

United Healthcare Children's Foundation

The United Healthcare Children's Foundation is a 501(c)(3) non-profit charity dedicated to facilitating access to medical-related services that have the potential to significantly enhance either the clinical condition or the quality of life of the child and that are not fully covered by the available commercial health benefit plan. This "support" is in the form of a medical grant to be used for medical services not covered or not completely covered by commercial health benefit plans.

What are the grants?

The grants provide financial relief for families who have children with medical needs not covered or not fully covered by their commercial health benefit plan. The Foundation aims to fill the gap between what medical services/items your child needs and what your commercial health benefit plan will pay for.

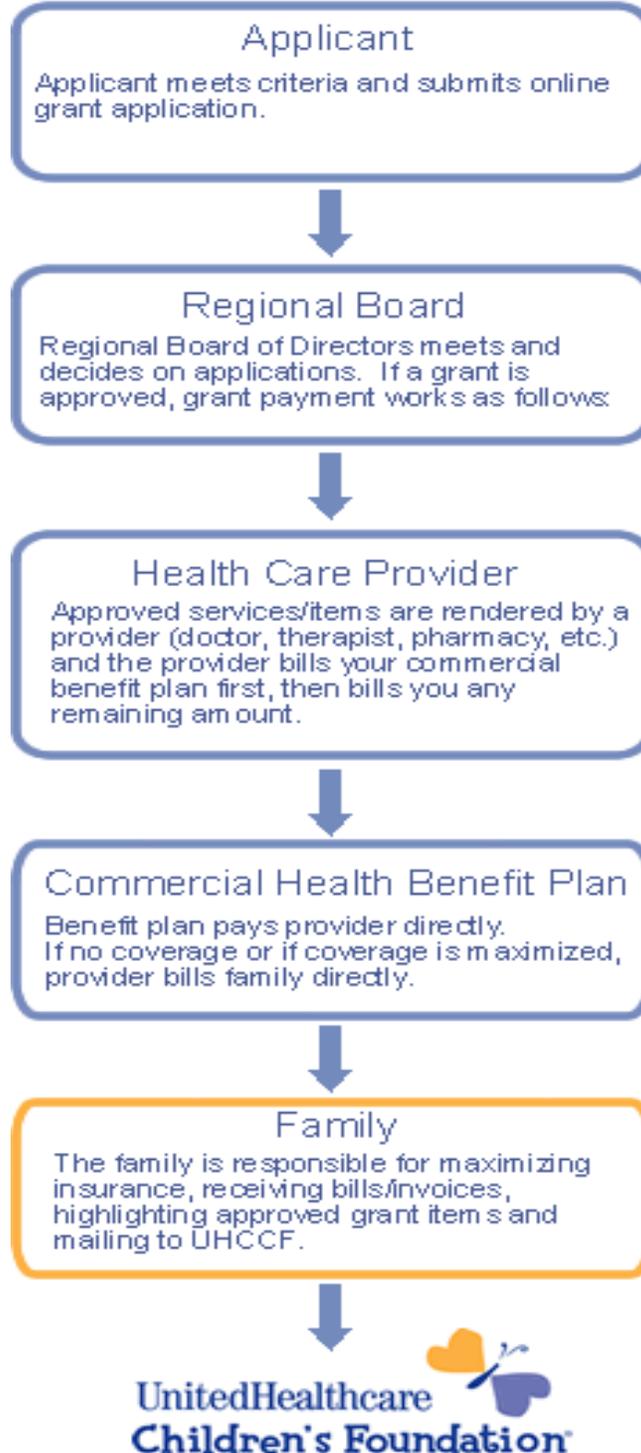
How does the grant work?

If a grant is approved by the Regional Board of Directors for your child, the grant will help pay for approved medical services/items after your commercial health benefit plan submits payment, if any. The grant funds are not paid to you or the child outright - you work with the Foundation on submitting invoices/bills for approved medical services/items after your commercial health benefit plan submits initial payment (if any) to the health care provider (see graphic to the right).

How do I apply for a grant for my child?

First, go to our review the information contained on this page to make sure you understand what the grant is and how it works. Then, review our application criteria and application checklist. If you meet the Foundation's criteria and have all the items listed in the checklist, then you can apply for a grant online at http://www.uhccf.org/apply_applicant.html.

Overall Process



Grant Application - Criteria

Please carefully read the criteria. Applications submitted that do not meet the criteria will not be considered. The Foundation may also request additional information from you after the application is submitted.

In evaluating applications, the Regional Board will consider applications based on the following criteria:

1. The United Healthcare Children's Foundation has a specific set of items that are excluded from grant consideration.
2. The applicant must be 16 years old or younger and live in the United States and receive and pay for care/items in the United States.
3. The applicant must be covered by a commercial health benefit plan and limits for the requested service are either exceeded, or no coverage is available and/or the costs are a serious financial burden on the family. The United Healthcare Children's Foundation requires a commercial health benefit plan. A commercial health benefit plan is defined below:

Included

- Your commercial health benefit plan is offered through:
 - Your commercial (private) employer. Example: most grant applicants whose parent works for a commercial entity will have this type of health insurance.
 - Your health benefit plan is offered through a commercial health plan that you individually purchased. Example: small business owners, sole-proprietors, etc.
 - Your health benefit plan is offered through your employment with a town, city, state or federal government. Example: teachers, police officers, active duty or civilian military duty, etc.

Excluded

- Medicaid, Medicare, SCHIP (which may be called various names by each state), HIS or other state or federally subsidized health insurance programs given to those without insurance or with low incomes.

4. The potential of the intervention to significantly enhance either the clinical condition or the quality of life for the child, the financial status of the family and the severity of the child's illness. If a grant is approved, services must be provided by a trained, and if appropriate, licensed professional.
5. Financial need of the child's family will be evaluated and documented through information provided on the application and by submission of a photocopy of the most recently filed Federal tax return (Internal Revenue Service 1040,

1040-A, or 1040-EZ). The following scale will be used to determine financial eligibility:

Your Family Size As reported on your IRS 1040	Adjusted Gross Income As reported on your IRS 1040
2	\$50,000 or less
3	\$75,000 or less
4	\$100,000 or less
5 or more	\$125,000 or less

6. Awards will NOT be granted to individuals in families whose Adjusted Gross Income (AGI) exceeds the scale.
7. Other financial resources to meet the health care need are not available.
8. The amount awarded to an individual within a 12-month period is limited to either \$5,000 or 85% of the fund balance, whichever amount is less. Awards to any one individual are limited to a lifetime maximum of \$10,000.
9. Grant recipients who are awarded less than \$5,000 may re-apply for another grant once the current grant funds have been completely exhausted. The 12-month \$5,000 limit (or 85% of the fund balance) and \$10,000 lifetime maximum limits apply.
10. An application must be submitted prior to the child's 17th birthday.
11. The health care professional is to be paid directly; exceptions can be made to reimburse the family if adequate documentation is submitted showing the health care professional has been paid.
12. Applications are to be reviewed by a health care professional appointed by the Foundation to determine the medical appropriateness of the treatment.
13. Grant awards are retroactive to sixty days prior to the date of application and have an expiration date of approximately one year, unless the funds are exhausted prior to the expiration date. The grant will NOT cover any medical costs outside this date range.
14. Applicants who are not approved by the Regional Board must wait a period of twelve months before re-applying, unless the medical condition and requested items have significantly changed from the original request.
15. In order to apply for your child, the child must live with you 51% or more and be listed as a dependent on your most recently filed IRS 1040. If the child is not listed on your most recently filed IRS 1040, then we need a copy of both your most recently filed IRS 1040 and the most recently filed IRS 1040 on which the child is listed as a dependent.

Grant Application - Checklist

- Your child's social security number.
- Name, phone number and policy number of your child's current commercial health benefit plan. *Medicaid, Medicare, SCHIP (which may be called various names by each state), HIS or other state or federally subsidized health insurance programs given to those without insurance or with low incomes are not eligible.*
- A brief description of your child's medical condition(s).
- A description of the medical treatment, medical therapy, etc. your child's doctor has specifically prescribed. You can list up to five medical items in the application.
- Your monthly or one-time out of pocket cost of the medical treatment, medical therapy, etc. Out of pocket cost information should be what you pay after insurance, OR what you pay if insurance does not cover the item. If you do not know your monthly or one-time out of pocket cost information, please work with your provider and insurance company to determine your out of pocket cost. Do not overestimate your costs.
- How much of the cost, if any, your health insurance will help pay for.
- The child's primary care medical doctor (M.D. or D.O.) name, phone number and mailing address.
- An outline of your finances - monthly income, monthly expenses and total assets (bank accounts, investments, 401(k), etc.).
- The Foundation will request that some paper work be sent to us via mail at the end of the online application. We will ask for:
 - A one-page letter from an M.D. or D.O. that very clearly answers the following questions:
 - What is the child's specific medical condition(s) and diagnoses?
 - What specific impact does the child's medical condition(s) have on the child's life? (This may include medical, social, mental, etc.)
 - What specific therapy, treatment and/or medical services does the doctor recommend?
 - Why does the doctor recommend these?
 - Has the child received the therapy, treatment and/or medical services before? If yes, have they been effective?
 - What result does the doctor hope to achieve with this therapy, treatment and/or medical services?
 - Your IRS 1040 from the previous tax year that specifically lists your child as a dependent. We require the 2010 IRS 1040.
 - If you are requesting help with anything that your insurance company will not cover at all (0%), we will ask for proof. Proof will be a letter from your commercial health insurance company, or a copy of your benefits handbook that clearly states what is not covered, or an EOB, dated within the last sixty days, that shows what is not covered.
- The Foundation may also request additional information from you after the application is submitted.

