





# Thank you

for selecting UnitedHealthcare to provide commercial health benefits to your company. In our continuing effort to make it easier for companies to do business with us, we have developed three online services available seven days a week to help save time and maximize resources; help consumers make informed decisions about their health care; and make the administration of health care benefits simpler, easier and better.


**Employer eServices<sup>sm</sup> at [www.employereservices.com](http://www.employereservices.com):**  
your site for online benefits administration – eligibility, billing and reporting.

**[myuhc.com](http://myuhc.com)<sup>®</sup> at [www.myuhc.com](http://www.myuhc.com):** a site that gives your employees health care decision-making support and personal benefit information.

**Online Enrollment at [www.unitedhealthcare.com/enroll](http://www.unitedhealthcare.com/enroll):**  
a site for your employees to enroll over the Internet during your annual open enrollment.

In addition to these online resources, this guide contains general administration information and is intended to answer commonly asked questions about doing business with UnitedHealthcare.

If you have any questions regarding the information in this guide or require assistance in resolving any situation that may arise, please call us.



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**Please note that this administration guide 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.**

Through the Employer eServices Web site, [www.employereservices.com](http://www.employereservices.com), you can manage most of your benefits administration online and in real-time, increasing efficiency and saving time and money.

#### **Real-Time Web-Based Eligibility Management**

- Add or terminate employees and their dependents
- Reinstate employees
- Change the employee status
- Inquire as to the employee's eligibility status
- Request employee ID cards

#### **Electronic Eligibility System\***

- Ability to pass accurate, up-to-date eligibility information direct from an employer's human resource system
- Same day processing
- Automatic email notification of file processing
- Online processing statistics and error reports

#### **Efficient, Accurate and Timely Billing**

Electronic billing offers fast service, simplified invoices, downloadable data and real-time calculations and payments. Features include:

- Automatic email notification informing you that your online invoices are ready for viewing
- Ability to view current activity or prior period activity
- Ability to complete online remittance tasks and self-billed adjustments
- Request a monthly adjustment invoice to reflect eligibility changes

#### **Customer Reporting Solutions\***

Our online customer reporting solution provides access to information that helps you identify trends, evaluate your company's health care experience, and make more informed choices about your medical benefits programs.

#### **Online Help**

A browsable topic index, tutorials, Webcast training schedules and **Training on Demand** gives you the control to access training when you need it.

Customer support staff are also available at 1-800-651-5465.

#### **Easy Registration**

Contact your account manager who will gather the necessary information needed to get your company registered. Soon thereafter, you'll receive your user ID and password via email, giving you access to [www.employereservices.com](http://www.employereservices.com) - a simpler, easier and better health care benefit administration tool.

\* Availability of applications is based on your agreement with UnitedHealthcare and all services may not be available to all customers.

myuhc.com is our innovative consumer Web site that provides your employees secure, instant and convenient access to their personal health benefit information whenever they need it. In addition, employees have instant access to a host of health information as well as cost estimation tools – all of which are designed to help them make better decisions and improve their health care experience.

myuhc.com's self-service capabilities provide quick answers to questions and manage routine benefit information requests quickly and easily, reducing calls to your Human Resource department.

#### Employees can:

- Check eligibility and claim status or history.
- Order a new or replacement ID card or print a temporary ID card.
- Review benefits and order prescriptions.
- Search for network physicians and hospitals.
- Track their Personal Benefit Account and Flexible Spending Account balances and expenditures.
- View and download Explanation of Benefits information\*.
- Update Coordination of Benefit information.

myuhc.com provides health and well-being resources that deliver effective decision support and education including:

- **Healthwise** – research health topics, medical tests, medications and support groups.
- **Best Treatments** – evidence-based treatment information.
- **Treatment Cost Estimator Tool** – estimate the cost of care in a specific geographic area.
- **Hospital Comparison Tool** – quantitative and qualitative information to help choose a hospital.
- Live online health discussions and chat live online with a nurse.

#### Pharmacy Online Feature\*

- Check pharmacy benefit coverage
- Search for pharmacy-related information
- Find prescription pricing and coverage information
- View prescription histories and set up refill reminders
- Locate neighborhood pharmacies by zip code
- Convenient home delivery service – prescriptions are delivered free with no added shipping or handling fees

#### Encourage Your Employees to Register – it's Easy

1. Simply login to www.myuhc.com
2. Enter UnitedHealthcare ID card information
3. Choose a user name and password

#### Promote myuhc.com to Your Employees

To help promote myuhc.com to your employees, we offer printed and electronic tools including posters, flyers, sample employee emails, paycheck stuffers, postcards, wallet cards and a hot button for linking your Intranet site to myuhc.com. To request any of these promotional tools, simply contact us.

\* Service and report availability will vary by contract.

# Online Enrollment

[www.unitedhealthcare.com/enroll](http://www.unitedhealthcare.com/enroll)

We've made the annual benefits enrollment process simpler and easier for new and renewing customers. Our Online Enrollment\* Web tool gives you and your employees the power to perform your annual benefit enrollments online. It signals an end to the paperwork required of you and your employees during the annual benefits enrollment process. This service is part of UnitedHealthcare's standard offering.

## Employer Benefits

- Quick and efficient way to enroll employees into their health benefits
- Easy-to-read reports to monitor enrollment progress
- Simple and easy-to-use site interaction

## Employee Benefits

- Safe and secure self-registration
- Simple 5-step review and election process
- Side-by-side plan comparisons
- Online physician directories
- Temporary ID card and election confirmations
- Print options for each step

## Online Enrollment is a Simple, Secure Process

Employees simply login to [www.unitedhealthcare.com/enroll](http://www.unitedhealthcare.com/enroll) and follow the easy registration process online. They pick their ID and password, and then choose from the benefits offered. They will need the enrollee ID number and birth date for each family member they intend to enroll, as well as your company's group number.

You can then access online reports and track employees' enrollment progress through Employer eServices Web site, [www.employereservices.com/enroll](http://www.employereservices.com/enroll).

Please contact us for a live online demonstration.

\* For customers with 51-150 employees, online enrollment is not available yet. It will be available in the near future.

# Enrollment Process

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. If you have any questions about the enrollment procedures that apply to your policy, call us.

Note: Please reference your group contract for your exact eligibility requirements.

## Employee

- Completes, signs and dates Employee Enrollment Form
- Returns the form to the employer

## Employer

- Completes and signs the Employer Section, reviews Employee Enrollment Form for accuracy and completeness. The following information is critical to completing the enrollment process successfully.

Group/policy number

Coverage type (Life, Dental, Medical)

Plan variation code (for each type)

Reporting code (for each type)

Benefit level (for Life only)

Salary (for Life only)

Employee ID

First name

Last name

Street address

City

State

Zip

Effective date

Date of birth

Gender

- Enrolls new hire via Employer eServices by selecting the Enrollment/Add/Employee Tab.

**If you are using Employer eServices, you don't have to send us hard copy enrollment forms.**

- If unable to enroll via Employer eServices, submits completed form to UnitedHealthcare within 31 days from when the eligible person first becomes eligible to enroll. Refer to the Key Contacts page for more information about how to submit your enrollment information.
- Keeps completed forms in files.

## Waiving Coverage

If the 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.

## Qualified Medical Child Support Order

A Qualified Medical Child Support Order is a court order requiring the employee to pay child support and 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 us to obtain the necessary information to enroll the child.

# Enrollment Process

*(continued)*

## 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

Eligibility adjustments for additions, changes and terminations must be reported to UnitedHealthcare immediately. Retroactive adjustments will be handled per state statute guidelines and limitations, and according to your group contract.

## Identification (ID) Card

Enrollees will receive two ID cards that list each enrolled eligible dependent covered under the policy. The 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 telephone numbers for customer information.

If an enrollee has lost his/her ID card, he/she can go to [www.myuhc.com](http://www.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 online at [www.employereservices.com](http://www.employereservices.com).



# Reporting Enrollee Changes

## Employee Personal Information Change

To make changes to your employee's demographic information, go to [www.employereservices.com](http://www.employereservices.com) and select the Enrollment/Change Tab where the changes will be made in real-time.

If you don't make the change online, call us 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.

## Enrollee Termination Procedures

To terminate an enrollee from the plan, go to [www.employereservices.com](http://www.employereservices.com) and select the Enrollment/Terminate Tab.

If you do not terminate the enrollee online,

1. 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.
2. Please have available your group number, the employee's name and identification number on their ID card.
3. Collect the medical ID card from the terminated employee and their dependents.
4. Staple them 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 do not 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.

# Continuation of Coverage / COBRA

## Description

Continuation 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 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 Act (ERISA) Plan Administrator.

The following description and instructions for COBRA are provided as a courtesy to you. Because COBRA legislation applies to employers, it is your responsibility to ensure that your plan complies with COBRA.

## Administrative Procedures

Complete all COBRA enrollments online at [www.employereservices.com](http://www.employereservices.com). If you have questions about completing a COBRA transaction online, view the training materials located on the training information home page. Simply click on the **Need Training?** link on the home page. There you will find tutorials, Webcast training schedules and our **Training on Demand** modules. If you need to speak with an Employer eServices customer service representative, call 1-800-651-5465.

If not completed online, the employer:

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

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

## Reminder

During the eligible period of COBRA/Continuation, we will not terminate an insured until we are notified to do so. When you are notified by an insured of an event that terminated continuation of coverage, please contact us to disenroll the employee and/or dependent as soon as possible.

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

# 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 health contract. These individuals should be notified of the conversion option within 180 days before the end of their continuation period. Refer to your group contract to determine if conversion or individual coverage is offered.

## Qualifying Person and Situations

*An Employee whose:*

- Termination was due to retirement
- Termination was due to loss of eligibility as an employee or a covered dependent
- Termination was due to expiration of continuation coverage

## Procedure

*The Employer:*

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

*The Employee:*

- Contacts issuing company for conversion enrollment materials
- Submits written application and first premium payment to the company issuing the conversion coverage within 31 days following the date coverage terminates under the master group contract

## 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.

## 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, you should contact your legal counsel.

# Billing and Payment Information

To view and pay invoices, login to [www.employereservices.com](http://www.employereservices.com). Employer eServices Electronic Billing and Payment offers fast service, simplified invoices, invoice detail and invoice payment.

Your invoice contains important information about your account activity. The following information will help you as you review your invoice.

## Remittance Information

Employer eServices Electronic Billing and Payment sends you a reminder via email every month when your invoice has been posted and is ready for your review and payment\*.

If you decide to have your invoice presented to you online at [www.employereservices.com](http://www.employereservices.com), and find you need to make an eligibility adjustment, it's easy to make the adjustment using the eligibility tool on the Web site. The eligibility section of the site will guide you in making this adjustment. After you've made the adjustment in the eligibility area, simply go back to the billing section of the site and request a new adjusted invoice.

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 **Payment Due Date** is the date your payment should be received by UnitedHealthcare in order to ensure uninterrupted coverage. If your payment is not received by this date, you will be considered delinquent.

## Remittance Procedures\*

Employer eServices Electronic Billing and Payment offers payment convenience online at [www.employereservices.com](http://www.employereservices.com).

Direct Debit is an alternative payment method. Direct Debit allows payment electronically through an automatic monthly debit from a designated checking or savings account on the due date of your invoice. To establish the Direct Debit plan, contact us.

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. Go online to [www.employereservices.com](http://www.employereservices.com) or call us if you have any questions, problems or concerns about your billing.

**Note:** Payment is due and should be received by the payment due date each month. If your premium payment is not received in full by the end of the month payment is due, your policy is subject to termination (see your master group contract).

\* For customers with 51-150 employees, online remittance is not available yet. It will be available in the near future.

# Claims Information

## Claim Explanation

1. Medical claim expenses may be submitted to UnitedHealthcare by the covered individual or the physician or other health care professional.
2. We accept all standard medical claim forms used by medical physicians and health care professionals, such as the HCFA 1500. These forms are available online at [www.myuhc.com](http://www.myuhc.com). These forms generally include the following information, which is needed to have your claim processed in a timely manner:

Enrollee's name and address

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Patient's full name and age

---

The ID number on the enrollee's ID card

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Name of person payment should go to (employee or physician)

---

Diagnosis of illness or injury from the physician

---

Date of service

---

Place of service

---

Procedure(s) performed that include the Current Procedural Terminology (CPT) codes or a description of each charge

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Name and address of the provider of the service(s)

---

A statement indicating if there is or isn't any other health insurance plan or program that the employee is enrolled in

---

Services for accidental injuries should include when, where and how the injury occurred

3. Physicians and/or other health care professionals in our network will bill us directly, and payments will be made directly to the provider of the service.
4. The employee may submit claims directly to UnitedHealthcare, following the guidelines above for non-network claims or in other circumstances where the physician did not submit their claims. A medical claim form may be completed and attached to facilitate processing.  
  
Note: Each page of the invoice should at a minimum include the employee's name and employee ID number from their ID card.
5. Missing or incorrect information may result in a delay in processing the claim.
6. Send medical claims to the claim office address listed on the enrollee's ID card.
7. Questions regarding claims submission and payment may be directed to the number listed on the enrollee's ID card.

An Explanation of Benefits (EOB) will be sent to the enrollee for processed claims. Depending on the customer's contract, an EOB may not be sent to the enrollee if there is no patient responsibility. The enrollee can also access their EOB online at [www.myuhc.com](http://www.myuhc.com). The EOB details the way the claim was processed and the benefits payable under the plan.

# Claims Information

(continued)

## 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 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 [www.myuhc.com](http://www.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.

# Pharmacy Benefits

The availability of the pharmacy benefits outlined here vary by contract. Refer to your group contract to determine if pharmacy benefits are included.

## Flexibility and Convenience

Our Pharmacy Management program offers employees a choice of convenient options for processing prescriptions and obtaining information.

- In person at our large network of pharmacies (more than 53,000 nationwide)
- Internet
- Telephone
- Mail
- Physician faxes

## Pharmacy Online

Through myuhc.com's Pharmacy Online feature, employees can instantly access their personalized pharmacy benefit information. They can:

- Check their pharmacy benefit coverage
- View the Prescription Drug List
- Search for pharmacy-related information
- Find prescription pricing and coverage information
- View prescription histories and set up refill reminders
- Locate neighborhood pharmacies by zip code

Plus, employees have access to a convenient home delivery service. Prescriptions, over-the-counter medications, and other health and beauty products can be delivered directly to their door. Prescriptions are delivered free—no added shipping or handling fees.

## Prescription Drug List (PDL)

Our PDL includes a wide selection of generic and brand name prescription medications. Physicians and pharmacists on our National Pharmacy and Therapeutics committee recommend drugs for our PDL and make recommendations to our PDL management committee for final placement on the PDL.

Drugs are placed into tiers on the PDL based on their health care value supported by evidence. In turn, each tier is assigned a copayment which is the amount employees pay when they visit the pharmacy or order medications online.

All drugs, including generic, are approved by the United States Food and Drug Administration. The PDL is reviewed regularly and periodically changes to stay up-to-date and consistent with the needs of our customers, physicians and their patients. To view the PDL, visit myuhc.com.

## Pharmacy Benefit Questions

myuhc.com offers your employees real-time answers to questions about their pharmacy benefits. To access pharmacy benefit information online, employees must first register on myuhc.com by clicking on the **Register Now** icon and following the online instructions. Once registered, employees simply login to [www.myuhc.com](http://www.myuhc.com) and click on prescriptions.

To access pharmacy benefit information via telephone, employees or their family members simply call the Customer Service toll-free phone number found on their medical ID card.

# Clinical Programs

Our clinical programs include a variety of services that address an individual's needs across the health continuum – from healthy to chronically ill – as well as across the spectrum of patient care – before, during and after care. From targeting healthy individuals with online education and preventive reminders to providing outreach services for those with acute conditions, we work to get individuals the information and services they need.

## **Online Consumer Health Tools on myuhc.com**

Gives enrollees access to a wealth of health information and tools. **See the myuhc.com overview on page three in this guide.**

**Care24<sup>sm</sup>** Assists employees with health, personal, family or work-related concerns via a toll-free phone number 24 hours a day, seven days a week. Care24 also offers you workplace management consultations, critical incident stress management assistance, and Care24 employee trainings.

To reach Care24 by phone, employees and their family members simply call the Care24 or Customer Service toll-free phone number on their medical ID card.

**Service availability based on your contract.**

**Reminders Program** Encourages individuals to get recommended preventive care and screenings, including mammograms, diabetic eye exams, pediatric immunizations and flu shots.

**Coordination of Inpatient Care** Inpatient care advocacy can save days of unnecessary hospitalization and acute care costs. Our Care Coordination<sup>sm</sup> staff monitor inpatient cases, coordinate dialogue between physicians and facilities, promote timely and appropriate access to care and help to coordinate discharge plans.

**Specialized Resources for Cancer and Transplant Patients** Through United Resource Networks, we offer individuals and their families specialized resources to help them make informed choices about where to get care, coordinate the care with their

treatment team, schedule appointments, find accommodations and direct the patient and their family to appropriate support programs.

If cancer treatment or an organ or tissue transplant is recommended to an employee or their family member, they should call Care Coordination or Customer Service at the phone number listed on their medical ID card.

## **Mental Health and Substance Abuse Services**

Through United Behavioral Health, we offer employees and their families comprehensive support and resources for all types of mental health concerns.

To reach mental health clinicians, employees or their family members simply call the Mental Health Services toll-free phone number on their medical ID card. **Service availability based on your contract.**

**High-Risk Patient Outreach** We help identify people who are at risk of future health care needs and help them through the health care system to receive the care they need.

**Disease Management** Our Predictive Model<sup>sm</sup> technology identifies high-risk individuals who may benefit from a focused intervention for over 20 chronic conditions and diseases. We target these particular conditions and diseases and offer personalized intervention programs because they have a high cost of treatment and a high potential for improved management.

Some clinical programs require notification before accessing services. Please refer to your Summary of Benefits for more information. If your employees or their family members have questions, they can call the Care Coordination or Customer Service toll-free phone number on their medical ID card.

For more information about our clinical programs, please contact us.



# HIPAA

## **Our Commitment to the Health Insurance Portability and Accountability Act (HIPAA)**

UnitedHealthcare is committed to implementing the requirements of HIPAA for Electronic Data Interchange Standards (a.k.a. Transaction and Code Sets), Standards for Privacy of Individually Identifiable Health Information and Security, and Electronic Signature standards by the applicable compliance dates.

HIPAA aims primarily to make health care more efficient by standardizing health care companies' electronic transactions and protecting individual privacy. These regulations affect nearly all health care organizations, including health care professionals, group health plans, clearinghouses, and indirectly, business associates of covered entities. Each entity is expected to comply within the timeframes specified in the regulations.

### **Transaction Standards and Codes Sets**

Under the Transaction Standards, the many non-standard administrative formats used in the past for transactions have been replaced with uniform electronic formats. HIPAA provides standardization by allowing only certain claims-related transactions; issuing specific numbers to each health care professional, payer, employer and individual to track health information; and issuing a specific code set for each diagnosis and therapeutic treatment. UnitedHealthcare has complied with this regulation and is using the standard electronic transactions and code sets today.

### **Standards for Privacy of Individually Identifiable Health Information**

Under the HIPAA Privacy Rule, health plans, physicians and other health care professionals are required to implement procedures that protect the privacy of all patient medical information, whether processed electronically, orally, or on paper.

Under HIPAA, patients are guaranteed additional rights, including the right to:

- Receive a clear written explanation of how a physician or health plan may use and disclose their health information.
- See and obtain copies of their records and request amendments. Also, a history of non-routine disclosures must be made accessible to patients.
- Withhold authorization of release of their information for non-routine disclosures and most non-health purposes.
- Request restrictions on the uses and disclosures of their information.
- File a formal complaint with a physician, health care professional or health plan, or with the U.S. Department of Health and Human Services, about violations of the provisions of Title II.

At UnitedHealthcare, we take our responsibility to protect the privacy of individually identifiable health information of enrollees very seriously.

UnitedHealthcare is compliant with the HIPAA Privacy Rule to protect the confidentiality of individuals' protected health information and we require that our business associates appropriately safeguard protected health information.

For more information about UnitedHealthcare and HIPAA, please contact your UnitedHealthcare account manager. For specific questions, concerns or advice regarding HIPAA, please consult your legal representative.

# Common Questions and Answers

## General

### Q. Who can I contact for assistance?

A. See the Key Contacts page for Web sites, phone numbers and addresses.

### 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](http://www.employereservices.com) or [www.myuhc.com](http://www.myuhc.com). If you don't have access to the Internet, contact your service representative on the Key Contacts page to request a paper physician directory.

## Enrollment

### Q. How do I enroll new employees in the Plan?

A. Enroll employees in real-time online at [www.employereservices.com](http://www.employereservices.com). Simply select the Enrollment/Add/Employee tab.

If you do not enroll employees online, refer to the Key Contacts page for more information about how to submit your enrollment information.

### Q. How do I make changes in enrollment information?

A. Make the change online in real-time at [www.employereservices.com](http://www.employereservices.com). Select the Enrollment/Change tab. Or complete an Employee Enrollment/Change Form for any of the following situations:

- Name, address or telephone number changes
- Termination of enrollment in the plan
- Changes in premium classification such as adding or deleting a spouse or dependent child

Refer to the Key Contacts page for more information about how to submit your enrollment changes.

## 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 and order a new ID card at [www.myuhc.com](http://www.myuhc.com). Or you can order a new ID card on behalf of your employee online at [www.employereservices.com](http://www.employereservices.com). Simply select the ID Card tab.

### Q. Can employees receive services without an ID card?

A. Services may be obtained before receiving the ID card if coverage is in effect. The employee needs only to identify him/herself as an enrollee of UnitedHealthcare to the physician or other health care professional. If coverage cannot be immediately verified, the employee may have to pay the initial charges, but these costs can be reimbursed by submitting the claim to the claims address listed on their ID card. Employees can also print a temporary ID card online at [www.myuhc.com](http://www.myuhc.com).

## Benefits/Claims

### Q. What if my employees have coverage questions?

A. Please refer them to [www.myuhc.com](http://www.myuhc.com) for their coverage information. If they need further clarification, have them call the Customer Service number listed on the back of their ID card.

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

A. Please have the employee call the Customer Services number listed on the back of his/her ID card for assistance. We will be glad to assist the employee.

# Common Questions and Answers

(continued)

## 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 section of your Certificate of Coverage and can be managed online at [www.myuhc.com](http://www.myuhc.com).

## Billing and Payment

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

A. Invoices are generated approximately 10-15 business days prior to the due date. Through Employer eServices Electronic Billing and Payment, you'll receive a reminder via email every month when your invoice has been posted and is ready for your review and payment. Or, if a paper invoice is generated, it will be mailed to the billing contact. Please verify the information on your invoice. Your payment is due on the date indicated on the premium invoice.

### Q. I sent in changes and enrollment forms but this information is not appearing on my invoice. Why?

A. If your changes are made via Employer eServices Web-based eligibility function, you will be able to request a monthly adjustment invoice in Employer eServices Billing. Paper invoices, however, are prepared two to three weeks before the due date. Please call us if these adjustments do not appear on the next month's invoice.

### Q. What if my invoice contains an error?

A. If you have your invoice presented online at [www.employereservices.com](http://www.employereservices.com), and find you need to make an eligibility adjustment, it's easy to make the adjustment using the eligibility tool on the Web site. The eligibility section of the site will guide you in making this adjustment. After you've made the adjustment in the eligibility area, simply go back to the billing section of the site and request a new adjusted invoice. Or call us to correct an error on your invoice.

If you receive a paper 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 payment?

A. You need only submit the bottom portion of your invoice with your payment. All invoices should be paid as billed. If your invoice is presented online via Employer eServices Billing, and you need to make an eligibility adjustment, you can do so via Employer eServices Web-based eligibility, and then request an adjustment invoice in Employer eServices Billing after the adjustments are made. Employer eServices Electronic Billing also offers online payment at your fingertips via [www.employereservices.com](http://www.employereservices.com).

## Other Questions

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

A: Yes, we offer all three specialized care products. For more information, please contact your account manager.

