

Medical Administration Guide

2 to 99 employees

Thank you for selecting UnitedHealthcare as your company's health benefits provider. To make the administration of benefits easy, fast and accurate for you and your employees, we provide Employer eServices®, your Web site for secure online benefit administration.

We also ask that you promote myuhc.com® to your employees. myuhc.com is an essential resource for all of your employees' health and benefit information and transaction needs.

Both Web sites help you and your employees save time, make informed decisions about health care and maximize resources – all leading to a better health care experience 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	Web Site / 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 www.EmployereServices.com. If you don't have access to the Internet, please fax or mail eligibility changes to us.</p>	<p>www.EmployereServices.com</p> <p>Enrollment / Eligibility address UnitedHealthcare PO Box 30964 Salt Lake City, UT 84130-0964</p> <p>Overnight mail UnitedHealthcare Prime eligibility 4050 South 500 West Salt Lake City, UT 84123</p> <p>Claims address Please mail claims to the address on the member's ID card.</p> <p>Billing address For billing address, please see your invoice remittance stub or call customer service.</p>	<p>Technical support 1-800-651-5465</p> <p>Customer service 1-888-842-4571 Fax 1-248-733-6062</p>
UnitedHealthcare Benefit ServicesSM <ul style="list-style-type: none"> ▶ COBRA Administration ▶ Flexible Spending Accounts ▶ Pre-Tax Premium 	<p>uhcservices.com</p>	<p>1-800-318-5311</p>
Member Service <ul style="list-style-type: none"> ▶ Medical claims ▶ Benefits and eligibility ▶ Care24[®] nurses and specialists ▶ Physicians and facilities ▶ Notifications of hospital admissions 	<p>myuhc.com</p>	<p>Technical support 1-877-844-4999</p> <p>Members simply call the toll-free phone number on their ID card.</p>
UnitedHealthcare Specialty BenefitsSM <ul style="list-style-type: none"> ▶ Dental ▶ Life and Disability Insurance ▶ Vision 	<p>myuhcspecialtybenefits.com</p>	<p>1-888-866-3192</p> <p>1-877-816-3596</p> <p>1-888-299-2070</p> <p>1-800-638-3120</p>
U.S. Department of Labor COBRA Hotline	<p>dol.gov/ebsa</p>	<p>1-866-444-3272</p>
Individual Conversion Unit Questions about conversion coverage		<p>1-866-747-1019</p>
UnitedHealthOneSM Offers individual and family coverage		<p>1-800-291-2632</p>

Employer eServices®

www.EmployerServices.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
- ▶ Request medical 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

If you don't have Internet access or temporarily lose Internet access, please follow the steps outlined on page 14 and refer to page one for contact information.

Setting up and managing your Web site access

When you provided your e-mail address on the employer application, you were automatically:

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

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. The 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

Your CMA should have received two e-mails from us that contain their user ID and password. They can simply go to www.EmployerServices.com, use their new ID and password to login 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**. If your CMA has questions, there's an easy-to-follow online tutorial on the Web site.

Online training resources to help you get started

Once your CMA has set up your employees with access to Employer eServices as appropriate, users can 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
- ▶ **Instructor-led webcasts:** Live, instructor-led webcasts offered to help guide you through the site
- ▶ **Automated webcasts:** An innovative self-service training tool that allows you to attend a webcast without pre-registering or trying to fit in a pre-determined time and day during your busy schedule. You decide when you have time to access these webcasts – anytime, any day, from anywhere.
- ▶ **Quick reference guides:** Reference cards that may be downloaded and printed for easy access to information

If users still have questions after trying the self-service online training resources, they can call Employer eServices at **1-800-651-5465**. The Employer eServices support staff are a user's best resource for help as UnitedHealthcare representatives do not have access to the Web site due to security and privacy issues.

Note: In the event that Employer eServices is unavailable due to an UnitedHealthcare outage, please refer to pages one 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 changes: Learn about network changes such as additions or terminations of a hospital, physician or other health care professional.

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

Programs & 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 Web site

Here is a sampling of some of the forms that can be found on the Web site:

- ▶ Dental Claim Form
- ▶ Health Insurance Claim Form
- ▶ HIPAA Authorization for the Disclosure of Information
- ▶ Medicare Status Change Form for Enrollees and Dependents
- ▶ Prescription Drug Reimbursement Form

Group benefit plan documents online

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

Employee communications

When you want help educating your employees about their UnitedHealthcare benefits, the **Communication Resource Center** on Employer eServices is your one-stop online resource. Click on the Communication Resource Center link and you'll find tools to help you communicate the value of UnitedHealthcare benefits to your employees.

- ▶ 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 e-mail, hard copy, or on your Intranet site.
- ▶ View and download posters, brochures, fliers, and a collection of electronic articles that you can e-mail, 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.

The Communication Resource Center is filled with employee education materials that are easy to access, flexible to use, and completely free to you. To get there, simply log in to www.EmployereServices.com and click the Communication Resource Center link.

Enrollment and eligibility information

Ongoing enrollment and eligibility management

Log in to www.EmployereServices.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 31 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 and leave of absence 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.

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/she was on leave at that time.

Retroactive eligibility adjustments

All requests for additions, changes and terminations of eligibility must be submitted immediately or within 31 days of the effective date. The 31-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.

Identification (ID) card

Enrollees will receive two ID cards. Each card includes basic benefit information, employee and dependent name(s), identification number(s) and important telephone number(s) and Web site addresses.

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

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 ID card for more information.

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

Treatment Cost Estimator

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 Savings Account, Pre-Tax Premium and COBRA administration services to employer groups with **20 to 99 employees**. 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 pay.*

► Continuation of coverage/COBRA

COBRA, Consolidated Omnibus Budget Reconciliation Act, allows an employee to continue on the company's health care coverage for a period of time under certain circumstances, such as termination of employment.

Federal and some state governments have mandated employers to provide certain continuation rights to employees and eligible dependents. Continuation of coverage under COBRA is available only to employees of enrolling groups that are subject to the terms of COBRA.

Any continuation rights are described in the Certificate of Coverage. It is the employer's responsibility to determine which legislation is applicable.

UnitedHealthcare and its affiliated companies will not assume the obligations of an Employee Retirement Income Security Act (ERISA) Plan Administrator.

Qualifying events and termination of continuation provisions are listed in the Certificate of Coverage.

Activate your accounts

To take advantage of these services, activate your accounts at **uhcservices.com**. You will need a user name and password. If you do not have your user name and password, please contact us at **1-800-318-5311**.

Once activated, you can manage enrollment and view activities on the same Web 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**.

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

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: copay, 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.

Student verification

Your employees may have dependents covered on their medical plan who are over age 18 but considered full-time students. If so, verification of student status may be needed when a claim is received.

UnitedHealthcare has a process for verifying student status and requires the affected employee's immediate attention in order for the claim to be processed:

1. If a dependent is over the age limit and UnitedHealthcare does not have any student status information, the claim will be automatically closed indicating we need additional information.
2. If the dependent is currently listed as a student, but the date of service is after the student status date has expired, the claim will automatically close and a letter will be posted on myuhc.com and/or mailed to the employee associated with the student, asking for updated student status date information. If the member has chosen to receive electronic delivery of their documents (explanation of benefits, health statements and letters) on myuhc.com, a paper letter will not be mailed.
3. The letter from UnitedHealthcare Service Center asks the employee to provide the required student information via mail or telephone. Instructions are provided in the letter.

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, Ingenix, your employees receive subrogation services as part of their UnitedHealthcare membership. Ingenix Subrogation Services recovers certain health care expenses that are the result of an accident from other insurance companies.

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

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

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

UnitedHealthcare's student verification and subrogation processes 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.

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.

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 offers fast service, simplified invoices, downloadable data and real-time calculations and payments.

- ▶ A reminder e-mail will be sent to you every month when your invoice is ready for your review and payment on www.EmployereServices.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 section of www.EmployereServices.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.

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 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 ID card.
- ▶ Questions regarding claims submission and payment may be directed to the number listed on the enrollee's ID card.

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

Health Statements

For a complete view of health care expenses, most enrollees receive 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 Explanation of Benefits (EOB). All enrollees can view their claim activity 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 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 OptumHealth Bank 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 & Accounts > Appeals and Grievances**.

myuhc.com® for your employees

myuhc.com, our self-service consumer Web site, provides employees convenient access to their personal benefit information as well as a host of health and wellness tools – day or night. This tool helps to reduce the number of benefit related questions your Human Resources department personnel have to answer – freeing them up so they can spend more time on your core business.

At myuhc.com, enrollees can:

- ▶ Check claims status and history
- ▶ Review eligibility/benefit information
- ▶ Update Coordination of Benefit information
- ▶ 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 specialities and quality-of-care measures using the Hospital Comparison Tool
- ▶ Estimate the costs of different plan options using the Plan Cost Estimator
- ▶ Communicate one-on-one with a registered nurse using the Live Nurse Chat
- ▶ Use the Personal Health Record to organize health data and receive condition-specific information to better manage their health
- ▶ 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 promote myuhc.com to your employees, look for fliers, posters, e-mail articles and other materials on the Communication Resource Center on www.EmployereServices.com.

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 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 ID card for information related to:

- ▶ Medical claims
- ▶ Benefits and eligibility
- ▶ Care24 nurses and specialists
- ▶ Pharmacy
- ▶ Mental health and substance abuse
- ▶ 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, log in to www.EmployerServices.com, click on the Communication Resource Center where you'll find fliers, posters and a collection of articles that you can e-mail, print, use in company newsletters or any other form of employee communication.

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 one of our online health assessments.
- ▶ 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 personal journaling and other wellness tools.
- ▶ 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 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 ID card to access this service.

Mental health and substance abuse services

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 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 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.

Disease 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 solutions for managing complex medical conditions

For complex medical conditions including cancer, congenital heart disease, transplants, kidney, reproductive and neonatal services, enrollees have access to premier medical centers renowned for providing quality treatment while managing treatment costs and maximizing employee benefits. Provided through our affiliate company, United Resource Networks, 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 ID card to access these services.

Again, make sure your employees are aware of these clinical programs. Log in to www.EmployereServices.com, click on the Communication Resource Center where you'll find fliers, posters and a collection of articles that you can e-mail, print, use in company newsletters or any other form of employee communication.

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 one for phone and fax numbers as well as mailing addresses.

Enrolling employees

- ▶ Employee completes, signs and dates the Employee Enrollment Form within 31 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 one 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 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 ID card.
- ▶ Collect the medical ID card from the terminated employee and their dependents.
- ▶ Staple the ID 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 Web sites, phone numbers and addresses, see the information resources on page one.

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 www.EmployereServices.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 www.EmployereServices.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 two 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 www.EmployereServices.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 one and 14 for more information.

Identification (ID) cards

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

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

Q. Can employees receive services without an 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 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 www.EmployereServices.com and myuhc.com respectively.

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 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/her ID card. We will be glad to assist him/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 www.EmployereServices.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.

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.

Notes



UnitedHealthcare VisionSM coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates.

UnitedHealthcare Life and Disability products are provided by or through Unimerica Insurance Company, UnitedHealthcare Insurance Company or their affiliates.

UnitedHealthcare Dental coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates.

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 group 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 can not diagnose problems or recommend specific treatment. The information provided is not a substitute for your doctor's care.

The medical centers and programs in UnitedHealthcare's network and within United Resource Networks are independent contractors who render care and treatment to UnitedHealthcare members. UnitedHealthcare does not provide health services or practice medicine. The medical centers and programs are solely responsible for medical judgments and related treatments. UnitedHealthcare is not liable for any act or omission, including negligence, committed by any independent contracted health care professional, medical center or program.

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 UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

