completed in real time online at **EmployerServices.com**. Simply select the Enrollment/Add/Employee tab. In addition, each employee must complete an Employee Enrollment Form for your records.

If you choose not to enroll via Employer eServices, please see pages 2 and 14 for more information.

Q. How do I make changes in enrollment information?

A. These changes can be completed in real time online at **EmployerServices.com**. An Employee Enrollment Form must be completed and kept on file for any of the following situations:

- ▶ Changes in an employee's name, address or telephone number
- ▶ Termination of enrollment in the plan
- ▶ Changes in premium classification such as adding or deleting a spouse or dependent child

If you choose not to make the changes online, please see pages 1 and 14 for more information.

Health Plan Identification (ID) cards

Q. My employee hasn't received his or her health plan ID card. What do we need to do?

A. Your employee can print a temporary health plan ID card or request a replacement ID card at **myuhc.com**. You can order a new health plan ID card on their behalf online by selecting the ID card tab on **EmployerServices.com**, or by contacting us.

Q. Can employees receive services without a health plan ID card?

A. As long as coverage is in effect, employees only need to identify themselves to the physician or other health care professional as enrollees of UnitedHealthcare. If coverage cannot be verified immediately, employees may have to pay the initial charges, but these costs can be reimbursed by submitting a claim to the claims address on their health plan ID card. Employees may also print a temporary card online at **myuhc.com**.

Benefits/Claims

Q. Where can I reference my group benefit plan documents?

A. You and your employees can access your benefit plan documents online at **EmployerServices.com** and **myuhc.com**.

Q. What if my employees have coverage questions?

A. Please refer them to **myuhc.com** for a summary of their benefit coverage information. If they need further clarification, ask them to call the toll-free phone number on their health plan ID card.

Q. My employee is having problems getting an appointment with the health care professional's office. What should we do?

A. Please have the employee call the toll-free phone number on his or her health plan ID card. We will be glad to assist him or her.

Q. Does UnitedHealthcare coordinate benefits with other insurance companies?

A. Yes. We follow the standards for determining primary responsibility set by the insurance industry. These standards are explained in the Coordination of Benefits sections of your *Certificate of Coverage* and can be obtained online at myuhc.com.

Billing and payment

Q. When will I receive a premium invoice?

A. Invoices are generated approximately 10 to 15 business days before the due date and are mailed to the billing contact. Please verify the information on your invoice. Your payment is due on the date indicated on the premium invoice.

You can choose to suppress paper invoices and receive invoices exclusively online through Employer eServices.

Q. I called in changes to Customer Service but this information is not appearing on my invoice. Why?

A. Paper invoices are prepared two to three weeks before the due date. Any enrollment changes received after the 15th of each month will appear on a future invoice.

By using EmployerServices.com, your changes occur in real time. If these adjustments do not appear on the next month's invoice, please call us.

Q. What if my invoice contains an error?

A. To correct an error on your invoice, call the customer service phone number listed on your invoice. Any refunds, credits and back charges

will appear as an adjustment on your next month's invoice.

Q. What supporting documentation should I send in with my payments?

A. You should submit only the remittance stub from your invoice with your payment. All invoices should be paid as billed. Please add the group/policy number in the memo field of your check.

Employee communications

Q. Do you provide communications templates or materials that I can use to help educate my employees about their UnitedHealthcare benefits as well as other health and wellness topics?

A. Yes, the **Communication Resource Center (CRC)** is the online resource for employee educational materials and toolkits. Includes downloadable fliers, posters and a collection of articles that you can email, print, use in company newsletters or any other form of employee communication. To access the CRC, log in to EmployerServices.com or access directly at uhc.com/crc.

Other questions

Q. Do you offer specialized care products such as dental, vision, life and disability insurance?

A. Yes, we offer a broad spectrum of specialty care products. Please contact your broker or UnitedHealthcare representative for more information.

Q. Will my COBRA continuants remain on my invoice?

A. Yes, you will see COBRA Participants reappear on your monthly invoice. Premium payments are made directly to the UnitedHealthcare COBRA area. They are then consolidated and returned to you the employer.



Contact Employer eServices support at **1-800-651-5465**.

Additional information

Notice of Privacy Practices

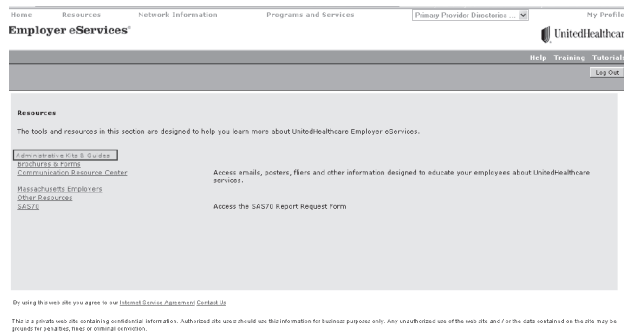
You can view our standard *Notice of Privacy Practices* on **Employer eServices**. Click on the **Brochures & Forms** link under the **Resources** section on the home page and then click on **Brochures by State**.

Rights & Responsibilities Brochures

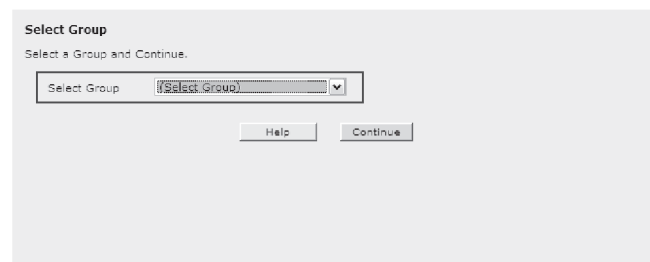
Access the *Rights and Responsibilities brochure* for your state on **Employer eServices**. Click on the **Brochures & Forms** link under the **Resources** section on the home page. Then click on **Brochures by State** and select the desired state.

Access your Administration Kit online

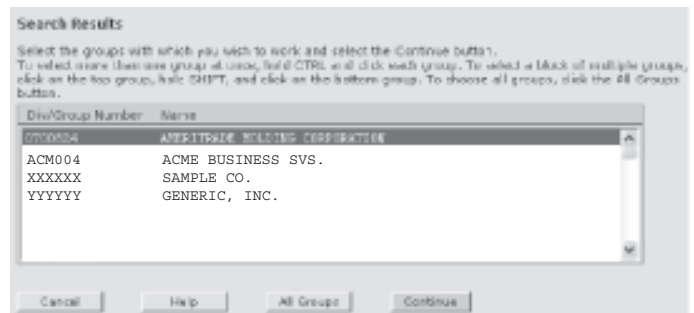
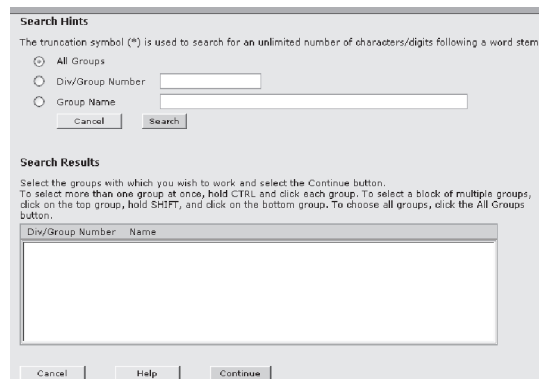
1. Log in to **Employer eServices.com**.
2. Click on **Administrative Kit & Guides** in the **Resources** area of the screen.



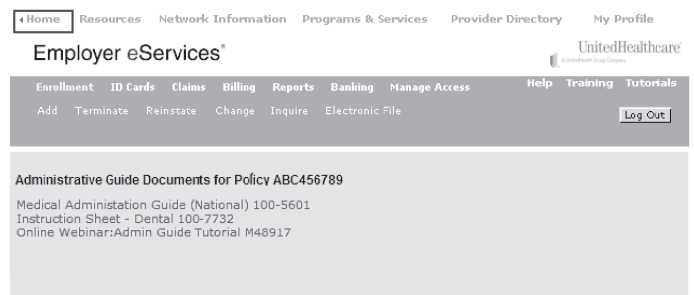
- a. If you only have **one policy**, select the policy from the drop down menu to retrieve your Administration Kit.
- b. If you have **2-19 policies**, select Select Group and then **Continue** to retrieve a specific policy Administration Kit.



- c. If you have **20 or more policies**, select **Group Select** and follow the rest of the prompts to retrieve a specific policy Administration Kit.



4. Your Administration Kit documents will appear as shown in the example below.



5. To view other policies, use your browser **Back** button or click on **Home** at the top left of the screen to navigate back to the home page. Repeat steps 2-3 to view your other policy kits and documents.

Notes...

Notes...



uhc.com

*Some features may not be available for all employer plans.

App Store is a service mark of Apple, Inc. Android is a registered trademark of Google, Inc. iPhone is a registered trademark of Apple, Inc. Google Play is a registered trademark of Google, Inc.

Participation in the Health Assessment is strictly voluntary. Any health information collected as part of the assessment will be kept confidential in accordance with the Notice of Privacy Practices; be used only for health and wellness recommendations or for payment, treatment or health care operations; and be shared with your health plan, but not with your employer.

All UnitedHealthcare members can access a cost estimator online tool at myuhc.com. Depending on your specific benefit plan and the ZIP code that is entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available in the Health4Me mobile app, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

UnitedHealthcare Vision® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX and associated COC form number VCOC.INT.06.TX.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company; and in California by Unimerica Life Insurance Company; and in New York by Unimerica Life Insurance Company of New York. In New York, the Life Insurance product is provided on Form LASD-POL-LIFE NY (05/03) and the Disability product on Form LASD-POL-ADD/DIS NY (05/03). In Texas, Life and Disability coverage is provided on Form LASD-POL-TX (05/03) or Form UHCLD-POL 2/2008-TX. UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Life Insurance Company in Milwaukee, WI; Unimerica Life Insurance Company of New York in New York, NY. Some products vary by state or may not be available in all states.

UnitedHealthcare Dental® coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX (11/15/2006) and associated COC form number DCOC.CER.06.

The Care24® program integrates elements of traditional employee assistance and work-life programs with health information lines for a comprehensive set of resources. Program components may not be available in all states or for all groups. Care24 is a registered trademark of UnitedHealth Group, Inc., used by permission. 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 UnitedHealthcare services directly or indirectly (e.g., employer or health plan). Care24 may not be available in all states or for all groups sizes. Components subject to change.

UnitedHealth Wellness® is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes. Components subject to change.

The Healthy Pregnancy Program follows national practice standards from the Institute for Clinical Systems Improvement. The Healthy Pregnancy Program cannot diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

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.

UnitedHealthOne is the brand name for the family of UnitedHealthcare companies offering personal health insurance products including Golden Rule Insurance Company, American Medical Security Life Insurance Company, UnitedHealthcare Insurance Company, PacifiCare Life and Health Insurance Company and Oxford Health Plans, Inc.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health plan coverage provided by UnitedHealthcare of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare of Oregon, Inc., and UnitedHealthcare of Washington, Inc. or other affiliates. Administrative services provided by United HealthCare Services, Inc. or its affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.