

**univera healthcare**  
important information about  
our system upgrade



# your guide to the system upgrade

As a valued customer, your company will soon experience the many benefits of our system upgrade. This booklet will help you understand the changes that will take place and ensure an effective and smooth transition to the new system.

The system upgrade will provide you with a higher level of service, including faster and more accurate claims processing, increased flexibility, and enhanced self-service tools that will improve your overall experience with Univera Healthcare.

Please take a few moments to read through this booklet and familiarize yourself with the benefits of our system upgrade.

## table of contents

- system upgrade changes..... 1
- changes for employers..... 2
  - New group and subgroup structure ..... 2
  - Enrollment options..... 3
  - New premium bills..... 4
- changes for your employees..... 5
  - New ID numbers and new medical ID cards..... 5
  - New Monthly Health Summary..... 6
  - Enhanced self-service Web tools..... 7
- questions and answers ..... 8

## timeline for system upgrade

The grid below shows the timing of events that are relative to your group moving to the new claims processing and membership system. This timeline applies to community-rated and experience-rated groups.

general timeline of events	
3 weeks prior to effective date	group and member enrollment information moved to the new claims processing system
2 - 3 weeks prior	letter mailed to subscribers, explaining that they will receive new member id cards with new id numbers
1 - 2 weeks prior	new id cards mailed to subscribers; invoices from new system mailed to groups
<b>effective date</b>	effective date of new member id numbers - new system live
1 month after	employees with claims activity receive first monthly health summary

For the latest news regarding the system upgrade, please go to:

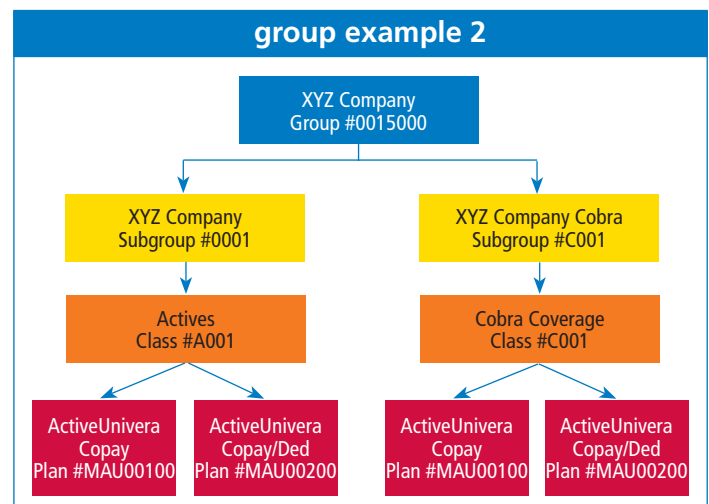
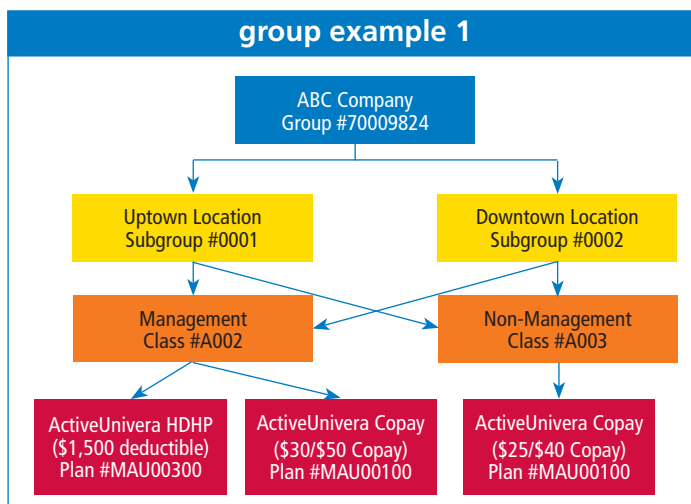
**brokers:** [univerahealthcare.com/broker/systemupgrade](http://univerahealthcare.com/broker/systemupgrade)

**employers:** [univerahealthcare.com/employer/systemupgrade](http://univerahealthcare.com/employer/systemupgrade)

## group structure on the new system - overview

The new group structure on Facets is designed to allow employer groups greater flexibility in selecting health care plans for their employees and retirees. This flexibility also helps employers manage their health care dollars. In order for your group to be set up effectively in the new system, we may ask you to provide more detailed information about your group than was required in the past. Your Account Consultant may contact you for this specific information if necessary.

<b>Parent Group</b>	Optional—used for multiple businesses such as Chambers, Trusts and Associations	Not all groups will have Parent Groups
<b>Group</b>	Legal name of the employer	Ensure consistency and accuracy; for example, “ABC Company Inc.” replaces “ABC Company”
<b>Subgroup</b>	Reflects location and/or division differences (may have more than one)	Each group must have at least one subgroup; billing occurs at the subgroup level
<b>Class</b>	Unique populations that are offered specific benefit options	Examples of standard classes: all active employees, hourly/salary, management/non-management, union/non-union, full-time/part-time, retiree non-Medicare eligible, retiree Medicare eligible
<b>Plans</b>	Refers to the specific product(s) offered to each class. Each class offers one or more plans from which to choose	Each plan is linked to a product category. Examples of categories include: medical, prescription drug coverage, and medical management. Each plan is also linked to an actual product ID.



**Group information:** Your group number will be eight digits long instead of up to seven digits long as it is currently. Your group number will appear on your premium bills, and you'll use it for electronic and Web enrollment activity. You may also view your new group number and review your group information on our website.

**Subgroup information:** Your subgroup numbers will be four digits long and will represent location or division (most of the same information collected at the group level will be collected at the subgroup level, e.g., address, phone, e-mail, contacts, etc.). Billing is based at the subgroup level for ease of use and reporting. Creating subgroups allows organizations with multiple locations or divisions more flexibility to offer different products/contracts to each subgroup. Subgroup information will also be used to distinguish COBRA coverage.

**Class information:** The class is the method or indication of how benefits are offered or administered. Classes allow employers to denote waiting periods, specific health plan designs, and split billing based on class assignments. All subscriber enrollment forms must include the class code. **If the standard employee classifications do not meet your needs, custom classes are available. (e.g., "Rehires").** To assist you in accurately completing or updating member enrollment forms, below is a list of codes for standard classes on Facets for your reference:

ID	Description	
A001	All Actives (assigned to all subscribers if no class is provided)	C005 - COBRA - Bill to Group - Non-Management
		C006 - COBRA - Bill to Group - Union
A002	Hourly	C007 - COBRA - Bill to Group - Non-Union
A003	Salaried	C008 - COBRA - Bill to Group - Full Time
A004	Management	C009 - COBRA - Bill to Group - Part Time
A005	Non-Management	D001 - COBRA - Direct Bill - All Actives
A006	Union	D002 - COBRA - Direct Bill - Hourly
A007	Non-Union	D003 - COBRA - Direct Bill - Salaried
A008	Full Time	D004 - COBRA - Direct Bill - Management
A009	Part Time	D005 - COBRA - Direct Bill - Non-Management
A010	In-Area Employees	D006 - COBRA - Direct Bill - Union
A011	Out-of-Area Employees	D007 - COBRA - Direct Bill - Non-Union
A012	Professionals	D008 - COBRA - Direct Bill - Full Time
A013	Non-Professionals	D009 - COBRA - Direct Bill - Part Time
C001 - COBRA - Bill to Group - All Actives		I001 Incentive Only
C002 - COBRA - Bill to Group - Hourly		R001 Retired Non-Medicare Eligible
C003 - COBRA - Bill to Group - Salaried		R002 Retired Medicare Eligible
C004 - COBRA - Bill to Group - Management		

**Enrollment options:** We offer a choice of enrollment options - please contact your Sales Account Consultant or visit our website for more information. We will continue to offer paper enrollment.

- To ensure timely and accurate enrollment, our goal is to process the majority of enrollment transactions electronically or via the Web.
- New enrollment application forms for groups and members are available on our website.


**For more information about Web-based enrollment tools, please visit our website, e-mail our eOutreach team at [eoutreach@univerahealthcare.com](mailto:eoutreach@univerahealthcare.com), or contact your Account Consultant.**

# new look for premium bills

Premium bills will include the additional information collected during the enrollment process. You will see your group number, the product identifiers, and subscriber identification numbers.

Below is an example of an employer group premium bill.

**Important:** If your company offers multiple products in addition to the products listed in the letter accompanying this booklet, you will temporarily receive separate bills - one bill for the plans on the new system and one bill for any other plan. If you have dental coverage with Univera Healthcare, you will continue to receive a separate bill. Please submit a payment for each individual bill you receive to the address listed. As more products move to the new system consolidated billing will be possible. There may be slight differences in the bills generated from the new system since it accommodates fluctuations in the number of days in the months (whereas the current system is based on a 30-day billing month) for retroactivity. However, this has no affect on your annual premium.



205 Park Club Lane  
Buffalo, NY 14221

<b>Group ID - Subgroup ID</b>	<b>Date Billed</b>
00004000 - 0001	05/27/2010
<b>Billing Period</b>	<b>Date Payment Due</b>
06/01/2010 - 06/30/2010	06/01/2010
<b>Invoice #</b>	
00000003116	

**XYZ COMPANY**  
**9999 STATE ST.**  
**BUFFALO, NY 14221**

This bill includes all payments and subscriber additions, changes and terminations processed as of 05/27/2010.  
 Please pay as billed.

Previous Billing		Current Billing	
Previous Total Due	\$XXX	Current Invoice	\$XXX
Payments	\$XXX	Retroactive Adjustments	\$XXX
Outstanding Balance	\$XXX	Total Premium Due	\$XXX

Reminder: Adjustments to refund premiums will be made retroactively no more than 30 days from the current billing cycle.

DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

**Do not send any correspondence with your payment**

Please include all remittance stubs when submitting payment

Group ID	Subgroup ID	Payment Due	Total Amount Due	Billing Period
00004000	0001	06/01/2010	\$XXX	06/01/2010 - 06/30/2010

**Make Check Payable To:**  
 Univera Healthcare  
 205 Park Club Lane  
 Buffalo, NY 14221-5239

**Amount Enclosed**

\$

102000040000001000687282551005200911042009100520098

G003INV1

# changes your employees can expect

## 1. new id numbers/cards for medical and drug coverage





Your employees will receive new subscriber identification numbers (with a new prefix) and new plastic ID cards. The new subscriber ID numbers will provide an enhanced level of security, and the plastic ID cards will be more durable than paper ID cards.

Each subscriber will receive a letter of eligibility containing his/her new subscriber ID number and the effective date. The actual subscriber ID cards will be mailed separately; subscribers are asked to keep their letter of eligibility with them until their membership ID cards arrive in the mail. See below for a sample of the member ID card.

**Members must present their new ID card every time they receive health care services, including pharmacy services.**

Members who use online pharmacies, online medical/drug profiles and/or have automatic refills must inform their pharmacy of their new ID number in order to avoid any disruptions in service.

## new member id card sample

		<b>ActiveUnivera</b>	
Subscriber Name <b>LAST NAME, FIRST NAME</b>		<b>You are enrolled in a PPO product. Dependents are not listed on PPO ID cards.</b>	
Subscriber ID <b>&lt;9-digit numeric ID#&gt;</b>		<b>No referrals are required.</b>	
BIN	610475	Plan	<b>PPO</b>
PCN	FLRX	PCP Copay	<b>\$XX</b>
Effective Date	xx/xx/xx	Specialist Copay	<b>\$XX</b>
PayerID	UNINW	Emergency	<b>\$XXX</b>
00017001234		Rx	
		<b>Prior Authorization Requirements</b> Certain services require prior authorization. Please visit our Web site or call the number at the right to confirm if a service requires prior authorization. Hospital or physicians: file claims with the local Univera Healthcare Plan.	
		<b>www.univerahealthcare.com</b> Customer Service: 1-800-499-1275 Pharmacy Benefit: 1-800-724-5033 Prior Authorization: 1-800-363-4658	
		To locate a Beech Street provider visit <a href="http://www.beechstreet.com">www.beechstreet.com</a> or call 1-800-877-1666.	
		<b>Univera Healthcare</b> PO Box 23000 Rochester, NY 14692	
			
		 Pharmacy benefits administrator	

Single and family subscribers will receive two ID cards. Members who would like additional cards can go to “My Account” in the “For Members” section of our Web site [univerahealthcare.com](http://univerahealthcare.com), or call Customer Service at the number listed on the back of their ID card.

## 2. new monthly health summary for subscribers

For easier record-keeping on claims and services, we are pleased to introduce a new Monthly Health Summary for subscribers on the new system. The Monthly Health Summary is an easy-to-read record of the claims processed for each member of the subscriber’s family during the respective month and will replace most Explanations of Benefits (EOBs) that are currently sent every time a medical service claim is processed. See the sample Monthly Health Summary on page 6.

### Please Note:

- As an additional service, all Explanations of Benefits will be available for subscribers, including custodial parents, to print from the Web site by using the “View Electronic Documents” feature. Subscribers may also contact Customer Service to obtain EOBs.
- Univera Healthcare will continue to send EOBs for some claims (for example, when the subscriber receives a check).
- If a claim is adjusted within the same month as the original claim, only the final outcome will show on the Monthly Health Summary. If the adjustment crosses several months, the original and the adjustment will show on the summary.

The summary will provide a snapshot of the family’s claims and information to help members better manage health care resources. For any situation where there’s an alternate address on file, the health summaries will be redirected to the Customer Advocate Unit, which will print the Explanations of Benefits for each claim and send them to the appropriate address.

# health summary sample



205 Park Club Lane  
Buffalo, NY 14221

JOHN Q. MEMBER  
123 MAIN ST  
BUFFALO, NY 14221

## STATEMENT PERIOD

January 1, 2010 - January 31, 2010

## THIS IS NOT A BILL

The summary information is for claims processed for all members covered under the Subscriber ID indicated.

## YOUR PROFILE

Subscriber JOHN Q. MEMBER

Subscriber ID 20000003

Members Covered



## My Benefits for In-Network Services

<b>Benefit Period</b>	January 1, 2010 - December 31, 2010
<b>Copayments and Coinsurance</b>	
Office Visit - PCP	\$15.00

## Definitions

Here are a few definitions of frequently used health care terms for your convenience.

**Copay** - A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

**Allowed Amount** - The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

**Coinsurance** - A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

**Deductible** - A set dollar amount you pay for covered services you receive before your insurer will make a payment.

**Out-of-pocket Maximum** - The maximum amount of deductible and coinsurance payments that you will pay for health services each calendar year.

## Online Services

Check out these services that are available through our website below:



### Find a Doctor, Hospital, or Urgent Care Center

Search our comprehensive provider directory to find a doctor, specialist, or facility that meets your needs.



### Take Steps

Free fitness and nutrition program with Take Steps that makes it easy and fun to track your health goals.



### Your Online Health Resource

Answers to your health questions online with info on 6,000 health topics such as lower back pain, questions to ask your Doctor, how to treat a bee sting, and more.

univerahealthcare.com

Page 1 of 4

HSUMFIN3



## Year To Date Claim Activity for JOHN Q MEMBER

Totals - Claims Processed during:	Provider Charged	Allowed	Other Insurance	Paid	MEMBER RESPONSIBILITY			
					Not Covered	Deductible	Copay	Coinsurance
January	\$238.01	\$134.86	\$0.00	\$134.86	\$0.00	\$0.00	\$0.00	\$0.00
2010	\$238.01	\$134.86	\$0.00	\$134.86	\$0.00	\$0.00	\$0.00	\$0.00

## Medical Services Claim Activity for JOHN Q MEMBER

Relationship to Subscriber: Policyholder  
**Claim Number** E00004272900  
**Provider ( Network )** Conroe, Nicole M. ( In-network )  
**Provider May Bill You:** \$0.00

Date(s) of Service	Description of Service	Provider Charged	Allowed	Other Insurance	Paid	MEMBER RESPONSIBILITY				Remarks
						Not Covered	Deductible	Copay	Coinsurance	
12/28/2009 - 12/28/2009	Routine Service	\$155.00	\$91.01	\$0.00	\$91.01	\$0.00	\$0.00	\$0.00	\$0.00	L05
12/28/2009 - 12/28/2009	Immunization	\$29.00	\$10.21	\$0.00	\$10.21	\$0.00	\$0.00	\$0.00	\$0.00	PXN
12/28/2009 - 12/28/2009	Immunization	\$27.00	\$16.82	\$0.00	\$16.82	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/28/2009 - 12/28/2009	Immunization	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	L09
12/28/2009 - 12/28/2009	Immunization	\$27.00	\$16.82	\$0.00	\$16.82	\$0.00	\$0.00	\$0.00	\$0.00	PDC
<b>Total</b>		\$238.01	\$134.86	\$0.00	\$134.86	\$0.00	\$0.00	\$0.00	\$0.00	

Remarks	Explanation
L09	Service provided at no cost to member or provider, member not liable
PDC	The charge exceeds the allowable amount for this service
PXN	The charge exceeds the allowable amount for this service
L05	Benefit Exhausted

### Suspect Claims Fraud?

Join the fight against health care fraud. If you suspect fraud is occurring, such as false or altered claims being submitted or services being billed which were not provided, call the Special Investigations Unit Hotline at 1 (800) 378-8024. All calls will be kept confidential.



# enhanced self-service web tools

Subscribers on the new system will enjoy the convenience of managing their policy online with our enhanced web experience. With these new self-service web tools, your employees will be able to view benefits, copay and deductible information, check claims, check referrals and authorizations, and more.

**Benefit Summary: Medical Product**

Select a Member:

**ActiveUnivera Copay \$15/15 LTH : John Smith**

- Plan Year Effective: 01/01
- Plan Start: 03/01/2009
- Member Effective Since: 12/01/2009

[View Additional Benefit Details](#) [Deductible Accumulators](#) [View Benefit Limits](#)

View your benefits, copay and deductible

**Deductible Accumulators**

Type	Period Description	Individual	Family
Out of Network Deductible	Plan Year	\$500.00 maximum \$0.00 total met	\$1,500.00 maximum \$0.00 total met

**Limits**

Type	Period Description	Limit # / Amount	Individual Limit Accumulated	Family Limit Accumulated
Acupuncture	Plan Year	10 0	0	0
Durable Medical Equipment, Prosthetics, Orthotics and Supplies	Plan Year	\$15,000.00 \$0.00	\$0.00	\$0.00
Eyewear	Plan Year	\$60.00 \$0.00	\$0.00	\$0.00
Home Care	Plan Year	40 0	0	0
Inpatient Physical Rehabilitation	Plan Year	60 0	0	0
Out of Pocket Maximum - Family	Plan Year	\$4,500.00 \$0.00	\$0.00	\$0.00
Out of Pocket Maximum - Individual	Plan Year	\$1,500.00 \$0.00	\$0.00	\$0.00
Outpatient Therapy (Physical, Occupational, Speech)	Plan Year	30 0	0	0
Outpatient Therapy for EIP (Physical, Occupational, Speech)	Plan Year	45 0	0	0
	Lifetime	36 0	0	0
	Plan Year	1 0	0	0
	Plan Year	2 0	0	0
	Plan Year	1 0	0	0

**Claims Detail: John Smith**

**Medical Claim Number: ABC12345678**

**Claim Summary**

Description: Medical claim for services on 10/06/2009  
 Patient: John Smith (123456789)  
 Provider: Dr. Jones  
 Benefit Plan: HealthyBlue Copay \$15/25 LTH  
 Status: Adjusted as of 02/16/2010  
 Paid on: 01/05/2010

Total provider charges for this claim are \$30.00. Under agreements with your provider, Health Plan will pay \$28.00. Provider may bill you \$0.00.

**Claim Items**

This claim has 2 item(s)

Date of Service(s)	Description of Service	Provider	Charged	Allowed	Other Insurance	Paid
10/06/2009	Immunization	\$16.00	\$16.00	\$0.00	\$16.00	
10/06/2009	Immunization	\$14.00	\$12.13	\$0.00	\$12.13	
<b>Totals:</b>		<b>\$30.00</b>	<b>\$28.13</b>	<b>\$0.00</b>	<b>\$28.13</b>	

Remarks Explanation  
 PSR The charge exceeds the allowable amount for this service

Check your claims

**Prior Authorization Details: John Smith**

**Reference #: 100000006**

Member (ID): John Smith (123456789)  
 Benefit Plan: ActiveUnivera Copay Deductible Plan  
 Status: Discharged

**Service Details**

Service Level: Elective  
 Place of Service:

**Requested Service**

Requested Days	Actual Days	Service Description	From	To
6	6	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	10/04/2009	10/10/2009

**Providers**

Facility: [Main Street Hospital](#)  
 Address: 123 Main St  
 Anywhere, NY 14400  
 Phone: (555) 555-2121

Referred By  
 Provider: [Dr. Jones](#)  
 Address: 123 South St  
 Anywhere, NY 14400  
 Office is handicapped accessible.  
 Phone: (555) 555-1212

Authorizations

## questions & answers

### Q. Will all of our employees move to the new system at the same time?

A. We are moving membership to the new system in phases, based on product. Your employees will be notified via a letter at the time of their move to the new system.

Over the next one to two years, our entire product portfolio will move to the new system; a list of products moving to the new system and their effective dates will be available on the system upgrade Web page (see below for website address).

### Q. Will retirees on Medicare be moved to the new system?

A. Retirees over age 65 who have Medicare as their primary medical insurance coverage are also moving to the new system in phases, and will be notified via a letter at the time of their move to the new system.

### Q. Will our employees see any interruption in their coverage as a result of the move to the new system?

A. No, we're taking steps to ensure a smooth transition. You may notice that some employees show as terminated on your current group roster as of the effective date on the new system. As of that date, you will be able to view them through your online account. Please be assured, your employees will have continuous coverage throughout this transition.

### Q. How is our billing affected if we offer other products in addition to the products listed on the letter?

A. Until we move all products to the new system, you will receive two invoices for your medical products. If you have dental coverage with Univera Healthcare, you will continue to receive a separate invoice.

### Q. Will there be any differences in how the new system calculates the amount we're billed?

A. Yes. For retroactivity, the system accommodates fluctuations in the number of days in each month, whereas our current systems calculate bills based on a standard 30-day month. As a result, you may see slight differences in the amount your group is billed on a monthly basis; however, there is no effect on your annual premium.

### Q. Will monthly supplemental billing be available on the new system?

A. No, the monthly supplemental billing function (for groups with quarterly or semi-annual billing) will no longer be available. Groups with quarterly billing will be offered a monthly billing cycle; groups with semi-annual billing will be offered quarterly or monthly billing.

### Q. We use Web enrollment services for member enrollments. Will this be affected by the move to the new system?

A. You will be able to continue using Web enrollment to manage your member enrollments. To ensure the accuracy of the information, you will be asked to provide the new group number, the new subgroup number, and the "class" of employee. Your new group and subgroup number will appear on your invoice.

### Q. We offer the ActiveRewards® incentive program - will our employees' access be disrupted?

A. The Web site may occasionally be inaccessible for a short period of time for maintenance, but this will take place during non-peak hours. There will be no effect on dividends during these maintenance periods.

### Q. If a member has approved visits remaining for ongoing services (e.g. physical therapy), will the number of remaining visits be carried over to the new system?

A. We have measures in place to transfer this information to the new system; members are encouraged to contact the customer service center if they notice a discrepancy.

A. A Web page has been created for updates.

If you are a broker, go to [univerahealthcare.com/broker/systemupgrade](http://univerahealthcare.com/broker/systemupgrade)

If you are an employer, go to [univerahealthcare.com/employer/systemupgrade](http://univerahealthcare.com/employer/systemupgrade)

## our commitment to you

### service you can rely on

The same great service you receive today will be available as we move to the new system. With our system upgrade, we will provide additional capabilities, such as online bill reviews and additional member self-service tools on our Web site to enhance your experience.

### benefits that meet your needs

The benefits associated with your plan will remain the same. Your employees will continue to receive the same great features, tools, programs and support they need to make health care a valuable asset.



