United Healthcare Medical Benefits Out-of-Network Services

What Do Members Need to Know?

Accessing services through any of the 900,000 providers in United Healthcare's Choice Plus Network will always be the most cost-effective way to seek medical care. However, members enrolled in plans with out-of-network benefits sometimes choose to visit non-participating providers and facilities. If you are enrolled in the MarketAxess medical PPO or HDHP plans and decide to obtain care outside of UHC's network, please be aware of answers to the following frequently asked questions.

How Are Out-of-Network Reimbursements Determined?

United Healthcare's Out-of-Network Reimbursement Model – Outlier Cost Management

On January 1st 2021, United Healthcare transitioned MarketAxess (and many other self-funded companies) to a more modernized out-of-network benefit reimbursement model called Outlier Cost Management (OCM). With OCM, doctors and facilities that don't participate in UHC's Choice Plus network are reimbursed using a methodology called Reference-Based Pricing. Unlike Reasonable & Customary (R&C) reimbursements which are based on amounts charged by providers for specific procedures within a zip code, Reference-Based Pricing considers various market and industry factors like geography, median in-network rates, market dynamics and Centers for Medicare & Medicaid Services (CMS) to determine the reimbursement levels for out-of-network providers.

How Does Outlier Cost Management Help Members?

Member advocacy services are included for all UHC health plans using OCM. If an out-of-network provider bills a member for any amount in excess of their reimbursement (an out-of-network issue known as "Balance Billing"), members can call the number that appears on the Explanation of Benefits statement for assistance in resolving the balance. Once a member reaches out, an assigned advocate will work directly with the out-of-network provider to negotiate the balance on the member's behalf. If the provider is not willing to negotiate, the member is financially responsible for the balance.

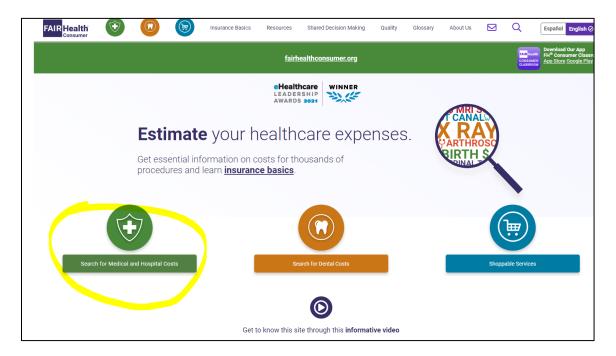
In Network & Out of Network Services Cost Estimate Comparison* Illustrative Examples Only

<u>Procedure</u>	In-Network Cost Estimate	Out-of-Network Cost Estimate
Gallbladder Removal	\$17,233	\$35,165
Removal of Breast Growth	\$10,328	\$21,376
Skin/Fat/Muscle Graft	\$8,557	\$27,899
Fusion of Upper Spine Bones	\$39,364	\$85,305

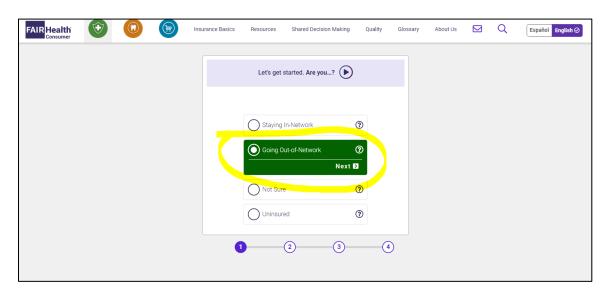
^{*}Note: Price estimates are based on data from FAIRHealth Consumer website.

Is There Any Way for Members to Estimate the Potential Cost of Out-of-Network Services? FAIRHealth Consumer Website** The FAIRHealth Consumer website is a free educational resource and healthcare expense research tool available to everyone. The research tool is intended to assist members in gaining greater insight into potential financial exposure when accessing care from out-of-network providers with whom UHC does not have a contractual relationship. To review pricing estimates, visit https://www.fairhealthconsumer.org and complete the following steps:

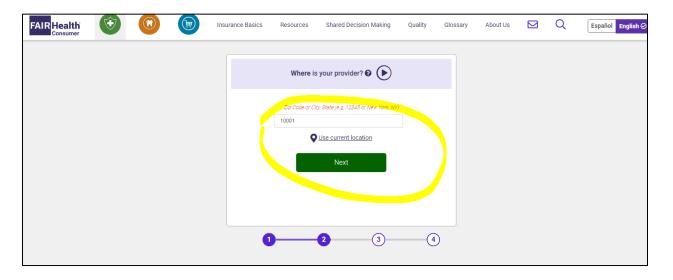
Step 1: Click "Search for Medical & Hospital Costs"



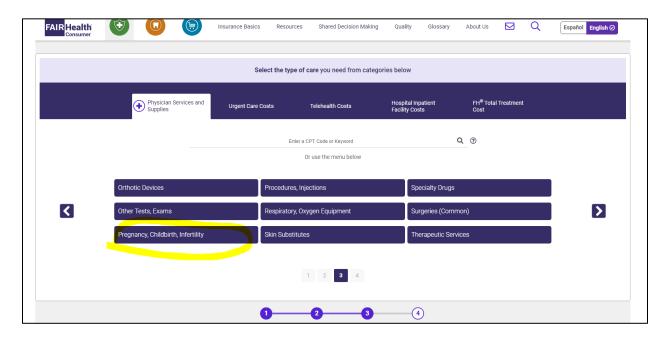
Step 2: Select "Going out of Network" and click "Next"



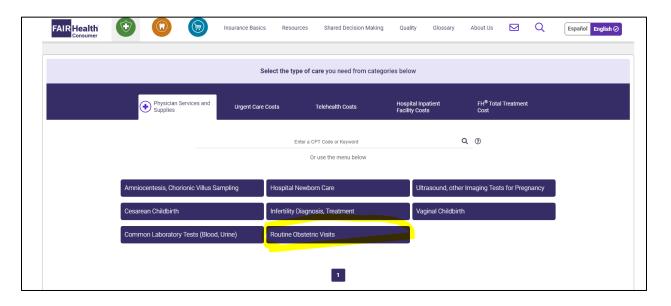
Step 3: Enter Zip Code and Click "Next" (10001 was used)



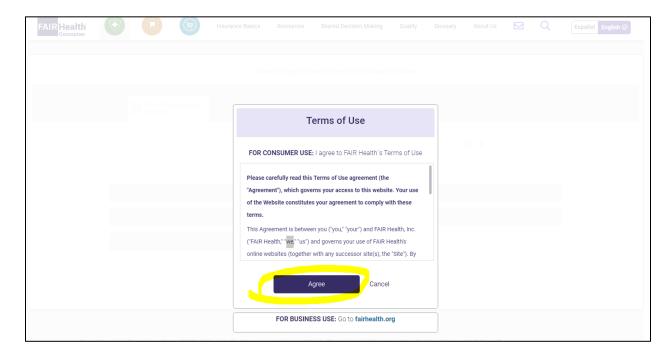
Step 4: Enter Care Type CPT (procedure code), Keyword, or select from menu (Pregnancy was used)"



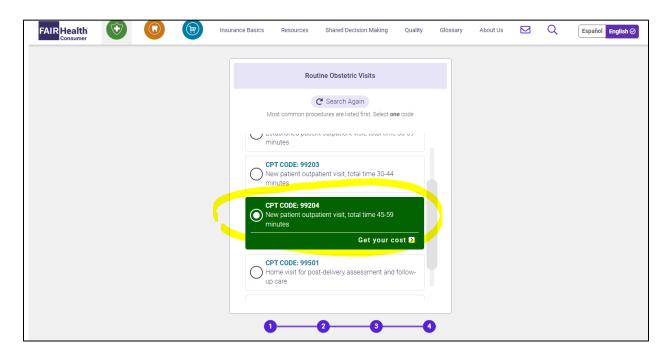
Step 5: Enter additional care type (Routine Obstetric Visit was used)



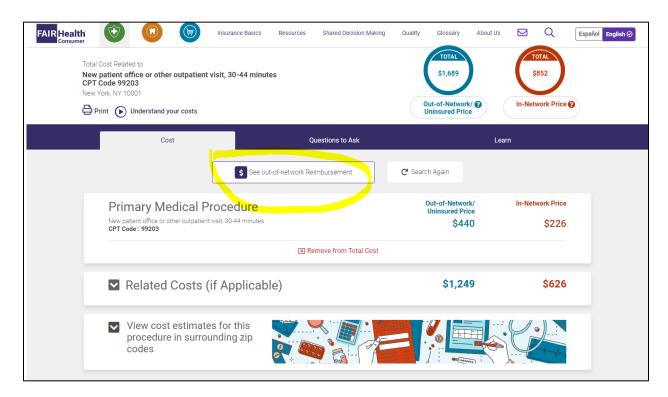
Step 6: Select "Agree" for Terms of Use



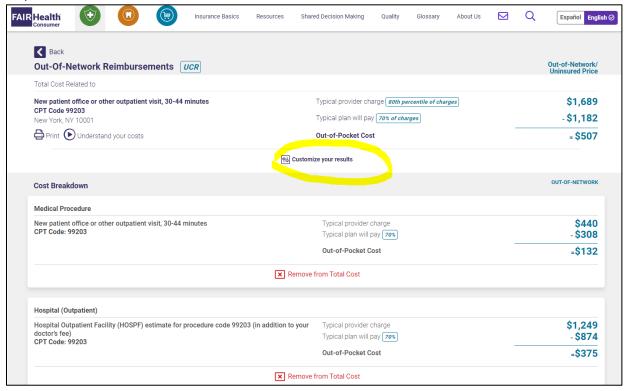
Step 7: Select applicable CPT and click "Get Your Cost" (# 99204 New Patient Outpatient Visit was used)



Step 8: Click "See Out-of-Network Reimbursement"

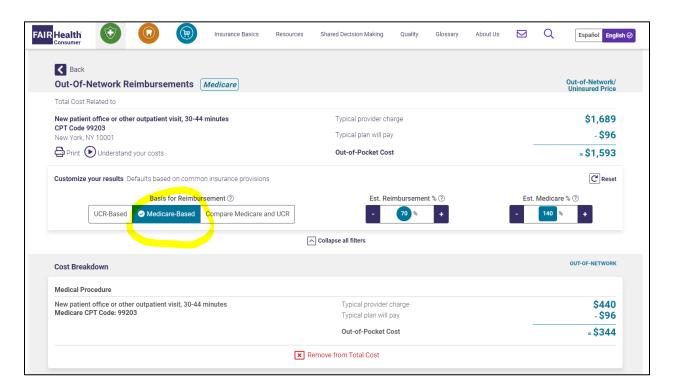


Step 9: Click "Customize Your Results"



Step 10: Select "Medicare-Based", and review cost estimates

Note: After clicking the "Medicare-Based" button, the default percentages displayed will be set to estimate Reimbursements at 70%, and Medicare at 140%. These estimates should not be adjusted.



Should you have any specific questions about the medical benefits available to MarketAxess employees and their eligible dependents, please contact United Healthcare Member Services at 1.800.332.8885. The MarketAxess Group Number is 919907.

**Important Note: FAIR Health is an independent, national nonprofit organization whose mission is to help consumers understand their healthcare costs. UHC is an independent private health insurance services business that has been contracted by MarketAxess to administer its employer sponsored medical plans. UHC will not honor prices displayed on the FAIRHealth website. The FAIR Health website should be used for EDUCATIONAL PURPOSES ONLY. Amounts allowed under the MarketAxess Plan are not based on the FAIR Health website. As such allowance amounts reflected on the FAIRHealth website should never be understood or relied upon as a guarantee of benefits under the MarketAxess Plan administered by UHC.