


**USEFUL FOR
ALL MSSC AND UMSA EMPLOYEES
BENEFITS EFFECTIVE JULY 1, 2009**

We tried to capture the questions most frequently asked at our May Open Enrollment meetings and have answered them below. If you don't find the answer to your question(s), please email Kelley Caporice at kcaporic@health.usf.edu

PLEASE NOTE: Since our May employee meetings, it was determined that our assigned Group/Policy number will be changed to #0716963. Please use this number for any future medical inquiries.

UTILIZING THE WEB

The website is www.myuhc.com

Group # 0716963

***New ID cards should be sent to your home address. If you do not receive one, prior to seeking medical services, after 7/1/09 you may log onto the website and print temporary cards.**

***The website will be a valuable tool to become an informed consumer. Information includes but is not limited to:**

- Locating and checking ratings of Network doctors / hospitals
- Estimating procedural costs
- Tracking claims status
- Health improvement program
- Personal Health Record
- Health product discounts
- Reviewing plan details (Plan Summaries)
- Checking account status (balances of HRA and FSA)

ONE BIG CHANGE! Since our May employee meetings, it has been determined that once-a-year eye examinations with in-Network providers are to be considered Preventive, and will not be subject to the Deductible and Out-of-Pocket maximum! *Revised Plan Summaries will soon be available our HR website and on www.myuhc.com.*

HEALTH ASSESSMENTS

REMINDER: If you elected the Preferred (non-tobacco user) rate, you and all dependents who are 18 and older must submit confirmation of the completion of the online Health Assessment to the USFPG Department of Human Resources **on or before Monday, 6/29/09.**

Log on to www.myuhc.com, select LOGIN if an Assessment was completed previously or REGISTER if not. Use Group #0716963 and a Social Security Number for an ID.

We have received several Health Assessments with no names written on them to allow us to identify the individual who completed them. We cannot accept these submissions. If you are unsure that you submitted the confirmation of completion correctly for yourself or a family member, please reprint the confirmation page and follow the below instructions.

- 1. What happens if I don't complete the UNITED Health Assessment by the deadline?**
Your premium will be changed to the Standard rate retroactive to July 1, 2009. If you submit confirmation of its completion at a later date, your premium will be changed to the Preferred rate going forward.
- 2. What do I have to submit as proof that the UNITED Health Assessment was completed for me and each covered dependent?**
Once an Assessment has been completed, a wellness report will be provided. The first page of the report will serve as confirmation of completion. Please print the page and **write the name of the covered individual** the assessment was completed for. Fax or send copy of the confirmation page(s) to USFPG HR at 974-7973 (fax) or office mail to HR at MDC 62.

DEDUCTIBLES AND OUT-OF-POCKET MAXIMUM

- 3. Are all deductibles changing from Calendar Year to Plan Year?**
Only the health deductible will be Plan Year; the High Plan dental deductible remains as Calendar Year.
- 4. What happens if I have been paying toward or have met my deductible in the 2009 calendar year?**
Unfortunately, because the plans are different, any amount applied to the previous Plan's deductible can not be applied to the new Plan Year deductible. You must meet the new deductible for the new Plan Year.
- 5. Is the out-of-pocket maximum like the family member responsibility where if one of my family members reaches the individual maximum, they are then covered at 100%?**
Yes. Once one family member reaches the individual out-of-pocket maximum, that member's covered services will be paid 100% by the plan.
- 6. What happens when I pay the "out-of-pocket maximum" amount?**
Your eligible medical expenses are covered by the plan at 100% for the remainder of the Plan Year, up to the combined Network and Non-Network lifetime benefit maximum of \$2,000,000 per covered person.
- 7. Why is there a discrepancy with the deductible and out of pocket maximum on the UNITED Benefit Summary and what is in the open enrollment material?**
The perceived "discrepancy" is because the UNITED Benefit Summary refers to the full out of pocket deductibles and maximums, which is the combined total of the HRA provided by the employer and the member responsibility paid by the employee. Our summary separates out the employer's contribution so that it reflects the true employee potential out of pocket maximum.

PRESCRIPTIONS AND MEDICAL TREATMENTS

- 8. How will my prescription drug benefits be paid under this plan?**
Prescription drugs are treated the same as any other medical expense, subject to the deductible and coinsurance after your HRA account is exhausted.
- 9. What will I pay at the pharmacy?**
At the time of your purchase, the pharmacy will know what payment you owe based on your HRA account balance, your deductible balance, or the appropriate coinsurance amount, as

applicable.

10. How will I know what the contracted amounts are for services or prescriptions?

There are tools on myUnited.com for both Treatment Cost Estimators, as well as “MyRxChoices” for pricing of prescriptions at different pharmacies. You may also ask for a pre-determination from your provider.

11. After July 1 when I see my physician, do I have to pay my deductible first?

No, the first expenses (if not “preventive”) will be paid from your employer provided HRA account (\$500 individual/\$1,000 family); you do not start paying your portion of the deductible, your Member Responsibility, until your HRA account is exhausted

12. What if I have to seek medical services or emergency treatment when traveling?

Just like with the current plans, true emergency treatment is covered anywhere in the world as if it were in-network. Outside of the US, you may have to pay out of pocket, and submit a claim for any eligible reimbursement by United (and possibly any HRA dollars available).

13. Is the network for the United CDHP limited to the state of Florida?

No, it is a national network

14. How will it work if I have a dependent that attends school abroad (not in the US)?

Just like with current plans, there is no coverage outside the US except in case of emergency.

15. What if I’m currently in a treatment plan, does it continue under the new plan?

The benefit depends on the plan in place at the actual date of service. The treatments will be covered under the new benefits – no real change to underlying covered benefits

16. Is there a difference in coverage if I have blood drawn or radiology services at the doctor’s office, a facility associated with a hospital or a free-standing facility?

No, under the new HRA plans, every service is subject to the deductible and coinsurance, unless it is preventive. Preventive services are covered at 100%. The place of service does not matter as long as it is in the network.

17. What do I do if I have a procedure (inpatient or outpatient) at an in-network facility and the anesthesiologist, radiologist or other care providers at the facility are not in the United Healthcare network?

The RAP (Radiology-Anesthesiology-Pathology) benefits follow the facility. If you are at an in-network facility, and a non-contracted provider provides care, and you are not aware of their contract, eligible fees are paid at in-network levels as long as United receives the facility bill prior to the RAP bills. If UNITED receives the RAP bills prior to the facility bill, the RAP will be processed as out-of-network. **However**, once the facility bill is submitted to United for payment, you may ask United to reprocess the claims so that the RAP are processed as in-Network.

18. If I receive care from a nonparticipating health care professional or facility, how is the cost of that care charged against the HRA account?

All covered portions of the provider’s services are paid by the account (up to the remaining account balance) and applied against the deductible. You may have to file a claim for out-of-network services. You can obtain a medical claim form from the forms library on the United website at www.myuhc.com (Select the *Claims and Accounts* tab, claims forms are under

Member Actions).

19. If Quest is not a network lab but my physician sends my blood work to Quest, will it be covered?

You are responsible for where your lab work is processed. If your doctor sends your lab work to Quest, it will not be covered; you must request that they don't send it to Quest or that you have your lab work done at an in-network lab.

20.. How can I find out the balance of my HRA and Member Responsibility (deductible)?

You can view your account balances, check claims transactions and more at www.myuhc.com. Or, you can call Member Services at the toll-free number listed on your ID card. If you have claim activity in a given month, you will receive a summary explanation of benefits that lists your account balance and deductible.

MATERNITY

21. If I'm pregnant now, how will my maternity benefits work with the new plan?

Maternity benefits are based on date of birth. If the baby is born after June 30, 2009, the claim will fall under the new plan. Any partial payments made to the physician (not co-pays) considered "deposits" will be applied to the HRA and deductible when the baby is born and the claim is generated.

PREVENTIVE CARE

22. What is preventive care?

Preventive care includes pap smears, mammograms, prostate exams, colonoscopies, childhood immunizations, etc. administered in accordance with the age guidelines suggested by the American Medical Association. A list is posted on www.myuhc.com.

23. Are there limits to the "preventive care"? E.g., What if my doctor prescribes colonoscopies when I am under age 50 due to family history?

As long as billed as preventive, there is no limitation. If the physician is running the routine screenings to look for any conditions and codes it as diagnostic, it may not be covered at 100%. Talk to your physician about this prior to the service.

24. How will I know if my service provider will code my visit correctly (preventive vs. diagnostic) and what do I do if they don't?

When checking in or out of a provider visit, and you believe the service to be preventive, remind the provider's office that you have 100% coverage for preventive services and to bill accordingly. If they bill incorrectly, simply call the provider and advise that they need to re-bill the service as preventive. United is unable to get involved in these matters; they are unable to instruct the provider on how to bill the service.

25. If I have a preventive colonoscopy and they find polyps and remove them, will all of it be covered as preventive?

The physician will probably bill as two separate services, but we advise asking the provider. Typically they bill the colonoscopy as preventive and the removal of the polyp as diagnostic.

- 26. Are annual skin cancer screenings considered “preventive”?**
No, skin cancer screenings are not covered under the US Preventive Service Task Force Guidelines of preventive services. They would be subject to the deductible and coinsurance.
- 27. What if I have ongoing follow-up visits to monitor my potential or current condition, is it preventive or diagnostic? For example, mammograms, diabetes, blood disorders, colonoscopy.**
If the visits are to monitor a diagnosed condition or potential condition, then it is considered diagnostic, not preventive.
- 28. Is an annual eye exam considered Preventive?**
Yes. We will soon have access to revised Plan Summaries with more details.

THE EMPLOYER-PROVIDED HEALTH REIMBURSEMENT ACCOUNT (HRA)

- 29. Can I contribute towards the HRA account?**
No, our new health plans are Health Reimbursement Accounts (HRA), not Health Savings Accounts (HSA).
- 30. If I have money left in my HRA account at the end of the Plan Year, can I take the balance in cash?**
No. The HRA account is available only to pay expenses covered under the plan. The remaining amount will be added to your account balance for the next year as long as you remain in the plan.
- 31. If I’ve used some of my HRA account in-network and seek services out of network, how will it work? Do the deductibles cross accumulate between the networks?**
The deductibles do not cross accumulate, but you may use HRA dollars for either in or out of network services. With in-network providers, the claims will automatically be filed, and automatically paid out of the HRA. With out of network providers, you may have to manually file the claim to receive reimbursement.
- 32. What happens to my HRA account balance if I transfer between MSSC and UMSA?**
You may COBRA the plan with the HRA monies. Your insurance will terminate with your current employer unless you continue it under COBRA. You would elect benefits as a new employee after your transfer.
- 33. What happens to my HRA account if I leave and am rehired or reinstated in the same Plan Year?**
We do not have a rehire provision, so your benefits would start over. HRA accounts will be prorated for new hires during the Plan Year.

THE HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

- 34. If I enrolled in the Healthcare and/or Dependent Care Flexible Spending Account(s), how will I get claim forms and where will I send claims?**
United Healthcare will administer the Healthcare Flexible Spending Account for all participants effective 7/1/09. Detailed information and claim forms will be sent to employees who enrolled in the FSA accounts. (NOTE: The Dependent Care Flexible Spending Account will continue to be administered by the USFPG Department of Human Resources)

MISCELLANEOUS SUBJECTS

35. What will the coordination of benefits be with other plans?

If United is primary, they will use the same method as previously to determine allowable amounts. If United is secondary, they will determine the amount they would have paid if they were primary (determine their allowable amount), and subtract any amount paid by the primary carrier. Then they will pay the difference. In the event the primary carrier pays more than United's allowable amount, the secondary carrier will not pay any benefit.