

Maximum Non-Network Reimbursement Program

Delivering financial value to customers

Non-network costs continue to increase approximately 10 percent each year. UnitedHealthcare offers an improved approach to reimbursing covered services delivered by non-network physicians and facilities. We reimburse plan expenses according to Medicare's cost-based payment methodology. Under this approach, where allowed by state regulation:

- Reimbursement for non-network treatment is based on a percentage of the published rates allowed by Medicare.
- Consumers who use a non-network physician or facility will pay a higher deductible and coinsurance amount than if they received the same services from a network physician or facility.

This reimbursement approach does not apply to emergency care or services coordinated and approved in advance by UnitedHealthcare.

For all services combined (inpatient, outpatient and professional), using the network results in an average reduction off billed charges of 40 to 55 percent.

Although savings vary, our research shows that the average claims savings is 1 to 2 percent in the first year¹.

The Maximum Non-Network Reimbursement Program (MNRP) is automatically included in our fully insured products, and is optional in self-funded products.

Benefits of the Non-Network Reimbursement Strategy

- Helps keep health benefits affordable for you and your employees
- Encourages members to use the services of our broad discounted network when possible
- Encourages physicians and facilities to contract with UnitedHealthcare

Results show MNRP works

A UnitedHealthcare study compared employer groups before and after with MNRP and without MNRP, reviewing non-network usage, costs and total claims costs trends. For the groups where MNRP was applied, employee behavior changed, driving down non-network usage and claims costs:

Comparisons	Groups with MNRP	Groups without MNRP
Non-network claims costs ²	- 11%	+ 11%
Non-network physician usage	- 14%	No change
Overall cost trend	1-2% slower	No change

In comparison, groups without MNRP showed an increase in non-network claims costs and no change in consumer behavior.

For employers with MNRP, the rate of total cost trend on average slowed 1 to 2 percent within the first year. We expect additional savings beyond the first year. These savings can be attributed to a combination of change in employee behavior from non-network physicians to network physicians and to lower reimbursement to non-network physicians and facilities. For employer groups who experience high non-network usage, savings will be significantly higher.

This program is not only reducing the financial impact of non-network cost trends, MNRP also encourages physicians and facilities to join our network and consumers to use our network.

² Based on average physician claims costs.

³ These examples represent average billed charges for these service categories. They are not intended to be an exact calculation of claim payment and individual financial responsibility that may result from the services an enrollee receives. The amounts will vary depending on the actual services the enrollee receives, the enrollee's specific benefit plan copay and/or coinsurance design and changes to Medicare reimbursement methodology. We encourage enrollees to get more information on potential physician and facility charges by using the Treatment Cost Estimator at myuhc.com®. Confidential property of UnitedHealthcare.

Administrative service to self-insured plans provided by United HealthCare Services, Inc., United HealthCare Insurance Company, or United HealthCare Service LLC.

Insurance coverage provided by or through: United HealthCare Insurance Company, United HealthCare Insurance Company of New York, or their affiliates.

The network delivers real value

The following examples illustrate that member's financial responsibility associated with seeking care in the network is significantly lower than seeking the same services outside the UnitedHealthcare network.³

Example 1

Physician office visit claim

	In-Network	Non-Network
A Billed Charge Amount	\$250	\$250
B Eligible Expense (Amount UnitedHealthcare Pays)	paid per contract	\$140 (MNRP pricing)
C In-Network Copay/ 30% Non-Network Coinsurance	\$20	\$42 (30% of B)
D Additional Enrollee Responsibility	\$0	\$110*
Enrollee Financial Responsibility	\$20	\$152

Example 2

Hospital inpatient claim

	In-Network	Non-Network
A Billed Charge Amount	\$12,000	\$12,000
B Eligible Expense (Amount UnitedHealthcare Pays)	paid per contract	\$6,600 (MNRP pricing)
C In-Network Copay/ 30% Non-Network Coinsurance	\$500	\$1,980 (30% of B)
D Additional Enrollee Responsibility	\$0	\$5,400*
Enrollee Financial Responsibility	\$500	\$7,380

*This amount does not apply to the out-of-pocket maximum.

To learn more about this program, please contact your UnitedHealthcare representative.

UnitedHealthcare[®]
Healing health care. Together.SM