

INSTRUCTIONS FOR GETTING YOUR (EOB) EXPLANATION OF BENEFITS



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Search

Go to:
<https://www.myuhc.com>

1. You will need your United Health Care ID Card to register
2. Please remember username & password for future use
3. If you have already registered, please sign in.

After signing in please continue to the next page

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En Español

Site Login

Have a Health Safe ID? [Sign in](#)

Username

Password

Login

[Forgot your username or password?](#)

Need a username and password?
Get a username and password through our free registration process for people enrolled in a UnitedHealthcare plan

Register Now

You must be 13 or older to register

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Watch video

Links and Tools

- Find Physician, Laboratory or Facility
- Find a Dentist
- Pharmacy Information
- Find a Form
- Find a Mental Health & Substance Use Provider or Facility
- Estimate Health Plan Costs
- Alternative Health/Chiropractic
- Pharmacy Locator
- Vision Provider

Common Questions

- What browsers are supported?
- How do I register?
- What if I don't have my ID card?

Related Websites

- uhclatino
- uhclatino mobile
- Source4Women
- Dominion Dental
- Other Languages
- 中文
- 한국어
- Tiếng Việt
- 日本語

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- Flu Shot Information
- UnitedHealthcare Implements Benefit Relief Measures to Assist Members, Clients and Providers Affected by Louisiana Floods
- Required State Notices
- When international travel medical insurance makes sense
- UnitedHealth Premium® Designated Physicians
- Health Insurance for those not covered by employer
- Dental Plans for those not covered under an employer's plan
- Short Term Health Insurance
- Health Savings Account
- Flexible Spending Account
- Commuter Expense Reimbursement Account
- Medical & Reimbursement Policies

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UnitedHealthcare

HEALTH CHECKLIST SAVED REWARDS HELP ENGLISH ACCOUNT PROFILE

HOME FIND CARE & COSTS CLAIMS & ACCOUNTS COVERAGE & BENEFITS PHARMACY HEALTH & WELLNESS

Home view for **JANE**
CHANGE MEMBER

MEDICAL & RX MEMBER ID: 801338390 VIEW & PRINT MEMBER ID CARDS

AFTER SELECTING WHICH MEMBER YOU WANT PLEASE SCROLL DOWN TO MEDICAL ACCOUNT SUMMARY

FIND DOCTORS AND FACILITIES *FIND A PHARMACY *FIND A MENTAL HEALTH CARE PROVIDER

*Selecting these links will route you to an external site.

COMMON SERVICES & COSTS VIEW ALL BENEFITS

PRIMARY CARE PROVIDER VISIT	SPECIALIST VISIT	URGENT CARE VISIT	EMERGENCY ROOM VISIT
You Pay: \$20 Copay	You Pay: \$35 Copay	You Pay: \$50 Copay	You Pay: \$100 Copay

VIEW ACCOUNTS & CLAIMS

MEDICAL ACCOUNT SUMMARY [VIEW ALL ACCOUNTS](#)

IN NETWORK ACCOUNTS - as of 12/09/2016

[EXPLANATION OF DEDUCTIBLE AND OUT-OF-POCKET MAXIMUM](#)

Ruby's Deductible

\$1,000 of \$1,000 Spent



Family Deductible

\$1,387 of \$2,000 Spent



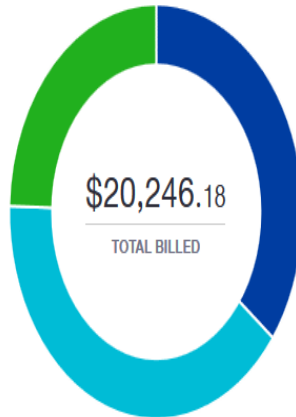
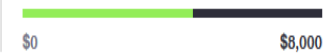
Ruby's Out-of-Pocket Max

\$3,590 of \$4,000 Spent



Family Out-of-Pocket Max

\$4,592 of \$8,000 Spent



TOTAL BILLED	\$20,246.18
● Health Plan Discount	\$7,171.45
● Health Plan Pays	\$8,108.83
● Patient Responsibility	\$4,965.90

Total Billed for Ruby as of 12/09/2016

RECENT CLAIMS [VIEW ALL CLAIMS](#)

Ruby's Claim Date of Service - 12/06/2016

PROCESSED - 12/06/2016

Ruby's Claim Date of Service - 12/01/2016

PROCESSED - 12/01/2016

UnitedHealthcare x +
 https://prd.myuhc.com/content/myuhc/en/secure/claims-account/account-balance.html

HOME FIND CARE & COSTS CLAIMS & ACCOUNTS COVERAGE & BENEFITS PHARMACIES & PRESCRIPTIONS HEALTH & WELLNESS

OVERVIEW ACCOUNT BALANCES CLAIM SUMMARY FORMS STATEMENTS MY DOCUMENTS

DEDUCTIBLE OUT-OF-POCKET MAXIMUM

APPLIED TO DATE REMAINING AMOUNT

The fixed dollar amount that you pay each year toward eligible health care services before your plan benefits are payable. Once the deductible has been met, the co-payment and/or coinsurance period of your plan may begin.

Jane Doe

IN NETWORK
 \$1,000.00 Applied to Date, \$0.00 Remaining

\$0 \$1,000.00

OUT OF NETWORK
 \$0.00 Applied to Date, \$2,000.00 Remaining

\$0 \$2,000.00

John Doe

IN NETWORK
 \$387.31 Applied to Date, \$612.69 Remaining

\$0 \$1,000.00

OUT OF NETWORK
 \$0.00 Applied to Date, \$2,000.00 Remaining

\$0 \$2,000.00

Family

IN NETWORK
 \$1,387.31 Applied to Date, \$612.69 Remaining

\$0 \$2,000.00

OUT OF NETWORK
 \$0.00 Applied to Date, \$4,000.00 Remaining

\$0 \$4,000.00

Congratulations this is your EOB

PLEASE PRINT THIS PAGE

2016 DEDUCTIBLE - \$1,000
 2016-you need to meet \$1,000 deductible to get back \$500.

2017 DEDUCTIBLE - \$1,500
 2017-you need to meet \$1,500 deductible to get back \$500.

WEBSITE FOR GAP CLAIM FORM:


<http://uca.edu/hr/files/2016/03/gapclaimform.pdf>

gapclaimform.pdf x +

uca.edu/hr/files/2016/03/gapclaimform.pdf

Page: 1 of 1

80%

 **Gap Claim Form** UCA Human Resources
HumanResources@uca.edu
501-450-3181

PLEASE RETURN TO HUMAN RESOURCES
BY MARCH 31ST DEADLINE

Staff ___ Faculty ___

EMPLOYEE INFORMATION

Employee Name (First, MI, Last) _____

Address _____ City _____ State _____ Zip _____

Daytime Telephone # _____ Work Phone # _____

Employee I.D. _____

PATIENT INFORMATION

Self Spouse Child

Patients Name _____

Date of Birth _____ Sex _____ Date of Service _____

Is this claim the result of a work related illness or injury? Yes No
If yes, please file with workers' compensation carrier first.

Attach the Explanation of Benefits (EOB) from the insurance carrier.

I certify that all information provided is correct and the claim(s) submitted are for myself or members of my family who are eligible. I authorize release of all information contained on this claim to my plan sponsor.

Signature _____ Date _____

PLEASE CONTINUE TO NEXT PAGE

VERY IMPORTANT:

After Human Resources processes your Gap Claim, we pass it on to Accounts Payable to pay you.

Accounts Payable will direct deposit your reimbursement into your checking/savings account.

If you have NOT set up a direct deposit with Accounts Payable, please do so now. The website for the Direct Deposit form is:

<http://uca.edu/financialaccounting/accounts payable/>

The image shows a screenshot of an Excel spreadsheet titled "Direct-Deposit-Form-Faculty-Staff-Students [Read-Only] - Excel". The spreadsheet contains a form for the University of Central Arkansas. The form is titled "UNIVERSITY OF CENTRAL ARKANSAS Accounts Payable/Travel Direct Deposit Authorization Form" and includes the fax number "501-450-5319".

The form includes several sections:

- Check Status:** A section with checkboxes for "Full-time Faculty", "Full-time Staff", "Part-time Faculty", "Part-time Staff", "Retiree", and "Student/GA".
- Employee Information:** Fields for "Employee Name" (First, Middle, Last), "Employee ID", "Work Phone", "Home Phone", "Department", and "E-mail".
- Enrollment/Change Options:** Checkboxes for "New enrollment", "Change in Current Bank and/or Account", and "Cancel Direct Deposit Participation".
- Authorization Text:** A paragraph stating: "I hereby authorize and request UCA to have my reimbursement/payment directly deposited to the designated checking or savings account as indicated. I also authorize UCA to initiate any correction (debit) entries to my account, should such entries be necessary. The financial institution named below is also authorized to make the same entries to my account. This authority is to remain in full force and effective until UCA has received written notification from me of its cancellation. I may give such notice at any time, but I must allow UCA a reasonable time after receipt to act upon it. I understand that UCA is not responsible for accuracy of the bank information I have provided and inaccurate information will delay the implementation".
- Priority Information:** A note: "Please read this section and completely fill out the required information. If you are making a change, you must complete all account information in order of priority. Please note Accounts Payable/Travel can't process pay cards."
- Check Account Information:** A section with checkboxes for "YES" (Please use the same check account that is currently being used for my payroll direct deposit.) and "NO" (A voided check is attached.).
- Bank Information:** Fields for "Bank Name", "Bank Routing Number", "Account Number", and "C=Checking S=Savings".
- Signature and Date:** Fields for "Employee Signature" and "Date".

At the bottom of the spreadsheet, there is a "NOTE: You must provide the bank name, routing number and account number even if it is the same one that is being used for payroll to ensure the correct bank account number is used." and a footer with "Sheet1", "Sheet2", and a zoom level of "75%".

PLEASE TURN IN THE 2 PAGES OF YOUR EOB THAT YOU WERE INSTRUCTED TO PRINT ALONG WITH THE GAP CLAIM FORM AND THE DIRECT DEPOSIT FORM TO HUMAN RESOURCES – WINGO HALL 106