

RETIREE BILLING INFORMATION FOR PY 10/11: KAISER HMO/EPO/PPO MEDICAL PLAN

UnitedHealthcare Benefit Services – Billing Service provided by UnitedHealthcare

The District contracts with UnitedHealthcare to handle all billing for retirees who are insured under the District's sponsored health plans.

Effective July 1, 2010, all retirees are required to contribute towards the cost of healthcare regardless which plan you choose and the levels of coverage. Everyone is required to be billed. For Plan Year 2010-2011, the monthly employee/retiree contributions are listed as follows:

Employee/Retiree Monthly Contribution Over 12 Months Period	KAISER PLAN	EPO PLAN	PPO PLAN
Retiree Only	\$48.00	\$48.00	\$120.00
Retiree + One Dependent	\$96.00	\$96.00	\$240.00
Retiree + Two or More Dependents	\$144.00	\$144.00	\$360.00

Note: The employee/retiree monthly contributions are based on 12 months of coverage effective July 1, 2010. These contribution rates include \$1/mo for Vision, \$4/mo for Dental, and the remaining belong to Medical care.

UnitedHealthcare Benefit Services will bill you directly for these costs beginning July 1, 2010. Premium rates are subject to change every July 1st

PREMIUM PAYMENT OPTIONS FOR RETIREES:

Option 1. Enroll into AUTOMATIC BANK WITHDRAWAL (ACH) PAYMENTS:

To enroll: An ACH form will be provided along with the initial billing for your convenience. Submit the completed form, and your first premium payment. **IMPORTANT: For the initial invoice, you must pay the bill with a regular check. Thereafter, an ACH Service (electronic fund transfer) will be available. An ACH form will be provided along with the initial billing for your convenience.**

For information regarding retirees' billing or Automated Clearing House (ACH), which is a nationwide electronic funds transfer (EFT) system, please contact:

**UnitedHealthcare Benefit Services
P.O. Box 221709
Louisville, KY 40252**

If you have opted for ACH Payments or automatic payment withdrawals from your bank account, Key Bank will process your ACH payment.

Option 2: SEND PAYMENT BY MAIL:

Please mail your premium payments to:

**UnitedHealthcare Benefit Services
P.O. Box 713082
Cincinnati, OH 45271-3082**

Please ensure that the check or money order is **signed, dated,** and **includes your account number on the lower left corner of check.** **Make the check payable to: UnitedHealthcare.** To avoid termination of the policy due to non-payment, all premium payment is due on the last day of each covered month.

You may also obtain information, print Premium Statements and communicate with UnitedHealthcare Benefits Services by visiting their web site: <https://www.uhcservices.com/CobraApp/User/register.aspx>. You will need your Social Security Number, Last Name, and Zip Code to register for your initial log in. Your information will be verified against UHC systems, upon validation you will then be allowed to establish a user name and password for your account. This access will allow you to look up coverage's, billing and payment, and update account information. This password should be retained for future log in purposes.

**Customer Service Phone: (866) 747-0048
FAX (866) 525-1740
UHC Group #708611**