# CLAIM HISTORY COVER SHEET

**(DO NOT SUBMIT PRIOR TO BENEFIT EFFECTIVE DATE)**

Dear Employee,

Please submit the enclosed form along with supporting documentation to peodeductiblecredit@uhc.com.

Please allow 7-10 business days for complete processing. Confirmation of completion is not given. For status inquires, log-on to myuhc.com or call the customer service number on the back of your ID card.

**\*REQUIRED MEMBER INFORMATION:**

**\*Employer Name:**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Plan Group Number (found on ID card):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Employee Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Employee Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Employee Daytime Phone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Member ID (found on ID card) or SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the section below for all family members who are applying for a deductible and out-of-pocket credit. Be sure to attach an Explanation of Benefits (EOB), summary of EOB document only, from your prior group insurance plan that indicates the amount of the deductible and out-of-pocket max that you and each family member have met to date (from January 1 of current year to last day of prior coverage).

**Employee’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Spouse’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Dependent Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please see the FAQs on next page to learn more about the process and what you should make sure to include in your submission.**

**FAQs**

|  |  |
| --- | --- |
| Question  | Answer  |
| 1. Who qualifies for a deductible or OOP Max credit?  | UHC will apply the relevant deductible and out-of- pocket credit for all plans to new groups (not new hires). **Employee must be the subscriber on prior group plan, and must also enroll as subscriber, for additional family members to receive a credit.**  |
| 2. Are there any restrictions on transfer of credits between plan types? | None  |
| 3. What is an EOB (Explanation of Benefits)?  | A document from the prior carrier showing the member/patient’s name and listing the deductible and out-of- pocket expenses met for current calendar year only.  |
| 4. Who must submit an EOB? | Each employee of the new group must submit an EOB for each individual member of their family from the prior carrier along with this Cover Sheet.  |
| 5. Can I submit an EOB with the total amount met for the entire family?  | No, the **dollar amounts** **must** **be itemized for each family member** (EOB for Employee separate, Spouse separate, and Dependent(s) separate)  |
| 6. What are the 4 dollar amounts that must be itemized for each family member, and why must they be itemized?  | The four dollar amounts are: (1) In-network deductible (2) In-network out of pocket (3) Out-of-network deductible (4) Out-of-network out-of-pocket. They must be itemized because the deductible amount to be credited is reviewed separately from the out of pocket amount, and each member’s amounts are reviewed separately.  |
| 7. What is the applicable date range for amounts on the EOB, to process a credit on the plan?  | Plans apply benefits on a calendar year. To process a credit for the calendar year, the EOB must show items from January 1 of the current year to benefit start date with current plan.  |
| 8. What happens if my EOB contains information for the prior year as well as current year?  | UHC will not be able to process this EOB and the **entire submission will be rejected.**  |
| 9. What if my employer’s prior plan applied benefits on a plan year instead of a calendar year?  | The Plan applies benefits on a calendar year only. The credit will only apply for applicable expenses met during the current year. Do not include expenses met prior to current year when submitting your EOB.  |
| 10. What is the amount of the credit limited to?  | Each member will receive credits for the amounts met on the prior plan up to the plan’s maximums for the current calendar year. Overages will not get applied to other family members or accumulators.  |
| 11. Can COBRA member get a credit?  | If the COBRA member was on the group’s prior carrier policy as a COBRA participant, a credit would be applicable. If the COBRA member was on another COBRA plan with another group then no credit is applicable.  |
| 12. What documentation is acceptable in place of an EOB?  | A letter from the prior carrier (on company letterhead), that lists the individual family member(s) accumulated amounts, may be submitted if carrier cannot supply EOB.  |
| 13. What documentation is NOT acceptable? | Provider/Prior Carrier statements, family accumulations only, screen shots of previous carrier portal, list of claims.  |
| 14. Is there any instance when an EOB is not necessary? | An EOB must always be provided with the Cover Sheet. See Q12 above for exception.  |
| 15. What is the time frame for processing?  | Please allow 7-10 business days for complete processing. For status inquires, log-on to myuhc.com or call the Member Services number on the back of your ID card  |