

New Business Deductible Credit Guidelines

Applies to PRIME Small Business 2-99

UnitedHealthcare Small Business will issue credit for In-Network and Out-of-Network Deductibles and In-Network and Out-of-Network Out-of-Pocket amounts satisfied with a prior medical carrier for those who were covered under the employer's benefit plan in which UnitedHealthcare is replacing coverage for.

Credits are issued at an individual level, therefore, we will need an Explanation of Benefits (EOB) for each employee and dependent seeking credit or a Carrier Report from the prior carrier that lists the deductible & out of pocket amounts accumulated per member. The EOB and/or Carrier Report must clearly list the amounts satisfied for each accumulation as well as the timeframe in which the deductible and out of pocket amounts were applied.

Please ensure that the EOB and/or Carrier Report are submitted as quickly as possible to avoid potential claim issues. It is preferred that new group EOB's are submitted as a batch to our local sales office within **30 days** of the group's effective date.

After 30 days, employees may submit the EOB directly using the following **Claims History Cover Sheet**. Prior Carrier Reports **must be** submitted to our local sales office within 30 days of the group's effective date.

Note: The insured's SSN or UHC Member ID should be noted on each page of the EOB.

Clarifications on the scope of deductible/out of pocket credits:

- Joint INN and OON accumulations will only be credited to the UHC in-network benefit level.
- Credit will not be issued to any future new hires or new enrollees after the inception of the group.
- Credits will not be issued if the new UHC coverage accumulates on a policy year basis.
- If the prior carrier had a policy year accumulation period and the UHC plan is calendar year, we will only honor credit for accumulations satisfied in the current calendar year. This can only be done by a letter from the prior carrier. EOB's cannot be accepted in this circumstance.
- Only enrollees and their respective dependents covered under the prior carrier's **group** benefit plan, up until the last date of group coverage with the prior carrier, are eligible to receive credit.
- Credits are applied up to the UHC plan deductible/out of pocket maximum. Any amounts accumulated with the prior carrier that is over and above the UHC plan threshold will be lost. Overages are not applied to other members in the same family.
- In rare cases, after prior carrier credits are applied, the UHC plan out of pocket may be satisfied when the UHC plan deductible is not. When this occurs, claims will be processed based on the Out of Pocket as being satisfied, in accordance with the member's benefit plan. Should a provider attempt to collect a portion of the unsatisfied deductible, please ask them to verify the plan out of pocket has been satisfied by calling Member Services. Members are not responsible for any remaining deductible if their out of pocket has been satisfied.
- Prior carrier accumulations must be itemized for each family member. If the EOB shows only family accumulator totals we cannot accept it. Information from the prior carrier must show deductible amounts met by each family member individually, regardless as to whether the current or prior plan was embedded or non-embedded.

Deductible credit is valid only for the following scenarios:

- New group to UnitedHealthcare; Same employer group simply changing insurance carriers.
- Acquisitions & Spin offs, provided the correct process was followed. (i.e. Underwriting)
- COBRA coverage updates; Surviving spouse, Dependents no longer eligible under group plan.
Note: An active member will not receive credit for an inactive and/or deceased member's deductible and out of pocket dollars, regardless as to whether the current or prior plan was embedded or non-embedded.

Deductible credit is *not* valid for the following scenarios:

- An individual switching jobs.
- New hires.
- A dependent coming onto an existing UnitedHealthcare insured's coverage.
- A dependent moving from dependent status to employee status with the same employer.
- Prior individual plans; credit is not permitted as individual coverage, by definition, is out of scope.
- 4th Quarter carryover.

These guidelines are not all inclusive and are subject to change at any time, without notice.

The Certificate of Coverage is the governing document for the plan and *will always supersede*. Refer to the Benefits section of the Certificate of Coverage for plan specifics.

Please contact your local support team for further clarification.

Thank you for choosing UnitedHealthcare!



CLAIM HISTORY COVER SHEET

History Conversion / Manual Backload Request

Dear Employee,

In order to properly credit deductibles you and your dependents have satisfied while covered under the prior carrier, we need copies of the prior carrier Explanation of Benefit (EOB) statements.

Please note that in order to ensure prompt and accurate processing of your claims with UnitedHealthcare, and to avoid unnecessary claim adjustments, please submit this information to us as soon as possible.

If the most recent EOB for you and/or your dependent includes the total amount **satisfied** during the benefit year, we will only need copies of those EOB's. If, however, an EOB only reflects the amount of deductible **remaining**, we require copies of every EOB for that benefit year as well a copy of your prior carrier's benefit summary. We may also accept a deductible accumulation letter from your prior carrier in lieu of the above.

Please complete the information below and mail this form, along with the documentation as noted above, to:

**UnitedHealthcare
PO Box 31355
Salt Lake City, UT 84130**

Employer Name: _____

Group/Policy #: _____

Employee Name: _____

Mailing Address: _____

9 Digit Member ID#: _____

List the names of those you are providing information for:

Yourself (Employee): Yes _____ No _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____

Dependent Name: _____