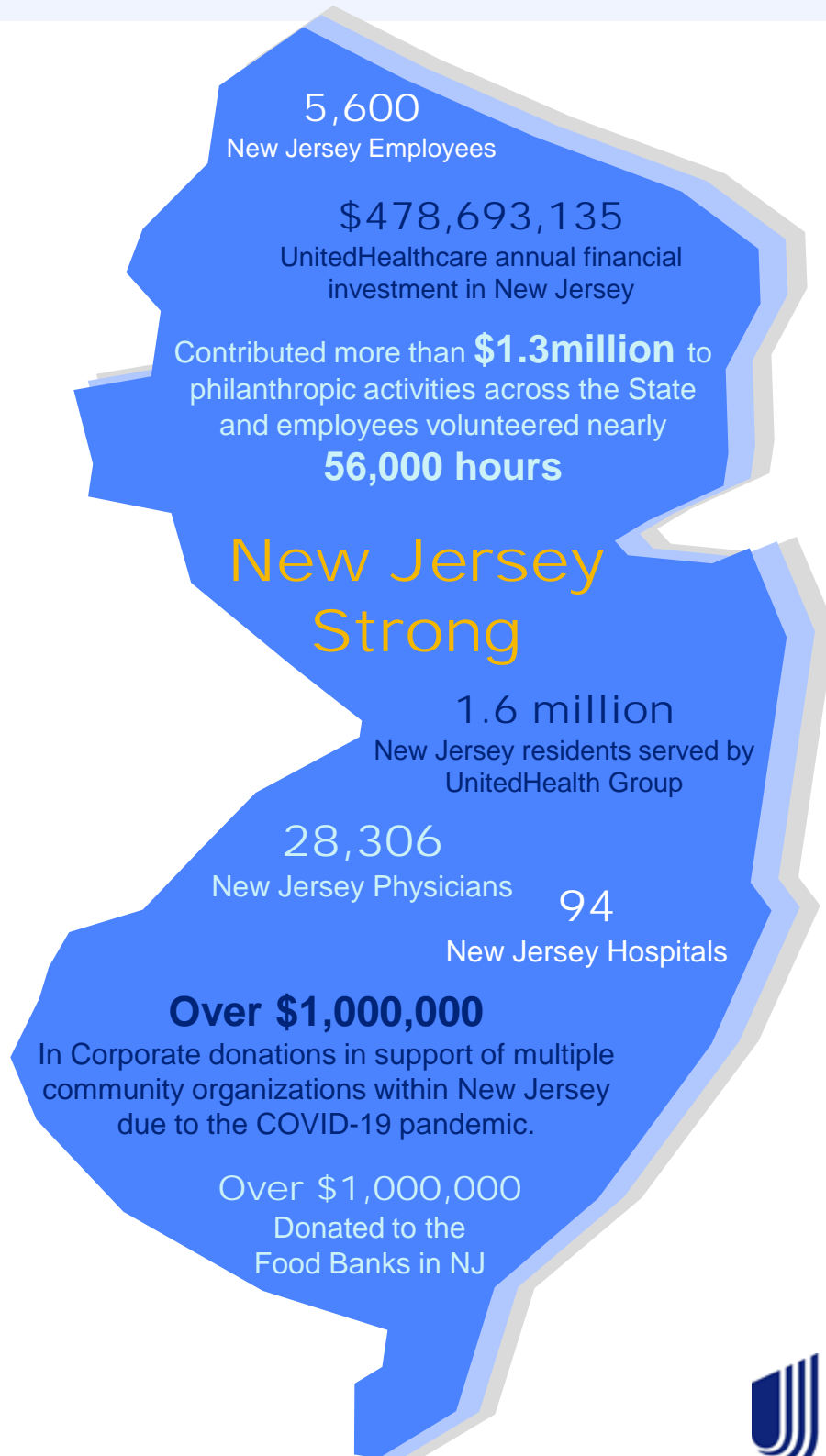


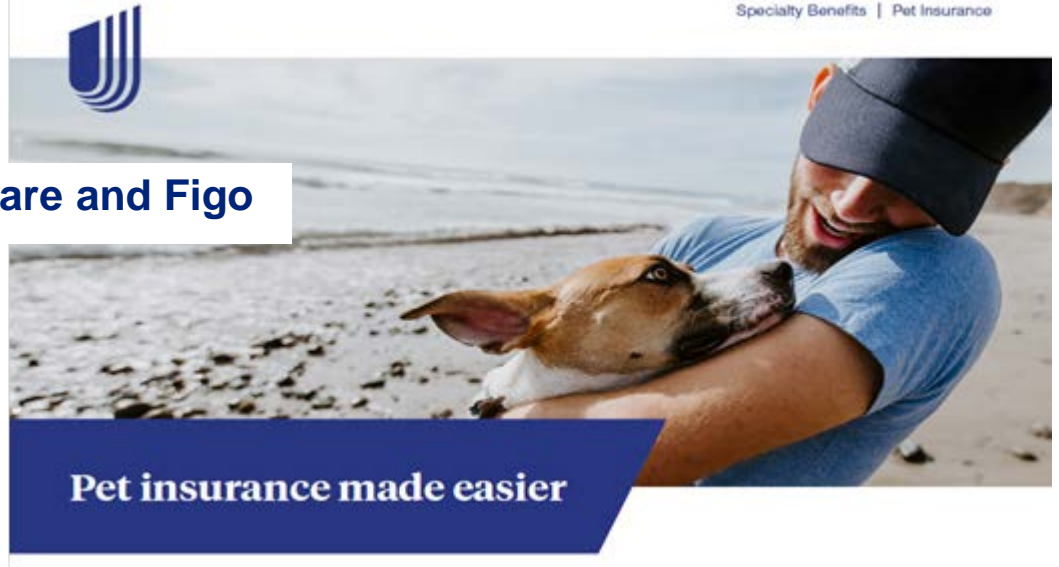


# March Broker Blast

## UnitedHealthcare New Jersey Health Plan



# Medical Updates



## Woof! UnitedHealthcare and Figo

**UnitedHealthcare and Figo – an award-winning technology and service company offering a complete set of tools to help make pet owners’ lives easier – are partnering to offer a group discount on pet insurance.**

**This is only available for Key Account groups (100+) only effective 5/1/21. This can be implemented on a group’s renewal date or off their renewal date.**

Approximately 66% of households have at least one pet\*, and 95% of pet owners consider their pets a part of their family\*\*. Pet owners want to take good care of their furry family members, but veterinary costs continue to rise.

### Advantages of pet insurance

Designed to help ease employee financial worries, pet insurance may also help employers increase retention, attract top talent and improve culture. In addition, pet-inclusive benefit policies can help create deeper connections, while increasing attraction, engagement, retention and reliability.\*\*\*

- **Satisfaction – 15%** have an increase in satisfaction with their employer.
- **Appreciation – 17%** have a higher appreciation for their employer benefits.
- **Retention – 14%** would decline a job offer unless pet insurance was offered.
- **Attraction – 19%** are more likely to recommend their employer to others.

\*Extensis, June 17, 2019

\*\*Pet Life Today, 2020

\*\*\*HABRI. 2018, "The Impact of Pets: At Work and Beyond"

### How it works

Figo offers three pet insurance plans, a wellness selection, and customizable deductible and reimbursement options. Since these plans are based on a reimbursement model, patients may visit any licensed veterinary practice, emergency hospital or specialist – anywhere in the world.

Every pet insurance policy includes access to chat with a live veterinarian 24 hours a day, seven days a week via the Figo Pet Cloud® mobile app with no copay or limit to usage. When an urgent pet medical question arises, they can connect with a licensed veterinary professional anytime, anywhere. This benefit is included with all policies.

**Please feel free to share with your Key Account (100+) groups and contact your Account Executive and Field Account Manager if you have any questions or to move forward!**



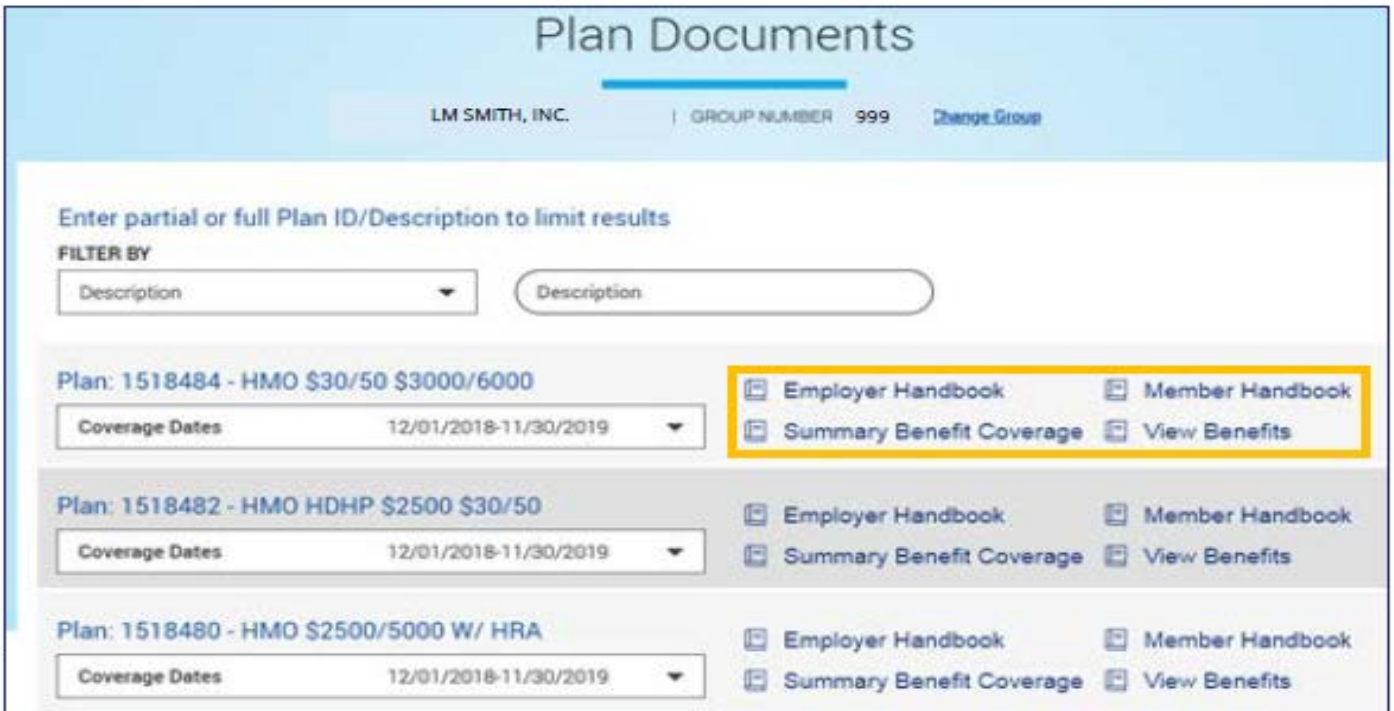
# Medical Updates

## Summary of Benefits and Coverage (SBCs) Auto-Email

Please be advised that Summary of Benefits and Coverage (SBCs) will **no longer be set via email.**

Brokers can now find Summary of Benefits and Coverage (SBCs) and other Plan Documents under the “Plan Documents” tab on uhceservices.com.

If you do not have access to uhceservices.com, please reach out to your Dedicated Client Service Manager or Group Services.



# Medical Updates

## UnitedHealthcare Motion

The UnitedHealthcare Motion® program is designed to help motivate employees to get and stay active. It promotes regular exercise and rewards participants with deposits into their health savings account (HSA) or a prepaid debit card if they have an HSA.

Motion is available as a **buy up option**.

### How Motion works.

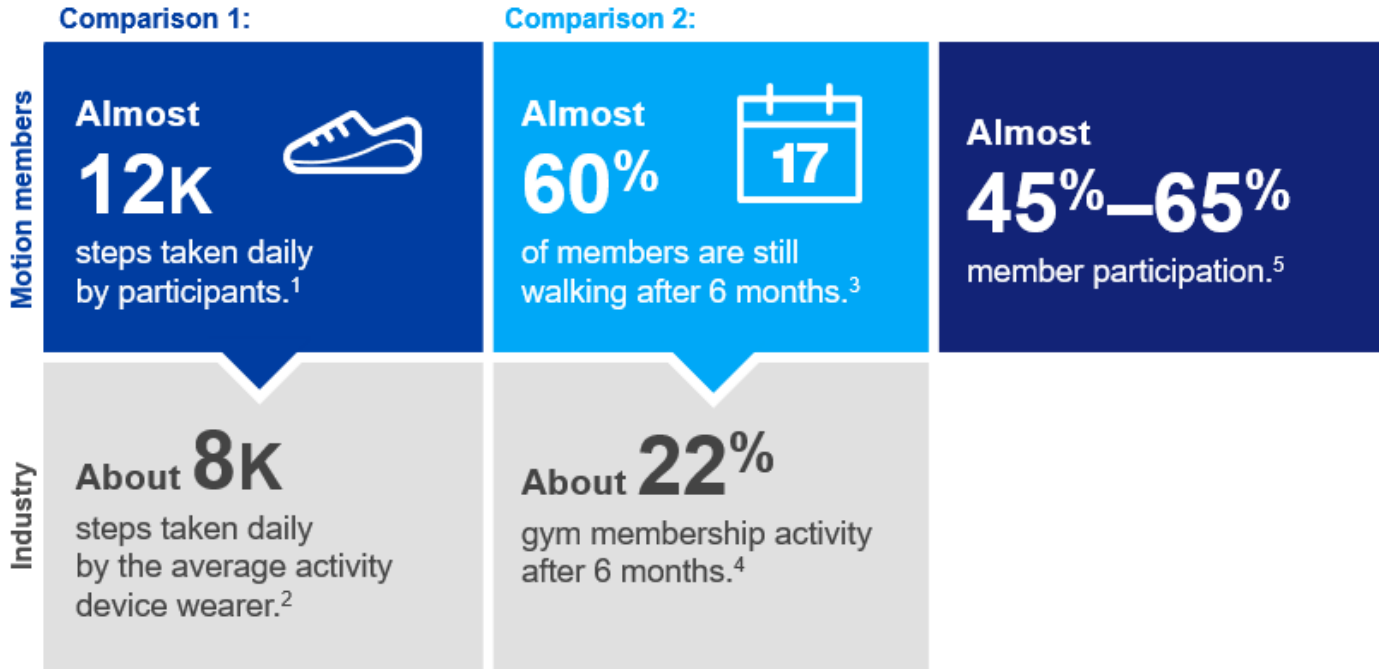
- 1 Employees receive a welcome email from you and/or Oxford.
- 2 Eligible employees and covered spouses create an account on [unitedhealthcaremotion.com](https://unitedhealthcaremotion.com) and select<sup>5</sup> an activity tracker from the website, or use their own Motion-compatible activity tracker. A “registration credit” can be applied to purchased devices or taken as a reward if using their own device.<sup>6</sup>
- 3 Purchased devices are delivered to the employee’s home.
- 4 Participants set up their device, begin walking or completing other eligible activities to meet daily FIT and participation goals, and sync their device daily.
- 5 Every day, participants may earn a \$3–\$4 incentive, deposited quarterly into their HSA or prepaid debit card, if they have an HSA.<sup>7</sup>

Four Ways to Earn <sup>1</sup>	HSA or Prepaid Debit Card
<b>F</b> <b>Frequency.</b> 300 steps in 5 minutes; 6 times a day, at least 1 hour apart.	\$1
<b>I</b> <b>Intensity.</b> 3,000 steps in 30 minutes or 30 minutes performing other eligible activities.	\$1
<b>T</b> <b>Tenacity.</b> 10,000+ total daily steps.	\$1
<b>Participation.</b> 2,500+ steps per day with no FIT rewards.	\$3/day \$1,095/year



# Medical Updates

## UnitedHealthcare Motion (continued) Results to date.



<sup>1</sup> 2018 internal analysis of 37,082 Motion participants who recorded at least 1 step in 2018.  
<sup>2</sup> Fitbit® analysis of over 10 million users from June 2015 to June 2016. "The State of Health & Fitness in America." fitbit.com/activity-index.  
<sup>3</sup> 2018 internal analysis of 20,330 Motion participants in Key Accounts who recorded steps between Oct. 1, 2015, and June 1, 2018.  
<sup>4</sup> Sperandei, S et al. 2016. "Adherence to Physical Activity in an Unsupervised Setting: Explanatory Variables for High Attrition Rates Among Fitness Center Members." *Journal of Science and Medicine in Sport*. 19 (11): 916–20.  
<sup>5</sup> Internal analysis of registered Motion members in UnitedHealthcare book of business, 2018.



### A new fitness service. Powered by Apple Watch.

- UnitedHealthcare Motion® enrollees with Apple Watch® will receive five months' access to Apple Fitness+ at no additional cost Jan. 1 through June 30, 2021.
- Members will have access to on-demand workouts, including high-intensity interval training (HIIT), strength, yoga, dance, core, cycling, treadmill (for running and walking), rowing, and mindful cooldown.



**Contact your Account Executive for additional information!**





# Medical Updates

## Real Appeal®

Weight issues in the U.S. have reached epidemic proportions. It's estimated that over seven out of ten adults (73 percent) are considered overweight or obese.\* Health care costs directly related to excess pounds were estimated at \$480 billion in 2016 and have continued to rise.\*\* Being overweight increases the risk of developing diseases, such as heart disease, type 2 diabetes, hypertension, high blood pressure and sleep apnea.

Real Appeal can help reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions.

Real Appeal specializes in knowing how to help people to join in and stay with a program. It empowers employees by balancing clinically proven science with engagement strategies in ways that are scalable for employers and inspiring for your employees. Real Appeal may help employees lose weight, feel good and, most importantly, help prevent weight-related health conditions.

### Here's what sets Real Appeal apart from other programs:

- **Pay-for-performance** versus pay-for-session attendance
- **Billed as medical expense** and paid via claims—no copay or deductible
- Focuses on **multiple components** of weight loss
- Impacts several **chronic conditions**
- **Year-long program** with group classes
- **Interactive experiences** with aspirational messaging

### Employer Advantages:

- Direct-to-consumer marketing principles leading to improved member engagement
- Potential for reduced weight-related health conditions in employee population leading to reduced medical costs
- Improved employee satisfaction

### Member Advantages:

- Customized plan for each member
- Engaging content and robust resources inspire members to take action
- Builds confidence through a clear path of small, actionable changes
- Motivation and expert support through ongoing coaching

Participants receive the below Success Kit after they attend their first group session.



\* Centers for Disease Control and Prevention (CDC); "Obesity and Overweight"; <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>; Page last reviewed January 11, 2021; Accessed January 20, 2021.

\*\* The Milken Institute; "America's Obesity Crisis: The Health and Economic Costs of Excess Weight"; <https://milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight/>; Page published September 22, 2020; Accessed January 20, 2021.

# Medical Updates

## Wellness in a Virtual World

### United at Work Presentations

At UnitedHealthcare, our mission is to help people live healthier lives. That’s why we offer United at Work, a health and wellness presentation series. Available 24/7, these United at Work presentations with audio were created to help educate, increase health risk awareness and encourage healthier behaviors.

<p><a href="#">Breathing for Better Health</a></p>	<p>This presentation covers the benefits of better breathing techniques and how this impacts our overall health. Suggestions for better breathing strategies are covered along with a focus on diaphragmatic breathing and good practices to help you improve your breathing techniques.</p>
<p><a href="#">Choosing Care</a></p>	<p>The goal of the Choosing Care presentation is to help individuals make more informed decisions about where they access care. This presentation will review care setting options, the services offered at the various care settings and the difference in cost between the care setting options.</p>
<p><a href="#">Computer Vision Syndrome</a></p>	<p>In this presentation we will define Computer Vision Syndrome and discuss possible causes and symptoms of this condition. Reviewing the diagnosis, treatment, and prevention of Computer Vision Syndrome will also be covered.</p>

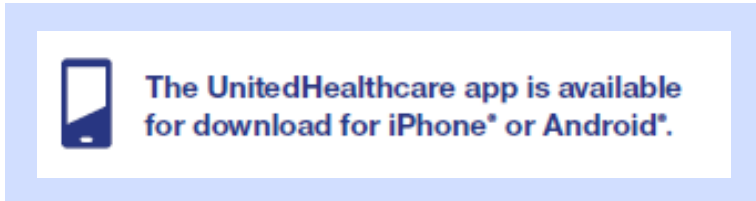
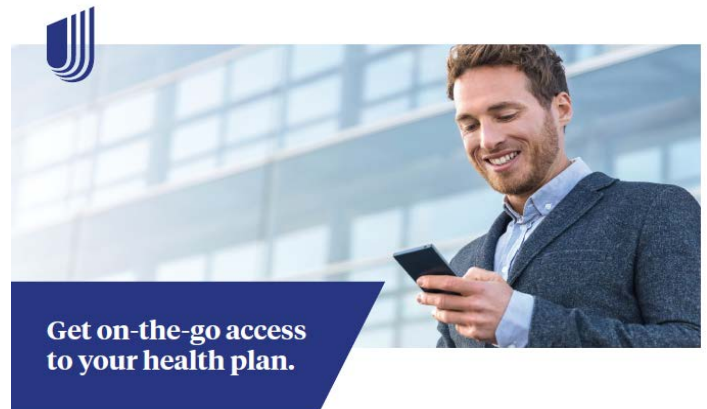
**Please reach out to your Account Manager for a full list of podcasts!**

## The UHC App

The UnitedHealthcare® app puts a member’s plan at their fingertips!

When you’re out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.\*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.



# Medical Updates

## UnitedHealthcare and UnitedHealthcare Global address health care challenges for members

### Domestic and international benefits – Better, together

With health care experiencing extraordinary change, now is the time to share and reinforce how UnitedHealthcare and UnitedHealthcare Global are better together, combining domestic and international benefits, and why it is a value-add for customers.

### Seven ways UnitedHealthcare and UnitedHealthcare Global bring value to customers:

1. Coordinated account management
2. One customer platform
3. International plan that provides global coverage, including within the U.S.
4. Single member portal
5. Access to the Choice Plus network
6. Transition and reintegration support for globally mobile employees
7. Well-being solutions

## Out-of-pocket maximum for group health plans announced for 2022

The proposed 2022 out-of-pocket maximum (OOPM) for group health plans is outlined below

Maximum OOPM for 2022 plan year	Maximum OOPM for 2021 plan year
Self-only: \$9,100	Self-only: \$8,550
Family: \$18,200	Family: \$17,100

This amount is adjusted annually by the U.S. Department of Health and Human Services (HHS) and was released in the annual *Notice of Benefit and Payment Parameters* on Dec. 4, 2020. There is an approximate 6.4% increase above the 2021 parameters of \$8,550 for self-only coverage and \$17,100 for other than self-only coverage.

The annual OOPM requirement applies to most non-grandfathered group health plans, regardless of whether the plan is fully insured or self-funded (ASO). It does not apply to grandfathered, Transitional Relief and retiree-only plans. The OOPM includes copayments, deductibles, and coinsurance amounts associated with both medical and pharmacy covered benefits.

High-deductible health plans with health savings accounts (HSAs) have limits that are different, including OOPM, deductible and contribution limits. UnitedHealthcare is still awaiting Internal Revenue Service (IRS) final rules for 2022 HSA limits historically released in May, and will communicate the information once available.





# Medical Updates

## PCORI extended additional 10 years; PCORI fees due July 31

The Patient-Centered Outcomes Research Institute (PCORI) fee helps fund research that evaluates and compares health outcomes, clinical effectiveness, and risks and benefits of medical treatments and services. The fee, effective 2012-2029, is treated like an excise tax by the Internal Revenue Service (IRS).

- For plan and policy years that end on or after Oct. 1, 2020, and before Oct. 1, 2021, the PCORI fee is **\$2.66** per covered life.
- For plan and policy years that end on or after Oct. 1, 2019, and before Oct. 1, 2020, the PCORI Fee is **\$2.54** per covered life.

As a reminder, the PCORI fee is assessed on all covered lives – including employees, retirees, spouses and dependents. The final PCORI fee is due July 31, 2021.

**Fully insured groups:** UnitedHealthcare is responsible for filing [IRS Form 720](#) and paying the fee for fully insured coverage. The company will submit the required payment by July 31. UnitedHealthcare customers do not need to take any action. Fully insured customers with self-funded (ASO) health reimbursement accounts and flexible spending accounts are required to pay the fee on each employee covered under the account.

**ASO groups:** Employers and plan sponsors are responsible for submitting [IRS Form 720](#) and paying the PCORI fee by July 31. Instructions for completing the form will be posted on the IRS website.

ASO groups may use one of three available counting methods:

- Actual count method,
- Snapshot method, or
- Form 5500 method

**Level Funded (All Savers®) groups:** Employer groups' membership information will be posted to the employer website. Customers are required to complete and file the [IRS Form 720](#). For general questions, contact Broker Services at **866-405-7174**.

## Check out new website for brokers and consultants – bookmark today!

Brokers and consultants have a new and improved way to engage with UnitedHealthcare through the launch of the Broker and Consultant site on [uhc.com](#)

We're excited to tell you about the launch of a [new website \(https://www.uhc.com/broker-consultant\)](https://www.uhc.com/broker-consultant) for brokers and consultants from UnitedHealthcare. This site is all about making your job easier. It's about providing you with the right information for your clients—when you need it.

The new site has a comprehensive view of UnitedHealthcare's [products and solutions](#). It includes succinct breakdowns of our medical, dental, specialty, Rx and behavioral products and gives you access to sell sheets and other one-pagers you can download and send directly to your clients.

It also includes a section on the latest [news and strategies](#) from UnitedHealthcare. You'll find information on everything from recent COVID-19 developments to our strategic approach to [lowering costs](#) for your clients and their employees.

Please make sure you bookmark and use this site as part of doing business with us. We'll be updating it regularly, and we want to make sure you have the latest information from UnitedHealthcare, as soon as it's available.



# Medical Updates

## Federal No Surprises Act

On Dec. 27, 2020, Congress passed – and President Trump signed – the No Surprises Act as part of the Consolidated Appropriations Act (the “Act”). The No Surprises Act, which is a law (not guidance), goes into effect for plan or policy years beginning on or after Jan. 1, 2022.

The surprise billing legislation establishes federal standards to protect patients from balance-billing for defined items and services provided by specified doctors, hospitals and air ambulance carriers on an out-of-network basis. The federal law applies to individual, small group, Level Funded, and large group fully insured markets and self-insured (ASO) group plans, including grandfathered plans.

The legislation caps patient cost-sharing at in-network levels and requires providers to work with insurers/health plans to negotiate remaining bills. If insurers/health plans and providers are unable to reach an agreement, an Independent Dispute Resolution (IDR) process, sometimes called arbitration, is established to determine the reimbursement amount.

The IDR entity will choose either the insurer/health plan or provider offered amount. In making this decision, the IDR entity can consider factors, including the median contracted amount, the provider’s market share, the provider’s training and experience, and the severity of the patient’s condition.

**Note:** The law does not apply if the member chooses to receive services from an out-of-network provider.

The Act applies to three types of health care providers and facilities:

1. Out-of-network emergency covered items and services
2. Covered medical items and services performed by an out-of-network provider at an in-network facility
3. Out-of-network air ambulance items and services

Please refer to the attached No Surprises Act External Overview and FAQ under Related Links for more details. This document will be updated as details are clarified through future guidance, including how the federal law and existing state surprise bill legislation coordinate, and how UnitedHealthcare determines its approach.



## Mental Health Parity guidance requires analysis of non-quantitative treatment limitations

Recent guidance under the Appropriations Act focuses on the non-quantitative treatment limitations (NQTL) and requires that health plans and issuers must perform and document comparative analyses of the design and application of NQTLs on Mental Health/Substance Use Disorders (MH/SUD) and Medical/Surgical (M/S) benefits, beginning Feb. 11, and make them available to regulators upon request.

**Note:** NQTL documentation typically includes a side-by-side analysis of M/S and MH/SUD of NQTLs.

### 2021 Consolidated Appropriations Act updates

New Mental Health Parity guidance was included in the 2021 Consolidated Appropriations Act, which requires that:

- Insurers are legally responsible for Mental Health Parity and Equity Addition Act (MHPAEA) compliance for fully insured plans and some Medicaid plans (e.g., Medicaid Managed Care Organizations).
- Self-funded (ASO) customers are legally responsible for their plans but often ask UnitedHealthcare, as a third-party administrator, or other vendors to assist them in meeting their compliance obligations.

Mental Health Parity requires parity for:

- **Financial requirements** that apply to MH/SUD benefits be “no more restrictive” than the predominant financial requirements applied to substantially all medical benefits covered by the plan. Examples include:
  - Deductibles
  - Coinsurance
  - Copays
  - Maximum out of pocket
  - Excludes lifetime and annual dollar limits
- **Quantitative Treatment Limitations (QTL)** for financial or limits must be comparable and applied no more stringently for medical and MH/SUD services. Examples include:
  - Visit
  - Day
  - Treatment limits
- **NQTL** parity also applies to plan limits that are not expressed as numeric limits. These NQTLs must also be comparable and applied no more stringently for MH/SUD benefits. NQTL includes how services are accessed (e.g., geographic service area or network limitations) and under what conditions services are covered (e.g., medical necessity and prior authorization requirements). Examples include:
  - Medical management standards limiting or excluding benefits based on medical necessity/appropriateness (e.g., prior authorization, concurrent review, retrospective review)
  - Experimental/investigational exclusions
  - Formulary design
  - Standards for admission to participate in a network, including reimbursement rates
  - Step therapy requirements
  - Methods for determining Usual and Customary Reimbursement or Reasonable and Customary charges
  - Credentialing, network adequacy

### Responsibility of NQTL analysis

- UnitedHealthcare is responsible for providing and documenting the analysis for fully insured plans.
- ASO customers are legally responsible for MHPAEA compliance for both QTLs and NQTLs.

### QTL testing

- **ASO groups:** Optum offers QTL testing to ASO customers when requested (for a fee).

### Supporting ASO customers: NQTLs

UnitedHealthcare and Optum do not currently offer NQTL comparative analysis services. However, UnitedHealthcare and Optum can provide information on their standard processes that would feed into the NQTL comparative analysis.



# Medical Updates

## Introducing uhceservices.com

We are pleased to make available our new business-to-business website, [uhceservices.com](https://uhceservices.com), to our New York and New Jersey Oxford fully insured employers and their brokers this fall. The new website will provide access to the same information as on [oxfordhealth.com](https://oxfordhealth.com), with an easier-to-use interface and new functionality. The new website is already being used with our Connecticut Oxford fully insured employers and their brokers.

### What this means for you

You will receive an email from us inviting you to register on the new website. Use the **Register Now** link within the email to access [uhceservices.com](https://uhceservices.com) for the first time. If you support Connecticut Oxford fully insured business, you may already be registered with the website. Please note that the invitation to the new website will be sent to the email address we have on file for you. If you wish to confirm an email address, contact your Oxford sales representative or call Client Services at **1-888-201-4216**.

While you will start using [uhceservices.com](https://uhceservices.com) to conduct the majority of your upcoming business administration in place of [oxfordhealth.com](https://oxfordhealth.com), New York and New Jersey small group employers and their brokers **will continue to use [oxfordhealth.com](https://oxfordhealth.com) to access IDEA** for new business quoting, renewals and enrollments.

In the coming weeks, our sales staff will be contacting you to answer any questions you may have on [uhceservices.com](https://uhceservices.com). We will also hold producer webinars and make communications available for your use and reference.

For your convenience we are offering monthly overview sessions. Please register for the date that best fits your schedule.



**Wednesday, March 17**

10 a.m.

**Register Now**



# Medical Updates

## Oxford Level Funded Health plans are designed to give you more!!

Discover savings, freedom and stability with Oxford Level Funded health plans. Designed to meet the challenges of rising health care costs, Oxford Level Funded is built to give your business more flexibility and options, including access to the large proprietary UnitedHealthcare network and the OptumRx® network of pharmacies. Refer to the attached OXLF Producer Guide to find out more information on a product that provides cost control, a variety of plan designs, and interactive wellness products.

---

## All Savers Virtual Training

All Savers® Alternate Funding plans help give your small business clients more choices. Like multiple plan designs, wellness programs and alternate funding—designed to help employers find the right balance between managing costs and offering affordable, quality medical benefits.

### Learn more through online training.

In 5 short sessions,\*you'll learn about All Savers Alternate Funding product components, rates, renewals, reporting and wellness capabilities. You can easily access these training presentations 24/7 from anywhere. Each session takes just 10 to 15 minutes to complete. **Choose from:**

[What Is Alternate Funding?](#)

[Eligibility, Quoting and Taxes](#)

[Real Appeal® and Wellness Programs](#)

[All Savers Employer Monthly Reporting](#)

[All Savers Alternate Funding DocuSign Training Guide](#)





## With Benefit Ally, relief is in sight.

Whenever employees experience a health crisis, their primary focus should be on their health—not on their medical debt. As their employer, you can help by offering UnitedHealthcare Benefit Ally™. A suite of supplemental health products bundled with your medical plan, Benefit Ally automatically pays out a financial benefit when an eligible medical event is identified. Here are some examples:



### Accidents

- Emergency room visits
- X-rays
- Physical therapy



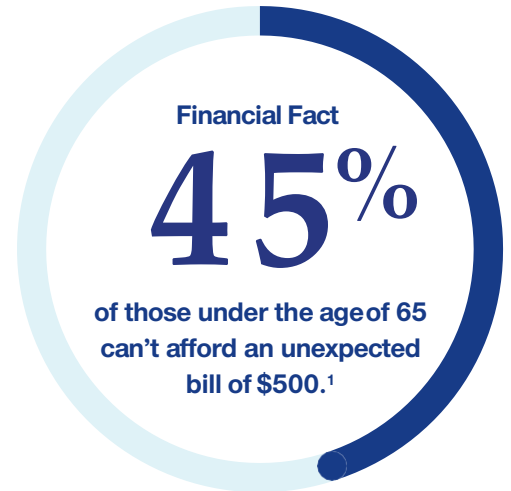
### Critical Illness

- Cancer
- Heart attack
- Stroke



### Hospital Indemnity

- Hospital or ICU admissions or stays



## Offering support that benefits both you and your employees.

### For you:

- Simplifies administration because it eliminates duplication of work.
- Helps you offer solutions built to lessen your employees' financial burden.
- May help attract and retain staff.
- Available at a competitive price.

### For your employees:

- Helps lessen the financial burden of critical care for employees — and their covered family members, too.
- Saves time because cash payments are automatically sent to the employee when an eligible medical event is identified.
- May lead to greater employee satisfaction.

## Here's an example of Benefit Ally at work.

Say your employee, Jack, fractures his leg and needs emergency care and crutches. Even with his health plan, the injury sets Jack back because of his deductible expenses. See how a Benefit Ally plan can help.\*

Initial care/hospital care		Follow-up care/common injuries	
Emergency room visit	\$100	Crutches	\$100
Diagnostics: X-ray	\$50	Follow-up physician visit	\$50
Initial physician visit	\$50	Fracture benefit	\$750
<b>Total payment to Jack:</b>	<b>\$200</b>	<b>Total payment to Jack:</b>	<b>\$900</b>

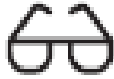
Jack receives a check for

**\$1,100**

and he can use it however he chooses.

## Contact your UnitedHealthcare representative for more information.

## LensCrafters



Effective Dec. 21, 2020, UnitedHealthcare Vision secured a contract with LensCrafters® as an expansion of its partnership with the Luxottica® brands (Target® and Pearle Vision®) that participate in the commercial network.

LensCrafters – an international retailer of prescription eyewear and prescription sunglasses – has 1,214 participating locations and 3,176 providers. Of these, 62% of the providers are contracted vs. employed by Luxottica. Several providers at LensCrafters locations will need to be contracted individually. UnitedHealthcare Vision is currently reaching out to those providers.

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## 1800 Contacts



Effective 1/1/2021, 1800 Contacts will become our newest online provider. They are the largest contact lens supplier in the USA, based in Draper, UT. 1800 Contacts has over 45M contact lenses available, including brands like Johnson & Johnson, Ciba Vision, Bausch & Lomb and CooperVision. Eligible members can apply their non-selection contact lens allowance by logging in at [1800contacts.com](https://www.1800contacts.com) and selecting the insurance link.

---

## Customers can save even more when they bundle their plans.<sup>1</sup>

Help customers get a 5% second year rate cap when they add a dental plan by July 1, 2021.



The guidelines:

- Effective dates are January 1, 2021 – July 1, 2021.
- Group size 2 – 100 eligible lives.
- Offer not available to groups situs in RI, WI, WA, FL (2-50), ACEC groups.



**Earn big smiles  
with guaranteed dental rates.**



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<sup>1</sup>Minimum participation requirements may apply for bundling programs. Bundling programs are not available for all group sizes. Please consult your UnitedHealthcare representative for more details.

## See more health plan savings with uBundle for groups of 51 plus lives in New Jersey



As a fully insured customer you can save up to 4 percent on medical premiums when bundling your UnitedHealthcare medical plan with UnitedHealthcare dental, vision, life, disability and supplemental health plans. Bundling also helps simplify the administrative experience and provides your employees with a more competitive benefits package.



\*For new business effective Jan. 1, 2019 or later. Ask for details.

Add to that simpler administration and dedicated support — plus **Bridge2Health®** integration, which gathers actionable data to close gaps in care, reduce costs and improve productivity.



**Dental**  
11M+ members<sup>2</sup>  
104K+ unique network providers<sup>2</sup>



**Vision**  
19M+ members<sup>2</sup>  
100K+ network private practice and retail chains<sup>2</sup>



**Life, Disability and Supplemental Health**  
1.5M+ members<sup>2</sup>  
20+ years of experience<sup>2</sup>

<sup>1</sup>Subject to uBundle rules, coverage and participation requirements. uBundle and certain specialty plans may not be available in all states or for all group sizes. Components subject to change. Ask your UnitedHealthcare representative for details. <sup>2</sup>UnitedHealthcare internal membership and network reports, October 2018.

## uBundle Medical Cost Savings

uBundle medical cost savings will apply to new qualifying ancillary lines of coverage if the group is in the 51-300 segment based on state counting methodology (in-force specialty lines of coverage are not eligible for uBundle medical cost savings). For group sizes 51-100 this began on 9/1/2020 and for key accounts on 12/1/2020.



<sup>1</sup>Minimum participation requirements may apply for bundling programs. Bundling programs are not available for all group sizes. Please consult your UnitedHealthcare representative for more details.  
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# General Updates

## UnitedHealthcare launches COVID-19 Vaccine Resource Locator

COVID-19 vaccine availability is changing quickly. UnitedHealthcare's top priorities in helping members, customers and providers at this point in the vaccine rollout include:

1. Making sure members know there is \$0 cost-share on vaccines through the national public health emergency period;
2. Providing resources to help them find key COVID-19 vaccine information; and
3. Offering tools to help them navigate when and where to receive a vaccine.

The launch of UnitedHealthcare's [COVID-19 Vaccine Resource Locator](#) will help members navigate local vaccination planning and find resources for their area to help them take steps toward vaccination. This ZIP code-based tool finds online, public vaccine resources available through state and local health departments, as well as national retail pharmacies.

To find state health department resources in Spanish and other languages, visit [uhcommunityplan.com](http://uhcommunityplan.com)

This information is updated in several areas:

- [external](#) FAQ on [uhc.com](http://uhc.com)
- Broker and Customer News section on [uhc.com](http://uhc.com)
- [COVID-19 Resource Center](#) on [uhc.com](http://uhc.com)
- [myuhc.com](http://myuhc.com)<sup>®</sup>
- [Medicare & Retirement member portal](#)

### Related Links

[COVID-19 Vaccine Resource Locator](#)

[COVID-19 Vaccine Resource Locator External Talking Points](#)

[COVID-19 State Health Department Page - Spanish](#)



# General Updates

## COVID-19 Public Health Emergency Extended Through April 20<sup>th</sup>

The U.S. Department of Health and Human Services (HHS) has renewed the public health emergency for an additional 90 days through April 20. As a result, the following will be extended through April 20:

- UnitedHealthcare will cover medically appropriate COVID-19 testing and test-related visits for fully insured and self-funded (ASO) customers in- and out-of-network **during the national public health emergency, now extended through April 20**. Testing must be ordered by a physician or appropriately licensed health care professional for purposes of the diagnosis or treatment of an individual member.
  - UnitedHealthcare will only cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan; **health benefit plans generally do not cover testing for surveillance or public health purposes**.

### COVID-19 treatment extensions to Jan. 31

*Applies to fully insured and ASO customers that follow UnitedHealthcare standard coverage*

- UnitedHealthcare is extending the cost-share waiver for inpatient treatment through Jan. 31 for a member with a COVID-19 diagnosis who is admitted as an inpatient to a network hospital.
- The emergency room would be covered at no cost-share through Jan. 31 if the patient is admitted to the network facility with a COVID-19 diagnosis.
- Cost-share will be waived through Jan. 31 for medically necessary ground transportation if the result is an admission to the facility.

### COVID-19 monoclonal antibodies outpatient treatment

- Monoclonal antibodies for COVID-19 monoclonal antibodies COVID-19 outpatient treatment (bamlanivimab, casirivimab and imdevimab) are covered as an outpatient treatment at plan benefits through the April 20 public health emergency.
- **Important:** UnitedHealthcare has waived cost-share for monoclonal antibody treatment in-network through Jan. 31. The government supplies the monoclonal antibody product, and UnitedHealthcare – or self-funded (ASO) customers that follow UnitedHealthcare standard benefits – will waive cost-share for the administration of the monoclonal antibodies only.

<https://www.uhc.com/health-and-wellness/health-topics/covide>

<https://www.uhc.com/health-and-wellness/health-topics/covid-19minder>

<https://www.uhc.com/health-and-wellness/health-topics/covid-19public>

<https://www.uhc.com/health-and-wellness/health-topics/covid-1emergency>





# General Updates

## President Biden extends National Public Health Emergency due to COVID19

**The following action is separate from – and should not be confused with – the public health emergency (PHE) declared by the Secretary of the U.S. Department of Health and Human Services (HHS). There are different time frames and requirements associated with each emergency.**

On Feb. 24, President Biden extended the [national emergency declaration](#) due to COVID-19. The declaration empowers the U.S. Department of Labor (DOL) and Internal Revenue Service (IRS) to extend disaster relief previously required of group health plans, disability, and other employee welfare benefit plans subject to ERISA or the Internal Revenue Code to suspend several important deadlines that normally apply to special enrollment, filing claims or appeals, electing, or paying for COBRA.

### How does this extension impact employee benefit plans?

- Under ERISA and the Code, the DOL and IRS are permitted to suspend benefit plan deadlines when a national emergency is declared, but only for one year, unless extended by the president.
- Under that authority, the DOL and IRS issued a joint notice (May 4, 2020), which required that plans suspend benefit plan deadlines. The joint notice was effective as of March 1, 2020. Notice 2021-01 makes clear that the prior COVID-19 extensions will be extended for an unspecified time of up to one year.
- Notice 2021-01 requires that group health plans, disability, and other employee welfare benefit plans subject to ERISA or the Internal Revenue Code to disregard several important deadlines that normally apply to plans, including the:
  - Deadline to elect COBRA;
  - Deadline to pay COBRA premiums;
  - Deadline to elect HIPAA special enrollment;
  - Deadline to file claims, appeals, and requests for external review; and
  - Deadline for plans to provide COBRA election notice

Benefit plan deadlines that are subject to the relief under Notice 2021-01 will have the applicable deadline suspended or disregarded until the earlier of

- One year from the date they were first eligible for relief, or
- 60 days after the announced end of the president's national emergency declaration (the end of the Outbreak Period).

As a practical matter, this means each individual has their own timetable for plan action. Under Notice 2021-01, the suspension relief previously granted to individuals in the joint notice will continue to be in effect; however, in no case will a suspension period exceed one year from the date of the original deadline.

### How does this extension impact other health care programs?

- This action also allows federal agencies to continue measures to combat and respond to COVID-19, such as providing HHS authority under Section 1135 of the Social Security Act to waive or modify certain requirements under Medicare, Medicaid, CHIP and HIPAA.

### What does the president's Feb. 24 declaration not do?

- This action **does not impact** the many requirements and flexibilities UnitedHealthcare is administering pursuant to the HHS-declared PHE – currently April 20, 2021.
- The HHS-declared PHE currently lasts through April 20, though the Acting Secretary previously sent a letter to the nation's governors suggesting that HHS expects to extend the PHE at least through the end of 2021.
- Under federal law, an HHS-declared PHE, and any subsequent extension, may only last for 90-day increments. UnitedHealthcare expects an extension closer to its current expiration in April and, potentially, every 90 days until the Secretary determines that the PHE no longer exists.

This action **does not impact** any state or local PHE or other declaration made by governors, mayors, legislatures, or other state and local authorities

