

# Find Care & Costs Tool for UnitedHealthcare Members

## How Cost Estimates Are Calculated

## Overview

We've developed mobile and online resources to give our members health care cost estimates based on their health plan and location. The **Find Care & Costs** tool on **myuhc.com**<sup>®</sup> combines provider search and cost transparency, allowing members to view and better understand their health care estimated costs so they can make more informed decisions.

### How It Works

After a member signs in to myuhc.com and their health plan benefits are confirmed, they can select the Find Care & Costs tool. The tool calculates their out-of-pocket costs for more than 800 common medical services across more than 650 episodes of care, using the member's health plan benefits.

For a given provider, Find Care & Costs displays:

- The local or market average cost for a particular service or procedure
- The estimated cost for that care provider
- The estimated amount the employer or health plan will pay
- The estimated member out-of-pocket cost

### How We Calculate Cost Estimates

For a care provider's costs to be displayed in the tool, they first must have a specialty or facility type that has a high frequency of performing the selected service. We then use a combination of historical claims data and real-time contracted rates to display the most current cost estimates for specific care providers and services.

For specialties and facilities that aren't considered high-frequency, the tool looks for claims history as evidence that a care provider performs that service and, if so, displays the applicable current contracted fees or rates for that care provider or facility. If the fee schedule information is not systematically available or applicable based on the contracted rate type, we use the median historical claim value for the estimate.

- The median is based on the "allowed amount" of the claim, which is the contracted amount that the care provider agreed to be paid for the service.
- For percentage of charge contracts, we use the current contract percent of charge rate applied against the median billed charge amount for that procedure from historical claims data billed by that care provider.

To display an estimate that's based on the historical average claim data for a particular care provider and procedure, the care provider must have met a minimum threshold of five qualified claims for that procedure or a related procedure during the period. The time period for dates of service for the claims reviewed is for the prior year, unless the care provider hasn't met the minimum threshold – in which

case, the time period is expanded to include claims with dates of service during the prior two years. The cost data is refreshed quarterly, so the time period is a rolling year or two years prior.

Once the total cost estimate is calculated, we then apply the member’s benefits (the coinsurance or deductible for the particular service at the time the estimate is calculated) to determine the portion of that cost estimate that would be the member’s estimated responsibility, and the estimated portion that would be paid by the employer or health plan. The Find Care & Costs tool displays these costs, as well as the market average cost. For some services, if a care provider is not selected at all for the service, and/or a fee or claim average is not available for the specific provider selected, the estimate will be priced using the market average for the service. We then compare the estimated cost to that of other care providers in the local geographic area and categorize the provider into one of the following levels:

- **“Below Average”** (displayed in green): The care provider’s cost estimate is in the lowest 25% for the local area.
- **“Meets Average”** (displayed in gray): The care provider’s cost estimate is in the middle 50% for the local area.
- **“Above Average”** (displayed in red): The care provider’s cost estimate is in the highest 25% for the local area.

## Treatments and Procedures

Members can search and choose specific providers and facilities for each step of the care experience to generate an out-of-pocket estimate. Top services are selected for the estimates based on the most frequently performed services. We account for the type of facility in which the service is performed, the geographic region in which the service is provided, whether the care provider participates in our network, the severity of the member’s illness or health condition and the complexity of the service.

Here’s an example of how we may categorize services:

Service Type	Service/Procedure Examples	Services Included in Estimate
Physician	<ul style="list-style-type: none"> <li>• Acute bronchitis</li> <li>• Chiropractic (various services)</li> <li>• Ear infection</li> <li>• Echocardiography (various)</li> <li>• Electrocardiogram (various)</li> <li>• High blood pressure</li> <li>• Office visits (various specialties)</li> </ul>	<ul style="list-style-type: none"> <li>• Use of facility equipment and supplies</li> </ul> <p>And</p> <ul style="list-style-type: none"> <li>• Services by in-network care providers in the same geographic market</li> </ul>
Preventive	<ul style="list-style-type: none"> <li>• Preventive office visits (various specialties)</li> <li>• Screening mammogram</li> <li>• Screening colonoscopy</li> <li>• Vaccines</li> </ul>	

Service Type	Service/Procedure Examples	Services Included in Estimate
<b>Cancer</b>	Cervical, skin, breast, colon, esophageal, etc.  Note: See inpatient and outpatient sections in this chart for more details.	<ul style="list-style-type: none"> <li>Fees for participating care providers and facilities performing the specified procedure (including placement/removal of port-a-cath and specialized radiation blocks)</li> <li>Professional fees for anesthesiologists (participating and non-participating if billed for the case)</li> <li>Ancillary charges ( radiology, laboratory, pathology, radiation)</li> <li>Outpatient charges include services performed on the same day as the outpatient procedure</li> <li>Facility fees for operating rooms, equipment and radiation or chemotherapy supplies</li> </ul> Note: For inpatient services, a consistent length of stay is used to estimate facility costs for fixed rates.
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>Complete blood count</li> <li>Glucose levels</li> <li>Hemoglobin</li> <li>Lipid panel</li> <li>Thyroid-stimulating hormone</li> <li>Urinalysis</li> <li>Vitamin D</li> </ul>	<ul style="list-style-type: none"> <li>Use of facility equipment and supplies</li> <li>Fees for lab services by a technician</li> <li>Facilities and/or care providers participating in the market's network</li> </ul>
<b>Radiology</b>	<ul style="list-style-type: none"> <li>CT scan (abdomen, chest, pelvis, brain, etc.)</li> <li>MRI (knee, lumbar spine, brain, etc.)</li> <li>Ultrasound (various)</li> <li>X-ray</li> </ul>	<ul style="list-style-type: none"> <li>Technical and professional services</li> <li>Use of facility equipment and supplies</li> <li>Professional fees to interpret images</li> <li>Facilities and/or care providers participating in the market's network</li> </ul>
<b>Outpatient</b>	<ul style="list-style-type: none"> <li>Cancer procedures or surgeries (radiation, biopsies, etc.)</li> <li>Diagnostic colonoscopy</li> <li>Ear, nose and throat surgeries (tonsil removal, ear tubes, sinus endoscopies, etc.)</li> <li>Endoscopy</li> <li>Gastrointestinal surgeries (hernia)</li> <li>Orthopedic surgeries (total hip replacement, total knee replacement, knee arthroscopies, etc.)</li> <li>Reproductive system surgeries (hysterectomy, ovarian cysts, vasectomy, etc.)</li> <li>Emergency room services</li> </ul>	<ul style="list-style-type: none"> <li>Fees for participating network care providers and facilities performing the specified procedure</li> <li>Fees for anesthesiologists (participating and non-participating if billed for the case)</li> <li>Ancillary charges (radiology, laboratory, pathology and anesthesia services)</li> <li>Outpatient charges (include services done on the same day as the outpatient procedure)</li> <li>Facility fees for operating rooms, equipment and supplies (apply only when care provider and facility services are performed on the same date)</li> </ul> Note: For inpatient services, a consistent length of stay is used to estimate facility costs for fixed rates.

## Estimated Cost Data

You may request to view your estimated cost data displayed in the Find Care & Costs tool. Reports will be provided upon request.

## We're Here to Help

If you have questions or you'd like to request a Find Care & Costs report, please contact your network representative. Thank you.

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