



Explanation of Benefits

Improved Design Will Help Members Understand Claim Payments

Background

- ▶ UnitedHealthcare will begin sending redesigned Member Explanation of Benefits (EOBs) beginning March 26. Internal testing has been underway with a group of early-adopter clients to ensure efficient operation once the process goes live for all members beginning on March 26, 2012.

Improvements

- ▶ UnitedHealthcare conducted focus group sessions with employers and members to obtain input on the new design. Based on the focus group comments, the new EOBs will:
 - Help members quickly identify how much their plan paid and how much they owe their provider.
 - Show a claim summary on the front page with key details and “the math” on how the claim was paid and how much the member may owe.
 - Show claim detail with an itemized list of the member responsibility. The new EOB design will also have more white space, clearer type and shaded boxes to highlight important information.

Timeline¹

- ▶ Internal testing has been underway with a group of early-adopter clients to ensure efficient operation once the process goes live for all members beginning on March 26, 2012.
- ▶ Beginning March 26, all members on the UNET platform will receive the new EOBs.

More Information

- ▶ Attached is a Medical Only EOB example.
- ▶ Other plan design examples are available upon request.

¹ Project schedule as of February 22, 2012

Medical only plan



UNITEDHEALTHCARE INSURANCE COMPANY

Springfield Service Center
PO Box 30555
Salt Lake City, UT 84130-0555

Have more questions about your claim?
Visit www.myuhc.com
for all your claim and benefit information

August 15, 2012

John Johnson
1234 Somewhere St
Home Town, NA

Member/Patient Information
Member/Patient: John Johnson
Member ID: 123456789
Group Name: ABC Company
Group #: 1234567

Explanation of Benefits Statement

This is not a bill. Do not pay. This is to notify you that we processed your claim.

Claims Summary

Detailed claim information is located on following page(s)

Dollar Amount	Description
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\$229.00	Amount Billed This is the total amount that your provider billed for the services that were provided to you.
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\$32.23	Plan Discounts Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
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\$75.00	Your Plan Paid This is the portion of the amount billed that was paid by your plan.
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\$121.77	Total Amount You Owe the Provider The portion of the charges you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care or any amount that may have been paid to you. This amount may include your deductible, co-pay, coinsurance and / or non covered charges.
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Use this EOB statement as a reference or retain as needed

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Clean design
with more white
space with
easy-to-read type

Summary section
shows the "math"
with details on
how much your
plan pays, plan
discounts, and how
much you may owe
your provider.

Claim detail page



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Claim Detail for John Johnson

Provider: Dr. Sam Martin

Claim Number: 1253199111101

Patient Account Number: 3201858-11

Date(s) of Service	Type of Service	Notes*	Amount Billed	(-) Plan Discounts	(-) Your Plan Paid	(=)	Your Itemized Responsibility to Provider**				Amount You Owe
							Deductible (+)	Copay (+)	Coinsurance (+)	Non Covered (=)	
7/15/12	Office Visits	IX	\$104.00	\$32.23	\$0.00		\$66.77	\$0.00	\$5.00	\$0.00	\$71.77
7/15/12	DX Services		\$125.00	\$0.00	\$75.00		\$25.00	\$0.00	\$25.00	\$0.00	\$50.00
Claim Total:			\$229.00	\$32.23	\$75.00		\$91.77	\$0.00	\$30.00	\$0.00	\$121.77

**This total does not reflect any payments / copays you made at the time of service.
Please wait for a provider bill before making a payment.

Notes*

IX- THIS PHYSICIAN OR HEALTH CARE PROVIDER IS NOT A NETWORK PROVIDER BUT HAS ACCEPTED A REDUCTION IN CHARGES ON THIS CLAIM THROUGH MULTIPLAN. THE MEMBER IS RESPONSIBLE FOR THE TOTAL AMOUNT INDICATED IN THE AREA OF THIS STATEMENT SHOWING WHAT THE PATIENT OWES. YOU ARE NOT RESPONSIBLE FOR THE DIFFERENCE BETWEEN THE AMOUNT CHARGED AND THE AMOUNT ALLOWED. IF YOU ALREADY PAID THE ENTIRE BILL, PLEASE CONTACT THE PHYSICIAN OR HEALTH CARE PROFESSIONAL FOR A REFUND.

Insurance fraud adds millions to the cost of health care. If services are listed which you did not receive or service you were told would be free, call (866) 633-2474.

You have the right to receive, upon request and free of charge, a copy of the internal rule, guideline or protocol that we relied upon in making the non-coverage decision for your claim.

If we continue to deny the payment, coverage, or service requested, or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

To appeal a coverage decision, please send to the address below a written explanation of why you feel the coverage decision was incorrect. This information may also be provided to a Customer Service representative over the phone. If the denial was based on the appropriateness of treatment, your provider may request reconsideration on your behalf.

Send Written Appeals to: UnitedHealthcare Appeals, P.O. Box 30573, Salt Lake City, UT 84130-0573.

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Claim detail page



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Notes*

Assistance is also available by contacting Customer Service at the telephone number on your ID Card.

The request for your review must be made within 180 days from the date on the Explanation of Benefits notification of the coverage decision. We will resolve and respond in writing to appeals within 60 calendar days, and will provide forms for filing an external review in the circumstances described below.

You may request copies (free of charge) of information relevant to your claim by contacting us at the above address.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. For more questions about your appeal rights, an adverse benefit determination, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

If you do not receive a response from us within 60 days, you may initiate an external review by using forms available at ombudsman@scc.virginia.gov website.

If we have denied your claim, you may have the right to request an independent external review of our decision by health care professionals who have no association with us if our decision involved making a judgment as to the medical necessity, appropriateness, health care setting, level of care, or effectiveness of the health care service or treatment you requested (including whether the service or treatment was determined to be experimental or investigative).

The external review process is available only if the denial is upheld after you file an appeal with us.

You may call the number included in this document or on the back of your ID card if you need diagnosis and/or treatment code information for your claims. For more information about your claims, please visit: www.myuhc.com.

You may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Myuhc. Registration

You can register and begin using myuhc.in the same session. Navigate to www.myuhc.com to register. The information required for registration is on your insurance ID card (first name, last name, member, ID, group number and date of birth.)

Maintaining the privacy and security of an individuals' personal information is very important to us here at UnitedHealthcare. To protect your privacy we implemented strict confidentiality practices. These practices include the ability to use an unique individual on UnitedHealthcare correspondence, including medical ID cards (if applicable), letters, explanation of benefits (EOBS), and provider remittance advices (PRAs). If you have any questions about the unique individual identifier or its use, please contact your customer care professional at the number shown at the top of this page.

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Claim detail page



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August 15, 2012

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Account Summary

Summary of Deductible and Out-Of-Pocket Plan Year 2012

JOHN

Relationship: EE	Total Plan Year Amount	(-) Applied to (=) Date	Remaining Balance
In-Network			
Deductible	\$750.00	\$750.00	Met
Out-of-Pocket	\$2,500.00	\$500.00	2,000.00
Out-of-Network			
Deductible	\$1,500.00	\$0.00	\$1,500.00
Out-of-Pocket	\$5,500.00	\$0.00	\$5,500.00

FAMILY

	Total Plan Year Amount	(-) Applied to (=) Date	Remaining Balance
In-Network			
Deductible	\$2,500.00	\$900.00	1,600.00
Out-of-Pocket	\$5,750.00	\$600.25	5,149.75
Out-of-Network			
Deductible	\$4,500.00	\$0.00	\$4,500.00
Out-of-Pocket	\$8,000.00	\$0.00	\$8,000.00

Definitions of Key Terms

Deductible: The amount of money you pay before your plan starts to pay.

Coinsurance: The money you pay for health services after you satisfied the deductible.

Out of Pocket: The most you have to pay for health services every year. Once you have paid this amount, your insurance company usually pays 100 percent of your health care costs, subject to any policy limitations.

Plan Year: The dates your plan benefit maximums are applicable.

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