



Welcome to NationCare

SELECTHEALTHSM PRESENTS NATIONCARE, a plan designed for Utah-based employers with out-of-state employees. We have teamed up with Corporate Benefit Services of America (CBSA) and Guarantee Trust Life Insurance Company (GTL) to offer an innovative solution for out-of-state health coverage.

Under the SelectHealth NationCare plan, employers cover their Utah resident employees through SelectHealth and their out-of-state employees through NationCare. To ensure consistency and convenience, SelectHealth provides the rates and administers enrollment, eligibility, and billing for both in- and out-of-state employees.

ADVANTAGES

NationCare offers the following features to employers with out-of-state employees:

- Access to over 60 PPO networks
 - National networks (e.g., PHCS, First Health)
 - Regional networks (e.g., Tennessee Healthcare, Texas True Choice)
- Significant discounts—vary by network and location
- Consolidated enrollment, eligibility, and billing for employers
- Centralized claims processing and customer service for all non-Utah employees—allows for consistent plan administration
- Consistent plan designs—employers can offer out-of-state employees a PPO plan design that is very similar to SelectHealth's Plus plans

A WINNING PARTNERSHIP

The strength of the NationCare plan lies in the commitment and experience of the three partners:

SelectHealth—your local healthcare partner with a national reputation for quality and service.

Corporate Benefit Services of America (CBSA)—a national Third Party Administrator (TPA) that administers claims adjudication, utilization management, and customer service.

- Located in Minneapolis, Minnesota
- Licensed in all states requiring TPA licenses
- One of the largest TPAs in the nation (top 5 percent by volume)
- 30 years of TPA experience

Guarantee Trust Life Insurance Company (GTL)—the national insurance company that issues the group health contract to the employer. The out-of-state membership is insured under their contract, but the employer and employees do not interact with them directly.

- Located in Glenview, Illinois
- Licensed in all states (except New York)
- 70 years of underwriting and insurance experience

ROLES AND RESPONSIBILITIES

The administrative functions of each partner are as follows:

SelectHealth

Marketing/Sales

- Provides plan marketing and sales
- Recommends agents and brokers for appointment by GTL
- Pays commissions to agents/brokers
- Processes all correspondence with agents/brokers
- Performs group renewal and account servicing

Enrollment

- Processes enrollment forms, change forms, etc.
- Maintains eligibility files and records
- Sends HIPAA-compliant enrollment file to CBSA weekly

Underwriting

- Underwrites business based on rules, regulations, and guidelines approved by GTL

Billing

- Bills employer groups
- Collects premiums and remits to GTL/CBSA

CBSA

Member Materials

- Issues Certificate of Insurance, ID Cards, Rx fulfillment kit, and other materials for NationCare members



PPO Networks

- Contracts with national and regional PPO networks

Customer Service

- Handles customer service inquiries
- Administers appeals process for GTL

Claims Processing

- Processes and reprices claims for the various PPO networks

Pharmacy Benefits Management

- Coordinates with Scrip World to administer pharmacy benefits

Utilization Management

- Provides UM through Guided2Health (a fully owned CBSA subsidiary with URAC accreditation for Case Management and Care Management)

GTL

Contracting

- Creates and files the group contract and forms

Underwriting

- Assumes risk for NationCare membership
- Approves underwriting guidelines

SALES AND ENROLLMENT PROCESS

Large Employer

Brokers for large employers should contact their SelectHealth sales representative to obtain a NationCare quote for out-of-state members. The sales process will work as follows:

1. The SelectHealth Sales department assists with PPO selection and plan design.
2. SelectHealth underwriters issue a proposal for in- and out-of-state membership.
3. Upon acceptance of the proposal, a NationCare group application is submitted to SelectHealth.
4. The SelectHealth Sales department orders enrollment guides and enrollment forms, as well as transition letters for employees moving from an out-of-area Select ChoiceSM plan.
5. Enrollment forms are completed and submitted to SelectHealth.
6. SelectHealth processes enrollment forms and submits an eligibility file to CBSA.
7. CBSA sends an Rx fulfillment kit, Certificate of Insurance, Schedule of Benefits, and ID Cards to employees.

Small Employer

1. Brokers for small employers will select out-of-area coverage through Broker Exchange. This shows Utah street rates only. Health and area rate-up is applied later in the process.
2. SelectHealth's Small Employer Underwriting department separately rates the out-of-state portion of the group and enters the final rates (including health and area factors) in Broker Exchange.
3. Broker submits or withdraws the group.
4. A separate Group Application and Execution Section is required for the group's NationCare membership. PPO selections for each state where employees reside are included in the group application.
5. Enrollment forms are completed and submitted to SelectHealth.
6. SelectHealth processes enrollment forms and submits an eligibility file to CBSA.
7. CBSA sends an Rx fulfillment kit, Certificate of Insurance, Schedule of Benefits, and ID Cards to employees.

ID CARDS

Each employee will receive two ID Cards: one for medical benefits and one for pharmacy benefits.

CONTINUATION OF COVERAGE

COBRA enrollment forms for out-of-state employees terminating coverage should be submitted to SelectHealth. CBSA will administer plan benefits until COBRA eligibility expires or members terminate coverage. This is communicated to CBSA on the eligibility file submitted by SelectHealth.

Conversion benefits for out-of-state members who exhaust COBRA or who are otherwise eligible for Conversion coverage will be administered by Celtic. Contact CBSA to receive state-specific information.

PROBLEM RESOLUTION

Brokers and employers should contact their SelectHealth sales representative for problem resolution.

NationCare members should contact a CBSA Service Center Representative at 800-847-8361 for plan information and claims resolution. This telephone number is also located on the employee's medical ID Card. 2. SelectHealth's Small Employer Underwriting department separately rates the out-of-state portion of the group and enters the final rates in Broker Exchange.



Underwriting Guidelines

LARGE EMPLOYERS

- Out-of-area rates will be blended (i.e., only one set of out-of-area rates will be issued for all out-of-area members, regardless of location).
- Out-of-area rates can be separate from in-area rates or blended together for one set of rates across the group, depending on group/broker preference.
- Eligibility guidelines
 - A maximum of 50 percent of employees may reside outside the state of Utah
 - Must meet SelectHealth standard participation guidelines

SMALL EMPLOYERS

Guarantee Issue

We will follow the Utah guarantee issue requirements for out-of-area membership. If eligibility and participation guidelines are met, the group will be guaranteed issuance.

Group Eligibility Guidelines

- A minimum of ten employees must be enrolled in the group.
- A minimum of two out-of-state employees must be enrolled.
- No more than fifty percent of enrolled employees can reside outside the state of Utah.
- Groups renewing a NationCare plan with eight or nine enrolled employees that otherwise meet all NationCare criteria will be allowed to renew one time. After this one renewal, they will not be able to renew again on the existing NationCare plan unless they come into full compliance with the guidelines for the number of enrolled employees at the time of the next renewal.
- Participation guidelines will be applied separately to in- and out-of-state employees. Example: The group has 25 enrolled employees—20 employees in Utah, five employees out-of-state. In-state participation must be at least 75 percent, out-of-state participation must be 100 percent (based on five out-of-state, not 25 total enrolled employees for the group).
- No group health coverage other than NationCare may be offered to out-of-state employees.
- All out-of-state employees/locations must be offered NationCare. Example: The group cannot offer NationCare to its employees in Nevada but withhold the option for its employees in Arizona.

- For existing groups, NationCare can only be offered at renewal. If an employer without NationCare acquires employees outside the state of Utah during the plan year, they cannot cover them until they add NationCare at group renewal.
- Applications and health statements will be needed for the out-of-state employees on existing business to appropriately rate the overall group.
- All NationCare-enrolled employees must reside outside the state of Utah. Exceptions are not extended to employees who travel frequently or live near the state border.
- If the group has a NationCare offering, the entire group must have full maternity coverage. The \$5,000 deductible on HMO/Plus plans is not available, and the option to exclude maternity coverage on HealthSave plans is also not available.

Minimum Contribution

The employer must pay at least 50 percent of the single employee coverage premium for out-of-state employees.

Rating

- Group census will be submitted through Broker Exchange.
- The in- and out-of-state portions of the group will be rated separately. This is due to the Utah portion of the group being underwritten by SelectHealth, and the out-of-state portion of the group being underwritten by Guarantee Trust Life Insurance Company. This will most often result in a different rate-up for the in- and out-of-state portions of the group.
- The rate for out-of-state coverage will be adjusted according to the geographic location(s) of enrollees. Changes in the out-of-state rate may occur at renewal as the result of changes in the geographic locations of out-of-state enrollees.
- The out-of-state rate-up will be blended for all out-of-state employees.



NationCare Plan Options

NationCare PPO plans are very similar to SelectHealth’s Plus plans. Benefits and rates for NationCare are driven by the options selected for the group’s in-area population insured through SelectHealth. Participating deductibles, out-of-pocket maximums, coinsurance, etc. will be consistent for the entire group. There may be some differences in the benefits for nonparticipating providers.

PLAN DIFFERENCES

The NationCare plan filed by GTL follows Utah statutes and regulations. However, CBSA will administer mandated benefit coverage according to the regulations of the state of residence for the insured. In the event the state of residence has a benefit that contradicts a benefit required by Utah, the more generous of the benefits will be administered.

Some differences, other than state-mandated benefits, exist between SelectHealth plans and NationCare plans. For example, each plan has a few unique exclusions and limitations in the contract. The following table is intended to identify the primary benefit design differences between NationCare PPO plans and SelectHealth’s Plus plans. This list is not exhaustive. For more complete coverage information, please contact your SelectHealth sales representative.

SelectHealth/NationCare Benefit Design Comparison		
Benefit	SelectHealth	NationCare
Office Visit Copay Differential	Different copay amounts for PCPs and SCs.	No copay differential for office visits.
Diagnostic Test Coverage	Major and minor diagnostic tests are paid under separate benefits.	All diagnostic tests are paid under the same benefit—coinsurance after deductible.
Mental Health and Chemical Dependency (MHCD) Deductible and Out-of-Pocket (OOP) Maximum	Large Employer—MHCD deductible and OOP that is separate, but equal to, the medical deductible and OOP.	Large Employer—No separate MHCD deductible or OOP.
Rx Benefit on HSA-Compatible Plans	Rx copay/coinsurance applies after the deductible is met.	Prescription drugs are covered at the medical coinsurance after the deductible is met. Members on HSA-compatible plans must pay the discounted price for prescription drugs and submit pharmacy receipts to CBSA.
Visit Limit for Outpatient (OP) Rehabilitation Therapy	OP rehabilitation therapy is limited by therapy type. Visit limits are calculated separately for physical, occupational, and speech therapy.	OP rehabilitation therapy has a combined limit for all therapy types.
Dependent Maternity	Small Employer—Maternity services for dependents other than the subscriber’s spouse are not covered.	Small Employer—Maternity services for all dependents are covered.
Prospective Review	Participating providers are required to prenotify SelectHealth of certain services.	Pre-certification by the insured is required on inpatient services. Penalty for no preauthorization is \$250 per day (not to exceed 50 percent of the allowed charges).
Prescription Drug Formulary	SelectHealth determines the formulary, including which drugs require preauthorization.	Scrip World determines formulary and which drugs require preauthorization.
Supplemental Accident Coverage	Available as an optional rider.	Not available.
Infertility Coverage	Limited coverage available.	Not available.



SelectHealth/NationCare Benefit Design Comparison

Benefit	SelectHealth	NationCare
Sexual Dysfunction Coverage	Large Employer—Available as an optional rider. Small Employer—Not available.	Not covered.
Office Surgery	Large Employer—Minor office surgery is paid under the office visit benefit. Major office surgery is paid under a separate coinsurance benefit.	Large Employer—Both minor and major office surgeries are paid under a coinsurance benefit.
	Small Employer—Both minor and major office surgeries are paid at the office visit copay benefit.	Small Employer—Both minor and major office surgeries are paid at a coinsurance benefit.
Bariatric Surgery Coverage	Large Employer—Available as an optional rider.	Not available.
Emergency Room Benefit	Participating ERs have a lower copay than nonparticipating ERs but all are paid as an in-network benefit.	All ERs have the same copay and are paid as an in-network benefit.
Out-of-Network Deductible and Out-of-Pocket	Large Employer—Variable.	Fixed at 2x or 3x the corresponding in-network amounts.
Out-of-Area Care	Only urgent and emergent care received outside the service area is covered under in-network benefits.	Care received outside the service area from national network providers and facilities is covered under in-network benefits.



NationCare PPO Networks

STATE PPO SELECTION

With NationCare, the employer will select one Preferred Provider Organization (PPO) network for each state with employee residents. The network selected for each state is called the State PPO. The PPO networks available for selection consist of national PPO networks (e.g., First Health, PHCS) and regional networks (e.g., Idaho Physicians Network, Universal Health Network). SelectHealth sales representatives can provide network recommendations to the employer/broker. The State PPO selection for each state will be entered on the GTL Group Application. This selection applies to all employees living within that state, as well as their dependents enrolled on the same policy.

It is very important the employer and broker understand that failing to capture a selection for all states with employee residents will result in a delay of enrollment and ID Card distribution. Members cannot be included in the electronic eligibility file that is sent to CBSA without a valid PPO selection for the employee's state of residence.

PARTICIPATING PROVIDERS

Members must use participating State PPO network providers and facilities within their state of residence in order for in-network benefits to apply. The appropriate PPO network logo for the employee's State PPO will appear on the front of the ID Card.

Members can verify provider participation status by contacting the network directly or by visiting CBSA's Web site and clicking on "links" to access the PPO's Web site. Members requiring additional assistance or verification can contact a CBSA Service Center Representative at 800-847-8361.

"WRAP-AROUND" PPO NETWORK COVERAGE

For NationCare subscribers residing in a state where a regional network (as opposed to a national network—First Health or PHCS) has been selected as the State PPO, the First Health network will act as a "wrap-around" network for services outside their state of residence. A phone number is available on the back of the medical ID Card to help members locate a wrap-around network provider or facility.

Subscribers residing in states where a national network has been selected as the State PPO do not need a wrap-around network. Their national network can be used nationwide to receive in-network benefits.

Note: For Utah residents on SelectHealth plans, Beech Street continues to provide PPO discounts for out-of-area travel.

RECEIVING IN-NETWORK BENEFITS

Members receive in-network benefits in the following situations:

When using providers within their state of residence that participate in their State PPO.

The PPO network that is selected for the employee's state will be the only option for in-network benefits within their state of residence. If they travel outside the PPO service area, but are still within their state of residence, they will receive in-network benefits for emergency care only.

When using providers outside their state of residence that participate in their State PPO.

Claims from providers who participate on the member's State PPO network will be processed at the in-network benefit even if the provider is located in another state. Example: the member lives in Colorado where their employer has selected Sloans Lake as the state PPO network. The member visits a participating Sloans Lake provider in Wyoming. The claim will be processed at the in-network benefit because the provider participates on their State PPO.

When using providers outside their state of residence who participate on the "wrap-around" network.

When outside the subscriber's state of residence, in-network benefits are available by using providers who participate on the "wrap-around" network. This applies to all covered services.

When using Emergency Room services.

All ER services are paid at the in-network benefit.

In all other situations, members will receive out-of-network benefits.