

UPMC *Advantage*

Individual and Family Plans for 2017

Rate Factors, EHBs, and Actuarial Value

Rating Area



Single/Family



Age



(3:1)

Tobacco



(1.5:1)



Actuarial Value	60%	70%	80%	90%
Monthly premiums	Lowest	Moderate	Moderate	Highest
Offer essential benefits	Yes	Yes	Yes	Yes
Must offer in Health Insurance Marketplace	No	At least 1 plan	At least 1 plan	No

Explanation of Out-of-Pocket Maximum

- The ACA requires all non-grandfathered plans effective January 1, 2014, and after to have a single out-of-pocket maximum for all plan coverage.
 - Includes Medical, Pharmacy, Mental Health, Pediatric Dental EHB, and Pediatric Vision EHB
 - Expenses include deductibles, copays, and coinsurance
 - **Out-of-pocket maximums in 2017:**
 - **\$7,150 for individuals and \$14,300 for families**
 - \$6,550 for individuals and \$13,100 for families on qualified high-deductible plans

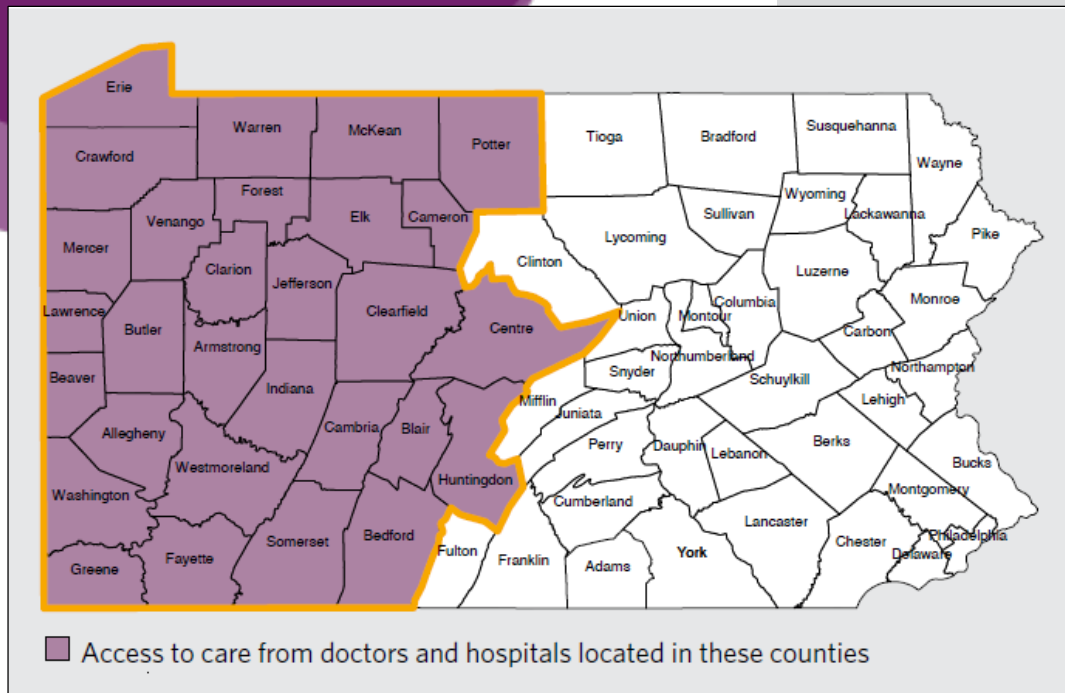
Choose a Network. Choose a Plan.

- **Three networks**
 - Premium: 29 counties (including Centre)
 - Select: 5 counties (Allegheny, Beaver, Butler, Washington, Westmoreland)
 - Partner: 7 counties (Allegheny, Erie, Bedford, Blair, Lawrence, Mercer, Venango)
- **Nine plans**

Plan Names: Metal Level Deductible/PCP – Network

 - One Catastrophic
 - One Bronze
 - Five Silver (One qualified high-deductible health plan/health savings account eligible), one “Standard” Silver Plan
 - One Gold
 - One Platinum

UPMC Advantage Networks for 2017



Premium Network

- 29-county network; PPO plans
- Broadest of all networks
- Includes all UPMC providers and UPMC-owned facilities as well as many independent providers and facilities
- Member **can go outside the network** but will pay a greater share of the cost if they do

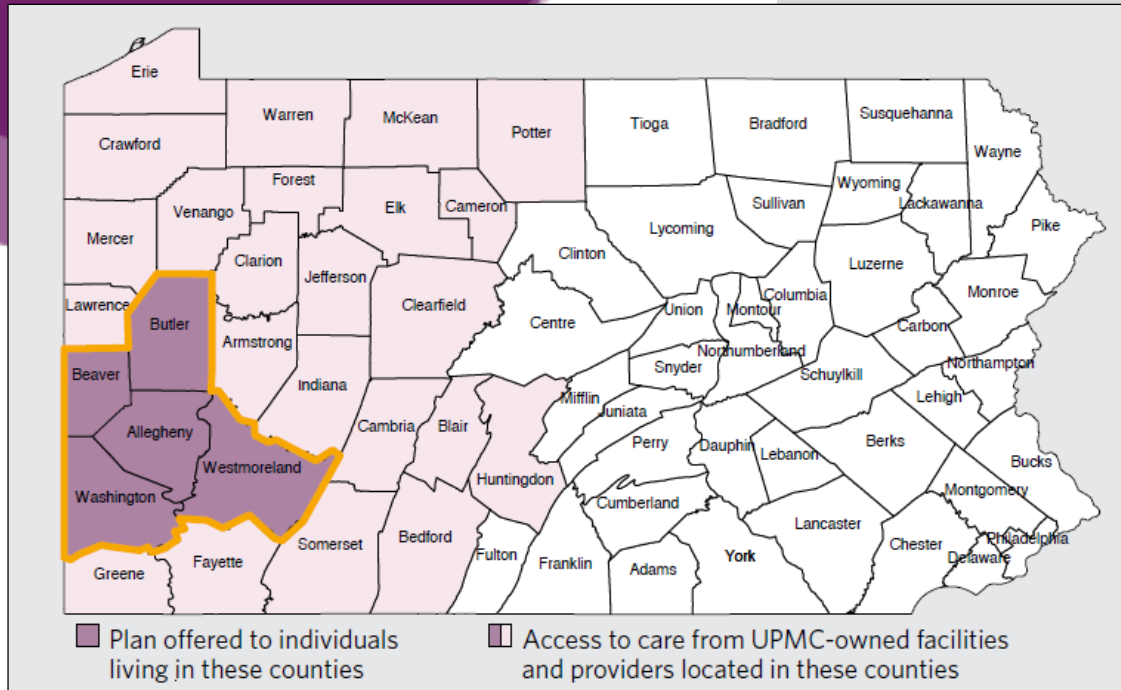
UPMC Advantage Networks for 2017

Select Network

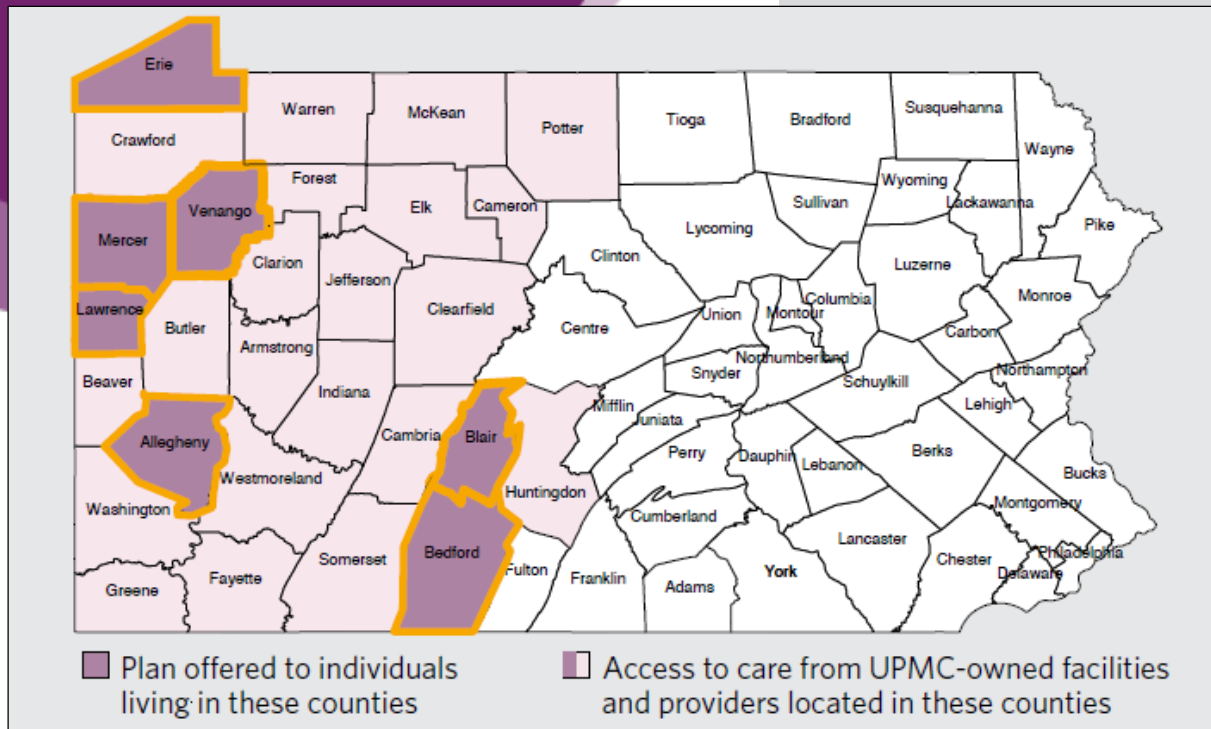
The Select Network covers the five-county region of Allegheny, Beaver, Butler, Washington and Westmoreland.

Includes all UPMC providers and UPMC-owned facilities as well as our Community Partners:

- Heritage Valley Hospital
- Butler Memorial Hospital
- Monongahela Valley Hospital
- Excela Health
- Washington Health System
- Grove City Medical Center (Mercer County)



UPMC Advantage Networks for 2017



Partner Network

- Offered to residents of **Allegheny, Erie, Bedford, Blair, Lawrence, Mercer, and Venango** counties.
- Plans offered in this network are the least expensive.
- Includes only UPMC providers and UPMC-owned facilities in all 28 counties.

—In Erie and McKean, there are a select number of independent providers and facilities that are included

Benefit Highlights

- eVisits (AnywhereCare):
 - **Now offer Level 1 (non-specialist) and Level 2 (specialist)**
 - **Level 1 is half the cost of the office visit**
- **Cardiac and pulmonary rehab visit limits increased to 36 each**
- **Nutritional counseling visit limit increased to six**
- **Artificial insemination will be covered**
- **Behavioral health services has been changed to mental health services**
- Advantage Choice four-tier formulary
 - \$0 generics for oral cholesterol agents, oral hypertensive agents, non-sedating antihistamines, proton pump inhibitors, and antibiotics
 - Cost share associated with each RX tier depends on the medical plan
- Pediatric dental and vision for children under 19 is included
- All plans have an embedded deductible and out-of-pocket maximum
- Podiatry covered with prior authorization
- Acupuncture is covered; 12-visit limit
- Private duty nursing and bariatric surgery are not covered

Gender Reassignment, Procedures, and Medications

- Per Section 1557, we will no longer exclude Gender Reassignment, effective 1/1/17.
- Behavioral health, medical services, pharmacy, and surgical services are covered (with a diagnosis of gender dysphoria), subject to the terms and conditions of the member's plan as set forth in their plan documents (policy/COC/Schedule of Benefits/etc.).
- Medical necessity is based on existing medical and pharmacy policy.

Gift Card Incentive

Members* who complete two steps will be eligible to receive a \$XX gift card

1. Select a primary care physician

- Partner with a PCP to take charge of your health

2. Complete a health risk assessment

- Understand your health status and what to focus on moving forward
- Members who complete these steps will receive a gift card code; they can redeem at hundreds of retailers, including:



**Dependent children are not eligible for the gift card incentive*

Cost-share changes for 2017 plans

- All changes highlighted above were increased to meet Actuarial Value
- New Silver \$3,500 “Standard” plan
- No changes to Platinum plan

	Gold	Silver \$3500 (Standard Plan)	Silver \$3250	Silver \$1750	Silver HSA	Silver \$0	Bronze	Catastrophic
Deductible	\$750	\$3,500	\$3,250	\$1,750	\$2,600	\$0	\$6,950	\$7,150
Coinsurance	90%	80%	100%	80%	80%	100%	100%	100%
OOP	\$3,500	\$7,150	\$7,150	\$7,150	\$4,100	\$7,150	\$7,150	\$7,150
ER Services	Deductible + Coinsurance	\$400 after Deductible	\$750	Deductible + Coinsurance	Deductible + Coinsurance	\$750	Deductible	Deductible
Inpatient	Deductible + Coinsurance	Deductible + Coinsurance	Deductible	Deductible + Coinsurance	Deductible + Coinsurance	\$3,000/Day	Deductible	Deductible
PCP Visit	\$10	\$30	\$10	\$30	Deductible + Coinsurance	\$50	\$35	\$35 for 3 visits; 4th visit subject to deductible
Specialist Visit	\$45	\$65	\$70	\$80	Deductible + Coinsurance	\$100	Deductible	Deductible
Mental/Behavioral Health	\$30	\$30	\$30	\$45	Deductible + Coinsurance	\$50	Deductible	Deductible
Imaging (CT/PET Scan, MRI)	Deductible + Coinsurance	Deductible + Coinsurance	\$200 Copay after Deductible	Deductible + Coinsurance	Deductible + Coinsurance	\$600	Deductible	Deductible
Rehab Speech Therapy	\$30	Deductible + Coinsurance	\$30	\$45	Deductible + Coinsurance	\$50	Deductible	Deductible
PT/OT	\$30	Deductible + Coinsurance	\$30	\$45	Deductible + Coinsurance	\$50	Deductible	Deductible
Laboratory	\$30	Deductible + Coinsurance	\$30	\$45	Deductible + Coinsurance	\$50	Deductible	Deductible

Pre-ACA Plans

Pre-ACA plans (“GRIP”)

- Members can continue coverage on their pre-ACA (underwritten) plans through 2017. **Will receive a rate increase letter in late October.** The increase will go into effect 1/1/17.
- Below are the Pre-ACA plans
UPMC Individual *Advantage*:
 - Value
(\$5,000; \$2,500;
\$1,000; \$500; \$0)
 - Savings
(\$1,300; \$2,500; \$5,000)
 - Goals (\$2,000; \$1,200)

Essential Bronze


- As a business decision, we will be keeping UPMC *Advantage* Essential Bronze (NAH23) OFF EXCHANGE ONLY
 - ***OOP max increased from \$6,850 to \$7,000***
- Members in these plans can stay in them in 2017, but we encourage those members to shop for other 2017 plans since pricing has changed
- Plans will be available for purchase via paper application but will not be actively marketed

Dental and Vision Updates for 2017

2017 Dominion National Adult Buy-Up Plans

- No changes for the adult buy-up dental plans administered by Dominion National from 2016
- Off-Exchange UPMC *Advantage* members will still have the option to enroll or renew during the Open Enrollment Period into either:
 - \$30 Preventive Plan
 - Access PPO Plan
- As a reminder! Dominion Dental is now Dominion National
 - 2017 plan documents have been updated to reflect new branding

2017 Administration of Embedded Pediatric Dental and Vision Benefits

Product	Administrator
Pediatric Dental	 The logo for Dominion National, featuring a stylized yellow and green leaf-like graphic to the left of the text "DOMINION NATIONAL" in blue, with a small "SM" trademark symbol.
Pediatric Vision	UPMC Vision Care

2017 Pediatric Dental Changes

- **NEW! As of January 1, 2017, eligible members enrolled in a UPMC *Advantage* Catastrophic medical plan will have a different embedded pediatric dental plan design**
 - No dental sub-deductible
 - Once the medical deductible is met, in-network dental services are covered at 100%
 - OON services remain at member coinsurance levels of 80/60/30/Not Covered
 - Orthodontics will remain covered for medically necessary only
- **Eligible members who enroll in a UPMC *Advantage* Bronze, Silver, Gold, or Platinum medical plan will have no change from 2016 to their embedded pediatric dental plan**
- **Eligible dependents will remain under the age of 19**
 - If the dependent(s) turns 19 during the plan year, the pediatric benefits will continue till the end of the plan year
 - If the member is already age 19 on the **member effective date**, he or she is **not** eligible for pediatric dental services

2017 Pediatric Dental Plan Design

UPMC *Advantage* Catastrophic Plans

UPMC HEALTH PLAN

Pediatric Dental PPO Schedule of Benefits for Members Under 19

Benefit Coverage	Description	In Network	Out of Network
Class I	Diagnostic and Preventive	You pay \$0 once Medical Deductible is met	You pay 20%
Class II	Basic Services	You pay \$0 once Medical Deductible is met	You pay 40%
Class III	Major Services	You pay \$0 once Medical Deductible is met	You pay 70%
Class IV	Orthodontia	You pay \$0 once Medical Deductible is met	You pay 100%

2017 Pediatric Dental Plan Designs

2017 Pediatric Dental Plan Design for UPMC *Advantage* Bronze, Silver, Gold, and Platinum Plans

UPMC HEALTH PLAN

Pediatric Dental PPO Schedule of Benefits for Members Under 19

Benefit Coverage	Description	In Network	Out of Network
Class I	Diagnostic and Preventive	You pay \$0	You pay 20%
Class II	Basic Services	You pay 20%	You pay 40%
Class III	Major Services	You pay 50%	You pay 70%
Class IV*	Orthodontia	You pay 50%	You pay 100%
Annual Dental-Specific Deductible for all Class II and III Services			
Single Child		\$50	\$75
Two or More Children		\$50 per Child/\$150 Max	\$75 per Child/ \$200 Max
*Orthodontia (Class IV) deductible applies toward the satisfaction of medical plan deductible.			

New for 2017! UPMC Vision Care Pediatric Vision

- Beginning January 1, 2017, the embedded pediatric vision will transition from under UPMC Vision *Advantage* to UPMC Vision Care administered by National Vision Administrators (NVA)
- The pediatric vision will continue to apply to only members under the age of 19 enrolled in UPMC Health Plan Individual/Family or Small Group ACA-compliant medical coverage
- Plan type will continue to be a PPO so eligible members may receive services In-Network and Out-of-Network
- Eligible members may receive services In-network and out-of-network

Features of 2017 UPMC Vision Care Pediatric Vision

- Members receive an exam at 100% covered every 12 months.
- Can choose between collection and non-collection frames.
 - **Collection Frames** – Covered at 100% up to retail allowance of \$100.
 - **Non-Collection Frames** – Frames above the \$100 retail allowance, member is responsible for the amount over \$100, less a 20% discount.
- Contact lenses covered only if medically necessary. Prior authorization is required by NVA.
- **Additional lenses not available for pediatric members.** May purchase only the optional lenses listed on the Pediatric Vision Schedule of Benefits for a fixed fee when an In-Network provider is used.
- Access to NVA EyeEssential® Discount Plan for when benefits are exhausted.
- Access to in-network mail order contact lens program.

2017 UPMC Vision Care Pediatric Plan Design

UPMC Vision Care

Pediatric Vision Schedule of Benefits
For Members Under Age 19

Children Under Age 19			Frequency
Benefit	In-Network ¹	Out-of-Network ² Reimbursement	Children Under Age 19
Examination	100%	\$30	12 months
Lenses (for glasses) ³ – All lenses must be provided by an NVA-contracted laboratory.			
Single Vision	100%	\$25	12 months
Bifocal	100%	\$35	12 months
Trifocal	100%	\$45	12 months
Frames			
Collection Frames	100%	\$30	12 months
Non-Collection Frames ⁴	Covered		12 months
Contact Lenses – If deemed medically necessary. Prior authorization is required. Contact lens fitting and follow-up reimbursement is separate from contact lens material.			
Contact Lens Fitting and Follow-up	100%	\$225	12 months
Contact Lens Material	100%		12 months

¹ In-network reimbursement is based on percentage of provider reimbursement. Participating vision providers are not permitted to bill the member the difference for any services unless otherwise stated. Participating vision providers may charge a member copayment for optional lenses and treatments listed below.

² Out-of-network reimbursement is based on usual, customary, and reasonable as determined by UPMC Vision Care.

³ Lens reimbursement includes reimbursements for polycarbonate lenses.

⁴ Provider may also make available non-collection frames. Non-collection frames are frames that are any amount over the retail allowance amount for collection frames. If non-collection frames are chosen, members are responsible for the difference in cost between the retail allowance amount for collection frames and the retail price of the frame, less a 20% discount.

Producer Portal

UPMC Insurance Services Division

Changes to the Producer Portal and UPMC Marketplace Shopping Tool for 2017 Open Enrollment

Browser Requirements

- Recommended browsers:
 - Internet Explorer
 - Firefox
 - Chrome
- Supported versions:
 - The latest release and immediate prior release.
 - Check each company's Web site to find out what the latest version is.
- Not recommended:
 - Safari



Process Changes for 2017 Open Enrollment

- **12/1/16 falls into the SEP:** If you select 12/1 as a prospect's coverage start date, you'll be prompted to contact Inside Sales for assistance. You won't be able to use the shopping tool to enroll the prospect since 12/1/16 falls into the SEP.
- **Payment is required for off-exchange enrollment:** Off-exchange prospects must make a payment at the time of their enrollment for their information to be sent to UPMC Health Plan's enrollment database.
- **Re-enrollment changes will be invoiced:** On and off-exchange members who make changes that result in a premium increase will not make a payment during the re-enrollment process. They will be billed in a future invoice.

Producer Portal: Overview of Enhancements

- **View payment status for on-exchange members:** In the Book of Business, you can list on-exchange members whose payments are past due. The “Payment Status” column displays this and other on-exchange payment statuses.
- **Identify new members in transition from Leads to Book of Business:** In the Leads tab, identify new members whose enrollments are still processing; identify off-exchange members who attempted to pay but failed.
- **Skip the Profile screen:** Producers no longer complete the shopping tool’s Profile screen to create an account for prospects and re-enrolling members who don’t already have an account.

View Payment Status for On-Exchange Members

- In the Book of Business, the “Status” column is renamed to “Payment Status.”
 - This field displays current payment status for on-exchange members.
 - Payment status is not yet available for off-exchange members, so the field displays “No Information” for them.
- Payment Status field values for on-exchange members are:
 - Active
 - Active, Pending Start Date
 - Initial Payment Due
 - Past Due
 - Past Due – Second Warning
 - Past Due – Final Warning

View Payment Status for On-Exchange Members (continued)

The Book of Business includes a new filter called “Payment Status.” Use it to list on-exchange members whose status is:

- **Active:** members who are paid up and are active or whose start date is pending
- **Initial Payment Due:** members whose initial payment is due
- **Past Due:** members who are 30, 60, and 90-days past due

Leads		Book of Business			
Member ID:	<input type="text"/>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>	<input type="button" value="Export"/>	<input type="button" value="Export All"/>
OR					
Please select at least one criteria.					
First Name:	<input type="text"/>	Last Name:	<input type="text"/>	DOB:	<input type="text"/>
Broker:	<input type="text" value="---Select---"/>	Payment Status:	<div>Select one (shows on-exchange members only) Active Initial Payment Due Past Due</div>	<input type="button" value="Search"/>	<input type="button" value="Clear"/>

View Payment Status for On-Exchange Members (continued)

- The “Payment” column is renamed “Payment Status” and shows payment status for each on-exchange member:

Last Name	First Name	DOB	MbrShp	Effective	Payment Status	Plan/Network Summary	Market place	Premium	Action
		09/04/1987	1	01/01/2016	Active	UPMC Advantage Gold \$750/\$10 - Select Network	On Exchange	\$211.65	Select ▼
		11/20/1970	1	01/01/2016	Past Due – Final Warning	UPMC Advantage Silver \$1,750/\$30 - Premium Network	On Exchange	\$260.44	Select ▼
		02/06/1958	1	01/01/2016	Active	UPMC Advantage Silver \$1,750/\$30 - Premium Network	On Exchange	\$439.54	Select ▼
		03/14/1953	1	01/01/2016	Active	UPMC Advantage Silver \$1,750/\$30 - Select Network	On Exchange	\$450.61	Select ▼

Identify New Members Who Still Show as Leads

- Once a new member enrolls, it can take 48 hours for their enrollment information to update in UPMC Health Plan's enrollment database. During that 48-hour window, the new member will remain as a lead on the Leads tab with a "Status" of "Enrolled - Processing".
- An off-exchange prospect whose payment fails will remain as a lead on the Leads tab with a "Status" of "Enrollment Pending Payment" until they complete payment.

Last Name	First Name	DOB	MbrShp	Lead Created	Status	Marketplace	Action
Smith	John	12/12/1985	1	9/28/2016	In Progress	On Exchange	Select Action ▼
Johnson	Michael	01/15/1980	1	9/28/2016	In Progress	On Exchange	Select Action ▼
Lee	Robert	03/10/1988	1	9/27/2016	Enrolled Pending Payment	Off Exchange	Select Action ▼
Smith	John	12/12/1985	1	9/27/2016	Enrolled - Processing	On Exchange	Select Action ▼
Smith	John	12/12/1985	1	9/27/2016	Created	No Plan Selected	Select Action ▼

Suppress Profile Creation for Producers

1. Select "Start Quote" from Producer portal:

Leads | **Book of Business**

[Add New Lead](#) [Export](#)

First Name: Last Name: DOB:

Broker: Status: [Search](#) [Clear](#)

Last Name	First Name	DOB	MbrShp	Lead Created	Status	Marketplace	Action
Lead	Test	10/20/1980	1	9/16/2016	Created	No Plan Selected	Select Action Start Quote View Details

2. The shopping tool skips the Profile page and opens to the basic information page:

[Home](#) [About You](#) [Narrow Plans](#) [View Plans](#)

1 Insurance For... 2 Tax Credit Information 3 Tax Credit Qualification 4 Family Details

To get started, we'll first need some basic information.

To find a health plan that's right for your specific needs, we need to find out more about you. The next few questions will ask you for some important information to help us make accurate decisions about your plan options.

I am looking for insurance to start on for... (Check all that apply)

☐ Myself
 ☐ My Spouse / Domestic Partner
 ☐ My Child(ren) age 20 and younger
 ☐ My Child(ren) age 21 - 25

Please note: Respecting the privacy of our customers is a basic value of UPMC Health Plan. In accordance with the UPMC Health Plan confidentiality policy, personal and financial information is completely confidential and will not be disclosed in any way to any person, company, or organization outside of UPMC.

[NEXT](#)

Shopping Tool

Marketplace Shopping Tool Enhancements

Shopping Tool: Overview of Changes

- Off-exchange members can make changes and re-enroll in their suggested plan without having to shop.
 - New - Edit Covered Individuals screen
 - New - Review Your Updated Premium screen
- Changes to off-exchange re-enrollment screens:
 - Additional options in some demographic drop-downs
 - Producers and direct prospects and members will see the same content on the Statement of Understanding screen
 - Prospects won't have the option to pay later.
- The return from the FFM dashboard lists people who are not eligible for on-exchange enrollment or re-enrollment.
- Payment and enrollment confirmations are combined in one screen.
- Prospects have the option to select a PCP once they've purchased coverage.

Off-Exchange Re-enrollment Workflow

- Off-exchange members can make changes to covered members and/or their address, see how the changes affect their suggested plan premium, and choose to re-enroll in the suggested plan without having to shop.

Off-Exchange Re-enrollment Workflow (continued)

On the re-enrollment dashboard, there are three options:

1. “Add or Edit Members” lets them change membership and/or their address. This path also leads to shopping or, new for this year, re-enrolling directly in the suggested plan.
2. “Re-enroll in the suggested plan” re-enrolls them with no changes.
3. “Shop for another plan” lets them shop and select a different plan.

Here's where you left off.

If your household or address has changed, use the "Add or edit members" button to add or remove members, or update your address before re-enrolling. If you have no changes, use the buttons at the bottom of the page to re-enroll in the suggested plan or shop for another plan.

Enrollment Status Enrolled

Covered Individuals [Redacted] Birthdate 10/27/1978, Zip 15235

1 [Add or edit members](#)

Information for 2016 Plan [Download Benefit Summary](#)

Medical Plan: UPMC Advantage Silver HSA \$2,600/20% - Premium Network			
Annual Deductible Individual \$2,600/ Family \$5,200	Plan Payment Level You pay 20% after Deductible.	Physician Office Visit You pay 20% after Deductible.	Total Monthly Premium \$227.55

Dental Plan: \$30 Preventive Plan

Information for Suggested 2017 Plan [Download Benefit Summary](#)

Medical Plan: UPMC Advantage Silver HSA \$2,600/20% - Premium Network			
Annual Deductible Individual \$2,600/ Family \$5,200	Plan Payment Level You pay 20% after Deductible.	Physician Office Visit You pay 20% after Deductible.	Total Monthly Premium \$294.49

Dental Plan: \$30 Preventive Plan

2 [Re-enroll in the suggested plan.](#)

3 [Shop for another plan.](#)

Off-Exchange Re-enrollment Workflow (continued)

On the Edit Covered Individuals screen, you can:

1. Update the home address by editing the ZIP code.
2. Update demographics.
3. Term members.
4. Add members.

Edit covered individuals.

You can change information about existing members, add new members, and remove members from your coverage below.

Covered Individuals

▼ Subscriber: JOE SUBSCRIBER, Birthdate 08/25/1970, Zip 16335

1 Zip: 16335 ⓘ

2 Identifier: Social Security Number ▼ XXX-XXX-1234

Birthdate: 08/25/1970

Gender: Male ▼

☒ Does not use tobacco
☐ Uses tobacco

Finished Editing

▶ Spouse: JANE SPOUSE, Birthdate 03/23/1972, Zip 16335

▶ Child: JOHN DEPENDENT, Birthdate 03/11/1998, Zip 16335

▶ Child: SAL DEPENDENT, Birthdate 12/24/1999, Zip 16335

3 [X] [X] [X]

4 Add Person

Show my updated premium ▶

Off-Exchange Re-enrollment Workflow (continued)

When you terminate a member, you must also provide a termination reason:

Remove This Member?

Select the reason you are removing member JANE SPOUSE from your coverage effective 12/31/2016:

Reason for removing member from coverage:*

Select a reason...

Remove Member

Cancel

Off-Exchange Re-enrollment Workflow (continued)

When you add a member, the shopping tool checks enrollment history for termed members with a matching birthdate.

If it finds a match, you can:

1. Reinstate the member, OR
2. Add as a new member. Choose this option when the person is a new member who happens to share a birthdate with a previous member.

Add a Person to Your Coverage

First name:* Initial: Last name:*

Birthdate:*

If birthdate
matches ...

Reinstate a Previous Member?

It looks like you're adding a previously covered member. Do you want to reinstate this person?

Sue Dependent, Birthdate 01/13/1996

☒ SUSIE DEPENDENT, Birthdate 01/13/1996

Off-Exchange Re-enrollment Workflow (continued)

Review your updated premium and select a plan.

Your selected plan premium has been updated based on the changes you made. Use the buttons below to re-enroll in the selected plan or shop for another plan.

Enrollment Status

Enrolled - changes pending

Covered Individuals

██████████ Birthdate 10/27/1978, Zip 15235

██████████, Birthdate 10/11/1988, Zip 15235

▼ Information for Suggested 2017 Plan

[Download Benefit Summary](#)

Medical Plan: UPMC Advantage Silver HSA \$2,600/20% - Premium Network

Annual Deductible Individual \$2,600/ Family \$5,200	Plan Payment Level You pay 20% after Deductible.	Physician Office Visit You pay 20% after Deductible.	Total Monthly Premium \$551.89
--	---	---	--------------------------------------

Re-enroll in the suggested plan. ▶

Shop for another plan. ▶

- Members see how household and address changes affect the suggested plan premium on the Review Updated Premium screen. They can re-enroll in the suggested plan or shop.

Changes to Off-Exchange Enrollment Fields

- The Social Security Number (SSN) field on off-exchange enrollment screens is renamed “Identifier”. This field is required for each member and it includes several completion options.
 - Social Security Number
 - Non-citizen Visa – for members who don’t have an SSN
 - Newborn – Appears automatically for child members who are less than 31 days old.

Identifier:

- The Relationship to Subscriber field on off-exchange enrollment screens includes both Spouse and Domestic Partner options.

Relationship:

Updates to Statement of Understanding screen

1. Note the changes to Accident & Sickness language and a new required Yes/No question about replacing existing coverage.
2. Producers will see and select the same checkboxes a direct prospect would see, plus the insurance producer checkbox.

Statement of Understanding

Applicant ID: 81530471

Statement of understanding
Review the completed application and read the section below carefully before signing.

1 I have read this application or had it read to me. I represent that the answers and statements on this application are true, complete, and correctly recorded. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. I understand and agree that: (1) this application and the payment of the initial premium do not give me immediate coverage; (2) incorrect or incomplete information on this application may result in voidance of coverage or claim denial; (3) this completed application, and any supplements or amendments, will be made a part of any policy or certificate which may be issued; (4) the insurance producer may not change or waive any right or requirement, and is authorized to submit the application, to submit the initial premium or payment information, and to receive acceptance/denial information; and (5) providing false information or omitting relevant information in this application may result in the denial of claims or cancellation of coverage.

1 Do you have current insurance coverage this policy will replace? *

☒ Yes
☐ No

Your signature below completes your application and indicates your agreement with the checkboxes you marked in this application. By signing below, you acknowledge and agree that you are signing on behalf of yourself and all dependents included in this application and agree that the information you have provided on behalf of yourself and your dependents is true and correct to the best of your knowledge and belief. 2

2

☐ I have read and completely understand the Payment Election information. *

☐ I have read and completely understand the Statement of Understanding. *

☐ I have read and completely understand the Notice to Applicant Regarding Replacement of Accident and Sickness Insurance. *

☐ I have read and completely understand the information regarding my answers to the Optional questions. *

☐ Insurance producer statement: Each question on the application was completed by the applicant(s). The applicant has read the completed application, or it has been read to him or her. The applicant is fully aware that any false statement or misrepresentation may result in voidance of coverage under the policy. * 2

Please Enter Your Name:
John Doe

Please Enter Your Name Again:
John Doe

Enter your name as it appears above

Re-enter your name as it appears above

Accept and Sign

Non-Eligible Members Listed on Return from FFM

Upon return from the FFM, non-eligible on-exchange individuals are listed in the “Not Eligible” section with an explanatory hover:

These individuals are not eligible for coverage on your plan for 2017. Please review your eligibility determination letter to learn whether they were referred to a different program.

Welcome back to UPMC Health Plan!

Here's where you left off.

Please select one of the buttons to continue shopping for UPMC Health Plan Insurance.

Tax Credit Status

You have received a \$20.23 tax credit from Healthcare.gov.

Covered Individuals

JOE PROSPECT, Birthdate 03/04/1952, Zip 15301
JANE SPOUSE, Birthdate 04/22/1954, Zip 15301

Not Eligible ?

SALLY DEPENDENT, Birthdate 12/24/1990, Zip 15301

Visit [HealthCare.gov](https://www.healthcare.gov) to make updates to this information. >

Continue shopping for a plan on this website. >

Payment is Required at Time of Off-Exchange Enrollment

- Members have 3 attempts to make an online payment.
- If an off-exchange prospect's payment fails, this is the final screen you will see:

Payment Error

We are sorry. Our attempt to collect your payment ran into a problem.

Your enrollment is not complete until payment is received. You can call us at 1-855-489-3494 to complete your payment. Payment must be received before 1/1/2017 for coverage to become effective.

Your Selected Plan: UPMC Advantage Bronze \$6,200/\$35 - Partner Network
Requested Start Date: Monday, August 1, 2016
Amount Due: \$405.63




Close Window

- To complete enrollment if the member cannot or doesn't want to pay online, call Inside Sales.

Payment and Enrollment Confirmation are Combined

- The confirmation screen for both on and off-exchange prospects combines both payment and enrollment confirmations.
- The example below shows the screen for on-exchange prospects who choose to not pay:

What to Expect Next



Thank you once again for choosing UPMC *Advantage!*

You must make your first payment **BEFORE** your requested start date.

Your Selected Plan: Advantage Bronze \$6200/\$35 - Partner Network

Requested Start Date: 01/01/2017

This plan is for: John Doe

Amount Due: \$170.00

To make a payment:

- Send a check or money order to UPMC Health Plan, P.O. Box 371842, Pittsburgh, PA 15250-7842
- Call Member Services at 1-855-489-3494

You will receive a confirmation of enrollment letter confirming your selected plan and effective date. Your member ID cards will arrive 7 to 10 days before your plan effective date. Want to learn more about your plan sooner? Call Member Services to receive your member ID number that you can use to access our mobile app, *MyHealth OnLine*, and more online tools and resources.

You will also receive a welcome kit that includes instructions on how to register for *MyHealth OnLine*, select a Primary Care Provider (PCP), take your health risk assessment, and register for auto-payment.

But why wait to select your PCP? [Select your PCP now.](#)

[Download Enrollment Summary](#)[Close Window](#)

Select a PCP

- At the end of enrollment, the confirmation page offers both prospects and re-enrolling members the option to select a primary care physician (PCP).
- Please encourage and assist new members to complete this step, which takes less than 5 minutes.
 - **Prospects:** The “Select your PCP now” link opens a PCP search specific to their plan in a separate browser tab. Only the subscriber can select a PCP using this process. Other family members can and should be encouraged to select PCPs via the member portal once they receive member IDs.
- Instruct re-enrolling members to log in to the member portal, *MyHealth OnLine*, if they have not yet selected a PCP for each covered member.

Select a PCP: Prospects (continued)

- Click the “Select your PCP now” link.

What to Expect Next



Thank you once again for choosing UPMC *Advantage!*

Payment Transaction ID: 1234567

Transaction Date and Time: 11/15/2016 10:53 am

Amount charged: \$636.53

Send receipt via email to:

Send

You will receive a confirmation of enrollment letter confirming your selected plan and effective date. Your member ID cards will arrive 7 to 10 days before your plan effective date. Want to learn more about your plan sooner? Call Member Services to receive your member ID number that you can use to access our mobile app, *MyHealth OnLine*, and more online tools and resources.

You will also receive a welcome kit that includes instructions on how to register for *MyHealth OnLine*, select a Primary Care Provider (PCP), take your health risk assessment, and register for auto-payment.

But why wait to select your PCP? [Select your PCP now.](#)

[Download Enrollment Summary](#)



Close Window

Select a PCP: Prospects (continued)

1. Look up a specific PCP if the prospect already has a doctor.
2. Otherwise, help the prospect search for PCPs who meet their criteria.

UPMC HEALTH PLAN

Provider Directory: Partner Network



Find a Primary Care Provider (PCP)

Use any combination of the fields below to search for a PCP. You can search by a provider or practice in mind, or use the location and other fields to perform a search.

Physician's last name OR practice name:

1

▼ Search by location and other search options

Zip code: Distance from Zip code:

2

City:

Do you prefer a male or female doctor?

☒ Either

☐ Female

☐ Male

Show only PCPs who speak this language in addition to English:

Search

Select a PCP: Prospects (continued)

- Select a provider. If the provider has multiple offices, choose the preferred location.
- The prospect can change their PCP at any time via the member portal.

UPMC HEALTH PLAN

Provider Directory: Partner Network



Search Results

Your search found 15 PCPs. Find the PCP you want to choose, and select the radio button for PCP's office. If the PCP has multiple offices, select the radio button for the office you prefer.

Page 1 of 21 2 Next>>

Christopher M Smith, DO		
<input type="radio"/>	RHPN Internal Medicine 950 B North Wyomissing Boulevard Wyomissing PA 19610	Specialty: Internal Medicine Board Certification(s): Internal Medicine - Osteopathic
Corey R Smith, DO		
<input type="radio"/>	Corey Smith DO 25 Nolt Drive Willow Street PA 17584	Specialty: Family Practice Board Certification(s): None Physician Recognition: 

Select a PCP: Prospects (continued)



- Click the “Make This My PCP” button.
- The selected provider’s information will be sent to UPMC Health Plan along with the rest of the prospect’s enrollment data.

UPMC HEALTH PLAN

Provider Directory: Partner Network



Select PCP
Make this my PCP **Go back to search results**

Edward G Smith, MD
Boards : Family Practice
Family Practice - Geriatric Medicine
Physician Recognition:




Questions?