

Group Administrator's Manual

Guide to Administering Your Employee Health Benefits

Unity
Health Insurance
Affiliated with UW Health

Table of Contents

INTRODUCTION	2
ENROLLMENT GUIDELINES	3
Eligible Employees.....	3
Eligible Dependents.....	3
Eligible Adult Dependents.....	3, 4
New Employees.....	4
Change of Status	5
▪ Marriage.....	5
▪ Birth of a Child	5
▪ Adoption of a Child	5
▪ Divorce, Annulment and Legal Separation.....	6
▪ Change in Job Classification.....	6
▪ Return from Leave of Absence or Layoff	7
▪ Active Duty.....	7
▪ Loss of Other Coverage.....	7
▪ Late Enrollment.....	7
▪ Death	8
▪ Disability	8
▪ Moving Out of Unity Service Area.....	9
▪ Medicare Eligibility	9
▪ Reporting Terminations, Additions and Changes.....	10
▪ Reconciling Payments	12
COBRA, STATE CONTINUATION AND CONVERSION COVERAGE	13
BILLING INVOICE	17
CONFIDENTIALITY POLICY	18
CLAIMS	21
CUSTOMER SERVICE	22
WEBSITE	23

PLEASE NOTE: This Manual is a summary of Unity’s administrative guidelines and is not intended to set policy. If Unity modifies these guidelines, we will notify you. Please refer to your Group Master Contract for additional information.

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Customer Service 800-362-3310

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Introduction

Welcome to Unity Health Plans Insurance Corporation. We are happy to provide you with the following information about Unity's administrative guidelines. Please read this Manual carefully and contact Unity Enrollment Services at 800-362-3310, prompt 3 for questions or concerns. We look forward to providing you with quality health care benefits and service.

Unity is a managed care organization located in Sauk City, Wisconsin. We are a wholly-owned subsidiary of University Health Care, Inc., an affiliate of University of Wisconsin Hospital and Clinics and the University of Wisconsin Medical Foundation. Unity insures approximately 97,000 members throughout 20 counties in southwestern and south central Wisconsin.

Unity offers Health Maintenance Organization (HMO), Point-of-Service (POS) and Preferred Provider Organization (PPO) health plans. Some plans are available as High Deductible Health Plans that are eligible for a Health Savings Account.

Unity's commitment to health and wellness began in 1998 with the development of Fitness First, our exercise reward program. Since then, we've created additional health and wellness programs, such as Health First, Wellness First, and Workplace Wellness.

Please visit our web site at unityhealth.com to learn more about our programs and services. Be sure to check out the A-Z Health Topics where you can research symptoms, diagnoses and treatments and find helpful tips on self-care.

MyUnity for Employers

MyUnity is our secure on-line tool for employers. Within MyUnity you can:

- Add, change and delete employee enrollment information
- Review current enrollment for your group
- Look up providers in your area and create custom directories

You should have received your login information when your group initially enrolled with Unity. If you need assistance with your login, please contact Customer Service at 800-362-3310 and select option 3.

Enrollment Guidelines

Eligible Employees

An eligible employee means an employee who has a normal work week of 30 or more hours and who does not work on a temporary or substitute basis. Further definitions of eligible employees and dependents may be found in your Group Master Contract and in the Certificate of Coverage.

Eligible Dependents

Include any of the following who meet the other requirements of the Policy (such as age limits): a covered employee's spouse; a dependent child, stepchild, adopted child, or Legal Ward who is under age 18; grandchild (so long as the grandchild's parent is a covered dependent and under age 18); a child placed for adoption with the Eligible Employee; and an adult child who meet criteria under the Federal Patient Protection and Affordable Care Act.

Eligible Adult Dependent (effective for new and renewing groups as of 1/1/12)

Adult Children under age 26 may be covered under their parents plan.

- Dependents age 25 are allowed to remain on their parents plan till the end of the month in which they turn 26.
- Dependents may apply for coverage using the Dependent Mandate Rule when they have a qualifying event or during the group's open enrollment period. Unity will need to receive an application from the group within 31 days for the dependent to be added.

Adult Children over age 26 may be covered if they:

- The **Child** was under 27 years of age when he or she was called to federal active duty in the National Guard or in a reserve component of the U.S. Armed Forces while the **Child** was

attending, on a full-time basis, an institution of higher education, and applied to an institution of higher education as a full-time student within 12 months from the date the **Child** has fulfilled his or her active duty obligation.

- Children who are or become incapable of self-support because of a physical or mental disability that is expected to be of a long-continued or indefinite duration may continue or resume their status as **Dependents**, regardless of age or student status, as long as they remain so disabled.

SPECIAL RULES RELATED TO MEDICAID AND Children Health Insurance Programs (CHIP).

- The **Employee** or **Dependent** requests enrollment within 60 days of losing or being determined as eligible for Medicaid or a child health plan under title XXI of the Social Security Act.

New Employees

New employees are eligible to enroll when:

- Their employment status meets the employer's eligibility criteria (hourly and occupational) as set forth in the Group Master Contract; and,
- They have satisfied any waiting period or probationary period.

If the two criteria listed above are met, eligible employees, their spouses and eligible dependent children may enroll. Unity must receive the completed and signed Employee Application within 31 days from the date they are first eligible to enroll. If a new employee does not enroll when he/she first becomes eligible, special criteria must be met to enroll at a later time. You must inform the employee that enrollment at a later time may be difficult. Please see the Late Enrollee section for additional information.

Seasonal Employees

Seasonal employees are eligible for coverage only if they meet the following requirements:

- Employee works forty (40) weeks out of the year on a full-time basis.
- Employer maintains the employer's level of contribution for the employee throughout the year.
- Employee intends to return to full-time work after the seasonal time off.

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The employer must offer all seasonal employees the same benefits and level of contribution as regular full-time employees.

How Do I Enroll New Employees?

- Each eligible employee who elects coverage must complete an Employee Application or be enrolled electronically through MyUnity. An Employee Application is located on Unity's website (www.unityhealth.com). The completed application must be received by Unity within 31 days of the date the employee becomes eligible for coverage.
- If a new employee does not wish to enroll, he/she must complete the Waiver Form. You can use the Waiver of Coverage Form located on Unity's website.
- Review the completed Employee Application using the New Group Checklist – Large/Small Group.

New Group Checklist – Large/Small Group for Enrolling New Employees

Unity is able to enroll employees only when the employer provides complete and accurate information. If you enroll an employee through MyUnity, you will not need to use this checklist. Before you send the original Employee Application to Unity, please be sure of the following:

- Information on the Employee Application is accurate and complete
- Information is printed legibly
- Group name and group number is listed
- Employee Application is dated and signed
- Names do not use abbreviations or nicknames
- Primary Care Physician (PCP) and Clinic are listed for each family member (*if an employee does not choose a PCP, you may write "ASSIGN" in the space and Unity will assign a PCP and clinic close to the employee's residence.*)
- Questions regarding date of employment and hours worked per week have been answered
- Names, date of birth and PCP information for all eligible dependents have been entered on the form
- Sections regarding General Information and Medical Information have been completed
- Social Security Number for employee and each dependent is included on each employee application.

Note: The Federal Government has enacted a Mandatory Insurer Reporting requirement as part of the Medicare, Medicaid and SCHIP Extension Act of 2007 that requires group health plans to collect social security numbers for all active covered individuals and their dependents. Because of this requirement, we will contact you and your employees if we do not receive this information.

If you have any questions about employee enrollment, please contact Customer Service.

CHANGE OF STATUS

An employee may change his/her status, which requires new enrollment information. This section covers the most frequent status changes that may occur. If you have questions, please contact Customer Service.

Marriage

An employee who marries may change his/her coverage. At this time, the employee may enroll the following individuals for coverage:

- Spouse
- Dependent children

Unity must receive completed enrollment information within 31 days of the date of marriage. Coverage for the spouse and dependents will be effective on the date of marriage or the first of the month following the date of marriage. Please enroll the employee through MyUnity or submit an Employee Application listing all family members to be covered. The application must clearly indicate the date of the marriage.

Birth of a Child

An employee may request a change from single to family coverage due to the birth of a child. A newborn's coverage becomes effective on the date of birth, and a family premium will be due. If Unity is notified within 60 days of the birth, but not later than one year after the birth, a family premium plus interest is due from the date of birth as permitted by law. If we are not notified within one year after the birth, enrollment will be subject to our policy for late enrollees.

The birth of a child also creates a special enrollment period for the employee and any other family members who are eligible under the plan. Unity must receive an Employee Application within 31 days after the date of birth to enroll additional eligible dependents. The effective date for the employee and dependents will be the date of the newborn child's birth.

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Adoption of a Child

Adopted children are eligible for coverage on the date they are adopted, or the date they are placed in the employee's home, whichever is earlier. An Employee Application must be completed and sent to Unity within 60 days of the event, along with a copy of either the placement or adoption legal documents. If Unity is notified after 60 days, but within one year of the adoption, the adopted child is eligible for coverage. However, Unity may add interest to any premium due as permitted by law. If we are not notified within one year after the adoption, enrollment will be subject to our policy for late enrollees.

Adoption of a child also creates a special enrollment period for the employee and any other family members who are eligible under the plan. Unity must receive an Employee Application within 31 days after the date of adoption or the date of placement to enroll additional eligible dependents. The effective date for the employee and dependents will be the date of the placement or adoption, whichever occurs first.

Divorce, Annulment and Legal Separation

In the case of divorce or annulment, an employee's ex-spouse and stepchildren are no longer eligible dependents under the Unity plan. However, the employee's biological or adopted children are eligible to remain on the plan.

A legal separation does not require that the spouse of the employee be removed from the plan, although an employee may remove a spouse from coverage due to legal separation. However, the spouse will need to sign a Waiver of Group Coverage form before Unity can disenroll him or her. If the legal separation results in a divorce, the ex-spouse must be offered the right to elect continuation or conversion coverage. As you become aware of a divorce, annulment or legal separation, please notify Unity immediately.

Under no circumstances is a divorced spouse able to remain on the employee's plan. The divorced spouse must be placed on COBRA or State continuation coverage, if elected, and premiums must be collected in order for the ex-spouse to remain covered. If the ex-spouse elects to continue coverage, please have him/her complete and return an Employee Application within 60 days from the date of divorce. Continuation coverage will begin on the first day of the month following the divorce.

If Unity is notified by the employee or ex-spouse of a divorce, we will notify the employer, remove the ex-spouse from the health plan, and provide the ex-spouse with a Notice of Creditable Coverage. The employer is responsible for providing the ex-spouse with notice of continuation rights.

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Change in Job Classification

Employees who first become eligible for insurance coverage due to a change in job classification (for example, increase in work hours, new position) have 31 days from the date of the change to enroll. The probationary period will be the same as for a new employee. For insurance purposes, the date of hire is the first day of the change in status. Unity may require payroll documentation to verify the job status change.

Return from Leave of Absence or Layoff

If an employee terminates his/her health coverage while on a leave of absence or due to a layoff, the employee will not be required to satisfy the new employee waiting period if he/she returns from the leave of absence or layoff within 90 days. The employee has 31 days after returning to work to re-enroll. If an employee returns to work within 30 days of termination of coverage, the employee will have no lapse in coverage. If an employee returns after 30 days, but within 90 days, coverage will be effective the first of the month following receipt of the Employee Application.

Active Duty

If an employee is called to active duty, the employee (and family when applicable) must be offered COBRA or State continuation coverage, if eligible. (See COBRA section, below.) When an employee returns from active duty, his or her coverage will be reinstated the first of the month following his/her return to work, provided Unity receives the Employee Application within 31 days of his/her return date and the application indicates the date on which the employee returned to work.

Loss of Other Coverage

An employee who initially waives coverage because he/she has other group health insurance coverage may enroll with Unity upon the loss of the other group coverage. The employee must complete an Employee Application and provide proof of prior health insurance coverage. Unity must receive the documentation within 31 days of the loss of the other group coverage. Unity coverage will begin when the other coverage ends. Reasons for loss of other coverage may include: the employee's spouse loses coverage under another plan or the employee loses coverage due to a divorce.

If an applicant with 12 months of other prior qualifying coverage applies for Unity coverage after 31 days of losing the other coverage and before 63 days have elapsed, coverage will be effective the first day of the month following the date Unity receives the Employee Application.

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If an applicant applies for coverage after a 63 day gap in coverage, a 12-month waiting period will be applied no matter how long the prior coverage was in effect (see Late Enrollment, below).

Late Enrollment

An employee who waives coverage or who does not enroll when initially eligible may decide to apply at a later date as a Late Enrollee. He or she may apply as a Late Enrollee by submitting an Employee Application. Unity will review the information and determine if the employee and any dependents meet the guidelines for enrollment. If Unity determines that an employee is eligible, but has not had a qualifying event (e.g., marriage, birth or adoption of a child, loss of other qualifying coverage) he/she will have to serve a 12-month waiting period before coverage becomes effective. Eligible dependents may also have to serve a 12-month waiting period if the employee chose not to enroll the dependents when they were initially eligible.

- **Twelve month waiting period**

If the employee did not have other qualifying group health insurance coverage, or had a gap in coverage of more than 63 days, he/she may enroll as a late enrollee after serving a 12-month waiting period before coverage becomes effective. The employee should complete the Employee Application and submit it to Unity immediately. The waiting period will begin the first of the month following Unity's receipt of the Employee Application. Unity will hold the application for 12 months and will contact the employer at least 30 days prior to the effective date of coverage to verify that the employee is still employed and eligible for the insurance.

NOTE: Unity cannot guarantee that the employee and/or dependents will be approved for coverage as Late Enrollees. Do not assume that coverage will begin when requested. Unity will notify the employee and employer of the coverage effective date.

Death

If an employee or dependent (includes spouse) dies, his/her coverage will end on the date of death. In the case of an employee's death, the surviving dependents coverage may continue through the end of the month in which the employee died. The group should offer COBRA or State Continuation coverage to the dependents. It is the group's responsibility to notify dependents of their continuation rights under COBRA or State Continuation law. If the surviving family members elect to continue coverage, they must complete a new Employee Application form.

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Disability

If an employee becomes totally disabled and takes a leave of absence, he/she may continue coverage under the group health plan at the group rate under COBRA or State continuation law. Written notification must be submitted to notify Unity of the disability leave of absence.

If the employee ceases to be disabled, but does not return to work, he/she may have the right to continue coverage for a period of time, but not longer than 18 months. Please note that in this case, continuation coverage due to a disability leave of absence runs concurrently with the continuation period due to termination of employment. After continuation coverage is exhausted, the employee may convert to an individual plan, without underwriting, if he/she applies within 31 days of the loss of group coverage. Please contact Customer Service for more information regarding continuation and conversion coverage.

Moving Out of the Unity Service Area (HMO Plans only)

If you have an HMO Plan, the Certificate of Coverage specifically states that members may be disenrolled if they move outside of the service area. If you are aware that an employee has moved outside the service area, please notify Unity immediately. Unity may notify the employee that he/she will be removed from the Unity policy on a specified date.

Medicare Eligibility

An employee or his/her spouse is eligible for Medicare benefits the first day of the month in which they turn age 65. If Medicare coverage is elected, please send Unity a copy of the member's Medicare insurance card as soon as possible. The coordination of medical benefits and the Unity premium rate for this individual will be determined by the following factors:

- Whether the subscriber is an active employee; and
- Size of the employer group.

A. Groups with fewer than 20 eligible employees

The employee (actively working or retired) or his/her spouse will be eligible to keep Unity only as a Medicare "carve-out" plan. A carve-out plan pays secondary to Medicare while maintaining the same benefits as the group plan. Individuals covered under a carve-out plan must enroll in both Parts A and B of Medicare to keep full coverage. Unity's premium may be reduced

depending on the number of family members covered under the-carve out plan.

B. Groups with 20 or more eligible employees

If your employee is still actively working, Unity will remain the primary payer. The plan and premium rate will not change.

If the employee is retired and the employee or his/her spouse becomes eligible for Medicare, they may continue benefits under a carve-out plan, but continuation may be limited by COBRA or State continuation law. To retain full benefits, the employee or spouse must enroll in Medicare Parts A and B, and the carve-out plan will coordinate benefits with Medicare. Unity's premium may be reduced depending on the number of family members covered under the-carve out plan.

If you have any questions about the appropriate health premium rate classification, please contact Customer Service.

Reporting Terminations, Additions and Changes

There are two ways to submit updates to Unity: use our secure online portal, MyUnity, or use the Employee Application Form. If you would like more information on MyUnity and have not received your password to log in, please contact Customer Service.

Terminations

Complete the date of termination (the date the Group is no longer responsible for the employee's premium) and provide the reason for termination. Listed below are some examples of deletions, and how they should be listed:

- Retirement
- Resignation
- Deceased
- Layoff
- Dismissed
- Leave of absence (identify type of leave)
- Reduction in hours worked
- Termination of COBRA or State continuation coverage

Coverage ends the last day of the month following termination of employment. The premium must be paid for the entire month, even though the employee

may be employed for only part of the month. Unity does not prorate premiums for terminated employees.

Note: All terminations **must be submitted to Unity in writing within 30 days of the date of termination.** Please notify Unity as soon as you become aware of any events that may result in a loss of coverage for an employee or his/her dependents.

Voluntary Terminations

If an employee chooses to terminate his/her coverage voluntarily, the effective date of termination will be the first of the month following the date Unity receives the request.

Change of Status

Changes in employee status often affect the employee's premium rate. When changes occur, indicate the change on a new Employee Application or through MyUnity. *(Please refer to the Change of Status section of this Manual).* Listed below are some examples of reportable changes and how they should be listed:

- Birth of child
- Marriage
- Adoption
- Subscriber request
- Leave of absence
- Medicare Eligibility
- Election of COBRA or State continuation coverage
- Continuation coverage for a dependent who reaches the limiting age

Report these changes to Unity as soon as you become aware of them. It is important for Unity to process changes to your membership in a timely manner. Please keep a copy of your submissions for your records.

Additions

Complete a new Employee Application and return it to Unity within 31 days of the reportable event or enroll the individual through MyUnity (www.unityhealth.com). Below are some examples of additions and how they should be listed:

- New employee
- Change in hours worked

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- Change in job classification
- Loss of other insurance
- Late applicant
- Marriage
- Birth or adoption of child

Cobra, State Continuation and Conversion Coverage

Employers are responsible for monitoring employees and their dependents for changes in status and eligibility for coverage. It is extremely important for employers to know their obligations under COBRA and State continuation law. *The purpose of this section is to provide an overview of COBRA and State continuation law. It is not a complete guide and is not a substitute for legal counsel.* We advise each employer to discuss these matters with legal counsel or to participate in COBRA seminars and workshops that are available from several sources.

For your convenience, a copy of a COBRA continuation notice and a State continuation notice are located on Unity's Website.

Employers with 20 or more employees are governed by Federal Continuation Law (COBRA)

COBRA is the acronym for the Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA gives an individual the right to continue group insurance coverage at their own expense for a limited period of time. COBRA applies to employers with 20 or more employees.

Under COBRA, a qualified beneficiary is an individual who experiences a qualifying event and is, therefore, eligible to continue group coverage if he/she was covered under the group health plan on the day before the qualifying event occurred. The qualified beneficiary may be an employee, a spouse or a dependent child.

A qualifying event is an event that results in loss of coverage under an employer's group plan.

The following events **are** considered to be a qualifying event:

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- Voluntary or involuntary termination of the covered employee's employment ***other than by reason of gross misconduct*** (note that a retirement is considered a termination of employment);
- Reduction in hours of the covered employee's employment;
- Divorce or legal separation of the covered employee from the employee's spouse;
- Dependent child ceasing to be a dependent child under the generally applicable requirements of the plan; and
- An employer's bankruptcy, but only with respect to health coverage for retirees and their families.
- Death of the covered employee;

The following events are **not** considered to be a qualifying event

- A change in insurance carriers.
 - Replacement of one insured health plan with a less generous plan is not a qualified event.
- Tendering a resignation.
 - Only when an Employee actually terminates does a qualifying event occur.
- Filing for divorce.
 - The entry of the decree is the triggering event; however, if legal separation precedes the divorce and results in a loss of coverage, then the legal separation will become the qualifying event.
- Employee drops coverage for spouse or dependents.
- Employee's resignation from Union.
- Termination of Employment After Insurer Cancels Group Health Plan.

Continuation Period:

The maximum period of continuation for a former employee is generally 18 months. If a disability determination is made by Social Security during the first 60 days of the 18-month period, an employee and any covered dependents may be entitled to an additional 11 months of continuation coverage for a total of 29 months. For a dependent losing coverage due to reaching the limiting age, the maximum continuation period is generally 36 months.

Employers with fewer than 20 Employees are governed by State Continuation Law

The continuation rights under State continuation law are more limited than under COBRA. Under Wisconsin law, the individuals who are eligible to continue coverage are:

- A terminated employee (unless he/she was terminated for misconduct in connection with his/her employment);
- A former spouse of a group member who would otherwise lose coverage due to divorce or annulment; and
- The spouse or dependent child of a group member if the group member dies while covered by the group policy and the spouse or dependent was also covered.

The above individuals must have been covered under the group plan for three consecutive months in order to be eligible for continuation or conversion coverage. The maximum continuation period is 18 months.

Note: That dependent children who reach the limiting age do not have the right to continue coverage.

Employer's Responsibilities

The employer is responsible for notifying members of their continuation rights in a timely manner. The employer is also responsible for collecting premiums during the continuation period and submitting them to Unity in a timely manner. When a member terminates employment, the employer should notify Unity by submitting a written termination request or through MyUnity (www.unityhealth.com). A new Employee Application must be submitted if the individual electing continuation coverage is a spouse or dependent child. Unity will update that member's future termination date. The names of individuals on State continuation will appear in the COBRA section of your billing statement.

We recommend that you terminate an employee from the plan if you are not certain he/she will elect to continue coverage. We can reinstate members retroactively after they have elected coverage and paid the necessary premiums. Please refer to the Billing Invoice Section for premium payment options.

Dependent Children No Longer Meeting Eligibility Requirements

Unity will notify the employer that the dependent has been removed from the policy due to no longer meeting eligibility requirements.

When you receive a notice from Unity that a dependent has been removed from the policy, you must send continuation information to the identified dependent as soon as possible. Note that State law requires an employer to notify eligible individuals of the right to continue or convert group coverage within 5 days of after the employer receives notice to terminate coverage.

When Coverage Ends

Group continuation coverage ends on the earliest of the following dates:

- The end of the period for which the last premium was paid on time;
- The date on which the applicable period of continuation coverage ends;
- The date on which the covered individual becomes covered under another group health plan that does not contain an exclusion or limitation relating to a pre-existing condition.

Conversion Coverage

When a member's continuation period ends, Unity will send information to the member regarding his/her rights to convert coverage to an individual insurance plan. This information is sent 30 days before the end of his/her continuation period.

Retirement

Report an employee's retirement to Unity in writing. Retirees are eligible for the standard continuation rights. If a retiree is eligible for Medicare coverage, his/her continuation period may be affected.

Billing Invoice

You will receive either an email notification that your invoice is available or a paper invoice from Unity between the 10th and 15th day of each month. *Please note a paper bill charge of \$25 per invoice will be assessed.* The premium payment is due on the first day of the month for the coverage period.

How to Read Your Invoice

The invoice has four sections:

1. An alphabetical listing of current enrollment showing the premium for each employee;
2. An alphabetical listing of any employees continuing coverage under COBRA or State continuation;
3. An alphabetical listing of all retroactive additions, terminations and changes, along with the appropriate charges, and/or credits with the members' names; and
4. A listing of payments applied to your account since the last billing cycle.

How to Handle Billing and Enrollment Adjustments

Employee additions, deletions or other adjustments will appear on your invoice whether payment was previously made or credit was applied for the changes. If an enrollment change which you previously submitted is not addressed in your next invoice, please contact Billing Services.

- **Mid-month Adjustments**

- If the **effective date** for the Subscriber is between the **1st and the 15th** of the month, you will be billed for that month's premium.
- If the **termination date** for the Subscriber is between the **1st and the 14th** of the month, you will not be billed for that month's premium.
- If the **effective date** for the Subscriber is between the **16th and the end of the month**, you will not be billed for that month's premium.
- If the **termination date** for the Subscriber is between the **15th and the end of the month**, you will be billed for that month's entire premium. *(This is because Unity does not prorate for a half month.)*

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Reconcile Payments

We strongly urge you to pay your total monthly invoice amount by the date it is due. Credits and charges will appear on a subsequent invoice. Unity will adjust the invoice total for any retroactive charges and credits.

COBRA Member Direct Billing

For your convenience, Unity can direct bill your COBRA/Continuation participants! Contact Unity Enrollment Services for more information.

How to Pay Your Premium Invoice

Unity recommends that you reconcile your billing invoice on a monthly basis. *Please note that there is a \$25 Insufficient Funds Processing Fee assessed for payments returned unpaid.* Here are the ways you can make your payment:

1. If you receive your premium invoices via paper, send your payment and the payment stub in the return envelope provided. Keep the invoice for your records.
2. If you receive your premium invoices electronically, you can:
 - Use the online premium payment option attached to your premium invoice email to pay your invoice on the date you choose
 - or
 - Print premium invoice and mail payment to:

Unity Health Insurance

PO Box 730,

Milwaukee, WI 53278-0730.

3. Enroll in Unity's ACH program. Unity will automatically withdraw your premium from your bank account on the due date specified on your monthly invoice. You can sign up for ACH by completing the form found in the Self-Help Forms section on Unity's website and faxing it to number found on the form. Feel free to contact Unity's Billing Department at 800-362-3310 for more information on this service.

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Confidentiality Policy

Unity has policies and procedures designed to safeguard the confidentiality of personally identifiable member information. Unity's Confidentiality Committee sets standards for Unity employees and external parties who work with Unity, such as practitioners and providers. The Confidentiality Committee also:

- Reviews internal and external requests for member information;
- Identifies opportunities for reducing unnecessary collection of member data; and
- Monitors and regulates the use of member data for various purposes.

The following is a brief summary of how Unity uses and protects member information.

General Policy

Our confidentiality policies and procedures establish guidelines for the proper handling of records and information used to administer health plan benefits. When responding to a request for information, Unity's policy is to release only the information necessary to respond to the request.

Authorization for Release of Information

In cases where Unity needs to obtain or disclose member information for purposes other than treatment, payment or health care operations, the member will be asked to sign an authorization form that gives Unity permission to obtain or disclose the information. Unity must obtain authorization when information is to be used for the following purposes:

- Release of information to a family member, Power of Attorney, employer or attorney;
- Release of information that could result in another company contacting the member for marketing purposes; or,
- Research (if the disclosure includes personally identifiable member information).

In instances where a member is unable to provide authorization, Unity will require a valid court order or other written proof of legal authority prior to disclosing information.

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Member Access to Medical Records

Unity does not maintain original medical records. Members may access their medical records by contacting their practitioner's office or the provider of care, such as a hospital. Members must follow the practitioner's or provider's procedures for accessing medical information. Family members or other individuals may have access to medical information only when the member gives written or verbal authorization.

Disclosure of Information to Employers

Unity provides certain types of information to employers as part of standard health insurance administration processes. Disclosure of information to employers is limited to the information the employer needs to administer or amend or modify the health plan. However, employers do not have access to implicitly or explicitly personally identifiable information about their employees without specific member authorization unless access is mandated by law.

In addition, employers must agree not to use the information to make employment-related decisions (for example, promotion, hiring, layoff), or to administer other benefit plans (for example, life and disability plans). The employer must identify persons or positions that may have access to the information and must ensure there are measures in place to prevent unauthorized access.

Treatment Setting

Practitioners and providers are expected to implement confidentiality policies and procedures that address the disclosure of medical information, patient access to medical information, and the storage and protection of medical information. Unity reviews practitioner confidentiality processes during pre-contractual site visits for PCPs and certain specialty care practitioners.

Quality Improvement

Data for quality improvement measures are collected from claims, pharmacy records and other medical records. Unity protects confidential information by reviewing records in non-public areas and excluding personally identifiable member information from written reports.

Claims

When a member visits a Unity participating provider, it is the participating provider's responsibility to submit claims to Unity on behalf of the member. If a member sees a non-participating health care provider, that provider may bill Unity, but it is ultimately the member's responsibility to submit a completed claim form to Unity. A member may request a copy of the claim from the provider and submit it to Unity.

A medical claim is required and must contain all the necessary information listed below in order to be processed for payment:

- Member Name
- Date of Birth
- Date of Service
- Diagnosis Codes
- Procedure Codes
- Billing Amount
- Provider Name and Address
- Provider Tax ID Number

Workers' Compensation Coverage

If an employee experiences a work-related illness or injury, he/she must submit the claims for treatment immediately to his/her worker's compensation insurance carrier. Unity does not provide coverage for services to treat an illness or injury arising from, or incurred during the course of, any employment for wage or profit. If the worker's compensation insurance carrier determines that it is not responsible, Unity will provide coverage according to the terms and conditions of the policy.

Customer Service

Customer Service is available Monday through Friday from 7:00 a.m. to 5:00 p.m. CST to assist your employees with their insurance questions. Unity Customer Service offers a 24-hour call-back program where the member may leave a message, including what time is best for a return call. A representative will return the call to discuss questions at the time specified.

Important Phone Numbers and Addresses

Unity's Customer Service, Enrollment Services and Billing Departments:	7:00 a.m. to 5:00 p.m. CST Monday - Friday (except Holidays)	800-362-3310
	After regular business hours	800-362-3310 <i>(Leave a message and inform us what time is best to return your call)</i>
TDD (Hearing Impaired)	7:00 a.m. to 5:00 p.m. CST Monday - Friday (except Holidays)	608-643-1421 or 800-362-3308 extension 1421
Mailing Address:		Unity Health Insurance 840 Carolina Street Sauk City, WI 53583
Fax		608-643-2564
Website	Send a message to Unity Customer Service through Ask an Expert within MyUnity	Log into your MyUnity account and send a message to Unity Customer Service through Ask an Expert.

Enrollment Services 800-362-3310
Customer Service 800-362-3310

Website

Unity is continuously updating the information on our website, and we encourage you to go out to unityhealth.com and explore. Areas that may be helpful to you are listed below:

MyUnity for Employers

Log in to access your group's health insurance information. You can confirm enrollment, enroll employees online and contact Enrollment Services through a secure portal.

MyChart

Employees who are enrolled with Unity have the ability to view their claims and benefits, update their personal information, view prior authorizations, send messages to Unity Customer Service and more through MyChart (unitymychart.com).

Your Company's Information on file

Update your address, contact person, and other company-specific information.

Find a Doctor

Search for a Primary Care Physician (PCP), specialist, hospital, or urgent care center.

Customer Service

Get information on member rights and responsibilities and answers to frequently asked questions about Unity services and benefit coverage.

Workplace Wellness Program

Help improve employee health, increase workplace productivity and possibly reduce health insurance costs with Unity's Workplace Wellness Program.

Health & Wellness

Receive reimbursements and/or discounts for weight loss programs, health classes, and specific health-related services and products.

Health Topics

Use the Healthwise search engine to research symptoms, diagnoses, treatments and get helpful tips on self-care.

Enrollment Services 800-362-3310
Customer Service 800-362-3310

About Unity

Here you will find background information about Unity and our service area, including news updates.

Unity Plan Offerings

A description of Unity's health plan-options for your employees. They include HMO, POS and PPO plans.

Self-Service Forms

There are many self-service forms available based on your needs. You can find them at unityhealth.com by selecting *Employers* and then *Self-Help Forms* under Quick Links.