Q: Why is UnitedHealthcare making changes to the current member cost estimator tool?

While the current transparency tool – the Health Care Cost Estimator – is an excellent tool with many advantages, we want to provide a greater level of specific care and cost estimates while integrating important treatment, benefit and provider quality information to improve the member's confidence in their health care decision-making tools.

- **We are listening to what members want.** Members have an increased financial responsibility for the care they receive; therefore, the need for provider-specific quality and price transparency becomes increasingly important. In addition, federal and state governments continue to emphasize the importance of member price transparency among providers and payers.

- **Help people lead healthier lives.** UnitedHealthcare is committed to helping people live healthier lives by making the information members need transparent and accessible so they can make better health care decisions that may deliver better results and outcomes.

- **Committed to investing in the future.** We strongly believe a well-informed health care member is an empowered one. And, we are committed to investing in the development of new tools and enhancing current ones to present this information to members in a more relevant, easy, accessible at-need, timely manner so they can use it to make informed health care decisions that may deliver better results and outcomes.

Q: When will the new tool be available?

The enhanced tool is planned for release in March 2012.
**Q: Where will the tool be available?**

At launch in March 2012, in the following **47 markets**, with additional markets being added in the future:

- Atlanta
- Austin
- Baltimore
- Baton Rouge
- Boston**
- Buffalo/Rochester
- Charlotte
- Chicago
- Cincinnati
- Cleveland
- Columbus
- Dallas
- Denver
- Detroit
- Fairfield, CT
- Florence, SC
- Hartford
- Houston
- Indianapolis
- Jacksonville
- Kansas City
- L.A., Orange and Ventura
- Las Vegas
- Long Island
- Miami
- Milwaukee
- Minneapolis*
- Monroe
- New York City
- Northern New Jersey
- Orlando
- Philadelphia
- Phoenix
- Portland
- Raleigh/Durham
- Rhode Island
- Sacramento
- San Antonio
- San Diego
- San Francisco
- Seattle/Spokane
- Springfield, MO
- St. Louis
- Tampa
- Utah
- Westchester/Hudson Valley
- Wilmington/LCF

*Limited Beta Release; Full Market released in 2nd Quarter

**Q: What if my client has employees who are not located within one of the 47 markets?**

Clients with employees not located in one of the 47 markets will continue to have access to the current treatment cost estimator tool on myuhc.com®.

**Q: What is the time frame for availability in the remaining markets?**

The remaining markets are being prioritized as part of a phased rollout throughout 2012 and 2013.

**Q: What is the cost for the health care cost estimator tool?**

The Health Care Cost Estimator is being made available to employers and their employees at no charge.

**Q: Can the Health Care Cost Estimator be customized?**

Yes; customization (e.g., company logo, flexible messaging) is available as a buy-up.

**Q: How will UnitedHealthcare be positioned vs. our competitors?**

Our tool will be very strongly positioned against third-party transparency vendors. Our Health Care Cost Estimator use historical data from the entire UnitedHealth Group benefits data set; not a single employer’s claim information or a subset of data from a group of employers. This statistically richer data set means that members will receive more accurate cost information for a specific service provided by a specific doctor or hospital – which is the level of detail they are looking for. While our competitors...
calculate costs using a single employer data set, UnitedHealthcare uses more than 250 million claims from over the last five quarters of our historic claims database. This deep base of historic claims data enables UnitedHealthcare to provide more accurate and comprehensive estimates.

Other carriers are building or enhancing their price transparency tools. The depth of data that supports our tool's accuracy, the simplicity of the user interface and amount of member health and financial information available, and the integration of member account balances maintained with OptumHealthSM Financial Services are significant differentiators for UnitedHealthcare's Health Care Cost Estimator. As we implement cost estimates based on current fee schedules and provider contracts, the level of accuracy in our cost estimates will be even higher.

Q: What are the key enhancements that will be available with the March 2012 release?

The most notable improvements include:

- **Physician and facility-specific medical cost estimates.** Our current Treatment Cost Estimator tool provides physician-specific price estimates and out-of-pocket costs; total and out-of-pocket cost estimates for facility-based services are delivered as market averages. We are continuing to evolve our transparency capabilities; the March 2012 release of the Health Care Cost Estimator will provide both provider and facility-specific estimates (total and out-of-pocket).

- **Enhanced user-friendly interface.** A brand-new user interface will provide a simple, engaging member experience:
  - The tool will be easy to navigate and more intuitive for the member – information will be presented to the member in a simple layout.

- **Estimate options.** Estimates can either be shown at the average market costs for the episode of care a member is considering, or personalized based on their benefits. Personalized estimates will include out-of-pocket costs, which reflect the member's specific plan design and benefit status.

- **Personalized Estimates.** The information presented to the member will provide key information, including total costs, out-of-pocket costs based on the member's benefit design, member spending account balances (for accounts maintained with OHFS), treatment options, and potential risks, benefits and outcomes for the treatments they are considering, so they can make more informed decisions about their health care.

- **Care Paths.** Members are “walked” through all the steps associated with the care they are evaluating, helped to select providers who will deliver that care, and shown the associated costs, so they have a clear picture of the full treatment and associated costs.

Q: What will the new health care cost estimator tool deliver?

A significantly improved member experience. The new tool includes not only cost data, but also incorporates quality rankings for providers and physicians to provide members with easy-to-understand information related to a comprehensive health care decision. It is designed to specifically deliver the following experience improvements for the member:

- **An intuitive “Care Path” that explains treatments and costs:** This is designed to help members understand the steps associated with the specific care they are evaluating and the associated costs for that care.
• Physician and facility-specific selections enable members to see market average and provider-specific costs. Consumers have the option to have a high-level overview of average costs for an at-a-glance estimate or a personalized estimate based on their specific choices for providers and facilities. Based on their specific benefits.

Additional improvements:

• Where permitted, provider quality data from UnitedHealth Premium Designation is integrated in the tool. The UnitedHealth Premium provides useful information about physicians and specialty centers, using national evidence-based guidelines for quality and local market benchmarks for cost efficiency. Designations are displayed in UnitedHealthcare online physician directories.

• Strong focus on member education about upcoming treatment and options, benefit coverage, and how to use account balances to fund out-of-pocket costs.

Over the next 12-24 months, enhancements to the tool, including further integration with our member support tools, are planned to substantially increase the value and information output of the tool.

Q: Is it realistic to expect all hospitals to participate in our pricing tool?

While there are hospitals that have contract language that explicitly prohibits a payer from releasing their negotiated rate information, we believe that situation will change over time.

• Health care reform and many state regulations are now requiring that hospitals release charge and reimbursement data to the state, and to the public, or that health plans publish cost estimator tools for their members.

• Pricing data is getting more and more exposure. Competitors and third parties like Castlight, Aetna, Thompson-Reuters and others have already launched pricing tools that reflect provider-specific cost estimates.

In keeping with the importance we place on network stability and provider relationships, we have, and will continue to, actively engage with key providers as we develop and enhance the tool. All our contracted providers will be notified about the new tool prior to launch in their markets. Where legal requirements are imposed on the tool, we will comply with them. We will continue to engage directly with large hospitals, physician groups and hospital associations in order to share with them what the market demands, as well as UnitedHealthcare’s plans and approach.

Q: What are the Exchange regulations on transparency?

The short answer is that the PPACA legislation requires greater price transparency. Here are some more details:

• All products must include a coverage facts label with examples to illustrate the costs of common benefits scenarios, including pregnancy and serious or chronic medical conditions and related cost-sharing. In this case, costs will be based on market averages – and won’t be payer-specific – but the label will educate members on their potential out-of-pocket costs.
• The Exchanges will require qualified health plans to educate individuals on the amount of cost-sharing (deductibles, copayments, and coinsurance) under their plan or coverage with respect to a specific service delivered by a participating provider. At a minimum, this information will be available through an Internet website.

• Each hospital will establish, update, and make public a list of standard charges for items and services provided based on DRGs defined by the federal or state government.

In addition, many states are releasing physician and facility charges and third-party payments at a service level through member databases, or are requiring providers to make this information available to members.

Q: What are the tool enhancements that are planned for 2012?

The 2012 planned enhancement releases include:

• Estimates based on current provider fee schedules, supplemented by historic claims as needed
• Mobile cost estimator application
• Expanded services and additional markets
• Full integration with the eSync clinical platform
• Care Paths

For more information visit uhc.com or contact your broker, consultant or UnitedHealthcare representative today.