

2016 ACA Producer Guide

Open Enrollment begins November 1, 2015



UnitedHealthcare Life Insurance Company (UHCLIC) is the underwriter and administrator of the plans offered outside the Marketplace (Off-Exchange, not tax credit eligible) except in NJ, Oxford Insurance Company is the underwriter and administrator of the plans offered outside the Marketplace.

Not For Consumer Use, Updated November 2015 — All the information in this guide is confidential.

Broker Service Center:

1-800-474-4467

E-Store:

UHOne.com/Broker



UnitedHealthcare®

UnitedHealthcare Life
Insurance Company



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This insurance coverage is not designed or marketed as employer-provided insurance. It does not comply with small-employer group health insurance laws. These plans cannot be used, now or in the future, by a client or an employer to provide insurance for employees.



Eligibility Rules

Clients are eligible from birth up to age 64 and 364 days, subject to state regulation. For purposes of this coverage, eligible dependents are a lawful spouse and eligible children, as defined in the policy.

Affordable Care Act (ACA)

Required: Minimum Essential Coverage

Minimum Essential Coverage (MEC) is the type of coverage an individual needs to have to meet the individual responsibility requirement under the ACA. Those that do not have a health insurance plan may incur a penalty when they file their taxes at the end of the year.

The 2016 penalty for not having ACA coverage in 2015 is whichever is the greater of:

- \$695 per adult and \$347.50 per child or,
- 2.5% of your client's household income.

In future years the penalty will be adjusted according to inflation. If your client is uninsured:

- Less than 3 months, no penalty is due.
- 3 months or more, your client's penalty would be 1/12 of the yearly penalty for every month the client is uninsured.

Essential Health Benefits*

The ACA requires basic health care services be covered. Below is a generalized list of those benefits:

- Doctor office visits and outpatient care services.
- Emergency services.
- Hospital care (such as surgery).
- Lab services.
- Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy).
- Pediatric dental and vision.
- Pregnancy and newborn care.
- Prescription drugs.
- Preventive and wellness services.
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills).

* Your client should use a doctor in their network, as services received outside the network may not be covered or covered at a lower amount. **Please note:** These benefits are covered as part of the ACA, but not necessarily at 100%. Benefits, exclusions, and limitations vary by network and state, as defined in the policy.



Marketplace or Off-Marketplace?

Americans must have a health insurance plan with MEC under the ACA or pay a penalty (with some exceptions). Your client may qualify for a health insurance plan on the Marketplace, in which case, they could receive financial assistance from the government in the form of a tax credit on their monthly health insurance premiums. Use the questions below to assist your clients with the decision making process.

1. Does your client have access to other ACA-compliant coverage?

yes

Your client should use ACA-compliant coverage if available, such as employer coverage (even through a spouse), Medicaid, or Medicare.

no

Your client can choose to enroll in a plan on or off the Marketplace. However, in order to qualify for a tax credit (only available with on Marketplace plans), your client must not have access to other ACA-compliant coverage.

2. What is your client's household income and is it below 400% of the Federal Poverty Level (FPL)?

2015 Federal Poverty Level Annual Household Income Guidelines

Family size	100%	400%
1	\$11,770	\$47,080
2	\$15,930	\$63,720
3	\$20,090	\$80,360
4	\$24,250	\$97,000
5	\$28,410	\$113,640
6	\$32,570	\$130,280

Source: 2015 Annual Federal Poverty Level Guidelines Chart



Household income	Options ¹	Tax credit eligible?
Under 100% of the FPL ²	Medicaid	no
100 - 400% of the FPL	Marketplace plans	yes ³
	Off-Marketplace plans	no
Over 400% of the FPL	Marketplace plans	no
	Off-Marketplace plans	no

¹ Clients may choose either a Marketplace plan or an Off-Marketplace plan regardless of their tax credit eligibility. See our 2016 Marketplace Producer Guide.

² The qualifying income levels for Medicaid vary by state. Visit healthcare.gov for details.

³ Catastrophic plans are not eligible for a tax credit.



When to Apply for Coverage

There are 2 types of enrollment periods during which your client may apply for our plans – Open Enrollment and Special Enrollment.

Open Enrollment Period (OEP)

The Open Enrollment Period is the set time period when your client can apply for coverage.

Enrollment Period for 2016 Plans	Application Received	Effective Date*
November 1, 2015 – January 31, 2016	November 1, 2015 – December 15, 2015	January 1, 2016
	December 16, 2015 – January 15, 2016	February 1, 2016
	January 16, 2016 – January 31, 2016	March 1, 2016

*Open Enrollment Effective Date is dependent upon timely receipt of premium due. We must receive the first full premium payment before the coverage can be effective. Coverage can only be effective on the first day of the month.

Important Note: ACA enrollment must be received by us (not the same date as the postmark) no later than the last day of the OEP. If submitting an electronic ACA enrollment thru E-Store, it must be received by midnight, eastern standard time (ET) on the last day of the OEP. If we receive the enrollment after the last day of the OEP, it will be treated as Special Enrollment and require proof of a qualifying life event.

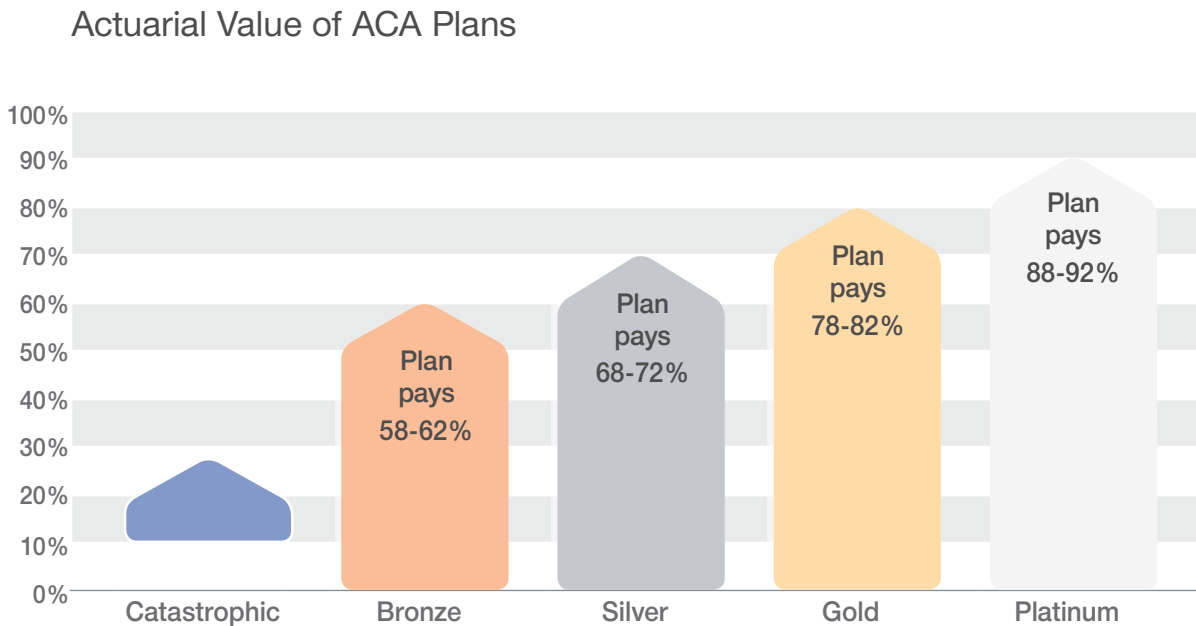
Special Enrollment Period (SEP)

At any time during the year, if your client experiences a qualifying life event (such as a birth, marriage, or loss of coverage due to involuntary job loss), they may become eligible to enroll in health coverage during the Special Enrollment Period. Your client may apply for either a plan on or off the Marketplace/Exchange. See page 22 for further details.



Metallic Plan Categories

Health care reform has organized ACA-compliant individual medical plans into several categories including metallic level plans and catastrophic plans. The *metallic level* indicates a plan's *actuarial value* – the overall percentage of covered expenses the plan will pay.



Understanding Actuarial Value

Actuarial value is the overall percentage of covered expenses the plan will pay. Silver plans have an actuarial value of 68-72% which means these plans pay about 70% of the medical expenses if the out-of-pocket maximum is reached. The client pays the remaining 30% through a combination of deductibles, copays, and coinsurance.



Our Plans on E-Store

Product offerings vary by state. Learn more about E-Store (UHOne.com/Broker) on pages 12-21.

Copay Plans

Does your client have frequent doctor visits and/or take prescription (Rx) drugs for routine care? A predictable copay may help your client manage their budget.

- ✓ **Bronze, Silver, and Gold Plans**
- ✓ **Not tax credit eligible**

Health Savings Account (HSA) Plans

Does your client rarely see a doctor? Would your client be OK with a higher deductible? HSA plans offer health insurance with an advantage—an optional tax-deferred savings account that can be used to pay eligible out-of-pocket expenses.

- ✓ **Bronze & Silver Plans**
- ✓ **Not tax credit eligible**

Catastrophic Plans

Catastrophic plans have lower premiums with limited benefits available to those under the age of 30 or facing financial hardship. These plans require your client to pay more of their own medical bills before the coverage begins to pay. Clients may still qualify with an income above 400% of the FPL, if they would pay a premium exceeding 8% of their income for the lowest-priced Bronze plan available.

Your client must either be under age 30 or receive a “Certificate of Exemption” from the State or Federally-Facilitated Marketplace (FFM) because either they cannot afford Minimum Essential Coverage (MEC) or they are eligible for a hardship exemption. If your client is under age 30, they may continue the plan as MEC until the end of the year during which he or she turns age 30.

If your client is age 30 or over and does not receive a “Certificate of Exemption” from the Federal Marketplace, a catastrophic plan will not serve as MEC and your client may be subject to a tax penalty.

- ✓ **Under age 30 or facing hardship**
- ✓ **Lower premium plans**
- ✓ **Not tax credit eligible**



Network Comparison

Depending upon your client’s plan and service area, one of the following networks applies:

	PPO networks have some reduced non-network benefits.		EPO/HMO networks have <u>no</u> non-network benefits.		
UnitedHealthcare Network Name	Choice Plus	Navigate Plus® Compass Plus	Choice	Compass Balanced	Navigate® Compass
Primary Care Physician (PCP) required?	No	Yes	No	Yes	Yes
Referral required to see specialist?	No	Yes	No	Yes	Yes
Specialist visit <u>without</u> prior referral	Network benefits	Reduced benefits	Network benefits	Reduced benefits	No benefits
Network benefits?	Yes		Yes		
Non-Network benefits?	Yes		No (except emergencies)		

Primary Care Physician (PCP)

A PCP is a doctor who practices in internal medicine, family practice, general practice, or pediatrics, and is responsible for coordinating medical care. Your client’s PCP provides annual exams, preventive care screenings, handles routine illnesses and most minor injuries, and arranges and issues referrals to network specialists when necessary. Each client on the application selects their own PCP. If your client does not select a PCP, we will assign one to manage their care.

Your client’s PCP may be a part of a group of doctors. If all are practicing under the same Tax Identification Number (TIN), your client may see or obtain a referral from any PCP within the group.

Prior Authorization

Prior Authorization is needed for certain covered expenses and varies by state. Without Prior Authorization, benefits are reduced by 20%. Prior Authorization does not guarantee payment. Have your client read their policy carefully for details.

Prescriptions

- Our plans offer a 34-day supply for each prescription/refill from a retail pharmacy. There is no mail-order program.
- For plans using our Preferred Price Card, customers pay at the point of sale the lowest price available and then submit claim documentation to: UHCLIC Claims Dept, PO Box 31374, Salt Lake City, UT 84131-0374 or fax: 1-801-478-7581.
- Remember that with the Preferred Price Card, prescription claims are subject to the same deductible and coinsurance as other medical expenses.



Network Descriptions

The differences between networks are in the benefits payable and participating providers. The same doctors do not always participate across the different networks. For example, not all UnitedHealthcare Choice Plus providers are in the UnitedHealthcare Navigate® or Compass networks. Visit UHOne.com/Broker to find out which networks apply to a specific plan.

Choice Plus

Network and reduced non-network benefits

UnitedHealthcare Choice Plus is an “open access” provider network with reduced non-network benefits. Your clients have the freedom to choose their physician or specialist; a referral is not required.

Navigate Plus® & Compass Plus

3 Benefit Levels

- 1) **Highest level:** Network benefits with a PCP referral for services from any network specialist.
- 2) **Lower level:** Reduced network benefits without a PCP referral for services from a network specialist.
- 3) **Lowest level:** Reduced benefits for services from a non-network provider.

No referral needed for a network obstetrician or gynecologist.

Choice

Network benefits only

UnitedHealthcare Choice is an “open access” provider network. These plans only pay benefits for eligible expenses from a network provider. Your clients have the freedom to choose their physician or specialist within the network; a referral is not required.

Important note: No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.

Compass Balanced

Network with PCP referral benefits and reduced network benefits without PCP referral

Compass Balanced requires a client to select a PCP in their service area. If no referral is obtained from your client's PCP, network benefits for that specialist's services and related facility services will be reduced. **No referral needed for a network obstetrician or gynecologist.**

Important note: No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.

Navigate® & Compass

Network with PCP referral benefits only

Navigate and Compass require a client to select a PCP in their service area. Clients must have a referral from their PCP to receive network benefits for services from any network specialist. If no referral is obtained from your client's PCP, no benefits are payable for that specialist's services and related facility services. **No referral needed for a network obstetrician or gynecologist.**

Important note: No benefits are payable for non-emergency care from a non-network provider. Emergency treatment from a non-network provider will be treated as a network eligible service. This means your client will owe the difference between what the non-network provider bills and what we pay for a network eligible expense.

FAQs

What if your client cannot get care from a participating specialist or facility?

As with other UnitedHealthcare products, the customer's physician can submit a Prior Authorization request for services to be provided by a non-network provider. UnitedHealthcare will determine whether or not a network provider is available to treat the patient's condition, and whether the services will be covered from a non-network provider. Physicians may request this coverage by calling the provider number on the back of the client's ID card. Requests submitted and approved in advance replace the need for a referral from the patient's PCP.

What if my client travels outside the country? Will he/she be covered?

Network limitations apply for those traveling outside the U.S. and your client will only be covered in an emergency situation. However, if your client travels internationally, or has a foreign residence, International Medical Group® (IMG®, a non-affiliated insurer) provides specific coverage for outside the U.S. Visit UHOne.com/img to contract with IMG and offer these products to your clients.



Online Quoting and Application System

Visit UHOne.com/Broker to access E-Store. This site provides a quick and simple approach to the quoting, application submission, and tracking of your business with us. E-Store is a one-stop shop for your clients' health insurance needs; you can compare plans, estimate your client's tax credit, and complete the application process on E-Store. E-Store registration is required upon your initial login.

How to Register on E-Store

- 1) Go to UHOne.com/Broker.
- 2) Click on [Create an Account](#) on the home page.
- 3) To register, enter your name, email, and Broker ID or National Producer Number (NPN).
- 4) Choose a password and enter where prompted.
- 5) You will be required to choose a security question, and provide an answer for added security and in the event that you forget your password.



Bookmark UHOne.com/Broker

The home page at UHOne.com/Broker is your best resource for quicker quoting access and all the tools available on E-Store. Add it to your internet browser's favorites list.

Up-to-date Product Listing

Login to E-Store and look under the Opportunities and Resources section. Click [New: State Product Grid](#).





E-Store Navigation Links



Quoting & Applications

[Quoting & Applications Home](#) | [Instant Quote](#) | [Prospect List](#) | [Applications in Progress](#)



My Business

[My Business Home](#) | [Prospect List](#) | [My New Business](#) | [My Existing Business](#)
[On Exchange Business](#) | [Lapse Notifications](#) | [Re-Rate Notifications](#) | [CCC Notifications](#)



Licensing & Commissions

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[Sales Tools & Broker Training Home](#) | [Forms & Supplies](#) | [Add quoting link to your website](#)
[Webinars on Demand](#) | [Scheduled Health Webinars](#) | [Health Care Reform Resources](#)

FAQs

How can I get a current copy of my commission schedule? Commission schedules are available online through E-Store. Under the Licensing & Commissions tab, select [Licensing & Commissions Home](#). The option to View & Print Commission Schedules (if applicable) is in the Licensing & Commissions Tools section.

How do I know if my supplies are current?

Login to E-Store. Under the Sales Tools & Broker Training tab, click [Forms & Supplies](#). Here you will have access to the latest supplies on E-Store. If you are still unsure if you have the correct supplies, call the Broker Service Center at 1-800-474-4467.



Get Started!

Create Prospect & Quote:

1

Select [Create Prospect & Quote](#) to create a personalized quote. (You may also select [Get an Instant Quote](#) to skip to step 3.)

2

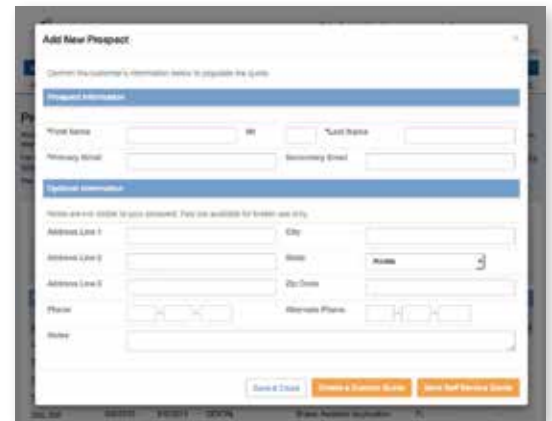
Once you confirm the prospect's information to populate the quote, choose an action:

[Create a Custom Quote](#)

[Send Self Service Quote](#)

Takes you to the Census/Plan Selection page.

Emails your prospect with a link to the Census page to create a quote on their own.



Census/Plan Selection:

Enter your prospect(s) census information and select up to 4 plans to quote. Availability of products shown will be based on the ZIP Code entered when creating the initial quote. Choose an action:

3

[View Plans](#)

[Check for Tax Credit](#)

If your client already knows that their income is too high to qualify for a tax credit or they do not wish to enroll in a Marketplace plan, simply select plans and click this option to compare them.

If your client thinks that they may qualify for a tax credit, click to find out the estimated credit (the actual amount is determined during the ACA enrollment process). See our [2016 Marketplace Producer Guide](#) for further details about the Tax Credit Estimator.

Find the Plan that Fits Your Situation.

There are options when it comes to choosing health plan coverage. Provide the brief information needed below to start a quote. See our improved "Featured Plans" section below to get a snapshot look at what may be available, including a quick look at premium.

Zip Code	County	Primary Applicant Under Age 18?
<input type="text" value="32201"/>	<input type="text" value="DUVAL"/>	<input type="text" value="No"/>

	Gender	Date of Birth	Tobacco Use
Applicant	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Spouse	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Child	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>
Child	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="No"/>

[+ Add family members](#)

Featured Plans:
[Show Featured Plan Pricing](#)
Select Plans

Or, select plans to compare on the next page.

ACA Plans - Not Tax Credit Eligible

- | | | |
|---|---|---|
| <input type="checkbox"/> Bronze Copay Select™ 1 | <input type="checkbox"/> Bronze Copay Select™ 2 | <input type="checkbox"/> Select Saver™ |
| <input type="checkbox"/> Bronze HSA 100® | <input type="checkbox"/> Silver HSA 100® | <input type="checkbox"/> Silver Copay Select™ 1 |
| <input type="checkbox"/> Silver Copay Select™ 2 | <input type="checkbox"/> Gold Copay Select™ 1 | <input type="checkbox"/> Gold Copay Select™ 2 |

Short Term Plans

Next day effective date available

- | | | |
|--|--|---|
| <input type="checkbox"/> Short Term Medical™ Copay Value | <input type="checkbox"/> Short Term Medical™ Copay | <input type="checkbox"/> Short Term Medical™ Plus |
| <input type="checkbox"/> Short Term Medical™ Plus Elite | <input type="checkbox"/> Short Term Medical™ Value | |

Dental Plans

- | | | |
|--|--|--|
| <input type="checkbox"/> Dental Primary™ | <input type="checkbox"/> Dental Primary Preferred™ | <input type="checkbox"/> Dental Essential™ |
| <input type="checkbox"/> Dental Essential Preferred™ | <input type="checkbox"/> Dental Premier Choice™ | <input type="checkbox"/> Dental Premier Elite™ |

Critical Illness Plans

- | | | |
|--|--|--|
| <input type="checkbox"/> Accident SateGuard Plan A | <input type="checkbox"/> Accident SateGuard Plan B | <input type="checkbox"/> Accident SateGuard Plan C |
|--|--|--|

Supplemental Indemnity Plans

- | | | |
|--|--|--|
| <input type="checkbox"/> Hospital SafeGuard Plan A | <input type="checkbox"/> Hospital SafeGuard Plan B | <input type="checkbox"/> Hospital SafeGuard Premier Plan A |
| <input type="checkbox"/> Hospital SafeGuard Premier Plan B | | |

[View Plans](#)
[Check for Tax Credit](#)

Short Term and Ancillary products do not provide coverage necessary to avoid penalty under the Affordable Care Act. Product availability varies by state.



Build Your Prospect's Plan

Compare up to 4 plans (you may mix and match Marketplace and Off-Marketplace plan types) side-by-side to help determine which plan provides the best value. In most states, your client also has the option to add other coverage when they apply through E-Store, such as:

- Dental
- Critical Illness
- Short Term MedicalSM

UnitedHealthcare

Broker Contact Information
--
<streetAddress>
<cityStateZIP>
An independent insurance broker

<brokerName>
PH: <brokerPhone>
Fax: <brokerFax>
<brokerEmail>

Home Quoting & Applications My Business Licensing and Commissions My Account Sales Tools & Broker Training

Home: Sign Off

Maternity Stay	You pay: 30% after deductible	No charge after deductible	You pay: 10% after deductible	No charge after deductible
Additional Plans				
Dental Plan Benefits, Exclusions, Limitations	N/A	None	None	None
Short Term Plan Benefits, Exclusions, Limitations	N/A	None	None	None
Deductible	N/A	N/A	N/A	N/A
Short Term Medical Coverage Effective Date	N/A	N/A	N/A	N/A
Short Term Medical Coverage End Date	N/A	N/A	N/A	N/A
Days of Coverage	N/A	N/A	N/A	N/A
Payment Method	N/A	N/A	N/A	N/A
Critical Illness Plan Benefits, Exclusions, Limitations	N/A	None	None	None
Maximum Lifetime Benefit	N/A	N/A	N/A	N/A
Total				
Estimated Monthly Payment For All Plans	\$230.83 Start Broker Assisted App	\$314.42 Start Broker Assisted App	\$405.11 Start Broker Assisted App	\$261.08 Start Broker Assisted App

Save & Print Restart Quote Save & Print All Send To Prospect

Attention: This website is operated by United Healthcare Services, Inc. and is not the Health Insurance Marketplace website. This website does not display all Qualified Health Plans available through the Health Insurance Marketplace website. To see all available Qualified Health Plan options, go to the Health Insurance Marketplace website at <https://www.healthcare.gov>. This screen is intended only as general information. It presents only a brief overview of some of the standard benefits of the plan(s) shown. Before you apply, please use the link(s) provided to download and review the product information for a more complete explanation.



Start Application or Send Quote

After you compare plan quotes and add other coverage, click one of these options:

Start Broker Assisted App

This option (under estimated monthly premium) allows you to help guide your prospect through the application process.

The screenshot shows the UnitedHealthcare application interface. The 'Project Information' section includes fields for 'Project Name', 'Project Address', 'Project City', 'Project State', 'Project Zip', 'Project Phone', and 'Project Email'. The 'Contact Information' section includes fields for 'Contact Name', 'Contact Address', 'Contact City', 'Contact State', 'Contact Zip', 'Contact Phone', and 'Contact Email'. There are also buttons for 'Save & Close' and 'Save & Continue'.

- 1) Once the application is completed, you will be prompted to send it to your client.
- 2) E-Store will ask you to verify the client's contact information before the email is sent.
- 3) When your client receives the email with the link to the application they will need to:
 - Click the link and register to view the application.
 - Verify that the answers on the application are correct.
 - Provide missing information, including payment details.
 - Electronically sign and submit the application.

Send to Prospect

This option (at the bottom of the page) allows you to email your prospect a link to the quote. Once your prospect registers, they may continue the application on their own, while you still receive credit for assisting them.



Payment Info

Initial Premium Payment Process

- 1) Client applies on E-Store.
- 2) Client provides payment information for initial and ongoing payments (see options below).
- 3) Member ID cards are mailed after premium is applied.
- 4) Client registers at myUHOne.com with ID number for account information after payment has been made or to change the form of ongoing payment provided during the application process.



Payment Options*

Initial Payment

Ongoing Payment

Payment Options*	Initial Payment	Ongoing Payment
Pay online thru E-Store Application Process		
Credit Card (AMEX, MC, Visa)	✓	
Electronic Funds Transfer (EFT)	✓	✓
Direct Bill		✓
Mail Printed Application & Initial Payment to: UHCLIC, PO Box 740209, Cincinnati, OH 45274		
Personal Check/Money Order	✓	✓

* Payment options may vary by state. In NJ, a personal check is the only payment option.

A minimum of one month's premium must accompany any insurance application.

Credit Card

Credit card payments are currently available for initial premium payment only and are collected on the issue date or effective date, whichever is later. Authorization for the credit card payment must be included with the application.

Electronic Funds Transfer (EFT)

EFT payments are available from a checking or savings account and are initially collected on the issue date or effective date, whichever is later. Authorization for the EFT payment must be included with the application.

The ongoing draft day of the month for EFT (transfer date) is selected by the applicant¹. If no transfer date is indicated, the EFT will occur on the premium due date. **Tip:** Plans with EFT generally stay in force longer due to auto payment.

Check/Money Order:

A paper application must be printed and mailed in with the initial premium payment by check or money order. These forms of payment will be processed upon receipt of the application. If your client chooses Direct Bill for ongoing payment, it will be sent 2 weeks in advance of the premium due date.

¹ In TN and TX, the transfer day selected must be on or within 10 days after the premium due date.



Have your client register at myUHOne.com with their Member ID after payment has been made. Your client may visit myUHOne.com anytime to:





- ✓ Check their benefits
- ✓ Find a doctor or facility in their network
- ✓ Review their claims and deductible status
- ✓ Remove a dependent
- ✓ Request an ID card or policy
- ✓ View their bill and payment history
- ✓ Change their form on ongoing payments
- ✓ Use the Health Cost Estimator to get an idea of what they can expect to pay for services







Enrollment Checklist

Here is a list of things your client may need to have to enroll in an Off-Marketplace health plan during Open and Special Enrollment:

-  **Names of Doctors and Prescriptions**
(Is their doctor in the network? Are their medications covered by the plan?)
-  **Client's Address and Contact Information**
(to find plans in the network for clients network service area)
-  **Form of Payment**
(Credit Card or bank account numbers or a check for paper applications)
-  **Social Security Numbers**
(for each individual seeking health coverage)

Also, if a Special Enrollment:

-  **Policy numbers for any current health insurance**
(or information about job-related health insurance available to the family)
-  **Proof of Eligibility Documentation (if applicable) for:**
 - **Special Enrollment** (see page 22)
 - **Immigrant Status** (see page 23)



Special Enrollment Documentation

The chart below lists the most common qualifying life events and the required supporting documents to verify your client's eligibility for a Special Enrollment Period (SEP). Visit E-Store for an expanded list of qualifying life events.

Special Enrollment Eligibility Documents

Qualifying Life Event	We must receive application:	Documents Required
<p>Involuntary Loss of Minimum Essential Coverage (MEC) (Includes loss due to voluntary or involuntary termination of employment)</p> <p>Termination of Employer Contribution to employee's or dependent's health insurance premium.</p> <p>Termination or Renewal of a non-calendar year individual or group health plan.</p>	<p>Within 60 days before or 60 days after loss of MEC. If applying within 60 days before loss, Effective Date* is 1st day of the month following receipt of the application or the day after the prior coverage terminates, whichever is later. If applying within 60 days after loss, Effective Date* is 1st day of the month following receipt of the application.</p>	<p>Termination notice from insurer or if loss of Employer group coverage: Termination notice from employer or Certificate of Creditable Coverage letter.</p> <p>Letter from employer detailing termination of employer contribution.</p> <p>Notice from prior carrier specifying the renewal or termination date.</p> <p>Documentation must be on company letterhead and include reason and termination date. Email notification not accepted.</p>
Birth	<p>Within 60 days of birth. Effective Date* is date of birth.</p>	<p>Copy of Birth Certificate - Only required if the newborn is not on the application and parents are using the birth as a qualifying life event.</p>
Adoption	<p>Within 60 days after adoption. Effective Date* is date of adoption.</p>	<p>Copy of adoption or placement for adoption decree</p>
<p>Permanent Move** Applicant must be a U.S. resident (U.S. citizen or national, or have eligible immigrant status) moving from one state (or territory) to another.</p>	<p>Within 60 days after move. Effective Date* is:</p> <ul style="list-style-type: none"> • 1st day of the month following receipt of the application if received day 1-15 of the month. • 1st day of the 2nd month following receipt of the application if received day 16-last of the month. 	<p>Lease Agreement, Dated Utility Bill, Purchase Agreement, Mortgage Payment, School Enrollment Receipt, Credit Card Bill, or Phone Bill - If a new customer, we require proof of the old address and new address; if a current customer, we require proof of only the new address.</p>
Marriage	<p>Within 60 days after marriage. Effective Date* is 1st day of the month following receipt of the application.</p>	<p>Copy of Marriage Certificate</p>
Placement in Foster Care	<p>Within 60 days after placement. Effective Date* is date of placement.</p>	<p>Copy of placement papers</p>
Court-Ordered Coverage	<p>Within 60 days after court order. Effective Date* is 1st day of the month following receipt of the application.</p>	<p>Copy of Court Decree</p>

* Special Enrollment Effective Date is dependent upon timely receipt of premium due. We must receive the first full premium payment before the last day of the Enrollment Period. Coverage can only be effective on the first day of the month, unless a "New dependent."

** UT only: Effective Date for a Permanent Move is 1st day of the month following receipt of the application.



Eligible Immigrant Status

Gaining eligible immigration status is not a qualifying life event. But proof of that status may be necessary to prove eligibility during another qualifying life event or during Open Enrollment. Applicants who are not U.S. citizens or nationals but maintain eligible immigration status are required to provide documentation of that status.

Immigrant Status Eligibility Documents

Below are examples of acceptable document types:

- Reentry Permit (I-327)
- Permanent Resident Card (Green Card, I-551)
- Refugee Travel Document (I-571)
- Employment Authorization Card (I-766)
- Machine Readable Immigrant Visa (with temporary I-551 language)
- Temporary I-551 Stamp (on passport or I-94, I-94A)
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Citizenship and Immigration Services
- Arrival/Departure Record (I-94, I-94A) issued by U.S. Customs and Border Protection
- Arrival/Departure Record in unexpired foreign passport (I-94)
- Unexpired foreign passport
- Certificate of Eligibility for Non-immigrant (F-1) Student Status (I-20)
- Certificate of Eligibility for Exchange Visitor (J-1) Status (DS2019)
- Notice of Action (Alien Number and I-94 Number I-797)

Where to Send Special Enrollment & Immigrant Status Eligibility Documents

Your client must include **their ID number** (after submitting an application, the ID number is shown on E-Store) when sending eligibility documents to us. Documents may be sent by fax or mail.

Fax to: 1-801-478-5460, Attention: New Business.

Mail to: UnitedHealthcare Life Insurance Company, New Business, P.O. Box 31370, Salt Lake City, UT 84131-0370.



Contact Information

For Producers:

Broker Service Center

1-800-474-4467

PRESS “2” FOR OFF-MARKETPLACE

Hours of Operation:

8:00 a.m. to 6:00 p.m. ET (Mon.-Thu.)

8:00 a.m. to 5:00 p.m. ET (Fri.)

[Open Enrollment Extended Hours \(until January 31, 2016\)](#)

[Open until 7:00 p.m. \(Mon.-Thu.\) and until 6:00 p.m. \(Fri.\)](#)

For automated convenience, the IVR System of the above Broker Service Center number is available: 5:00 a.m. to 11:55 p.m. ET (Mon.-Fri.); 5:00 a.m. to 7:55 p.m. ET (Sat.).

New Business Fax: **1-801-478-5460**

**For submission of Applications &
Applicant Medical Documentation**

Licensing Fax: **1-618-943-5239**

**For submission of Licenses &
Appointment Renewal Fees**

For Clients:

Customer Service

1-800-657-8205

Hours of Operation:

8:00 a.m. to 6:00 p.m. ET (Mon.-Fri.)

For automated convenience, the IVR System of the above Customer Service Center number is available:

5:00 a.m. to 11:55 p.m. ET (Mon.-Fri.);

5:00 a.m. to 7:55 p.m. ET (Sat.).

New Business Applications, mail to:

UnitedHealthcare Life Insurance Company

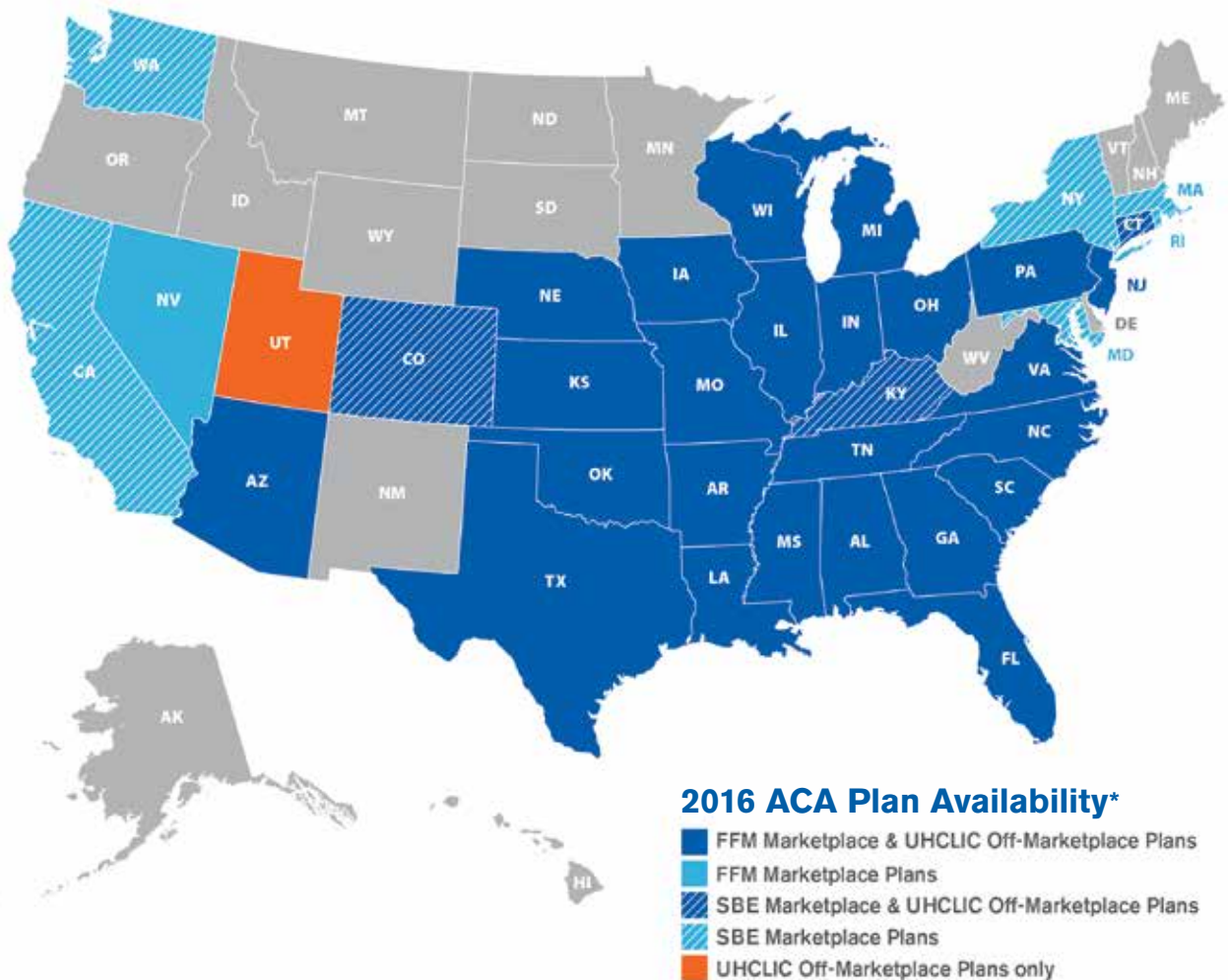
HEALTH APPLICATION

PO Box 31370, Salt Lake City, UT 84131-0370

Health Care Reform Resources on UHOne.com/Broker

Login to E-Store. Under the Sales Tools & Broker Training tab, click the [Health Care Reform Resources](#) link for additional resources related to Marketplace and Off-Marketplace ACA plans.





FAQs

How do I obtain non-resident appointments?

Call 1-800-474-4467 for assistance or visit UHOne.com/Broker and select “Get Appointed” under the “Welcome Brokers” message to obtain the required forms.

Must I carry Errors and Omissions insurance to be appointed with UHCLIC?

It is not required, but we reserve the right to require it in the future, and we recommend it for your own protection. We present a cost-effective, guarantee issue E&O coverage product for company producers, underwritten by Continental Casualty Company (a non-affiliated insurer). Go to 360coveragepros.com/uhone/eo to learn more and apply for coverage today.

* FFM means Federally-Facilitated Marketplace and SBE means State-Based Exchange. Mirror Off-Marketplace plans are available in all states via direct enrollment where there is a Marketplace product available.

Off-Marketplace (Off-Exchange, not tax credit eligible) insurance coverage underwritten by UnitedHealthcare Life Insurance Company (UHCLIC). Marketplace (On-Exchange, tax credit eligible) insurance coverage underwritten by UnitedHealthcare Insurance Company or All Savers Insurance Company. Health care coverage provided by UnitedHealthcare of Alabama, Inc., UnitedHealthcare of Arkansas, Inc., UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Colorado, Inc., UnitedHealthcare Community Plan, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Kentucky, LTD, UnitedHealthcare of the Mid-Atlantic, Inc., UnitedHealthcare of the Midlands, Inc., UnitedHealthcare of the Midwest, Inc., UnitedHealthcare of New England, Inc., UnitedHealthcare of New York, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., Oxford Health Plans (NJ), Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Louisiana, Inc., UnitedHealthcare of Mississippi, Inc., UnitedHealthcare of NC, Inc., Health Plan of Nevada, Inc., or UnitedHealthcare of Washington, Inc.