



## MedCents Bill Negotiation and Consumer Advocacy Service

Non-covered medical bills with your UnitedHealthcare FlexWork Limited Medical Minimum Essential Coverage (MEC) Plan? The MedCents Advocacy Program may be able to help. And, there's no additional cost to you!

### What is balance billing?

Balance billing is the difference between the amount your network provider charges and the amount the plan will pay. Some reasons you may receive a balance bill include:

- You have exceeded the annual visit limit allowed by the plan (See Example 1).
- You owe more than your FlexWork benefit plan covers for an inpatient hospital stay (See Example 2).
- You receive care from an out-of-network provider (See Example 3).

### How it works

Using MedCents Advocacy Program is simple:

Step 1 – Log into the [flexwork.uhc.com](https://flexwork.uhc.com) member portal or call the customer service number on the back of your ID card to access the MedCents Advocacy Program. A MedCents representative will explain the entire process and documents needed.

Step 2 – Provide billing detail to MedCents.

Step 3 – MedCents will contact the provider's office and request a reduction in your balance and negotiate different payment terms to help you better manage your medical bills.

Step 4 – MedCents will contact you to advise if the provider is agreeable to provide a discount or improved payment terms.

## Here are a few situations where MedCents could potentially reduce medical bills.

	<b>Example 1</b> Sally's first outpatient knee surgery was covered by the Plan. However, she needed a second surgery which was not covered. She now owes the full charged amount.	<b>Example 2</b> Mary had a hospital stay which was covered by the Plan up to \$10,000. However, her balance exceeded her benefit. She now owes the non-covered charges.	<b>Example 3a</b> Ben owes \$0 because the service was in-network.	<b>Example 3b</b> Ben owes the full amount because the service was out-of-network and not covered by the health plan. <sup>1</sup>
<b>Medical plan</b>	FlexWork Enhanced Limited Medical Plan	FlexWork Enhanced Limited Medical Plan	FlexWork Standard Limited Medical Plan	
<b>Billed charges</b>	\$1,500	\$45,000	\$2,000	\$2,000
<b>Minus UnitedHealthcare network discount</b>	\$0 (Non-covered service)	(\$18,000)	(\$1,400)	\$0 (Non-covered service)
<b>Allowed amount after network discount</b>	\$1,500	\$27,000	\$600	\$2,000
<b>Minus member copayment</b>	\$0 (Non-covered service)	(\$2,500)	(\$50)	\$0 (Non-covered service)
<b>Balance before FlexWork insurance benefit</b>	\$1,500	\$24,500	\$550	\$2,000
<b>FlexWork insurance benefit</b>	\$0 (Non-covered service)	(\$10,000)	(\$550)	\$0 (Non-covered service)
<b>Total value of FlexWork network discounts and insurance benefits</b>	\$0 (Non-covered service)	(\$28,000) (\$18k network discount + \$10k plan benefit)	(\$1,950) (\$1,400 network discount + \$550 plan benefit)	\$0 (Non-covered service)
<b>Member balance after copay, network discounts, and insurance benefits<sup>2</sup> (amount subject to MedCents Bill Negotiation)</b>	\$1,500	\$14,500	\$0 (Member only responsible for \$50 copay)	\$2,000
<b>Illustrative MedCents negotiated discount<sup>3</sup></b>	(\$500) (33%)	(\$5,500) (38%)	n/a (no balance owed)	(\$500) (25%)
<b>Final reduced balance member owes provider<sup>3</sup></b>	\$1,000	\$9,000	n/a (no balance owed)	\$1,500

<sup>1</sup> Use United Healthcare network providers when possible. If you receive services from an out-of-network provider, you may be balance billed, which may mean higher out-of-pocket costs for you.

<sup>2</sup> Copays and non-covered items remain the member's responsibility and will not be considered eligible in the MedCents negotiation.

<sup>3</sup> For illustration only, actual amounts charged by providers vary.

## Learn more

Call the number on the back of your ID card to get started

# United Healthcare

Note: The MedCents Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.

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