

Comparison of National Benefit Standards & 10/1 Benefit Changes

All Savers Alternate Funding vs. UnitedHealthcare 2015-16 Benefit Standards

Benefit Coverage Differences Key product attributes and coverage differences

	UnitedHealthcare Choice Plus (Fully Insured) 2015 COC	All Savers Alternate Funding
Motion Credit	Not available	Motion Credits apply. Not applicable for PA, DE, WI, MO
Network	Choice Plus	Choice Plus network on PPO & HSA plans, Choice network on EPO plans. One exception: Mayo Clinic does not participate.
Pediatric Dental	Covered	Not covered
Plan Year	Policy Year or Calendar Year	Calendar Year only
Reimbursement - Non Network	Maximum Non Network Reimbursement Program (MNRP) – most services reimbursed to 110% CMS	Usual and Customary (U & C) – reimbursed at 80% Fair Health Benchmarks. We will be moving to MNRP for 10/1/15 new business and renewals thereafter. At which time the Maximum non-network reimbursement will be the same as UnitedHealthcare Fully Insured.
Underwriting	Subject to Adjusted Community Rating	Medical Underwriting applies
Vision Exam Pediatric	Covered (Adult exams standardly not covered – may vary by state)	Not Covered
Breast Cancer Drug and Tobacco Cessation Drugs	Prior Authorization Required for non-grandfathered plans	Prior Authorization Required for all plans since they are all non-grandfathered.
Podiatry	Includes coverage for Bunionectomy or Hammer Toe	Same Foot Care language as UnitedHealthcare, however, excludes Bunionectomy and Hammer Toe. 10/1/15 new business and renewals thereafter the bunionectomy and hammer toe exclusion is removed.
Maternity	Charges for the mother & newborn well baby are inclusive, as long as they are in the same admission both are processed under the mother	Charges for the mother & newborn well baby are processed exclusive of each other. Each must meet their own deductible and co-insurance amount under the policy. 10/1/15 new business and renewals thereafter, the separate deductible is removed and charges are inclusive as long as the newborn hospital stay does not go beyond the mother's release from the hospital.
Transplant Travel Benefit	\$10,000 travel benefit	\$5,000 travel benefit
Non-network professional charges when facility is in-network	RAPLS benefit paid at network benefit when facility is in-network. Biggest difference is the surgeon – paid in network by UnitedHealthcare but not All Savers	PEAR benefit paid at network benefit when facility is in-network. (Pathologists, ER physician, anesthesiologist, radiologist) Surgeons are not paid in network
Inpatient Hospital Physician Fees	Covered Under Hospital - Inpatient stay facility benefit	On Non-HSA plans covered as separate professional fee subject to additional co-pay for each daily visit

Benefit Limit Differences Categories that are covered by both Products however the dollar/visit limits may differ.

Dental Services – Accident Only	\$900/tooth limited to \$3,000 per year*	Unlimited 10/1/15 new business and renewals thereafter, impacted wisdom teeth are covered.
Durable Medical Equipment (DME)*	Covered with no dollar maximum. Benefits are limited to a single purchase (including repair/replacement) every three years	Unlimited
Essential Health Benefits as defined by State's Benchmark Plan	May have to cover additional EHB and remove dollar limits as applicable. Visit and day limits may change depending on the state's benchmark plan Require plans to cover at least one drug in each USP therapeutic category and class e.g., Smoking Cessation	No state by state bench mark plan. UT state benchmark plan used in every state.
Hearing Aids – Adults over age 18	\$2,500 per year limited to single purchase per hearing impaired ear (including repair/replacement) every three years*	\$5000 every 36 months that includes a single purchase and repair/replacement
Home Health Care	Limited to 60 visits per year*	Limited to 30 visits per year

Manipulative Therapy (formerly Chiropractic)	Limited to 20 visits per year*	Unlimited 10/1/15 new business and renewals thereafter, manipulative treatment is a part of the Rehabilitation Services benefit of a combined 30 visits per year.
Ostomy Supplies	Subject to \$2,500 annual maximum*	Unlimited
Prosthetic Devices	Covered with no dollar maximum. Benefits are limited to a single purchase (including repair/ replacement) every three years.*	Unlimited
Rehabilitation Services, Outpatient Therapy	Visit Limits: * • Physical, Speech, Occupational, Pulmonary – 20 visits per year each • Cardiac – 36 visits per year • Post Cochlear – 30 visits per year • Cognitive – 20 visits per year	Physical, Speech, Occupational, Cardiac, Post Cochlear, & Cognitive therapy covered at a combined 30 visits per year 10/1/15 new business and renewals thereafter, manipulative therapy is a part of the 30 visit limit per year
State Mandated Benefits	Covered	Not applicable, ERISA applies
Transplant Services – Non-network	Not covered	Unlimited 10/1/15 new business and renewals thereafter, non-network transplant services are not covered. For network benefits transplant services must be received through the Centers of Excellence program. This is the same as UnitedHealthcare fully insured.

* Essential Health Benefits may vary as defined by State's Benchmark Plan

Additional Differences:

Co-pay Structure: UnitedHealthcare plans utilize split PCP & Specialist Co-pays vs. All Savers utilizes a 3 Co-pay Level structure where PCP & Specialist fall into Level 1.

Issuance of ID Cards: Temporary ID cards issued within 48 hours for UnitedHealthcare and 24 hours for All Savers. Permanent ID cards are sent within 2 business days for All Savers and 3 business days for UnitedHealthcare.

Open Enrollment: UnitedHealthcare offers open enrollment for eligible members for 31 days after new business enrollment and this open enrollment is offered annually. All Savers does not offer open enrollment at new business but it is offered at renewal for 60 days prior to the effective date and 31 days after the effective date.

Member Portal:
myuhc.com vs **www.myallsaversmember.com**

Medical Necessity Reviews: UnitedHealthcare utilizes 2015 COC Medical Necessity requirements vs. All Savers Medical Management requirements.

Prior Authorization: Prior Authorization language applied for UnitedHealthcare plans vs. All Savers Notification language applied.

10/1/15 New business and renewal Additional Benefit Changes:

Lab/X-ray: In-network services are processed at 100%. For HSA plans 100% after deductible. Note: this does not include those performed as part of Emergency services, maternity or inpatient stay.

Comprehensive Wellness Platform to include a Rally Employee Dashboard, Rally Wellness, HealthiestYou, and Trio Motion. PA, DE, MO & WI not participating.

1/1/16 Pharmacy Program Implementation For all New business and renewals:

Note: there was a delayed implementation for October, November and December new business and renewals that are receiving the drug services on 1/1/16.

New Drug Programs:

- Refill and Save
- Specialty Pharmacy
- Half-Tablet
- Prior Authorization/Medical Necessity
- Select Designated Pharmacy

