

Quick reference guide
Small business 2-50 segment



We are proud of our commitment to agents throughout Illinois and Northwest Indiana.

We recognize the value you bring to small business, and your critical role in the partnership between small employers and UnitedHealthcare. Our staff is dedicated to servicing your needs and those of the employer.

The information in this guide is intended as a tool designed to help you better understand:

- ▶ medical underwriting requirements
- ▶ product guidelines
- ▶ post-sale administrative options and eligibility provisions

Chicago Small Group Sales Operations Unit

800-237-4930

Prompt 1 for *Rating*

Prompt 2 for *Case Submission*

Or, Contact your local General Agent representative

Medical underwriting requirements/pre-sale

Medical Underwriting requirements may change and Medical Underwriting reserves the right to request additional information as they deem necessary. In addition, if there are discrepancies between this document and any employer contract or certificate of coverage, the contract or certificate of coverage will prevail.

Document Updated: November 1, 2009

Category	Explanation/Requirements
Medical history requirement (Applications and requirements are state specific which may vary by state.)	Employees at groups with 2 to 50 eligible employees will be required to complete long-form medical histories. Form #230-4997 6/07 (located on UnitedeServices.com under <i>Forms – IL – Employee</i>)
Rating structure Submit to: rating_unit_chicago@uhc.com, or send to your local General Agent representative.	Rating structure is based on the number of eligible employees. Groups with 2 to 9 eligible employees will be age/sex or table rated. Groups with 10 to 50 eligible employees will be class or factor rated [employee only, employee + spouse, employee + child(ren), employee + spouse + child(ren)]. Please note: Dependent count such as # of children does impact rates. If # of children is not specified at the initial quote, we assume 1 child per family
Dual option (Offering Choice Plus and Choice HMO)	Available for groups with 5 or more enrolling employees. Please note: Prior authorization required for plans with a spread greater than 25%
Excluding classes (Not permitted in Indiana)	Not permitted for groups with 10 or less eligible employees. On groups with 11 to 50 eligible employees, up to two classes will be permitted. Examples of acceptable classes include: hourly and salaried, union and non-union, management and non-management.
Requirements for competitor application prescreen Email: new_case_submissions_chicago@uhc.com, or send to your local General Agent representative.	<ul style="list-style-type: none"> Completed and signed Competitor Applications (height and weight required for all enrolling members) Employer Authorization form (located on UnitedeServices.com under <i>Forms – IL – Employer</i>) Completed Fast Track Coversheet (located on UnitedeServices.com under <i>Forms – IL – Broker</i>)
Requirements for fast track submission Email: new_case_submissions_chicago@uhc.com	<ul style="list-style-type: none"> Completed and signed enrollment forms including COBRA and Waivers for all eligible employees (height and weight required for all enrolling members) Completed Fast Track Coversheet (located on UnitedeServices.com under <i>Forms – IL – Broker</i>) Name of current carrier and group tax ID number
Requirements for new business submission Submit to: Email: new_case_submissions_chicago@uhc.com Fax: 312-424-5140 Mail: UnitedHealthcare Small Group New Case Submission 9th floor 233 N. Michigan Ave Chicago, IL 60601 Or contact your UnitedHealthcare Account Executive, or General Agent representative.	<ul style="list-style-type: none"> Enroll with direct deposit or submit a binder check for one months premium payable to UnitedHealthcare of Illinois, Inc. Completed Small Group Application Copy of the groups most recent billing statement from the current carrier Copy of the most recent quarterly wage & tax statement (employee roster portion). Completed and signed enrollment forms including COBRA and Waivers for all eligible employees (height and weight required for all enrolling members) Different company names listed on past bill, wage & tax, group application, etc. will need an explanation and possible proof UHC Product and Benefit Selection Form (located on UnitedeServices.com under forms - IL) Name of current carrier and group tax ID number
Wage & tax/payroll requirements	
Quarterly wage & tax report For groups of 2-5 eligible employees, a quarterly wage & tax report is always required.	<ul style="list-style-type: none"> Most recent statement All pages submitted Marked to indicate all part-time, full-time, terminated, ineligible, etc. employees Wage & Tax is needed for out of area employee(s)
Payroll record requirements Groups of 6+ eligible employees may submit a current Payroll in lieu of a quarterly wage & tax report.	<ul style="list-style-type: none"> Dated payroll and/or date of pay period Name of company Total number of hours worked by each employee Total number of employees Total taxes withheld, itemized

Wage & tax alternatives	<i>The following information is required for groups with 2-5 eligible employees and/or “owner-only” groups.</i>
Type of business	Required Documentation
C corporation	Form 1120 (pages 1 & 2) which includes Schedule E & current wage and tax or current payroll records.
S corporation	Schedule K-1 (Form 1120S) for all enrolling Owners/Partners & wage and tax or current payroll records.
Partnership/limited liability partnership	IRS Schedule K-1 (Form 1065) for all enrolling partners or Partnership Agreement signed by all partners & wage and tax or current payroll records.
Sole proprietorship	Business license (if in business less than one year and a Schedule C has not been filed yet) or Schedule C, and current payroll records for employees other than the owner.
Limited liability company (LLC)	LLC Agreement signed by all managers/members/parties or copies of appropriate tax returns (follow the guidelines for either a Partnership or S-Corp based on how the LLC was formed) & wage and tax or current payroll records.
Church	IRS Form 941 & current payroll records.
Farms	IRS Schedule F (Form 1040) & current payroll records.
Husband & wife groups	Must provide documentation that they are full-time employees of the company. They need to provide supporting documentation showing they are either an owner, or an employee, and provide sufficient documentation based on their business entity. Both must enroll with single coverage.
Billing statement requirements	<ul style="list-style-type: none"> • Most recent statement (all pages) • All terminated employees clearly marked, including termination date(s) • Cobra/Continuation applications or waivers included if terminated within 60-90 days and still listed on billing statement
Enrollment form requirements	<ul style="list-style-type: none"> • All medical history questions answered and explained • All information fully completed and signed by subscriber and spouse (if spouse is electing coverage) • All applications must be signed and dated within 90 days of requested effective date • Date of hire filled in on all applications • Number of hours worked filled in all applications • Other coverage information (Section D) must be filled in on all applications
Waiver requirements	<ul style="list-style-type: none"> • Waiver section of enrollment form completed • Reason for waiving clearly indicated • Waivers submitted for those in waiting period • Waiver section F initialed and dated within 90 days of requested effective date • Section G (signature) on page 3 must be signed and dated within 90 days of requested effective date
Employer contribution requirements	<ul style="list-style-type: none"> • Minimum of 50% of the employee premium
Participation requirements	<ul style="list-style-type: none"> • Minimum of 50% of the eligible employees must apply including eligible waivers • Excluding eligible waivers, 75% of the eligible employees must apply

Employees in waiting period	Enrollment forms are required if a new employee is within 90 days of being eligible for coverage. If new employees in the waiting period appear on the Wage & Tax, include hire dates and either application for coverage or waiver.
Cobra waivers	Former employees waiving because they are covered by Cobra must complete the Medical History and waiver section of the enrollment form.
Effective dates/backdating	<p>1st of the month effective date:</p> <ul style="list-style-type: none"> • A group must be approved no later than the 10th of the month in order to backdate coverage to the 1st of the month <p>15th of the month effective date:</p> <ul style="list-style-type: none"> • A group must be approved no later than the 25th of the month in order to backdate coverage to the 15th of the month
Independent contractor (1099) guidelines See required sample letter attached	<p>Employers may select to offer coverage to their independent contractor (1099 employees), if the following conditions are met:</p> <ul style="list-style-type: none"> • The maximum number of 1099 contractors may not exceed 25% of the total number of enrolled subscribers. The Independent Contractor paid by 1099 must work for your company on a full time, year-round basis • The 1099 contractor must work a minimum of 30 hours per week • The employer agrees to contribute the same amount of money toward the premium as regular taxed employees • The employer agrees to require the same waiting period for Independent Contractors as regular taxed employees • The employer agrees to extend the coverage offering to all Independent Contractors who meet these qualifications, including any future 1099 employees • The business has a minimum of two regular, taxed, employees who are applying
Common Ownership	(See required sample letter attached)
24-Hour coverage (AO coverage)	24-hour medical coverage is available to owners, officers and partners of a company who are not covered under workers' compensation. This option provides medical coverage for injuries and illnesses stemming from occupational exposures. A premium load may be assessed to the entire group, determined by the percent of employees being covered.
Seasonal employees	Coverage for Seasonal Employees as defined as employees working a minimum of 30 hours per week less than 9 months per year is not offered .
PEO ("Professional Employee Organization") groups	Coverage to PEOs and their employees is not offered.
Retiree coverage	Retiree coverage is not available. Exception: Retirees of the IMFR (IL Municipal Retirement Fund) that work for a municipality in IL are considered eligible.
Employers utilizing leased employees See required sample letter attached	<ul style="list-style-type: none"> • All leased employees must be eligible for coverage on the same basis as other employees • The employer must complete and sign the application for coverage • UnitedHealthcare will bill the employer for coverage, not the PEO • UnitedHealthcare must be the sole provider of health insurance for all eligible employees • The required eligibility information will include the standard documents for any small employer group
Waiting periods (Months only)	<ul style="list-style-type: none"> • 2-50 lives: 0-6 months • 11-50 eligible employees can have different waiting periods for each class

Forms required for case installation

2-50 Requirements	Medical	Life ¹	Dental ¹	Vision ¹
Employer:				
ER application	UnitedHealthcare Employer application (State specific)	UnitedHealthcare Employer application (State specific)	UnitedHealthcare Employer application (State specific)	UnitedHealthcare Vision application ² (State specific)
Wage & tax statement or current payroll	Requirement for all products (not product specific) *Standalone dental and vision will accept a current bill and payroll for all size groups in lieu of W&T docs*			
Prior billing statement	Medical prior billing statement	not required	Dental prior & current billing statement	not required
Copy of binder check/direct debit form	Medical premium	Life premium	Dental premium (including Voluntary plans)	Vision premium, Voluntary ³ – not required
	Premium payment can be combined when multiple products are sold			
Verification approval	Verification approval e-mail from Broker (CA & NV medical = group rate sign-off)			
Proposal/quote	UnitedHealthcare proposal (UeS or Prime rating centers)			
	MUW prepared rates		HealthConnect, current rate cards	HealthConnect, current rate cards
Employee:				
EE application	UnitedHealthcare Medical and Life Enrollment Form (State specific)			
EE waiver	UnitedHealthcare waiver form required	UnitedHealthcare waiver form ⁴		
Internal forms:				
Installation coversheet	New business coversheet			

¹ For **Life**, **Dental** and **Vision** products, if there is an **existing Medical product on another UnitedHealthcare platform** (PHS, NHP, RV, etc.), we will not require the binder check or Wage & Tax docs and we can accept an enrollment spreadsheet in place of the employee enrollment forms (with the exception of Life over guaranteed issue which will require enrollment forms for underwriting review).

² Contact Sales Unit for requirement by state (for IL it is required, IN & WI it is Not) – currently transitioning from UHIC Vision ER App to standard UHC ER App

³ Voluntary definition – Employer contributes less than 50%

⁴ For 100% Employer Paid Plans

Some special notes:

- For Life, Dental and Vision products, if there is an existing Medical product on another UHC platform (PHS, NHP, RV, etc.), we will not require the binder check or Wage & Tax documentation and we can also accept an enrollment spreadsheet in place of the employee enrollment forms (with the exception of Life over guaranteed issue which will require enrollment forms for underwriting review).
- UHIC Vision Employer applications are being eliminated- we are transitioning to the UHC Employer application for vision. Certain states can now select vision on the UHC Employer application (we can still accept the UHIC Vision ER application if the group has already completed it for standalone vision).
- Our Specialty Benefits partners have provided binder check clarification for voluntary dental and vision. For all dental products including voluntary products, the binder check is required (the exception would be if medical is on another UHC platform). For voluntary vision (ER contributing less than 50%), the binder check is not required.

Standard administrative options/ *(post-sale)*

Category	Explanation/Requirements
Effective date	1st or 15th of the month.
Payment grace period	Premium payment is due the 1st of each month. A 31-day grace period is allowed—all premiums must be received and booked by the end of the grace period to avoid a policy termination.
Delinquent policy	A policy that is not paid by the due date (including the grace period) is considered delinquent and will result in termination.
Mandatory enrollment into products	If the employer contributes 100% toward any ancillary (life and AD&D, dependent life, or dental) premium, then the employees must elect that products coverage.
Date of birth calculation (age-banded rate changes)	1st of the insurance month following date of age change
Maximum number of children billed (age/sex-rated groups)	3
Open enrollment period	Month prior to renewal.
Medical and Dental ID cards	Mailed to employees home within 10 business days of the policy being issued. Employees can also log into myuhc.com within 72 hours of the policy being issued to print temporary ID cards.
Certificate of coverage	Available online at myuhc.com within 72 hours of the policy being issued.
Covered dependents	<ul style="list-style-type: none"> • Employee's spouse • Any unmarried dependent child under 26 years of age or • Any unmarried dependent child under 30 years of age if the dependent (i) is an Illinois resident, (ii) served as an active or reserve member of any U.S. Armed Forces and (iii) received release or discharge other than dishonorable discharge. To be eligible the dependent must meet all three (3) of the conditions above and must submit to the insurer a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service. • Adopted children • Dependents such as nieces and nephews that are court ordered to be covered by member's group plan • Grandchildren that are claimed as dependent(s) for federal tax purposes

Standard eligibility provisions/ *(post-sale)*

Deductible credit	UnitedHealthcare groups are eligible for mid-year deductible credit from previous carrier.
Pre-existing health condition limitation	<ul style="list-style-type: none"> • No limitation if enrollees provide a letter from their previous insurer showing evidence of continuous credible coverage for the prior 12-month period with their enrollment form or submit the letter when requested by our claims processing office • For new case submissions: provide the documentation described above or include the prior carrier bill which lists the employees applying for coverage along with their date of hire on their enrollment application
Dependent/student maximum age	<ul style="list-style-type: none"> • Any unmarried dependent child under 26 years of age or • Any unmarried dependent child under 30 years of age if the dependent (i) is an Illinois resident, (ii) served as an active or reserve member of any U.S. Armed Forces and (iii) received release or discharge other than dishonorable discharge. To be eligible the dependent must meet all three (3) of the conditions above and must submit to the insurer a form approved by the Illinois Department of Veterans' Affairs stating the date on which the dependent was released from service.

Effective date for new hires	1st of the insurance month following waiting period (up to six months) with 31-day notice.
Minimum hours worked per week to be eligible	<ul style="list-style-type: none"> • 20 - 40 hours per week—if the groups elect medical-only coverage. (determined by employer group) • 30 - 40 hours per week—if the groups elect ancillary coverage. (determined by employer group)
Effective date of termination	Last day of the insurance month in which the term occurs with 31-day notice.
Effective date for return to employment (leave, strike, layoff)	1st of the insurance month following date of return.
Date for status change	1st of the insurance month following change <ul style="list-style-type: none"> • Newborns, new marriages and late adds with a qualifying event that we are notified of within 30 days are added on the date of the event
Events	Newborn, marriage, divorce, adoption, hardship, death and loss of other coverage are a qualifying event.
Dual coverage (employee works for 2 employers and is covered under both policies)	Not allowed
Double coverage (husband/wife work for same employer and cover each other)	Not allowed
Handicapped coverage	Yes, coverage can exceed standard dependent age requirements. Documentation from physician is required.
Employer plan termination	UnitedHealthcare may terminate group coverage for: <ul style="list-style-type: none"> • Nonpayment of premiums (The group is liable for payment of premiums for the entire term the policy is in force, including the grace period.) • Not meeting contribution requirements (31 days advance notice) • Not meeting participation requirements (31 days advance notice)
Voluntary termination	Coverage may be terminated on the date specified by the policyholder, after at least 31 days prior written notice to UnitedHealthcare. The written notice must be signed by an officer of the group/policyholder. Application for group coverage within 6 months of termination date will result in the same or greater premium cost as was in effect at time of termination.
Groups previously terminated for non-payment	Groups previously terminated for non-payment are not eligible to reapply for coverage until one year from the date of termination.

Dental insurance for small businesses

For groups with 2-99 employees

UnitedHealthcare Specialty BenefitsSM: Delivering more – for less

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products that can be purchased efficiently and cost-effectively alongside medical for groups with two-99 employees. (Products may also be purchased standalone.)

Our dental insurance portfolio includes a wide selection of plans supported by a large national network, flexible plan designs, leading-edge technology and value-added services. We are also committed to administrative ease, providing a simplified administrative platform and comprehensive online services.

More options

Dental Options PPO plan

- Access to an extensive national network of more than 86,000 dental access points
- Substantial employee cost savings (~30% discount) when visiting a network dentist
- Option to see a non-network dentist for higher out-of-pocket costs
- No claim forms necessary for network coverage

Dental INO (In-Network Only) plan

- Available in select markets
- Comprehensive coverage
- Freedom to access any dentist in our national PPO network
- Absence of non-network coverage allows for a lower premium

Dual Option

- Offers two plan options (i.e., a high and low deductible PPO, or an Indemnity and a PPO) for eligible groups
- Access to our national PPO network
- Available to groups with 10+ enrolled employees

Dental Indemnity plan

- Employees utilize dental provider of their choice
- Employees pay for charges at time of service and submit claim form for timely reimbursement
- No referrals needed for specialists

Dental HMO

- Available in select markets
- Low premium and out-of-pocket costs

Direct Compensation (non-capitated DHMO)

- Available in select markets
- Providers submit claims and are reimbursed for services

Voluntary Dental*

- Employee-pay-all benefit
- Low employer costs (administration only)
- Network and non-network plans
- Covers routine and other dental services
- Competitive waiting periods, maximums and deductibles
- No minimum participation requirement

More ease

National network

- Expansive national network of more than 86,000 dental access points
- Ongoing quality measurement based on National Association of Dental Plans credentialing standards
- Low provider turnover

For participating providers, visit www.uhcspecialtybenefits.com

Claims management

- State-of-the-art claims processing
- Highly automated claims adjudication
- Timely and accurate claims payment
- Built-in audit features

Leading-edge technology

- Employer eServices[®]: Manage eligibility, receive electronic bills, make payments online, and access standard reporting options
- Employee online self-service: Search for network dentists, check claim status, request ID card, view benefit summaries, view remaining benefits, and obtain educational information
- Treatment Cost Calculator: Enables consumers to compare costs of dental procedures of network versus out-of-network dentists
- Toll-free customer service line

More value-added services

Consumer MaxMultiplierSM

- Members may carry forward a portion of unused annual maximum, according to program rules
- Available with PPO, INO and Indemnity plans for fully-insured or ASO groups

Prenatal Dental Care

- Provides expectant mothers with additional periodontal coverage, subject to program terms and conditions
- No impact on premium, no additional out-of-pocket costs
- Available with PPO, INO and Indemnity plans for fully-insured groups (ASO groups upon request)

Oral cancer screening

More savings

Packaged Savings® program

- Bundle our comprehensive medical plans with eligible specialty products – dental, life, disability and vision. The more you bundle, the more you can save.
- When you combine medical plus dental, your eligible administrative credits may be \$3.00 per employee per month.
- Packaged Savings credits remain in place as long as your eligible coverages remain in-force.

More flexible plan designs

Eligibility

- All full-time employees working a minimum of 30 hours per week
- Dependent children covered to age 19; age 25 if full-time student

Participation requirements

- Non-contributory and contributory plans: At least 75% of eligible employees must be enrolled, not to fall below 50% of eligible employees (employer contribution must be at least 50% of employee premium)
- Voluntary plans: No participation requirement, minimum of two enrolled

Coverage categories

- *Class I* – Preventive and diagnostic services
- *Class II* – Basic care services
- *Class III* – Major care services
- *Class IV* – Orthodontics

Preventive and diagnostic services

- Variety of options for network and out-of-network
- Typically includes periodic oral examinations, bitewing x-rays, complete series or Panorex x-rays, dental prophylaxis (cleanings), child fluoride treatments, and sealants

Basic care services

- Variety of options for network and out-of-network
- Typically includes amalgam restorations (fillings), composite resin restorations (fillings), space maintainers for children, root canal treatment, root planning, periodontal surgery, simple extractions, surgical extraction including impacted wisdom teeth, general anesthesia, palliative treatment (pain relief)

Major care services

- Variety of options for network and out-of-network
- Typically includes crowns, fixed bridges, full dentures, inlays and onlays, partial dentures, relining dentures, repairs to full or partial dentures and bridges

Orthodontic services

- Variety of options for network and out-of-network
- Children only
- Most common plan: \$1,000 lifetime maximum

Waiting period

- Options available with and without waiting periods for major care and orthodontic services

Maximum benefit

- Variety of options
- Most common plan: \$1,500 maximum per person per calendar year

Deductible

- Variety of options
- Typically waived for Class I services

Standard exclusions and limitations apply in most cases. Benefit options may vary by state or group size.

About us

UnitedHealthcare Specialty BenefitsSM unites health and financial well-being for individuals and organizations, through integrated and personally relevant products, services and technologies. UnitedHealthcare Specialty Benefits offers a broad array of specialty insurance products. UnitedHealthcare Specialty Benefits is a brand of UnitedHealth Group, a Fortune 21 company.

For information, contact a sales representative or visit www.uhcspecialtybenefits.com. Please refer to the applicable policy/Certificate of Coverage for a complete explanation of benefits and exclusions and limitations.

UnitedHealthcare Dental[®] coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. See the Packaged Savings marketing collateral for terms and conditions of the program. PEPM savings is given as a monthly administrative credit, based on the number of enrolled UnitedHealthcare medical subscribers. May not be available in all states or for all group sizes. Packaged price is available as long as eligible benefits remain in-force. Credits will be withdrawn when any medical or specialty coverages terminate. Specialty products and programs may not be available in all states or for all group sizes. Components subject to change.

Vision insurance for small businesses

For groups with 2-99 employees

UnitedHealthcare Specialty BenefitsSM: Delivering more – for less

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products that can be purchased efficiently and cost-effectively alongside medical for groups with two-99 employees. (Products may also be purchased standalone.)

Vision care is a popular employee benefit. Many employees and their families require corrective lenses, and regular eye exams help them maintain healthy vision. Eye exams can help detect major health problems, potentially resulting in lower medical costs for employers and improved health for employees.

Our vision plans provide customers with more flexibility in determining preferred funding type, plan design, copay amounts and frequency options. We provide covered-in-full benefits for eye exams, eyeglasses and contact lens (after any applicable copay), as well as reduced out-of-pocket expenses for non-covered options – supported by an extensive national network of private practice and retail providers. We are also committed to administrative ease, providing a simplified administrative platform and comprehensive online services.

More options

Comprehensive plan

- ▶ **Eye examination:** Includes a comprehensive eye exam, covered in full (after applicable copay)
- ▶ **Spectacle lenses:** Includes a pair of clear, single vision, lined bifocal or lined trifocal lenses, covered in full (after applicable copay), as well as standard scratch-resistant coating
- ▶ **Frame benefit:** Applies to most frames on the market today, many of which are covered in full, (after applicable copay)
- ▶ **Contact lens benefit:** Includes contact fitting/evaluation fee and contact lenses (including many of the most popular brands on the market), as well as disposables (depending on prescription and plan) and up to two follow-up visits – covered in full (Note: When selecting contact lenses outside of covered-in-full selection, such as toric, gas permeable and bifocal contacts, an allowance is provided and material copay does not apply)
- ▶ **Out-of-network reimbursement:** Reimburses services rendered outside our network, up to the plan maximum allowance schedule
- ▶ **Options:** Also offers access to discounted laser vision correction procedures, as well as ultraviolet protection and progressive lenses

Flexible funding options

- ▶ Employer-paid option
- ▶ Voluntary (employee-paid option): No participation requirement (minimum of two eligible employees, one enrolling)
- ▶ Buy-up (cost-sharing between employer and employee)

National network

- ▶ Access to more than 30,000 providers in private practice or retail chains
- ▶ Partner with more than 75 national retail chains throughout the country
- ▶ Provide access to a diverse network of providers with day, evening and weekend appointments
- ▶ Able to perform targeted provider recruiting, if needed, to ensure adequate access
- ▶ Require participating providers to meet or exceed established quality and licensing standards.

For participating providers, visit www.uhcspecialtybenefits.com

More ease

Access to discounted laser vision correction procedures

- ▶ Partner with the Laser Vision Network of America (LVNA) for discounted laser vision correction procedures
- ▶ Enables members to access a NCQA-credentialed surgeon from a national network of 400 laser vision correction providers

Program implementation support

- ▶ Offer professional expertise and technical resources, including start-up communications and enrollment, customer service and ongoing administration
- ▶ Committed to smooth program implementation via dedicated account managers

Convenient member services

- ▶ User-friendly (no ID cards, claim forms or vouchers needed)
- ▶ Easy member access to plan information and network providers via various self-service options:
 - Toll-free customer service line
 - 24/7 Interactive Voice Response (IVR)
 - Comprehensive interactive website
- ▶ Extended customer service hours
- ▶ Online contact lens ordering

More savings

Materials cost contracting

- ▶ Significantly reduces out-of-pocket costs for our members
 - Private practice providers: All frames with a \$50 wholesale cost or less are covered in full, after applicable copay (for frames with a wholesale cost greater than \$50, members pay the difference between the wholesale cost and the \$50 allowance)
 - Retail providers: All frames outside covered-in-full selection include \$130 frame allowance (for frames with a retail cost greater than \$130, members pay the difference between the retail cost and the \$130 allowance)

Packaged Savings® program

- ▶ Bundle our comprehensive medical plans with eligible specialty products – dental, life, disability and vision. The more you bundle, the more you can save.
- ▶ When you combine medical plus vision, your eligible administrative credits may be \$2.00 per employee per month.
- ▶ Packaged Savings credits remain in place as long as your eligible coverages remain in-force.

About us

UnitedHealthcare Specialty BenefitsSM unites health and financial well-being for individuals and organizations, through integrated and personally relevant products, services and technologies. UnitedHealthcare Specialty Benefits offers a broad array of specialty insurance products. UnitedHealthcare Specialty Benefits is a brand of UnitedHealth Group, a Fortune 21 company.

For information, contact a sales representative or visit www.uhcspecialtybenefits.com.

Please refer to the applicable policy/Certificate of Coverage for a full explanation of benefits and exclusions and limitations.

UnitedHealthcare VisionSM coverage provided by or through United HealthCare Insurance Company or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. See the Packaged Savings marketing collateral for terms and conditions of the program. PEPM savings is given as a monthly administrative credit, based on the number of enrolled UnitedHealthcare medical subscribers. May not be available in all states or for all group sizes. Packaged price is available as long as eligible benefits remain in-force. Credits will be withdrawn when any medical or specialty coverages terminate. Specialty products and programs may not be available in all states or for all group sizes. Components subject to change.

Life insurance for small businesses

For groups with 2-99 employees

UnitedHealthcare Specialty BenefitsSM: Delivering more – for less

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products that can be purchased efficiently and cost-effectively alongside medical for groups with 2-99 employees. (Products may also be purchased stand-alone.)

Our life insurance portfolio now includes various benefit options, flexible plan designs and value-added services. We are also committed to administrative ease and implementation support.

More options

Basic Life insurance

- ▶ Life insurance paid by the employer
- ▶ Available in flat amounts or multiples of salary
- ▶ Includes Accidental Death and Dismemberment (AD&D*)
- ▶ Basic Dependent Life also available
- ▶ For groups with 2+ eligible employees

Supplemental Employee Life insurance

- ▶ Employees can buy more life insurance than the Basic amount provided by the employer
- ▶ Rates are typically age-banded
- ▶ Must be sold with Basic Life
- ▶ Includes AD&D
- ▶ For groups with 10+ eligible employees

Supplemental Dependent Life insurance

- ▶ Employees can purchase optional coverage for a spouse and child(ren)
- ▶ Must be sold with Supplemental Employee Life
- ▶ Includes AD&D
- ▶ For groups with 10+ eligible employees

Accidental Death and Dismemberment (AD&D)*

- ▶ Provides employee with additional insurance coverage for loss of life or injuries sustained in an accident on or off the job*
- ▶ Basic Life and AD&D are packaged together and have same loss of life benefit amount
- ▶ Supplemental Employee Life and AD&D are packaged together and have same loss of life benefit amount
- ▶ Supplemental Dependent Life and AD&D are packaged together and have same loss of life benefit amount

More features

- ▶ Accelerated benefit** provides an advance payout of benefits for covered persons who are terminally ill and not expected to live for more than one year
- ▶ Waiver of premiums for disabled employees under age 60**
- ▶ Conversion to an individual life insurance policy, under certain circumstances
- ▶ AD&D seat belt benefit pays an additional percentage of AD&D* benefit, up to \$10,000
- ▶ Convenient one-source account team
- ▶ Toll-free access to customer service
- ▶ State-of-the-art claims technology

More value-added services

Automatically embedded with life insurance at no additional cost to employer or employee.

Beneficiary services

- ▶ Grief consultation and financial/legal assistance services for beneficiaries, including 24/7 phone line, referrals for face-to-face counseling and access to credentialed clinicians, financial consultants and attorneys
- ▶ Communications kit with support resources
- ▶ Grief services offered by OptumHealth Behavioral Solutions (OptumHealth is a brand of UnitedHealth Group)

Travel Assistance services

- ▶ Assists domestic and foreign travelers with a variety of emergency travel-related services, such as medical assistance, emergency transportation and pre-trip information
- ▶ Access to OnCall Travel Assistance customer service center via toll-free or collect telephone call or the Internet, available 24/7 from anywhere in the world
- ▶ Covers up to 90 days on any one trip when traveling 100+ miles from home or office
- ▶ Services provided by OnCall International

Will and Trust Preparation services

- ▶ Access to information on will preparation, including articles, forms and calculators
- ▶ Online, self-service will preparation tool
- ▶ Online or telephone assistance for document preparation
- ▶ Services provided by CLC, Inc.

More savings

Packaged Savings[®] program

- ▶ Bundle our comprehensive medical plans with eligible specialty products – dental, life, disability and vision. The more you bundle, the more you can save.
- ▶ When you combine medical and eligible life plans, your administrative credits may be \$1.00 per employee per month.
- ▶ Packaged Savings credits remain in place as long as the eligible coverages remain in force.

Benefit options may vary by state or group size. Groups with 2-5 lives who purchase Life must also purchase Medical.

* Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft

**Not available for Dependent Life

More flexible plan designs

Basic Life and AD&D

Eligibility

- ▶ All full-time employees working a minimum of 30 hours per week
- ▶ Dependent child(ren) must be age 14 days to 19 years, or 23 years if a full-time student

Employer contribution and participation levels

- ▶ Non-contributory (fully paid by employer): 100% employer-paid
 - 100% participation required
- ▶ Contributory (partially paid by employee): Minimum 25% employer-paid
 - 75% participation required

Benefit amounts

Flat Option, depending on group size

- ▶ 2-5 eligible employees: \$15,000 - \$50,000 in \$5,000 increments
- ▶ 6-19 eligible employees: \$15,000 - \$175,000 in \$5,000 increments
- ▶ 20-50 eligible employees: \$15,000 - \$250,000 in \$5,000 increments
- ▶ 51-99 eligible employees: \$15,000 - \$350,000 in \$5,000 increments

Salary-Based Option, depending on group size

- ▶ 2-5 eligible employees: 1x or 2x salary to a maximum of \$50,000
- ▶ 6-19 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000 or \$175,000
- ▶ 20-50 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000, \$175,000 or \$250,000
- ▶ 51-99 eligible employees: 1x or 2x salary to a maximum of \$50,000, \$100,000, \$175,000, \$250,000 or \$350,000

Guarantee issue

- ▶ 2-5 eligible employees: \$25,000
- ▶ 6-19 eligible employees: \$50,000
- ▶ 20-50 eligible employees: \$100,000
- ▶ 51-99 eligible employees: \$175,000

Accelerated benefit

- ▶ Provides an advance payout of benefits for covered persons who are terminally ill and not expected to live for more than one year
- ▶ Pays 50% (up to \$50,000) of life insurance amount to employee
- ▶ End benefit and associated premium reduced by the accelerated benefit payout
- ▶ No charge for loss of interest in the event of a payout. Not available for dependent life.

Waiver of premium

- ▶ If eligible employee becomes totally disabled before age 60, premiums are waived and life coverage is continued until age 65 (annual proof of disability required)

Benefit reduction

- ▶ Reduction to 65% at age 65, and to 50% at age 70

Life conversion

- ▶ May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Basic Dependent Life

Benefit amounts

- ▶ 2-99 eligible employees: Three options available
 - Spouse: \$7,500; Child: \$3,750
 - Spouse: \$4,000; Child: \$2,000
 - Spouse: \$2,000; Child: \$1,000

Standard exclusions and limitations apply in most cases.

Benefit options, exclusions and limitations may vary by state or group size.

Accelerated Benefit, Waiver of Premium and Benefit Reduction are not available with Dependent Life.

Portability is not available for Basic Life.

Supplemental Employee Life and AD&D

Availability

- ▶ Available for employees only for groups with 10+ employees
- ▶ Must be sold with Basic Life
- ▶ Automatically includes AD&D

Participation levels

- ▶ 10-50 eligible employees: Minimum participation – 30%
- ▶ 51-99 eligible employees: Minimum participation – 25%

Benefit amounts and plan maximums

- ▶ Flat Option: Flat increments of \$25,000, not to exceed plan maximums
- ▶ Salary-Based Option: 1x or 2x salary, not to exceed plan maximums:

Plan maximums

- 10-19 eligible employees: \$100,000
- 20-50 eligible employees: \$200,000
- 51-99 eligible employees: \$300,000

Guarantee issue

- ▶ 10-50 eligible employees: \$25,000
- ▶ 51-99 eligible employees: \$75,000

Accelerated Benefit

- ▶ Pays 50% (up to \$50,000) of life insurance amount to employee

Waiver of Premium

- ▶ If eligible employee becomes totally disabled before age 60, premiums are waived and life coverage is continued until age 65 (annual proof of disability required)

Benefit Reduction

- ▶ Reduction to 65% at age 65, and to 50% at age 70

Portability

- ▶ Included as long as termination of coverage is not due to disability
- ▶ Application must be received within 31 days of termination

Conversion

- ▶ May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Supplemental Dependent Life and AD&D

Availability

- ▶ Available for spouse and children for groups with 10+ employees
- ▶ Must be sold with Supplemental Employee Life
- ▶ Automatically includes AD&D

Benefit amounts

- ▶ Spouse amount: \$10,000 or \$20,000
- ▶ Child amount: \$5,000 or \$10,000

Guarantee issue

- ▶ Spouse amount: \$20,000
- ▶ Child amount: \$10,000

Portability

- ▶ Included as long as termination of coverage is not due to disability
- ▶ Application must be received within 31 days of termination

Conversion

- ▶ May convert to an individual whole life insurance policy when losing life coverage under the group plan, under certain circumstances

Standard exclusions and limitations apply in most cases.

Benefit options, exclusions and limitations may vary by state or group size.

Accelerated Benefit, Waiver of Premium and Benefit Reduction are not available with Dependent Life.

Portability is not available for Basic Life.

About us

UnitedHealthcare disability products are provided by Unimerica Insurance Company, Unimerica Life Insurance Company of New York, or UnitedHealthcare Insurance Company.

Disability insurance for small businesses

For groups with 2-99 employees

UnitedHealthcare Specialty BenefitsSM: Delivering more – for less

UnitedHealthcare Specialty Benefits unites a comprehensive portfolio of specialty insurance products that can be purchased efficiently and cost-effectively alongside medical for groups with 2-99 employees. (Products may also be purchased stand-alone.)

Our disability insurance portfolio now includes a wide range of benefit options, enhanced by flexible plan designs and claims management services with the goal of a timely return to work.

More options

Short-Term Disability (STD)

- ▶ Weekly income benefit when unable to work in own occupation*
- ▶ Claims management support
- ▶ For groups with 2+ eligible employees

Long-Term Disability (LTD)

- ▶ Monthly income benefit when unable to work in own occupation* (or any occupation**) due to disability
- ▶ Claims management support
- ▶ For groups with 2+ eligible employees

Voluntary Disability***

- ▶ Employee-pay-all benefit
- ▶ Voluntary LTD available to groups with 10+ eligible employees
- ▶ Voluntary STD available to groups with 10+ eligible employees

Benefit options may vary by state or group size.

* Own Occupation defined as the inability to perform some or all of the material and substantial duties of your regular occupation.

** Any Occupation defined as the inability to perform some or all of the material and substantial duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

*** Voluntary specialty product plans do not qualify for the Packaged Savings® program.

More savings

Packaged Savings® program

- ▶ Bundle our comprehensive medical plans with eligible specialty products – dental, life, disability and vision. The more you bundle, the more you can save.
- ▶ When you combine medical and disability, your eligible administrative credits may be \$1.00 per employee per month.
- ▶ Packaged Savings credits remain in place as long as your eligible coverages remain in force.

Any combination of disability products (i.e., STD, LTD) counts as one product for the purpose of the program; LTD must be bundled with life coverage to qualify for the program and be eligible for credit.

More expertise

Claims management philosophy

- ▶ Focus on returning claimant to work and a productive lifestyle.
- ▶ Balance expectations with clinical guidelines for a realistic recovery.
- ▶ Maintain ongoing communication with claimant, employer and attending physician.
- ▶ Engage clinical, vocational, financial and legal resources in claim review process.
- ▶ Utilize a vast array of clinical tools and internal/external resources.
- ▶ Maintain staff continuity to ensure a smooth transition from STD to LTD, if required.

Claims management staff

- ▶ Average of 15+ years' experience
- ▶ On-staff nurses and vocational professionals
- ▶ On-staff medical director
- ▶ Experienced claim specialists serve as primary contact and coordinator

STD claims process overview

- ▶ Claims intake: Customer service receives claim via paper or telephonic submission, applies segmentation tool to estimate claim duration and assigns claims specialist.
- ▶ Claim conference: Claims specialists interview claimant and review information with clinical team.
- ▶ STD claims management: Claims specialists assess skills, job requirements with restrictions/limitations, and return-to-work potential, and may then coordinate any needed work modifications with employer.
- ▶ Transition to LTD: Maintain continuity to ensure a smooth transition to LTD, if needed.

LTD claims process overview

- ▶ Claims submission: Customer service receives information from claimant, employer and physician on claimant's diagnosis, prognosis, treatment, abilities and limitations, and assigns claims specialist.
- ▶ Claims investigation: Claims specialists perform initial claim review with claimant, verify eligibility and earnings, review with clinical team to determine if claims are payable, communicate disposition, and either issue benefits or deny claims.
- ▶ Ongoing LTD claims management: Claims specialists work with team to establish action plan, maintain ongoing contact, engage vocational services, coordinate needed support services, apply all applicable offsets and coordinate return to a productive work capacity.

More flexible plan designs

Short-Term Disability

Employer contribution and participation

- ▶ 2-9 eligible employees: 100% employer-paid, 100% employee participation required
- ▶ 10-99 eligible employees:
 - Non-contributory: 100% employer-paid, 100% employee participation required
 - Contributory: Minimum 25% employer-paid, 50% employee participation required
 - Voluntary: 0% employer-paid; 25% employee participation required

Flat weekly benefit amount

- ▶ 2-9 eligible employees: \$100 to \$500 in \$50 increments
- ▶ 10-50 eligible employees: \$100 to \$750 in \$50 increments
- ▶ 51-99 eligible employees: \$100 to \$1,000 in \$50 increments

Benefit percentage

- ▶ 2-99 eligible employees: 50%, 60% or 66.67%

Maximum weekly benefit

- ▶ 2-9 eligible employees: \$100* to \$750 in \$50 increments
- ▶ 10-50 eligible employees: \$100* to \$1,000 in \$50 increments or \$1,250 or \$1,500
- ▶ 51-99 eligible employees: \$100* to \$1,000 in \$50 increments or \$1,250, \$1,500, \$1,750 or \$2,000

*For 66.76%, benefit amounts begin at \$150.

Benefit duration

- ▶ 2-50 eligible employees: 13 weeks or 26 weeks
- ▶ 51-99 eligible employees: 13 weeks, 26 weeks or 52 weeks

Elimination period

- ▶ 2-99 eligible employees:
 - 0 days accident / 7 days sick
 - 0 days accident / 14 days sick
 - 7 days accident / 7 days sick
 - 7 days accident / 14 days sick
 - 14 days accident / 14 days sick

Disability definition

- ▶ 2-50 eligible employees: Residual
- ▶ 51-99 eligible employees: Residual or Partial

Pre-existing condition exclusion

- ▶ 2-9 eligible employees: 12/12
- ▶ 10-99 eligible employees:
 - Non-contributory: No pre-existing condition exclusion
 - Contributory: 12/12

Eligibility

- ▶ Groups with 2-50 eligible employees must also purchase basic life
- ▶ Groups must be in business for a minimum of two years (one year, if premier or preferred industry), and must not contain more than 50% immediate family members
- ▶ Employees working in CA, HI, RI, NY, NJ and Puerto Rico are not eligible
- ▶ Selected types of businesses ineligible

Long-Term Disability

Employer contribution and participation

- ▶ 2-9 eligible employees: 100% employer-paid, 100% employee participation required
- ▶ 10-99 eligible employees:
 - Non-contributory: 100% employer-paid, Minimum 10 enrolled employees
 - Contributory/Voluntary: 0-100% employer-paid, Minimum 50% employee participation for Contributory; 25% employee participation for Voluntary

Benefit percentage

- ▶ 2-99 eligible employees: 50%, 60% or 66.67%

Maximum monthly benefit

- ▶ 2-9 eligible employees: \$1,500 to \$5,000 in \$500 increments
- ▶ 10-19 eligible employees: \$1,500 to \$5,000 in \$500 increments
- ▶ 20-99 eligible employees: \$1,500 to \$10,000 in \$500 increments
- ▶ Benefit maximums are based on the average of the top 2 employees' salary for groups with 2-9 employees, or top 3 employees' salary for groups with 10-99 employees, or the selected benefit maximum (whichever is less)

Benefit duration

- ▶ 2-9 eligible employees: Two years, five years or reducing benefit duration to SSNRA (SSNRA not available for monthly benefit amounts over \$3,000)
- ▶ 10-99 eligible employees: Two years, five years or reducing benefit duration to SSNRA

Elimination period

- ▶ 2-99 eligible employees: 90 days or 180 days

Subjective symptoms

- ▶ 2-99 eligible employees: 24 months or no limit

Disability definition

- ▶ 2-9 eligible employees: 24 months own occupation/Residual
- ▶ 10-99 eligible employees: 24 months own occupation/Residual*

* Extended own occupation to age 65/Residual (restricted to business professionals who are salaried office employees with annual earnings of \$100,000 or more, excluding bonuses, overtime and other extra compensation)

Pre-existing condition exclusion

- ▶ 2-99 eligible employees: 3/12, 12/6/24 or 12/24

Mental illness/substance abuse

- ▶ 2-99 eligible employees: 24 months lifetime maximum

Workplace modification benefit

- ▶ 2-99 eligible employees: Pays up to \$5,000 to modify work environment or the way job is performed

Eligibility

- ▶ Groups with 2-50 eligible employees must also purchase basic life
- ▶ Groups must be in business for a minimum of two years (one year, if premier or preferred industry), and must not contain more than 50% immediate family members
- ▶ Industry bands include premier, standard, sub-standard and no-quote
- ▶ Selected types of businesses ineligible

Reasons to Choose **UnitedHealthcare**

► **Enhanced coverage rules**

Our new Certificate of Coverage supports overall health and wellness, plus more ways for customers to manage costs.¹

► **Consistent results**

Since 2001, our average medical trend cost has consistently outperformed the trend averages of our largest national competitors.²

¹ Availability of the new 2007 COC varies by state.

² Hewitt Health Initiative

► **Comprehensive benefit solutions**

From cutting-edge consumer-driven plans to traditional coverage, get affordable products designed to serve organizations of virtually every size. Also, choose from integrated vision, dental, life, disability and behavioral health plans for streamlined administration.

► **Promote healthy lifestyles with wellness programs**

UnitedHealth Wellness[®] programs help members take charge of their health and well-being. Based on clinical lifestyle modification research, our programs help members understand and educate themselves, then support and reward positive change. UnitedHealth Wellness is included in all plans.

► **Nationwide network access**

With more than 617,000 physicians and health care professionals, 5,010 hospitals and 64,000 pharmacies, it's easy to find a network physician or hospital nearby.

► **UnitedHealth Premium[®] designation program**

The UnitedHealth Premium designation program gives members important quality and cost efficiency information about doctors and facilities in our network to help them make informed decisions about their care.

► **Online tools for employers and members**

Employer eServices[®] lets benefits professionals manage enrollment, eligibility and billing in real-time. myuhc.com[®], our member-focused Web site, lets members research health information, check claims status, find network physicians and more – all online.

► **Clinical Capabilities**

We engage individuals in a more personally relevant health experience. Through our eSync intelligence system we proactively identify opportunities for improved health or intervention before a major health event occurs.

► **Outstanding customer service**

We provide information to members when and how they want it. Members can get automated information quickly and easily, or speak with a knowledgeable representative.

What sets UnitedHealthcare apart

Corporate facts

UnitedHealthcare's parent company, UnitedHealth Group®, is one of the largest health care services companies in the United States:

- ▶ With more than \$81 billion annual revenue
- ▶ Serving more than 70 million Americans
- ▶ Overseeing approximately \$115 billion in health care spending annually
- ▶ Touching nearly every aspect of health care financing and delivery in the United States

Source: 2008 Annual Report

UnitedHealth Group reputation and recognition

- ▶ Fortune magazine ranked UnitedHealth Group No. 21 in the 2009 rankings of the 500 largest U.S. corporations based on 2008 revenues.
- ▶ UnitedHealth Group has been listed in the Dow Jones Sustainability World Index and Dow Jones Sustainability North America Index for 11 consecutive years.

UnitedHealthcare's competitive differences

- ▶ Health and well being philosophy: Our programs are designed to help keep consumers healthy, including UnitedHealth Wellness, Healthy Pregnancy program, reminders program, and 24-hour consumer phone line staffed by nurses and master's level specialists to help with health, personal, or financial issues.
- ▶ Open access products require no referrals. No prior authorization for most medical procedures.
- ▶ Disease management programs for conditions such as asthma, diabetes, coronary artery disease and congestive heart failure provide support to a larger population of people with these conditions.
- ▶ Innovative use of claims data helps identify those most likely to become ill and helps promote adherence to best-practice and evidence-based care.
- ▶ Online consumer health records for simple, secure access to vital health data anywhere, anytime.



To learn more about UnitedHealthcare's capabilities, please contact your broker or UnitedHealthcare representative.

UnitedHealthcare

Flexible Spending Accounts, Pre-Tax Premium Plans, and COBRA Administration

Available to customers with 20-99 eligible employees

Save time and money

Lighten your administrative responsibilities by offering:

- ▶ Flexible Spending Accounts
- ▶ Pre-Tax Premium Plans
- ▶ COBRA Administration

When you purchase UnitedHealthcare medical coverage you automatically receive these services at no additional cost to you¹. Simply log in to www.uhcservices.com to activate your benefits.

Program advantages

- ▶ One stop shopping
- ▶ Limited employer liability
- ▶ Reduction of payroll-related taxes
- ▶ Increased employee satisfaction

Flexible Spending Accounts (FSA)

The Flexible Spending Account portion of Section 125 allows for employee contributions to a dedicated savings account be made on a pre-tax basis, resulting in savings to both employers and employees. Your company's total taxable payroll is reduced, directly lowering payroll-related taxes and your employees reduce their taxable income and pay less in federal, state, Social Security and Medicare taxes.

Pre-Tax Premium

Reduce your total taxable payroll and lower your payroll-related taxes by implementing a pre-tax premium plan. Employee Pre-Tax Premium contributions are not considered taxable income under Section 125. Offering your employees a Pre-Tax Premium plan allows them to decrease their taxable income and increase their take-home pay.²

COBRA administration

COBRA, or the Consolidated Omnibus Budget Reconciliation Act of 1985, enables employees and dependents who no longer qualify under an employer approved group health plan to continue insurance under the group benefit plan.

UnitedHealthcare provides streamlined COBRA administration and efficient record-keeping, which allows you to concentrate on managing your growing business.

Next steps

Visit uhcservices.com to activate your account or contact customer service at 1-800-318-5311 or your UnitedHealthcare representative to learn more details on the services available.

To activate your account you will need the following information:

- ▶ Employer tax ID number
- ▶ Business address
- ▶ Carrier/Plan information (for COBRA administration only)
- ▶ Bank account information (FSA Administration only)

You can activate your account in five easy steps:

- 1 Log on to www.uhcservices.com
- 2 Enter your User ID and Password
- 3 Follow the screen prompts
- 4 Click on the service you are activating from the blue menu bar and click 'Implement'
- 5 Follow the screen prompts



¹ These programs are available to customers with 20 to 99 eligible employees;

² Your company's legal arrangement determines whether you can pay your own premiums on a pre-tax basis.

Independent Contractors Paid by 1099 Form



It is possible for an Independent Contractor paid by 1099 to be considered eligible for your UnitedHealthcare group health plan. It is your choice as the employer to consider these individuals to be eligible for coverage. Should you choose to include these individuals in your group health plan, UnitedHealthcare requires you and the Independent Contractor meet the following guidelines:

- 1) The maximum number of 1099 Independent Contractors may not exceed 25% of the total number of enrolled subscribers.
- 2) The Independent Contractor paid by 1099 must work for your company on a full time, year around basis.
- 3) The 1099 Independent Contractors must work a minimum of 30 hours per week.
- 4) You, the employer, agree to contribute the same amount of money toward the premium as you would for your regular, taxed, employees.
- 5) You, the employer, agree to require the same waiting period for Independent Contractors as for your regular, taxed, employees.
- 6) You, the employer, agree to extend the coverage offering to all Independent Contractors who meet these qualifications, including those you may hire in the future.
- 7) Your business has a minimum of two regular, taxed, employees who are applying (possibly including yourself).

If you agree to meet all of the above requirements, you may consider your Independent Contractors eligible for your group health plan. Please list below all individuals who meet these qualifications.

Name	Social Security Number	Date of Hire

I agree to the above qualifying conditions to consider Independent Contractors eligible for the group health plan sponsored by my company, and attest to the accuracy and completeness of the information given here.

Signature of Owner

Date

Please complete, sign and submit the Common Ownership Certification. This form must be filled out and returned even if you do not have multiple companies.

COMMON OWNERSHIP CERTIFICATE

The Health Insurance Portability and Accountability Act of 1996 states that all persons treated as a single employer under subsection (b), (c), (m), or (o) of section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

Please list **all** companies that would qualify as one employer under the above referenced sections of the Internal Revenue Code.

Name of Group on Policy _____

Primary Business Location _____

Business Name

Employer Identification Number

I certify that the group named above is a single employer under section 414 of Internal Revenue Code of 1986 (26 U.S.C. Section 414 (b), (c), (m), or (o)), and under any applicable state law. I further certify that there are no other affiliated entities other than the ones listed above who are eligible to file a combined state tax return. I represent that, to the best of my knowledge, the information I have provided is accurate and truthful. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Signature _____ Date _____

Title _____

Company _____

Producer compensation policies and practices

Only agents and agencies permanently located in the health plan market for which this guide is written are eligible for the bonus, recognition and other programs described in this guide.

Agents and agencies who sell products offered by UnitedHealthcare and related companies must have a written agreement with us, and be appropriately licensed and appointed in the states where they solicit or sell our products. Producers must maintain active licenses and appointments in the appropriate states, and remain in good standing with us, to receive commissions and participate in bonus and recognition programs. No compensation will be paid on any case for any period where the Writing Agent or Agent of Record is not licensed and appointed in the state where the case is issued. No retroactive commissions will be paid for cases where commissions were forfeited due to lack of licensing and appointment.

UnitedHealthcare complies with all applicable state and federal regulations with regard to producer compensation. All producer compensation will be reported as required for federal, state and local income taxes. All producer compensation, including bonus compensation, may be subject to reporting to meet other regulatory requirements, including (but not exclusively) reporting of commissions, bonuses, overrides and other compensation associated with ERISA groups (Form 5500, Schedules A and C). UnitedHealthcare will be the sole arbiter as to whether, and to what extent, compensation is subject to reporting under these regulations.

The terms of the UnitedHealthcare Agent/Agency Agreement apply to all commission, bonus and recognition programs. Agents and agencies are responsible for complying with all applicable state and federal statutes and regulations related to the sale of our products.

UnitedHealthcare may modify any base commission at any time for any reason with notice as specified in the Agent/Agency Agreement. UnitedHealthcare may modify or terminate any or all bonus, overrides or recognition programs at any time and for any reason without prior notice, unless state law prohibits such a change.

Business practices

UnitedHealthcare is committed to ethical business practices and full disclosure of our producer compensation to customers. We believe that our programs provide fair compensation for the value that our appointed agents and agencies bring to customers and UnitedHealthcare. UnitedHealthcare believes in "fully transparent" producer compensation, which means that customers have the right to know what their agent or consultants are being paid for servicing their UnitedHealthcare products. We encourage our producers to share their compensation arrangements with their customers. Our Agent/Agency Agreement requires disclosure to customers when required by law and provides discretion for us to disclose compensation as we deem appropriate.

Disclosure of producer compensation: UnitedHealthcare is committed to greater customer awareness of the compensation being paid to producers for selling our products. Basic information about UnitedHealthcare's producer compensation programs is included in our proposals. More detailed general information is included in our employer application, administrative service agreements, and on our employer internet site.

Commission and Bonus Inquiries, Agent of Record Changes, and License Updates can be sent directly to the Commissions Unit at agtcomp@uhc.com.

