An Employer's Guide to **The Summary of Benefits and Coverage (SBC)**

If you have questions at any time, contact your Sales Account Executive.

Click on the tabs below to learn more about the process for completing your SBC.

UnitedHealthcare®

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

Overview

Make sure you comply!

Willful failure to deliver your SBC to members within the required time frame may result in a **fine of $1,000 per each covered individual!**

The Summary of Benefits and Coverage (SBC) establishes standards that group health plan sponsors and insurers must use when offering group or individual health insurance. It was created by the departments of Health and Human Services, Labor and the Treasury (the departments). The SBC's purpose is to accurately describe the benefits and coverage under the group plan.

Why the SBC requirement was created

Among other things, the standards were created to ensure that benefits and coverage information is presented in clear language and in a consistent format to help consumers better understand their coverage and more easily compare coverage options.

The SBC was developed under section 2715 of the Public Health Service Act (PHS Act) as added by the Patient Protection and Affordable Care Act (Affordable Care Act).

What the SBC document includes

The departments consulted with the National Association of Insurance Commissioners (NAIC) to develop standards for providing SBCs.

next

Overview

Click on the thumbnail above to see the Department of Health and Human Services (HHS) sample SBC.

The SBC must include:

- A description of the coverage (including the cost-sharing for each category of benefits identified by the departments)
- The exceptions, reductions or limitations on coverage
- The cost-sharing provisions of the coverage, including deductible, coinsurance and copayment obligations
- The renewability and continuation-of-coverage provisions
- Appeals/Grievance Rights
- Coverage examples, including common benefits scenarios for having a baby (normal delivery) or managing Type 2 diabetes (routine maintenance, well-controlled)
- A statement that the SBC is only a summary and that the plan document, policy or certificate of insurance should be consulted to determine the governing contractual provisions of the coverage
- A contact number to call with questions and an Internet address where a copy of the actual individual coverage policy or group certificate of coverage can be reviewed and obtained
- An Internet address (or other contact information) for obtaining a list of the network providers, an Internet address where an individual may find more information about the prescription drug coverage under the plan or coverage, and an Internet address where an individual may review the Uniform Glossary, and a disclosure that paper copies of the Uniform Glossary are available
- A uniform format, four double-sided pages in length and 12-point font

previous next

Overview

Key Date: Sept. 23, 2012

The effective date for providing applicants, enrollees and policyholders or certificate holders an SBC is on or after Sept. 23, 2012.

Enrollment during open enrollment period

The requirements to provide an SBC, notice of material modification and Uniform Glossary apply for disclosures to participants and beneficiaries who enroll or re-enroll in group health coverage through an open enrollment period beginning on the first day of the first open enrollment period that begins on or after Sept. 23, 2012.

Enrollment other than open enrollment

For SBC distributions to participants and beneficiaries who enroll in group health plan coverage other than through an open enrollment period (example, special enrollees, new hires), the requirements apply beginning the first day of the first plan year that begins on or after Sept. 23, 2012.

Other SBC distributions

For SBC distributions to group health plans by an insurer, these requirements are applicable beginning on Sept. 23, 2012.

Click on the buttons below to find out more.

Service Offerings | Deadlines | Translation of SBCs

previous

next

What UnitedHealthcare will do Fully Insured Group Plans

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What UnitedHealthcare will do Fully Insured Plans

For insured health plans, UnitedHealthcare and the Group Health Plan are jointly responsible for meeting the SBC requirements for creation and delivery of the SBCs to members.

UnitedHealthcare will:

- Create your entire SBC for the services that you insure through UnitedHealthcare, including one of our sister companies, provides,
- Put it in the uniform format outlined by the Affordable Care Act and its implementing regulations,
- Calculate and include the coverage examples in your SBC,
- Deliver the SBC to you via your online employer portal, mail or in person and
- Distribute the SBC to your employees based on their elected distribution method (paper or electronic via the member portal). **Note:** In the pre-enrollment situation, UnitedHealthcare will not know the identities of eligible but unenrolled members so we anticipate relying upon our employer customers, or broker acting on their behalf, to deliver the SBCs to new hires mid-year, and at enrollment.
- Update the entire SBC, going forward, whenever you request a benefit change.

If you utilize external vendors for certain benefits, there could be addition tasks or SBCs that are required. UnitedHealthcare offers two ways to help you:

Partial SBC Creation (Excluding external vendors)

If UnitedHealthcare provides your medical insurance coverage but you use external vendors for other benefit services, we will create the SBC, including calculating coverage examples, for the services that you insure through UnitedHealthcare. You will be responsible for completing any information from outside vendors and completing the calculation of the coverage examples within the SBC document.

Full SBC Creation (Including external vendors)

If UnitedHealthcare provides your medical insurance coverage but you use external vendors for other benefit services, we will create the SBC, including calculating coverage examples, for the services that you insure through UnitedHealthcare. Upon request (at no additional cost), we can incorporate the completed external vendor benefit information and calculate coverage examples, into a single, completed, and fully synergized SBC.*

UnitedHealthcare can only make requested benefit change updates to the SBC going forward for the services that we provide you, unless the external vendor benefit information and re-calculated coverage examples are provided by you.

Plans excluded from the SBC requirements include:

- Retiree-only
- Stand-alone dental or vision

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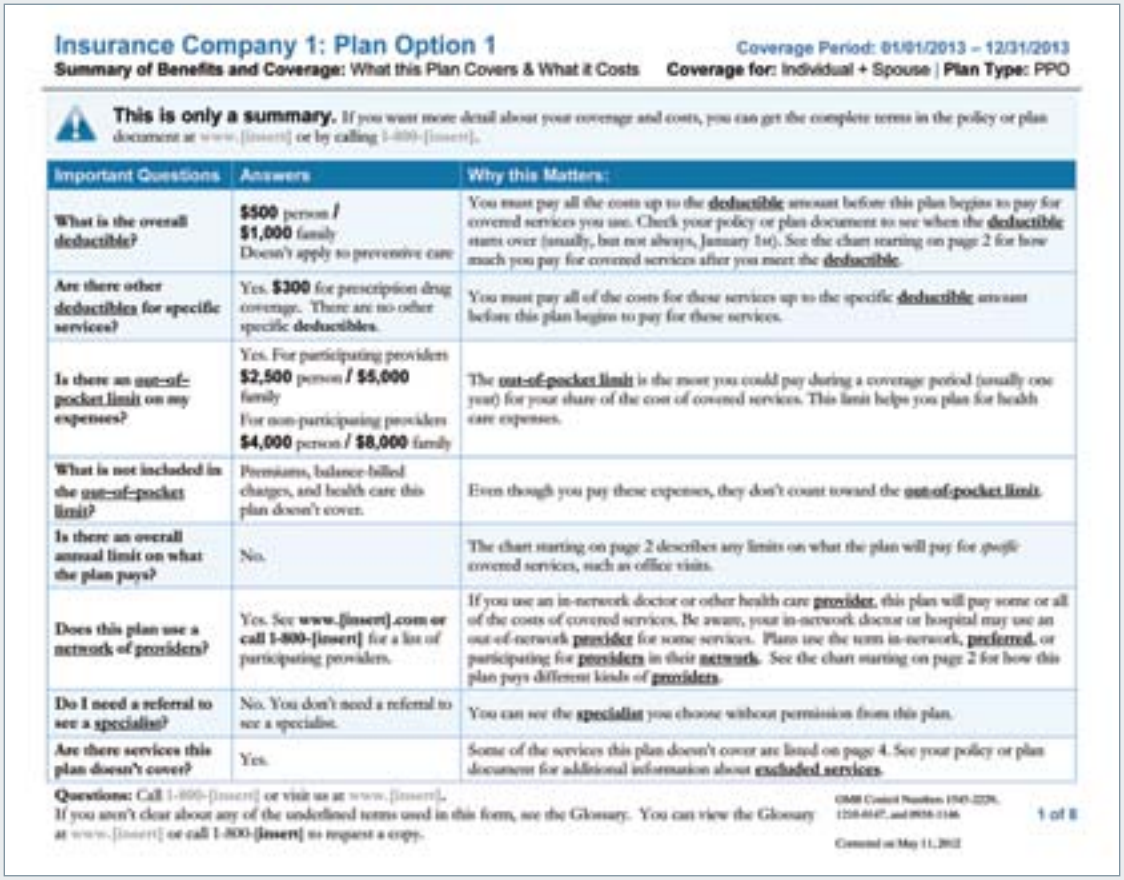

Insurance Company 1: Plan Option 1

Summary of Benefits and Coverage: What this Plan Covers & What it Costs

Coverage Period: 01/01/2013 – 12/31/2013

Coverage for: Individual + Spouse | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$500** person / **$1,000** family Doesn't apply to preventive care	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	Yes. **$300** for prescription drug coverage. There are no other specific **deductibles**.	You must pay all of the costs for these services up to the specific **deductible** amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers **$2,500** person / **$5,000** family For non-participating providers **$4,000** person / **$8,000** family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See **www.[insert].com or call 1-800-[insert]** for a list of participating providers.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-800-[insert] or visit us at www.[insert].
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-**[insert]** to request a copy.

OMB Control Numbers 1545-2229, 1210-0147, and 0938-1146

Created on May 11, 2012

1 of 8

Click on the thumbnail above to see the HHS sample SBC.

What UnitedHealthcare can assist with Self-insured Group Plans

You, or your designated administrator are responsible for meeting the SBC requirements for self-insured plans.
Upon request (at no additional cost), UnitedHealthcare will be prepared to:

- Create the SBC for services we administer,
- Put it in the uniform format outlined by the Affordable Care Act and its implementing regulations,
- Calculate and include the coverage examples in your SBC,
- Deliver the SBC to you via your elected distribution method, and
- Update the entire SBC, going forward, whenever you request a benefit change.

You will be responsible for delivery of SBCs to members; however, UnitedHealthcare can assist with member distribution, upon request. **
If you utilize external vendors for certain benefits, there could be addition tasks or SBCs that are required. UnitedHealthcare offers two ways to help you:

Partial SBC Creation (Excluding external vendors)

If UnitedHealthcare provides your health claims administration but you use external vendors for other benefits services, we will create the SBC, including calculating coverage examples, for the services that you receive from UnitedHealthcare, upon request. You will be responsible for completing any information from outside vendors and completing the calculation of the coverage examples within the SBC document.

Full SBC Creation (Including external vendors) **

If UnitedHealthcare provides your health claims administration but you use external vendors for other benefits services, we will create the SBC, including calculating coverage examples, for the services that you receive from UnitedHealthcare. Upon request, we can incorporate the completed external vendor benefit information (see SBC External Vendor Form on next page) and calculated coverage examples, into a single, completed, and fully synergized SBC.*
UnitedHealthcare can only make requested benefit change updates to the SBC going forward for the services that we provide you, unless the external vendor benefit information and re-calculated coverage examples are provided by you.
Plans excluded from the SBC requirements include:

- Retiree-only
- Stand-alone dental or vision

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** Additional fees may apply for this service. Please see your Sales Account Executive for more information on fees and other SBC services available.

UnitedHealthcare

Summary of Benefits and Coverage External Vendor Form

To include external vendor benefits in your UnitedHealthcare SBC, please complete the applicable highlighted fields and return the form to your Sales Account Executive for plans with open enrollment or plan year renewals between:

- ☐ October 2012 - January 2013 *(Return form by September 1, 2012)*
- ☐ February 2013 - April 2013 *(Return form by January. 1, 2013)*
- ☐ May 2013 - July 2013 *(Return form by April. 1, 2013)*
- ☐ August 2013 - October 2013 *(Return form by July 1, 2013)*

_____: _____ **Coverage Period:** _____ - _____

Summary of Benefits and Coverage: What this Plan Covers & What it Costs **Coverage for:** _____ | **Plan Type:** ____

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].

Important Questions	Answers	Why this Matters:
What is the overall deductible?	**$**	You must pay all the costs up to the **deductible** amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the **deductible**.
Are there other deductibles for specific services?	**$**	You must pay all of the costs for these services up to the specific **deductible** amount before this plan begins to pay for these services.
Is there an out–of–pocket limit on my expenses?	**$**	The **out-of-pocket limit** is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?		Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?		The chart starting on page 2 describes any limits on what the insurer will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?		If you use a network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network **provider** for some services. Plans use the term network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 2 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?		This plan will pay some or all of the costs to see a **specialist** for covered services but only if you have the plan's permission before you see the **specialist**.
Are there services this plan doesn't cover?		Some of the services this plan doesn't cover are listed on page 6. See your policy or plan document for additional information about **excluded services**.

Questions: Call 1-800-[insert] or visit us at www.[insert].
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.[insert] or call 1-800-**[insert]** to request a copy.

1 of 6

View Sample.

What UnitedHealthcare will do
Fully Insured Group Plans

Deadlines
Timing is everything when it comes to properly completing your SBC.*

Group Health Plan SBC
A health insurance issuer that offers group health insurance must provide an SBC to the plan or plan sponsor:
- Within (7) seven business days after receipt of an application for health coverage;
- By the first day of coverage, if there are any changes to the initial SBC;
- If written application for renewal is required, no later than the date the written application materials are distributed;
- If written application is not required for renewal, the later of 30 days before the beginning of the new plan or policy year or within (7) seven business days of receiving the group's intent to renew; and
- After Sept. 23, 2012, within (7) seven business days after receipt of a request from the plan or plan sponsor.

Member/Employee SBC
The plan administrator or health insurance issuer (for insured plans) must provide an SBC to a member:
- As part of the written application or enrollment materials (i.e., new hire enrollment packet). If the plan does not distribute written enrollment materials, the SBC must be distributed no later than the first date on which the employee is eligible to enroll for coverage;
- By the first day of coverage, if there are any changes to the initial SBC;
- Within 90 days from enrollment for any special enrollee. A special enrollee is generally an employee who enrolls mid-year upon the occurrence of a special enrollment event, such as marriage, birth of a child, or loss of other coverage;
- For renewal, if the member must actively elect to maintain coverage, or has the opportunity to change coverage options during an annual open enrollment period, an SBC must be distributed as part of the open enrollment materials;
- If written application is not required for renewal, the later of 30 days before the beginning of the new plan or policy year or within (7) seven business days of receiving the group's intent to renew; and
- Within (7) seven business days after receipt of request by the member.

Here is a breakdown of the three main times when changes may be made to your SBC.

At renewal | Prior to renewal | Off renewal

* The examples provided do not illustrate timeframes requiring additional information needed for plans with external vendors. If an external vendor is being utilized, please include additional time to provide a consolidated and synergized SBC.

What UnitedHealthcare will do
Fully Insured Group Plans

At renewal

The timelines associated with changes at renewal are dependent upon whether the SBC update involves open enrollment or any actual benefit changes:

- **Benefit change with open enrollment**
  UnitedHealthcare will provide the completed SBC electronically to you in advance of the date open enrollment materials are distributed as long as we receive notification of benefit changes at least (7) seven business days before we are required to deliver the SBC to you.
- **Benefit change with no open enrollment**
  UnitedHealthcare will provide the completed SBC electronically to you prior to the effective date of the plan as long as we receive notification of benefit changes at least (7) seven business days before we are required to deliver the SBC to you.
- **No benefit change**
  If there are no changes to your current SBC, the existing SBC will be updated to reflect the new coverage period and provided to you electronically within the time frames stated above.

Deadlines main page

Sample timeline with open enrollment

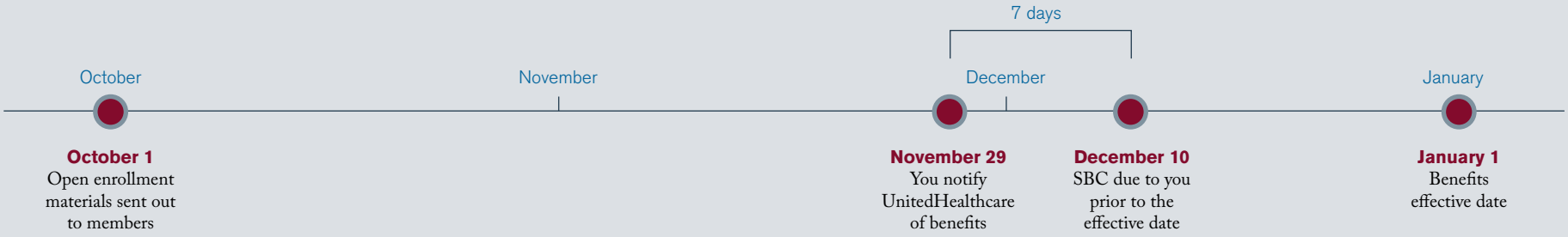
What UnitedHealthcare will do
Fully Insured Group Plans

Prior to renewal (changes between open enrollment and renewal)

If you have changes prior to renewal, but after distribution of the first SBC, UnitedHealthcare will provide you the completed SBC electronically by the first day of coverage as long as we receive notification of benefit change at least (7) seven business days before the first day of coverage.

Deadlines main page

Sample timeline



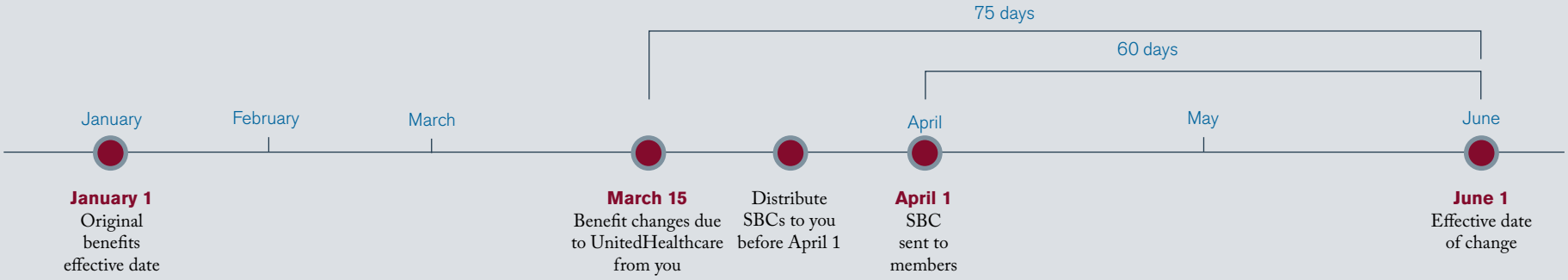
What UnitedHealthcare will do
Fully Insured Group Plans

Off renewal

UnitedHealthcare will provide you the completed SBC electronically in advance of the effective date of the change as long as we receive notification of benefit changes 75 business days in advance from you as an existing customer. Revised SBCs are required to be provided to members 60 days in advance of the change.

Deadlines main page

Sample timeline



What you will need to do

Self-insured Group Plans

Did you know?

As a group health plan sponsor, you must make available to participants and beneficiaries the Uniform Glossary. If a copy is requested, it must be provided in the format required by the departments. This is to ensure the information is consistent and uses language that the average plan enrollee can understand. UnitedHealthcare will provide a link within your Employer web portal to the Department of Labor (DOL) and Centers for Medicare & Medicaid Services (CMS) website so you may print copies for your employees. UnitedHealthcare will refer the member back to you for a paper copy of the Uniform Glossary, unless we provided SBC distribution services for your membership.

View Uniform Glossary

As a self-funded plan sponsor, you are responsible for creating and distributing the SBC.

As your health claims administrator, UnitedHealthcare will be prepared to create, calculate and deliver a full or partial SBC for those services we administer, upon request.**

Following is a detailed breakdown of who gets your SBC and when. We have also included details on how you may provide it to your plan members along with information on:

- How you can initially access your SBC once UnitedHealthcare has completed our portion
- If you have services provided by other vendors, how to submit your vendor completed SBC template to incorporate it into your SBC*

Who gets your SBC

How you may provide it

When do they get it

Accessing and finalizing your SBC

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** Additional fees may apply for this service. Fees may apply. Please see your Sales Account Executive for more information on applicable fees for certain SBC services available.

What you will need to do

Self-insured Group Plans

Who gets your SBC

Your SBC must be provided to both eligible members and their dependents. For new enrollees, an SBC needs to be provided for each plan the member is eligible to be enrolled in. For members currently enrolled in a plan, only the SBC for the plan in which they are enrolled must be provided.

You can send a single SBC to an employee and his or her dependents, if they are all living at the same address. However, if any beneficiaries live elsewhere, you need to be sure they also receive an SBC.

What you need to do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What you will need to do
Self-insured Group Plans

When do they get it

You must provide an SBC in these situations:

- Upon enrollment
- At renewal
- Off-renewal changes
- Upon request
- Special enrollees

Upon enrollment

- The SBC must be provided as part of any written application materials that are distributed by the plan for enrollment.

- If the plan does not distribute written application materials for enrollment, the SBC must be distributed no later than the first date on which the participant is eligible to enroll in coverage for the participant or any beneficiaries.

At renewal

How and when SBCs should be provided at renewal depends on several factors:

1) When a reapplication is required

If written applications are required for renewal (paper or online), the SBC must be provided no later than the date on which the materials are distributed.

2) Automatic renewal

The SBC Final Rule states that, in general, if a renewal or reissuance of coverage does not require reapplication, the SBC must be provided no later than 30 calendar days prior to the first day of the new plan year. If members are eligible to change coverage elections during an annual open enrollment period, the SBC must be provided with the open enrollment materials.

3) SBC change

If any plan changes reflected in the SBC are made after the initial SBC is distributed but before the first day of coverage, an updated SBC must be provided no later than the first day of coverage.

What you need to do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What you will need to do

Self-insured Group Plans

What is a material modification?

A material modification is any modification to the coverage offered under a plan that – independently or in conjunction with other modifications or changes – would be considered by an average plan participant or individual covered under a policy to be an important change in covered benefits or other terms of coverage under the plan or policy.

Important changes include:

- Elimination of benefits
- Reduction of benefits under the plan, including formulas, methodologies or schedules that serve as the basis for making benefit determinations
- Increases in benefits under the plan
- Increases in deductibles, coinsurance, copayments or other amounts to be paid by a participant or beneficiary
- Decreases in deductibles, coinsurance, copayments or other amounts to be paid by a participant or beneficiary
- Changes in state mandates for non-ERISA plans that are contained within the SBC
- Establishment of new conditions or requirements (for example, preauthorization requirements) for obtaining benefits under the plan

Off-renewal changes

Advance notice of material modification is required for a change that occurs other than in connection with a renewal. You must notify your members at least 60 calendar days in advance of the effective date of the change, if the change affects information included in the SBC and is not reflected in the most recent SBC.

Other events that require SBC distribution:

Upon request

If a request is received, the SBC should be provided as soon as possible, but never later than seven business days.

When you have "special enrollees"

A special enrollee is a plan member who has a HIPAA Special Enrollment event, such as a marriage or birth of a child, or loss of other coverage. An SBC must be provided no later than when a summary plan description is required under the time frame set forth in ERISA, which is 90 calendar days from enrollment.

What you need to do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What you will need to do
Insured and Self-insured Group Plans

Translation of SBCs

Final regulations require that the SBC be provided in a culturally and linguistically appropriate (CLA) manner. The CLA provision applies only to counties identified in the American Community Survey data provided by the U.S. Census Bureau report to have 10 percent or more of the population being literate only in the same non-English language.

UnitedHealthcare will provide members with translation services at no additional cost. For oral translation services we will follow the business model and utilize a vendor to facilitate where needed. Written translation will be provided, upon request, for the languages required by the CLA provision.

The languages currently required are:

- Spanish
- Chinese
- Tagalog
- Navajo

To help plans and issuers meet the language requirements, HHS will provide written translation of the SBC template, sample language and Uniform Glossary.

What UnitedHealthcare will do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What you will need to do

Insured and Self-insured Group Plans

How you may provide it

Your SBC may be provided in paper form, by email or by posting it on the Internet.

Electronic transmission requirements

Electronic delivery for enrolled members is subject to DOL regulations on electronic disclosure. For more details about the DOL electronic disclosure requirements (29 CFR 2520.104b-1(c)) please **click here**.

Your SBC can be provided electronically to members who are eligible for, but not enrolled in, coverage if the following conditions are met:

1) The format is readily accessible
2) A paper copy is provided free of charge upon request, and
3) If an Internet posting is used, an email or paper form notification must be sent to the employee stating the SBC is available on the Internet*

*The notification must provide the Internet address and tell the member the document is available in paper form upon request.

What you need to do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

What you will need to do

Insured and Self-insured Group Plans

Accessing your SBC

How to access your UnitedHealthcare-created SBC

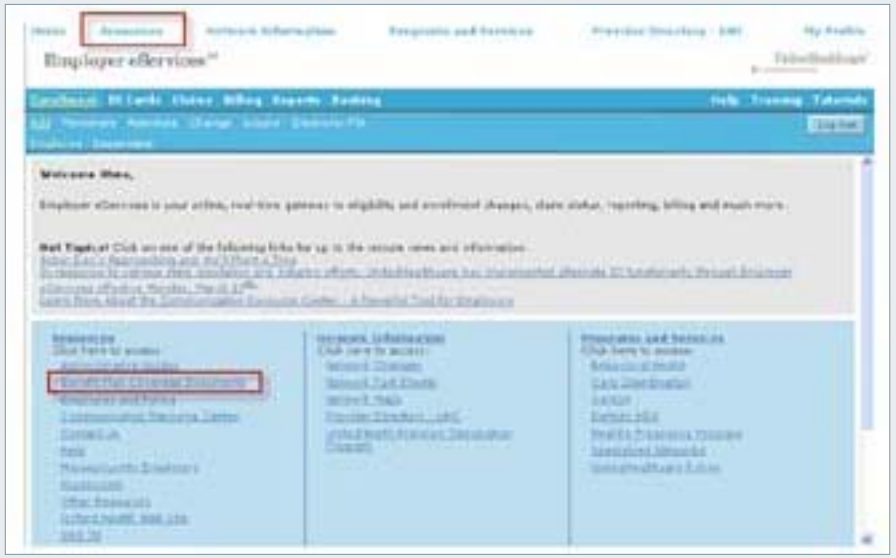
Once UnitedHealthcare has finished creating your SBC, a copy will be shared with you in your preferred communication method (paper copy, email, Web portal).

If you are a UnitedHealthcare Web portal participant, we will post your SBC on your Employer portal for your reference. You can access the file by:

1) Logging into the UnitedHealthcare Employer portal

2) Entering your username and password

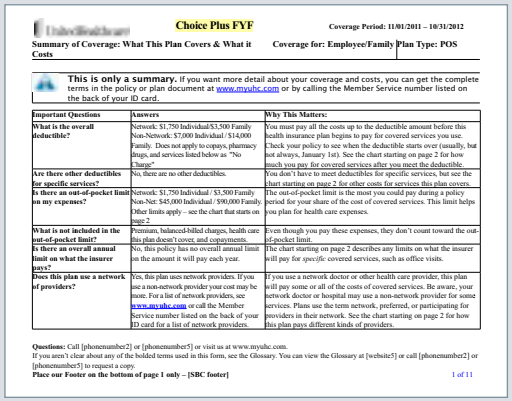
3) Selecting Resources



What you need to do main page

Overview | What UnitedHealthcare will do Fully Insured Group Plans | What UnitedHealthcare can assist with Self-insured Group Plans | What UnitedHealthcare will do | What you will need to do Self-insured Group Plans | What you will need to do Insured and Self-insured Group Plans | Other resources

Other resources



Choice Plus FYF — Coverage Period: 11/01/2011 – 10/31/2012

Summary of Coverage: What This Plan Covers & What it Costs — Coverage for: Employee/Family — Plan Type: POS

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myuhc.com or by calling the Member Service number listed on the back of your ID card.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: $1,750 Individual/$3,500 Family Non-Network: $7,000 Individual / $14,000 Family. Does not apply to copays, pharmacy drugs, and services listed below as "No Charge"	You must pay all the costs up to the deductible amount before this health insurance plan begins to pay for covered services you use. Check your policy to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No, there are no other deductibles.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Network: $1,750 Individual / $3,500 Family Non-Net: $45,000 Individual / $90,000 Family. Other limits apply – see the chart that starts on page 2	The out-of-pocket limit is the most you could pay during a policy period for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premium, balanced-billed charges, health care this plan doesn't cover, and copayments.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the insurer pays?	No, this policy has no overall annual limit on the amount it will pay each year.	The chart starting on page 2 describes any limits on what the insurer will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes, this plan uses network providers. If you use a non-network provider your cost may be more. For a list of network providers, see www.myuhc.com or call the Member Service number listed on the back of your ID card for a list of network providers.	If you use a network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your network doctor or hospital may use a non-network provider for some services. Plans use the term network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.

Questions: Call [phonenumber2] or [phonenumber5] or visit us at www.myuhc.com.
If you aren't clear about any of the bolded terms used in this form, see the Glossary. You can view the Glossary at [website5] or call [phonenumber2] or [phonenumber5] to request a copy.
Place our Footer on the bottom of page 1 only – [SBC footer] 1 of 11

View sample.

We have included examples of a full SBC and a partial SBC. If you have requested UnitedHealthcare to include external vendor information in the SBC, we will highlight the areas you will need to complete.

Full SBC (no external vendors)

The full SBC requires no activity on your part. UnitedHealthcare has completed the document since you use no external vendors, other than UnitedHealthcare or one of our sister companies.

Full SBC (including external vendor information)

If you have requested UnitedHealthcare to include external vendor information in the SBC, some additional work is required on your part.*

You (or your vendor) will need to provide complete information in the following highlighted sections:

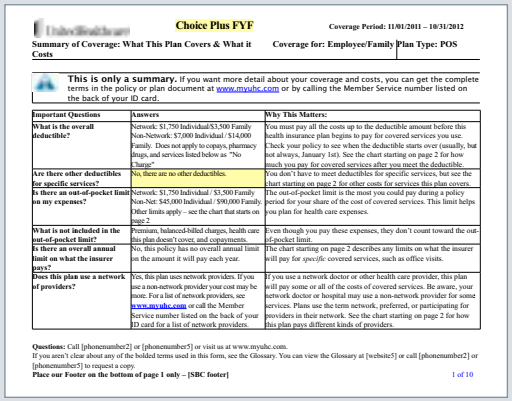
- Deductibles
- Out-of-pocket limits
- Prescription drug coverage
- Mental health benefits
- Calculated Coverage Examples
  - Plan Pays & Patients Pay (at the top of the example)
  - Patient Pays break out (bottom of the example)
    - Deductibles
    - Co-pays
    - Co-insurance
    - Limits or exclusions
    - Total

Once you have completed those sections, please review and approve the document. You can then email your external vendor SBC to your Sales Account Executive to be included within the SBC installation process.

* Additional fees may apply for this service. Please see your Sales Account Executive for more information on fees and other SBC services available.

next

Other resources



Choice Plus FYF — Coverage Period: 11/01/2011 – 10/31/2012

Summary of Coverage: What This Plan Covers & What it Costs — Coverage for: Employee/Family | Plan Type: POS

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.myuhc.com or by calling the Member Service number listed on the back of your ID card.

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Place our Footer on the bottom of page 1 only – [SBC footer] 1 of 10

View sample.

Partial SBC (excluding external vendor information)

If UnitedHealthcare provides your health claims administration but you use external vendors for other benefit services, we will create the SBC, including calculating coverage examples, for the services that you receive from UnitedHealthcare.

You will be responsible for completing any information from outside vendors and completing the calculation of the coverage examples within the SBC document.

previous next

Other resources

Helpful Web links

Here are several links to government websites you may find helpful in answering any questions you may have about the SBC process:

- Final regulations
- Compliance
- Uniform Glossary
- Instruction guide
- Electronic delivery

previous