Frequently Asked Questions

UnitedHealthcare Individual Exchange Plans

Overview

The Individual Exchange Plans, marketed as Individual and Family Plans, are built on patient-centered care, with the goal of enhancing the patient-doctor relationship and promoting better health and lower costs. Individual Exchange Plans place the focus on primary care, with members assigned a primary care provider (PCP) to help them manage their health care needs.

Key Points
UnitedHealthcare Individual Exchange Plans utilizes a customized, more focused network of providers.

Optum's behavioral health network will support the members covered under UnitedHealthcare Individual Exchange Plan.

UnitedHealthcare Benefit Plans for Exchanges

Plans are grouped into 5 product families:

Plan Name	Description	Plan sub-type
Essential	Lean plan design, offered in most markets, low-cost offering, with higher deductible and lower premium	Bronze plans
Virtual First	Offered in IL, FL, GA, TX, VA, MI, OH and MD (Virtual Access in MD) broad spectrum virtual PCP care delivered through a mobile application, including specialty urgent care	Bronze, Silver, and Gold (MD only plans)
Value	Standard plan design. $0 PCP visits, unlimited virtual care with Optum Everycare Now, HSA available, offered in all markets	Bronze, Silver, and Gold plans
Advantage	Richest plan design, options with embedded adult dental and vision coverage, A "+" sign indicates plan includes embedded adult dental and vision	Gold and Silver plans
New! Copay Focus	Provides first dollar coverage and price transparency through $0 deductible and mostly copay cost-shares	Bronze, Silver, and Gold plans

Plan Requirements

State	PCP Required	Referral Required	Prior Auth Required	Out-of-Network/ Area Coverage
Alabama	Yes	No, not required for member to have coverage.	Yes	No*
Arizona	Yes	Yes, for the member to have coverage	Yes	No*
Florida	Yes	Yes, for the member to have coverage	Yes	No*
Georgia	Yes	Yes, for the member to have coverage	Yes	No*
Illinois	Yes	Yes, for the member to have coverage	Yes	No*
Kansas	Yes	No, not required for the member to have coverage	Yes	No*
Louisiana	Yes	No, not required for the member to have coverage	Yes	No*
Maryland	Yes	Yes, for gated plan; No for non-gated plan	Yes	No*
Michigan	Yes	Yes, for the member to have coverage	Yes	No*
Mississippi	Yes	No, not required for the member to have coverage	Yes	No*
Missouri	Yes	No, not required for the member to have coverage	Yes	No*
North Carolina	Yes	No, not required for the member to have coverage	Yes	No*
New Jersey	Yes	No, not required for the member to have coverage	Yes	No*
New Mexico	Yes	No, not required for the member to have coverage	Yes	No*
Ohio	Yes	Yes, for the member to have coverage	Yes	No*

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Oklahoma	Yes	No, not required for the member to have coverage	Yes	No*
South Carolina	Yes	No, not required for the member to have coverage	Yes	No*
Tennessee	Yes	No, not required for the member to have coverage	Yes	No*
Texas	Yes	Yes, for the member to have coverage	Yes	No*
Texas-Kelsey Seybold Narrow Network	Yes, Kelsey Seybold clinic PCPs	Yes, for specialist outside of Kelsey Seybold clinic	Yes	No*
Virginia	Yes	Yes for gated plan; No for non-gated plan	Yes	No*
Washington	Yes	Yes, for the member to have coverage	Yes	No*
Wisconsin	Yes	Yes, for the member to have coverage	Yes	No*

2024 Cross Border Access

Member state	Border state	Border counties
AL members may access	FL providers located in	Escambia, Santa Rosa
	GA providers located in	Coweta, Muscogee, Troup
	MS providers located in	Harrison, Jackson, Lauderdale, Lee
	TN providers located in	Bedford, Giles, Hamilton, Lawrence, Lewis, Lincoln, Marshall, Maury, Moore, Wayne
FL members may access	AL providers located in	Baldwin, Mobile
GA members may access	MO providers located in	Jefferson, Ste Genevieve, St Charles, St Louis, St Louis city
	SC providers located in	Beaufort, Jasper
IL members may access	MO providers located in	Jefferson, Ste Genevieve, St Charles, St Louis, St Louis city
	WI providers located in	Kenosha, Racine, Milwaukee
KS members may access	MO providers located in	Buchanan, Cass, Clay, Jackson, Platte
	OK providers located in	Tulsa
LA members may access	MS providers located in	Claiborne, Hancock, Harrison, Jefferson, Lamar, Marion, Pearl River, Pike, Walthall, Warren
MD members may access	VA providers located in	Arlington, Fairfax, Fairfax City, Loudoun
MI members may access	OH providers located in	Lucas

2024 Cross Border Access

Member state	Border state	Border counties
MO members may access	IL providers located in	Madison, Monroe, St Clair
	KS providers located in	Atchison, Bourbon, Cherokee, Crawford, Doniphan, Jackson, Johnson, Leavenworth, Linn, Miami, Wyandotte
	TN providers located in	Dyer, Shelby
MS members may access	AL providers located in	Jefferson, Mobile, Baldwin
	LA providers located in	Concordia, E Baton Rouge, Franklin, Jefferson, Madison, Orleans, St Tammany, Tangipahoa, Tensas
	TN providers located in	Fayette, Hardeman, McNairy, Tipton, Shelby
NM members may access	AZ providers located in	Maricopa
	CO providers located in	La Plata
	TX providers located in	El Paso, Lubbock, Potter
OH members may access	MI providers located in	Monroe
SC members may access	GA providers located in	Richmond
TN members may access	MS providers located in	Benton, DeSoto, Lee, Marshall, Tate, Tippah, Tunica, Union
	AL providers located in	Colbert, Jefferson, Lauderdale, Lawrence, Limestone, Madison, Morgan
VA members may access	MD providers located in	Frederick, Prince George, Montgomery
WI members may access	IL providers located in	Lake

*Except for emergency services and related authorized admissions.

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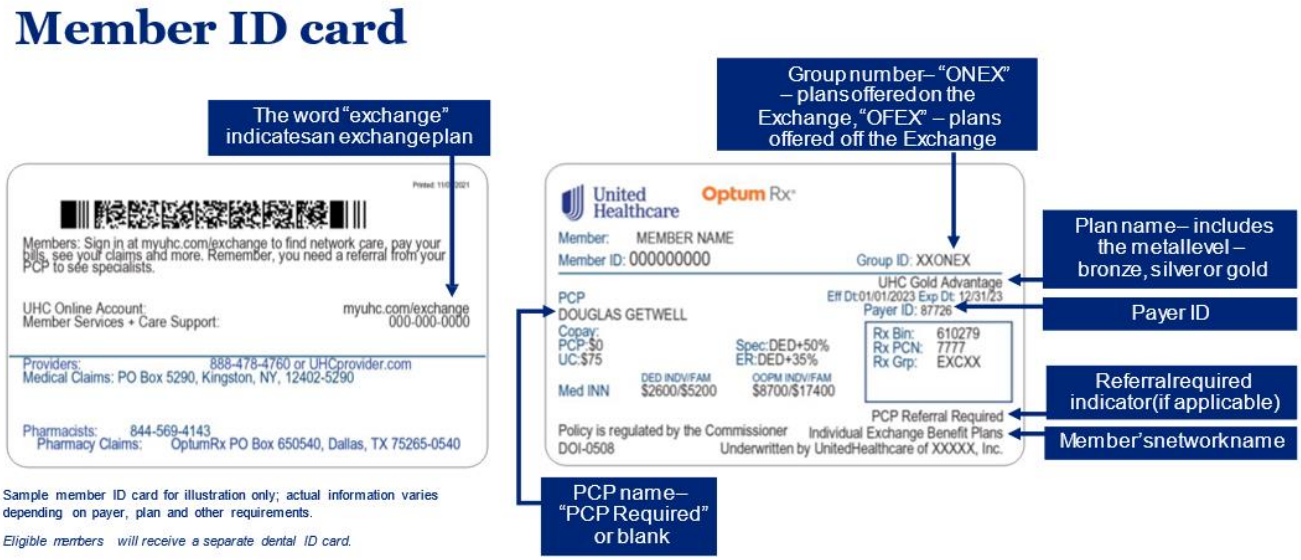
Sample Member ID Card

Look for key differences on the member's ID card to identify plan type and benefit features:

1. Name of state exchange
2. Payer ID used for electronic data interchange
3. Primary Care Provider information or "PCP Required" reference
4. Referral required indicator (if applicable)
5. Member's network name
6. Referral requirement statement (if applicable)
7. Claims mailing address



Sample member ID cards for illustration only; actual information varies depending on payer, plan, and other requirements. Member Services, Physician, and Mental Health phone numbers will be populated with the state-specific phone number(s).

Frequently Asked Questions

Member Coverage

When does benefit coverage begin?

The Patient Protection and Affordable Care Act (ACA) requires health insurers to provide a three-month grace period before terminating coverage for people who have not paid their premiums. The grace period applies to those who received an advanced premium tax credit and have paid at least one full month's premium within the benefit year.

Members are required to pay the first month's premium before coverage goes into effect. To identify whether a member is in the grace period, refer to the instructions in the Provider Administrative Guide. If a member has not paid their premium during the second or third month, claims will pend until payment is received.

The member may not be billed during this time. If the premium is paid, the claims will be released for payment. If the premium is not paid by the end of the third month, the claims will be denied.

The grace period starts over each time the member defaults on their premium.

Identifying members in a grace period There are 3 ways to verify if the member is in a grace period:

1. EDI 271 Response Transactions - We will return the following information:
   - Coverage Status
     - 1st month: Active
     - 2nd month: Active – Pending Investigation
     - 3rd month: Active – Pending Investigation
   - Period Start – First day of the first month of the grace period
   - Period End – Last day of the third month of the grace period
   - MSG – Individual Exchange Grace Period
     - If the service date is one month after the claim eligible through date, the member is in the second grace period month.
2. UnitedHealthcare Provider Portal
   - The portal also includes an information icon message where the user can hover to understand what each period means to them and the member. The online secure UnitedHealthcare Provider Portal will indicate if the member is within a grace period and at what month.
3. Contact Us
   - Verify member eligibility by calling **1-888-478-4760**.

Provider Network

Does Optum use the same network for UnitedHealthcare Individual Exchange Benefit Plans that is used for Optum commercial business?

No. UnitedHealthcare Individual Exchange Plans utilize a customized, more focused network to better meet consumer needs around access to quality and efficient care for local communities. To find network providers, please refer to the provider directory on providerexpress.com > Our Network > Optum Clinician Directory.

How do I know if I'm in-network for the Individual Exchange Benefit Plans?

Providers participating for UnitedHealthcare commercial benefit plans may already participate for benefit plans offered on the Individual Exchange. Participating providers must have a location in the network service area to be eligible for in-network coverage. Locations listed outside of the service area may not be considered eligible for in-network benefit coverage.

Participating providers agree to give UnitedHealthcare members equal access to the treatment they need. This includes delivery of service or treatment for any Individual Exchange member with plans for which a provider participates.

Advance Notification/Prior Authorization

Do Exchange health plans require advance notification or prior authorization?

Advance notification and prior authorization are required for certain planned services so we can determine if the services are covered under the member's benefits. Prior authorization is granted only for services determined to be medically necessary according to the member's benefit plan and applicable policies and

guidelines. It's the provider's responsibility to follow the advance notification or prior authorization procedures as outlined on UHCprovider.com.

Is admission notification required?

Yes, admission notification is required for every inpatient admission. The admission notification requirement applies even if a referral or prior authorization is on file. Admission notification is the facility's responsibility.

How do Optum providers obtain prior authorization for services for members covered through UnitedHealthcare Individual Exchange Benefit Plans?

Optum providers will submit authorizations online through the Prior Authorization and Notification tool on UHCprovider.com. You can use the same Optum ID you use for secure transactions on Optum's provider website, Provider Express, to access the Prior Authorization and Notification tool on UHCprovider.com.

Member Billing

Can members be billed for non-covered services?

Yes, according to the terms of your Participation Agreement, you may bill members for non-covered services under certain circumstances.

If you request prior authorization of benefits for behavioral health services or authorization for continued treatment and UnitedHealthcare does not authorize the requested services, the member may be billed if a written statement is signed by the member, subsequent to the non-coverage determination, and in advance of receiving the services. The signed statement must include:

- That you have informed the member that we are unable to authorize such services for coverage under the member's benefit plan
- The reason given by UnitedHealthcare for not authorizing the services
- That, as a result, the member has been denied coverage for such services under their benefit plan and will be financially responsible

Member Benefits

Do members have out of network benefits?

Members do not have an out of network benefit and are required to utilize a provider from the customized, more focused Individual Exchange network.

How do I verify a member's eligibility and benefits?

Check the member's eligibility and benefits before providing care. Health plans and coverage can change within a single enrollment year.

When checking eligibility, be sure you:

1. Verify your network participation in the member's health plan using the UnitedHealthcare Provider Portal (UHCprovider.com/eligibility).
2. Confirm whether the member is in the grace period.
3. Know the member's financial liabilities at the time of service.

Claims

Where/how do Optum providers submit claims for members covered through UnitedHealthcare Individual Exchange Benefit Plans?

Electronic claims submission:

UHCprovider.com > Claims and Payments > Submit a Claim

Payer ID: 87726

Paper Claims, initial submissions and reconsiderations:

Mail to: UnitedHealthcare
P.O. Box 5280
Kingston, NY 12402

Resources

What if I have additional questions?

Please contact Provider Services at **1-877-614-0484** or go to UHCprovider.com/Exchanges.