

# support

Administration Guide



**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, UnitedHealthcare provides Employer eServices<sup>®</sup>, your Web site for secure online benefit administration. Secure online transactions offer you and your employees:

- Quicker access to benefits
- Highest level of accuracy and speed for billing and claims reimbursement
- Greater privacy due to less intervention of multiple handlers

We also encourage your employees to register and use **myuhc.com**<sup>®</sup> for all of their 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 refer to page two for the appropriate contact information.

Resource	Web Site / Address	E-mail / Phone / Fax
<b>Employer eServices® Customer Support</b> Assistance with online navigation and technical support	<b>EmployereServices.com</b>	<b>1-800-651-5465</b>
<b>myuhc.com® Customer Support</b> Assistance with online navigation and technical support	<b>myuhc.com</b>	<b>1-877-844-4999</b>
<b>Customer Service for Benefit Administrators</b> <ul style="list-style-type: none"> <li>• Enrollment / Eligibility*</li> <li>• Billing information and payment</li> <li>• Medical benefit information</li> <li>• Pharmacy drug card services</li> <li>• Physician / Health Professional status</li> <li>• Notification status</li> </ul> <p>*Make eligibility changes online at <b>EmployereServices.com</b>. If you don't have access to the Internet, please fax or mail eligibility changes to us. We cannot take eligibility changes over the phone.</p>	<b>EmployereServices.com</b>  <b>Enrollment / Eligibility Address</b> Enrollment Service Center Attn: Eligibility PO Box 1946 Oldsmar, FL 34677  <b>Overnight Mail</b> Enrollment Service Center Attn: Eligibility 601 Brooker Creek Blvd. Oldsmar, FL 34677  <b>Claims Address</b> Please mail claims to the address shown on your ID card.  <b>Billing Address</b> For billing address, please see your invoice remittance stub or call Customer Service.	<b>1-888-842-4571</b> <b>Fax: 1-813-818-3724</b>
<b>Customer Care for Enrollees</b> <ul style="list-style-type: none"> <li>• Medical claims</li> <li>• Benefits and eligibility</li> <li>• Care24<sup>SM</sup> nurses and counselors</li> <li>• Pharmacy</li> <li>• Mental health and substance abuse</li> <li>• Physician / Health professional status</li> <li>• Notifications of hospital admissions</li> </ul>	<b>myuhc.com</b>	Enrollees simply call the toll-free Customer Care telephone number on the back of their ID card.
<b>UnitedHealthcare Dental®</b>	<b>myuhc.com</b> under "dental" <b>Claims Address</b> Dental Claims Department PO Box 30567 Salt Lake City, UT 84130-0567	<b>1-877-816-3596</b>
<b>UnitedHealthcare Spectera® Vision</b>	<b>spectera.com</b> <b>Claims Address</b> Spectera Claims Department PO Box 30978 Salt Lake City, UT 84130-0978	<b>1-800-638-3120</b> <b>Fax: 1-248-733-6060</b>
<b>United HealthCare Insurance Company (Life Insurance)</b>	<b>Claims Address</b> Life Insurance Product PO Box 30759 Salt Lake City, UT 84130-0759	<b>1-866-293-1794</b>
<b>U.S. Department of Labor COBRA Hotline</b>	<b>dol.gov/ebsa</b>	<b>1-866-444-3272</b>
<b>Individual Conversion Unit</b> Questions about conversion coverage		<b>1-866-747-1019</b>
<b>Golden Rule® Insurance Company</b> A UnitedHealth Group company that offers individual and family coverage	<b>goldenrule.com</b>	<b>1-800-413-4420</b>

# 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
- 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 15 and refer to page two for contact information.

## Setting Up and Managing Your Web Site Access

If you provided your e-mail address on the employer application, you have been automatically registered on the Employer eServices Web site and a **Client Master Administrator** (CMA) has been 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
- 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 **Employer eServices.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
- **Training on Demand:** self-running training for those wanting more detailed information or training
- **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 in PDF format 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 Customer Support 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 two and 15 for assistance.

# Employer eServices

## **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.

## **Easy Access to Employee Benefit 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 login to **EmployereServices.com** and click the **Communication Resource Center** link.

# Enrollment and Eligibility Information

## **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.

## **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, important telephone number(s), employee and dependent name(s) and identification number(s). The back of the ID card lists Web sites and telephone numbers for customer information.

If an enrollee has lost their ID card, 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 on **EmployerServices.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.

## **Continuation of Coverage/COBRA**

Continuation of coverage 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.

# Enrollment and Eligibility Information

## **Continuation of Coverage/COBRA cont.**

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

Your employees may want to consider using our affiliate company, **Golden Rule® Insurance Company**, for their insurance needs after their employment ends. Golden Rule Insurance Company offers health insurance plans for families and individuals under age 64 throughout much of the United States. For more information, call Golden Rule at **1-800-413-4420** or your local broker.

## **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**

*An employee whose:*

- 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.

Your employees may want to consider using our affiliate company, **Golden Rule® Insurance Company**, for their insurance needs after their employment ends. Golden Rule Insurance Company offers health insurance plans for families and individuals under age 64 throughout much of the United States. For more information, call Golden Rule at **1-800-413-4420** or your local broker.

# Enrollment and Eligibility Information

## 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 denied indicating "no coverage."
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 sent to the employee associated with the student, asking for updated student status date information.
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.

## 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.

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** 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.

# Enrollment and Eligibility Information

## **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.

## **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 preferred 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 Employer eServices.
- 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 **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 15 for paying paper invoices.

### Payment Due Date

Payment is due and should be received by the payment due date each month to ensure uninterrupted coverage. If your premium payment is not received in full by the end of the month when payment is due, 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**.

# Claims Information

## Health Statements

For a complete view of health care expenses, enrollees receive one easy-to-read Health Statement each month for processed claims. It shows all claims processed for that period, as well as remaining balances for deductibles and out-of-pocket expenses. If there are no claims for a given month, no statement will be mailed. Enrollees can also visit [myuhc.com](http://myuhc.com) to review all their claims activity.

A6-00051\*01\*000201-SA-06218 11S00

UNITED HEALTHCARE INSURANCE COMPANY

POST OFFICE BOX 30374  
ATLANTA GA 30374  
PHONE (888) 780-4876

**Member Number   Policy   Statement Period**  
 800450011   0010752   05/31/2006 – 06/27/2006  
 Page 1 of 3

**HEALTH STATEMENT**

JOHN C SAMPLE  
675 MAIN ST  
ANYTOWN GA 30005

Visit [www.myuhc.com](http://www.myuhc.com)  
for more detail on account  
balances and activity

Remaining Account Balances	Network Deductible	Network Out Of Pocket
Family	\$1,400.00	\$2,307.10
FAYE	\$792.50	\$1,714.52
CHRISTOPHE	\$0.00	\$1,669.22

**Prevent Back Pain by Drinking Water**

Minor back pain is often the result of a deficiency in body fluid levels. The disks in our back are in reality little hydraulic shock absorbers. These disks are made up of an outer shell filled with fluid, primarily water. A properly hydrated disk creates a cushion that absorbs the shock of physical activity and supports the weight of the upper body. So give your back a break and drink plenty of water!

See last page for more helpful information

The deductible and out of pocket amounts above represent the Network amounts for reaching the thresholds defined by your plan. Balances may not match what is on your personal website. This health statement reflects balances as of the end of the statement period, while balances on your personal website are updated daily. For more detail on these account balances and on your out-of-network activity, please visit [myuhc.com](http://myuhc.com).

Claim Details*	Amount Billed	Discount	Cost Of Care	Health Plan Paid	You Owe **	Remark Code ***
<b>CHRISTOPHE from 01/04/06-01/05/06</b> #0101474720025 PEDIATRIC MEDICAL	147.22	0.00	147.22	0.00	147.22	8L W1 09 IK
<b>CHRISTOPHE from 01/12/06-01/30/06</b> #0101474720026 PEDIATRIC MEDICAL	184.12	0.00	184.12	0.00	184.12	W1 09 IK 8L
<b>CHRISTOPHE from 02/27/06-03/06/06</b> #0101474720100 PEDIATRIC MEDICAL	276.37	0.00	276.37	34.77	241.60	8L DD 09 IK
<b>FAYE on 05/24/06</b> #0101474720001 J JOSEPH MEDICAL	260.00	104.07	155.93	145.93	10.00	D1 I1 KZ EC
<b>TOTALS</b>	867.71	104.07	763.64	180.70	582.94	

**All of your Explanation of Benefit forms (EOB) are available online at [www.myuhc.com](http://www.myuhc.com).**

\* Some claim detail may not appear on this statement to maintain the privacy of our members.  
\*\* This is the amount you owe the physician, health care professional or facility. This may include amounts already paid to your provider / pharmacy at the time of service.  
\*\*\* See next page for explanation of Remark Code

# Claims Information

## Real Time Adjudication

Real Time Adjudication (RTA) refers to the near instant claims processing now available at network physician offices. Network 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 (10 seconds or less). Patients know precisely what they're responsible for without having to wait for a bill in the mail, and the doctor can request payment from the patient, before the patient leaves the office. If applicable, enrollees can use their Exante 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 the **Claim Center** link.

## myuhc.com<sup>®</sup> 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 information (if in coverage)
- Use Pharmacy Online (if in coverage)
- Review hospital specialities and quality-of-care measures using the Hospital Comparison Tool
- Explore various treatment costs with the Treatment Cost Estimator
- Estimate the costs of different plan options using the Plan Comparison Calculator
- 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 Employer eServices.

Once registered on **myuhc.com**, there may be a 72 hour delay to access personalized information, but your employees are able to login 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 on the back of their ID card for information related to:

- Medical claims
- Benefits and eligibility
- Care24 nurses and counselors
- 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, login to **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.

## **UnitedHealth Wellness<sup>SM</sup>**

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 register at **unitedhealthwellness.com**.

## **Care24<sup>SM</sup>**

Registered nurses and master's-level counselors 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. To participate in this program, enrollees simply call **1-800-411-7984**.

# Proactive Health Solutions

## 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. Login to **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.

# 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 two 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 two 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 2.

### 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 two and 15 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 two and 15 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 **EmployerServices.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 **EmployerServices.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.

## Common Questions and Answers

**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](http://myuhc.com).

### Billing and Payment

**Q. When will I receive a premium invoice?**

**A.** Invoices are generated approximately 10-15 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 the online service of **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 in 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 and life insurance?**

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

**It just makes sense.®**

Administrative services to self-funded plans provided by United HealthCare Insurance Company or United HealthCare Services, LLC.

Insurance coverage provided by or through: United HealthCare Insurance Company, United HealthCare Insurance Company of New York, or their affiliates.

Health Plan coverage provided by or through: United HealthCare of Alabama, Inc., United HealthCare of Arizona, Inc., United HealthCare of Arkansas, Inc., United HealthCare of Colorado, Inc., UnitedHealthcare of Florida, Inc., Neighborhood Health Partnership, Inc., United HealthCare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., United HealthCare of Kentucky, Ltd., United HealthCare of Louisiana, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MD-Individual Practice Association, Inc. (M.D. IPA), Optimum Choice, Inc., United HealthCare of the Midlands, Inc., United HealthCare of the Midwest, Inc., United HealthCare of Mississippi, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of New Jersey, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of North Carolina, Inc., United HealthCare of Ohio, Inc., United HealthCare of Tennessee, Inc., UnitedHealthcare of Texas, Inc., United HealthCare of Utah, UnitedHealthcare of Wisconsin, Inc., UnitedHealthcare Plan of the River Valley.

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