



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-of-network benefits
 - Choice Plus members pay deductibles and coinsurance amounts; lower out of network benefits

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
	Amount Billed
\$166.00	This is the total amount that your provider billed for the services that were provided to you.
	Plan Discounts
\$33.83	Your plan negotiates discounts with providers to save you money. This amount may also include services that you are not responsible to pay.
	Your Other Insurance Paid
\$105.31	Amount paid by Medicare.
	Your Plan Paid
\$17.99	This is the portion of the amount billed that was paid by your plan.
	Total amount you owe the provider(s)
\$8.87	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

Date(s) of Service	Type of Service	Notes*	Amount Billed	Plan Discounts (-)	Your Other Insurance Paid (-)	Your Itemized Responsibility to Provider**				Amount You Owe
						Your Plan Paid (=)	Deductible (+)	Copay/ Coinsurance (+)	Non Covered (+)	
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

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:

Health Plan (80840) 911-87726-04

Member ID: 123456789 Group Number: 902956

Member: EMPLOYEE SMITH CC PF Retirees
Dependents
 SPOUSE SMITH Payer ID 87726
 CHILD1 SMITH
 CHILD2 SMITH
 CHILD3 SMITH

Copays:
 Office: \$15 ER: \$100
 UrgCare: \$40 Spec: \$25

0501 UnitedHealthcare Choice
 Administered by [Appropriate Legal Entity]

Printed: 09/09/14

This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites or call.

For Members: www.myuhc.com 888-651-7313
 myNurseLine: 800-846-4678

For Providers: www.UnitedHealthcareOnline.com 877-842-3210
 Medical Claims: PO Box 30555, Salt Lake City UT 84130-0555

Choice Plus example:

Health Plan (80840) 911-87726-04

Member ID: 123456789 Group Number: 902956

Member: EMPLOYEE SMITH CC PF Retirees
Dependents
 SPOUSE SMITH Payer ID 87726
 CHILD1 SMITH
 CHILD2 SMITH
 CHILD3 SMITH

0501 UnitedHealthcare Choice Plus
 Administered by [Appropriate Legal Entity]

Printed: 09/08/14

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