

UnitedHealthcare

UNITEDHEALTHCARE CHOICE AND CHOICE PLUS PLANS MEDICARE COORDINATION FOR CCPF MEMBERS

FEBRUARY 28, 2018



CHOICE PLAN AT-A-GLANCE

- Pays for covered services provided by UnitedHealthcare network providers
- Only emergency services covered out of network
- Members pay copayments for most services





CHOICE PLUS PLAN AT-A-GLANCE

- Pays for covered services provided by UnitedHealthcare in-network and out-of-network providers
- Deductibles and coinsurance amounts



2 ID CARDS MEDICARE AND UNITEDHEALTHCARE

- When you visit your doctor, show your Medicare and UHC ID card so they know how to bill for your care
- UnitedHealthcare will not send a new ID card when you enroll in Medicare





WHEN YOU BECOME MEDICARE ELIGIBLE |

- Medicare is the primary payor
- The Fund's health plan (administered by UHC) pays second to Medicare
- Medicare pays their portion first
- UnitedHealthcare processes payment on the remaining amount:
 - Choice members pay co-payments and get no out-ofnetwork benefits
 - Choice Plus members pay deductibles and coinsurance amounts; lower out of network benefits

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WHEN YOU BECOME MEDICARE ELIGIBLE | CONTINUED

- Your doctor's office sends claims directly to Medicare
- Medicare processes the claim,
- Medicare sends payment to the provider
- Medicare automatically sends an explanation of payment and the claim to UnitedHealthcare



WHEN YOU BECOME MEDICARE ELIGIBLE | CONTINUED

- If Medicare denies a claim, it will not be sent to UHC.
- You and your health care provider should send the denied claim and Medicare's denial directly to UHC for processing
 - UHC claims address on back of UHC ID card
 - Claim forms on myuhc.com



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 the following page(s).

Dollar Amount	Description
\$166.00	Amount Billed This is the total amount that your provider billed for the services that were provided to you.
\$33.83	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.
\$105.31	Your Other Insurance Paid Amount paid by Medicare.
\$17.99	Your Plan Paid This is the portion of the amount billed that was paid by your plan.
\$8.87	Total amount you owe the provider(s) The portion of the Amount Billed you owe the provider(s). This amount does not reflect any payment you may have already made at the time you received care. This amount may include your deductible, co-pay, coinsurance and/or non covered charges. This amount does not include any payments made to the subscriber*. If a payment was made directly to the subscriber, you/the subscriber is responsible for paying the physician, facility or other health care professional. * When coordination of benefits applies, this amount will include payments made to the subscriber.

Provider: S BURKE				Claim Number: 691679773901			Patient Account Number: L 26706A			
Data(a) of	Type of Service	• Notes*	Amount	Plan Discounts (-)	Your Other Insurance (-) Paid	Your Itemized Responsibility to Provider**				
Date(s) of Service			Amount Billed (-)			Your Plan Paid (=)) Deductible (+)	Copay/ (Coinsurance	+) Non Covered (=)	Amount You =) Owe
12/14/2017	OFFICE VISITS	51	\$60.00	\$16.36	\$34.77	\$0.00	\$0.00	\$8.87 \$0.00	\$0.00	\$8.87
12/14/2017	DIAGNOSTIC SERVICES	51	\$106.00	\$17.47	\$70.54	\$17.99	\$0.00	\$0.00 \$0.00	\$0.00	\$0.00
Claim Total	:		\$166.00	\$33.83	\$105.31	\$17.99	\$0.00	\$8.87	\$0.00	\$8.87

**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*

51 - YOU HAVE MEDICARE AS YOUR PRIMARY INSURANCE. YOUR BENEFIT FOR THIS SERVICE WAS DETERMINED BY USING THE AMOUNT APPROVED BY MEDICARE. MEDICARE PAYS FIRST AND YOUR PLAN PROCESSES THE CLAIM AFTER MEDICARE. IF THERE IS AN AMOUNT LEFT AFTER BOTH PLANS HAVE PROCESSED THE CLAIM THAT IS THE AMOUNT YOU OWE. YOUR MEDICARE SUMMARY NOTICE MAY SHOW A DIFFERENT MEDICARE PAID AMOUNT BECAUSE THE PROVIDER MAY TAKE A DISCOUNT OFF THE AMOUNT MEDICARE PAID.



NOT ENROLLED IN MEDICARE?

When you are eligible for Medicare, even if you don't sign up for Medicare:

- You will be responsible for paying the Medicare portion of the bill
- Members who do not qualify for Medicare must submit Social Security verification to the Fund, or the member will be responsible for paying the Medicare portion of the bill

Or, if your Medicare Part B is terminated because you didn't pay premiums:

- UHC will still process claims as if Medicare is primary
- You will be responsible for paying the Medicare portion of the bill

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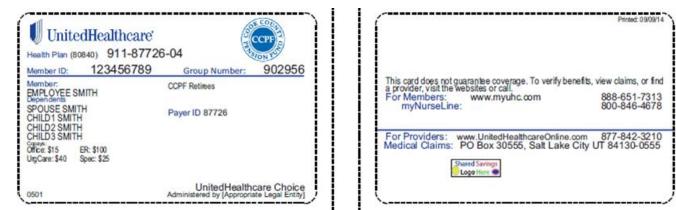
SIGN UP FOR MYUHC.COM |

- Find network doctors and hospitals
- Review Health Statements and EOBs online
- View EOBs to track what Medicare pays and how much you owe the provider



UHC ID CARDS

Choice Plan example:



Choice Plus example:



