

CLAIM HISTORY COVER SHEET

Dear Employer Group,

So that we may properly credit deductibles that your employees and each of their covered dependents satisfied while covered under the prior carrier, we need copies of the prior carrier report. If the prior carrier report is not available an Explanation of Benefit (EOB) statements for each covered member. Total family deductible amount met is not acceptable. The entire group must be submitted together.

Note: In order to ensure prompt and accurate claim processing, this information is needed as soon as possible.

If the most recent EOB for employee and each dependent includes the total amount satisfied during the benefit year, we will only need copies of those EOBs. If, however, the EOBs only show the amount satisfied on each claim, we will need copies of all EOBs for the benefit year so that we may have complete information.

- Prior carrier reports are preferred to ensure accuracy and faster turnaround time
- Examples of acceptable EOB's can be provided upon request
- If a member needs urgent deductible transfer processing and has met the UHC deductible amount with prior carrier, please advise on the coversheet.

After you have gathered the EOBs, please complete the information below and email it, along with the EOBs, to the following email address: ca_sb_ded_credits@uhc.com. Typical Turnaround time is eight to 12 business days based upon receipt of completed documentation.

Employer Name: _____

Employer Customer Number _____

(List names of those that you are providing EOBs for):

Employee Name _____ Member ID Number: _____

Employee Name _____ Member ID Number: _____

Employee Name _____ Member ID Number: _____

Employee Name _____ Member ID Number: _____

Employee Name _____ Member ID Number: _____

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Employee Name _____ Member ID Number: _____

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Please add additional pages if needed



New Business Deductible Credit Guidelines



The following information provides clarification concerning deductible credit guidelines for new business. Your local support team is happy to discuss further or answer any questions you may have.

UnitedHealthcare will issue credit for

In-network and out-of-network deductibles amounts satisfied with a prior medical carrier for those members covered under the employer's benefit plan that is being replaced with UnitedHealthcare coverage.

UnitedHealthcare will NOT issue credit for

Prior carrier out-of-pocket (OOP) maximum amounts.

Broker/group responsibility.

Brokers/groups need to obtain a complete prior carrier report, which must be submitted to the local UnitedHealthcare sales office within 30 days of the group's effective date. If a complete prior carrier report cannot be obtained, the following information must be provided:

- An Explanation of Benefits (EOB) for each employee and dependent seeking credit;
(It is encouraged that all members EOB's are submitted together and not piece mailed.)
or
- A report from the prior carrier listing the deductible amounts accumulated per member.

The EOB and/or carrier report must clearly list the amounts satisfied for each accumulation, and the time frame in which the deductible amounts were applied.

Tips to avoid potential claim issues.

- 1 Complete and submit the EOB and/or carrier report as quickly as possible.
- 2 Submit new group EOBs as a batch to the UnitedHealthcare local sales office within **30 days** of the group's effective date.
- 3 Note the insured's Social Security number or UnitedHealthcare member ID on each page of the EOB.



Deductible/out-of-pocket credits made clear.

- Prior carrier OOP maximum amounts will NOT be credited. However, deductible amounts credited from the prior carrier will count toward the UnitedHealthcare plan's OOP maximum.
- Joint in-network and out-of-network accumulations will only be credited to the UnitedHealthcare in-network benefit level.
- Credits will be given on actual experience (e.g., EOB must show the in-network and out-of-network separately if both are being requested). UnitedHealthcare will only apply the in-network deductible if the EOB shows only one accumulation.
- Credits 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 UnitedHealthcare coverage accumulates on a policy year basis.
- If the prior carrier had a policy year accumulation period¹ and the UnitedHealthcare plan is by calendar year, only credit for accumulations satisfied in the current calendar year will be honored. Note: EOBs cannot be accepted in this circumstance. A letter from the prior carrier must be provided.
- 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. For example, if, on a previous plan, an individual was covered as a dependent (spouse or child) and then enrolls with UnitedHealthcare as an employee, we will not credit the amount met as a dependent under the previous policy.
- Credits are applied up to the UnitedHealthcare plan deductible. Any amounts accumulated with the prior carrier that exceed the plan threshold will be lost. Overages are not applied to other members in the same family.
- Prior carrier accumulations must be itemized for each family member. We cannot accept EOBs showing only family accumulator totals. Information from the prior carrier must show deductible amounts met by each family member individually, regardless whether the current or prior plan was embedded or non-embedded.

Deductible credit is valid for:

- A new group to UnitedHealthcare.
- Existing employer group changes insurance carrier.
- Acquisitions, Professional Employer Organizations and spinoffs; provided Underwriting approval obtained through your UnitedHealthcare New Business Sales Account Executive.

Deductible credit is not valid for:

- 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*.
- Fourth quarter carryover.
- Members moving from HMO to PPO or vice versa. Only applies to like plans.

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 with any questions.

* Credit is not permitted as individual coverage and is out of scope.

¹ The policy year deductible is not available in California. CA Small Group 1-100: policies only have the option of calendar year deductibles.
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