



April Broker Blast

UnitedHealthcare New Jersey Health Plan

5,600

New Jersey Employees

\$478,693,135

UnitedHealthcare annual financial investment in New Jersey

Contributed more than **\$1.3million** to philanthropic activities across the State and employees volunteered nearly

56,000 hours

New Jersey Strong

1.6 million

New Jersey residents served by UnitedHealth Group

28,306

New Jersey Physicians

94

New Jersey Hospitals

Over \$1,000,000

In Corporate donations in support of multiple community organizations within New Jersey due to the COVID-19 pandemic.

Over \$1,000,000

Donated to the Food Banks in NJ

Medical Updates

Important information about claim payments for NJ Oxford members eligible for Medicare

When Medicare is the primary coverage, the plan reduces claim payments. Once a member is eligible for Medicare Part B coverage, the amount Medicare would have paid as the primary payer for covered services is calculated and the member's benefits are reduced by this amount. This amount is not covered by the fully insured plan. Members not enrolled in Medicare Part B will be responsible for the costs that Medicare would have paid and, therefore, will incur a greater out-of-pocket expense.

The reduction is permissible under N.J.A.C. 11:4-28.5(a)(2), supported by our contract, and described in the member's Certificate of Coverage.

What this means for members

This change affects members of our New Jersey situs Oxford fully insured large group (51+) plans. It will be implemented **beginning with July 1, 2021 policy renewal and effective dates**. Affected members will be responsible for the costs that Medicare would have paid and, therefore, will incur a greater out-of-pocket expense.

Action required

- Inform affected members about the Medicare enrollment period.
- Ensure current and future Medicare-eligible employees know about how Medicare Part B affects their plan; for example, those who are approaching their early 60s, as well as those who elect coverage through COBRA.
- Review the enclosed [sample letter](#) we are mailing to members and share it with clients. This is a one-time courtesy letter to members who are currently active employees with Medicare Part A coverage only, informing them about the claim payment process change.

More about who this applies to

We will apply this claims payment process with all existing and new members who are enrolled in Medicare Part A coverage but have not enrolled in Medicare Part B coverage, and Medicare is the primary payer. Medicare is the primary payer when:

- Member is eligible for Medicare due to age and the member's group size is 19 or fewer employees.
- Member is eligible for Medicare due to a disability and the member's group size is 99 or fewer employees.
- Member is eligible for Medicare due to End Stage Renal Disease and Medicare is the primary payer, depending on the member's stage of dialysis treatment.
- Medicare is the member's primary payer (regardless of reason or group's size) and the member is not actively working (e.g., COBRA, State Continuation, Retiree).

This claims payment process **does not** apply when:

- Member has Medicare Part B coverage.
- Medicare (any part) is the member's secondary payer.
- Member is not eligible for Medicare.

As previously communicated, we began applying this process with members of our New York and Connecticut fully insured groups in 2020. It does not currently apply to members of our New Jersey fully insured small groups (2-50).

More information

Impacted clients should encourage members who have not enrolled in Medicare Part B to contact Medicare with questions and refer to [Medicare.gov](#) for assistance.

You and your clients should also refer to [Medicare.gov](#) for information or contact your Oxford sales representative with questions about this claims payment process.



Medical Updates

Expanded availability of Middle Market Large Loss w/Diagnosis - Fully Insured – Statistical Report

In order to enhance efficiencies and flexibility, we are expanding the availability of the Middle Market Large Loss w/Diagnosis - Fully Insured - Statistical Report to fully insured clients with 100+ subscribers. This change was effective with reporting March 30, 2020. The previous guidelines supported clients with 300+ subscribers.

The content and frequency of the report will not change, and it will continue to run on a quarterly basis.

The Middle Market Large Loss w/Diagnosis - Fully Insured – Statistical Report provides a detailed profile of each de-identified claimant, associated primary diagnosis and Claim Status of Open or Closed for anyone who has reached paid claim totals of \$50,000 or more. It's useful in evaluating future risk and in understanding variations in trend. This report includes information on a customer's current- and prior-year history and will be run on an incurred basis to include 12 months of data with one month of runout for current period and runout through current data availability for prior period.

Changes to the Middle Market Large Loss Quarterly Report for fully insured business and Large Loss with Diagnosis (also known as Statistical) Report for both fully insured and self-funded (ASO) business are now in effect.

Outlined changes

Middle Market Large Loss Quarterly Report – *Fully insured groups only*

- Two months of runout have been added to align with the updates in eServices and Financial Underwriting.
- A Pharmacy Standard Therapeutic Class Description has been added.

Large Loss with Diagnosis (Statistical) – *Fully insured and ASO groups*

- A Pharmacy Standard Therapeutic Class Description has been added.
- Medical and Pharmacy Total Paid have been split to identify both.

Note: The Large Loss with Diagnosis (Statistical) Report enhancements apply to both fully insured and ASO groups. Fully insured groups can receive one report at the time of renewal; ASO groups can receive a one-time report or on a recurring basis. **All must be accompanied by an executed HIPPA Certification Form.**



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

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](https://www.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

UnitedHealthcare Employer eServices® (EeS)

The UnitedHealthcare Employer eServices® (EeS) second quarter 2021 customer reporting webcasts for UnitedHealthcare Key Accounts, National Accounts and Public Sector customers with 100+ employees have been scheduled for the below dates.

These sessions are designed to:

- Complement existing training tools such as online tutorials and help, training-on-demand and quick reference guides
- Offer an overview of the tool’s functionality and how to create common customer reports
- Explain how to export and print automated and custom reports
- Provide help on using the tool via the online training resource

<u>Date</u>	<u>Time</u>	<u>Registration</u>
Wednesday, April 7	1 to 2 p.m. ET	Register
Tuesday, April 20	1 to 2 p.m. ET	Register
Tuesday, May 4	1 to 2 p.m. ET	Register



Medical Updates

Update: February and March Digital Experience Enhancements

Coverage and Benefits brand refresh

Targeting March 25, the Coverage and Benefits section on myuhc.com® will migrate to the new UnitedHealthcare branding and digital design system. Some benefits to this refresh include:

- New pages being able to load three times faster than previous pages
- Benefits Overview page displaying Common Services and Costs for major benefits categories (Medical, Mental Health, Vision and Dental)
- Adding search to the overview page for members with medical benefits.

Pharmacy and prescriptions COVID-19 vaccine banner

As of Feb. 5, the COVID-19 banner message on myuhc.com and on the UnitedHealthcare app informs members of vaccine updates, including where they can find additional COVID-19 information and resources. The banner message resides on the pharmacy and prescriptions landing page only.



Find and Price a Drug enhancements

Targeting March 17 on myuhc.com, and March 29 on the UnitedHealthcare app, enhancements to the drug search pricing results will display the drug cost breakdown (cost-share) information, reducing potential user confusion (Plan pay versus You pay).

Mobile ID card enhancements

On March 4, functionality was made available to allow users to leverage their mobile device's native share options (i.e., text, airdrop, email, download, print) to share their ID card(s). Members on gated plans will also be able to view and share their dependents' ID cards, including medical, dental and vision.



Medical Updates

Introducing uhceservices.com

We are pleased to make available our new business-to-business website, uhceservices.com, to our New York and New Jersey Oxford fully insured employers and their broker. The new website will provide access to the same information as on 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 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 to conduct the majority of your upcoming business administration in place of oxfordhealth.com, New York and New Jersey small group employers and their brokers **will continue to use 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. Below are instructor-led webcasts training sessions and will provide information on how to:

- navigate uhceservices.com
- find specific information and how to perform tasks related to groups and members
- enroll, update and terminate member information
- access billing and payment information
- access reports and other resources

DATE	TIME	REGISTRATION
Fri. April 23, 2021	1 to 2 p.m. ET	Register for Apr. 23, 2021
Fri. May 7, 2021	1 to 2 p.m. ET	Register for May 7, 2021
Fri. May 21, 2021	1 to 2 p.m. ET	Register for May 21, 2021
Mon. Jun 28, 2021	1 to 2 p.m. ET	Register for June 28, 2021



One-Healthcare ID

On Friday, 3/19/21, the references to **Optum ID** on the [oxfordhealth.com broker and employer portals](#) and on [uhceservices.com](#) will be replaced by **One Healthcare ID**. There is no impact to Oxford brokers and employers who are already registered on these websites with an Optum ID. Their Optum ID credentials will continue to work, but will be referred to as **One Healthcare ID** going forward. Oxford brokers and employers not yet registered on our websites will need to create a **One Healthcare ID**, just as with Optum ID, for business access to the websites.

For your reference, below are screen shots of the oxfordhealth.com Broker and Employer login pages and the uhceservices.com login page showing the reference to **One Healthcare ID** where **Optum ID** appeared previously.

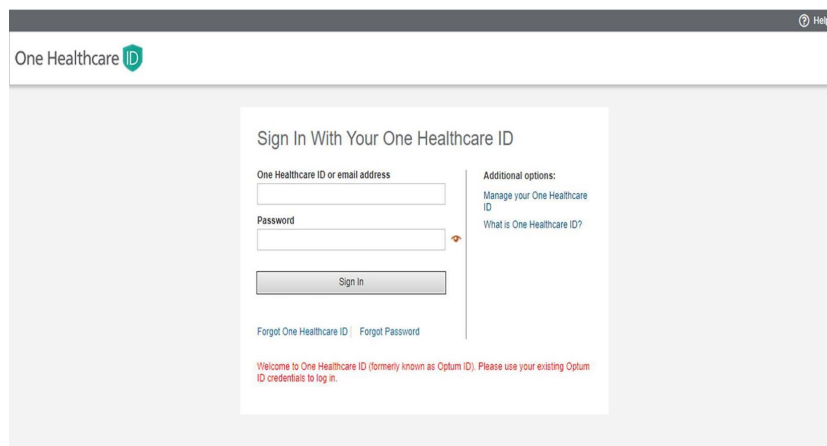
Oxfordhealth.com > Brokers



Oxfordhealth.com > Employers



Uhceservices.com – Oxford Brokers & Employers



Medical Updates

Say hello to the Designated Diagnostic Provider benefit

UnitedHealthcare is continuing to work toward the Triple Aim of better care, better health and lower costs for members. Designated Diagnostic Provider (DDP) benefit designs are the next step in helping to achieve this goal. DDP are freestanding and hospital lab providers who meet requirements for providing quality and efficient services. When members choose a DDP for their outpatient lab services they'll receive the highest level of benefit from their health plan. This means more value for lab services — and more value for your employers.

UnitedHealthcare members can pay significantly more if laboratory services are performed at an outpatient hospital facility instead of a freestanding facility. DDP benefit designs are intended to maximize member benefits for lab services while maintaining access to UnitedHealthcare's broad network of providers by ensuring lab services are performed by a DDP provider who has met both efficiency and quality requirements.

Under DDP, outpatient lab services, which are listed as Minor Lab Services in the Certificate of Coverage (COC), are only covered for members when delivered by a DDP provider. Lab services received by a non-DDP provider will not be covered, and the member will be responsible for payment. Non-DDP providers will remain in-network, but not for applicable lab services.

DDP benefit designs will be the standard for most UnitedHealthcare fully insured plans and will be implemented as follows:

- **Beginning July 1, 2021:** Embedded for most new, and upon renewal for most existing, UnitedHealthcare UNET (PRIME/ACIS) fully insured large groups (51+). **Note: Oxford Groups (Not until Jan. 1, 2022)**
- **Beginning Sept. 1, 2021:** Embedded for most UnitedHealthcare fully insured large group (51+) new business on the UnitedHealthcare Strategic Platform (USP)
- **Beginning Jan. 1, 2022:** Embedded for most UnitedHealthcare fully insured new and renewing small groups (2-50)

Lab services are not impacted when performed as part of:

- An emergency room visit
- An observation event
- An inpatient admission
- Pre-operation testing that is part of an outpatient surgery visit billed as part of the global surgical package
- Chemotherapy treatment
- Bundled payments or buy-up services (e.g. Infertility Services)

Place of service tiering impact

DDP will impact Place of Service Tiering (POST) plans as follows:

- POST will be removed from the Lab and X-Ray benefits and replaced with DDP.
- POST will remain for outpatient surgery, scopic and major radiology.

Look for the green check

Participating labs will be designated in the provider search on myuhc.com®.

Look for this icon beginning in late June 2021:



ABC Laboratory

Laboratory

1234 Any Street
Any City, State 12345

(123) 456-7890 PHONE

5.9 Miles Away | [Get Directions](#)



Designated Diagnostic Provider

Contact your UnitedHealthcare representative for
more information



Medical Updates

SAMx Refresher Broker Training

Get ready to use the new and improved SAMx tool to quote, enroll and renew your CT, NY, and NJ sitused fully insured small business with Oxford.

What to do: Select the refresher training class that best fits your schedule and register!

Refresher SAMx Quote, Enroll and Renew

Learn how to quote and enroll new Oxford fully insured small business.

[60 Minutes]

Click your class choice to register:



[Wednesday April 7, 10-11am EST](#)

[Wednesday April 14, 2-3pm EST](#)

[Wednesday April 21, 10-11am EST](#)

[Wednesday May 5, 10-11am EST](#)



For questions regarding registration, contact your Account Manager

New sales bonus

For fully insured and Oxford level- and self-funded groups with 51 or more eligible employees

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured medical plans, and Oxford level-funded and Oxford self-funded medical plans, with effective dates from April through July 2021 that have at least 25 enrolled employees and are located in New Jersey. Eligible agents will receive a bonus of \$100 for each enrolled employee in eligible fully insured medical groups, and \$50 for each enrolled employee in Oxford level-funded and Oxford self-funded medical groups sold during the bonus period. A maximum of 1,000 enrolled employees will be included in the bonus calculation for any case, or group of affiliated cases.

Eligible cases are UnitedHealthcare and Oxford fully insured medical groups, and Oxford level-funded and Oxford self-funded medical groups in New Jersey that have:

1. 51 to 3,000 eligible employees;
2. At least 25 employees enrolled in UnitedHealthcare and Oxford medical coverage; and,
3. Effective dates from April 1, 2021 through July 31, 2021

Bonus example: An eligible agent sells 2 eligible fully insured medical cases having a total of 250 enrolled employees, and

1 Oxford self-funded medical group with 400 enrolled employees with effective dates during the bonus period. That makes the agent eligible for a bonus of \$100 for each fully insured enrolled employee, plus \$50 for each of the 400 enrolled employees in the Oxford Self-funded medical group. That results in a total bonus of \$25,000 for the fully insured groups and \$20,000 for the Oxford self-funded medical group, for a total bonus of \$45,000.



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.

We recently created an Oxford Level Funded contact sheet to assist in guiding our brokers to the appropriate customer service box(es) for assistance. Please circulate in your offices and to your brokers the attached Oxford Level Funded contact sheet. This was just updated and is available on the portal. Questions should be funneled to the correct departments. Thank you!

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](#)

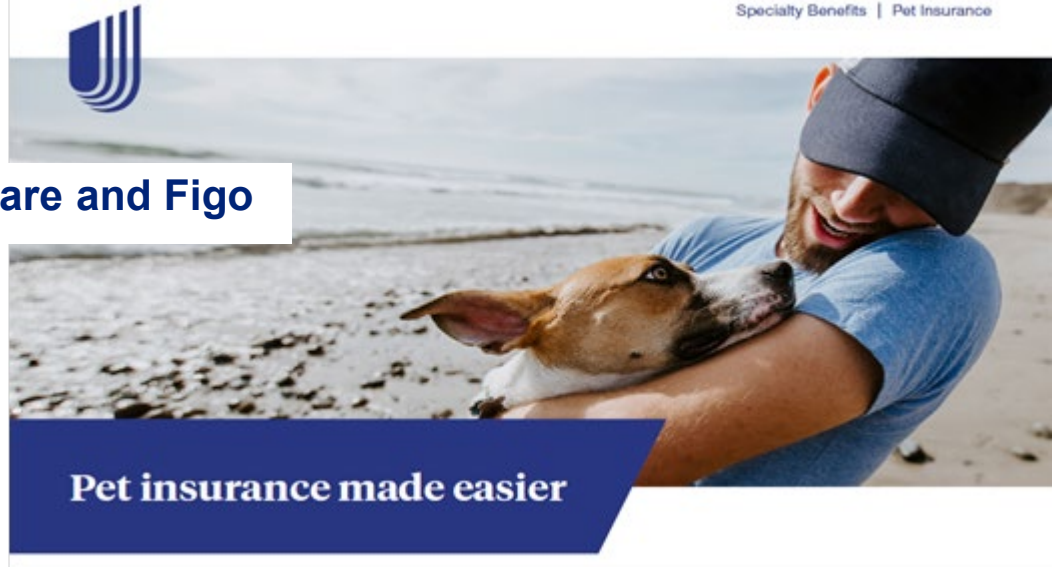
[Real Appeal® and Wellness Programs](#)

[All Savers Employer Monthly Reporting](#)

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



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

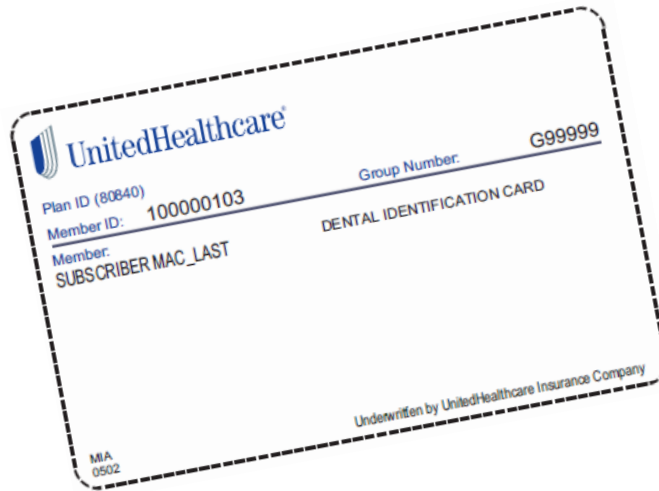
Figo offers three pet insurance plans, a wellness selection, and customizable deductible and reimbursement options. Since these plans are based on a reimbursement model, patients may visit any licensed veterinary practice, emergency hospital or specialist – anywhere in the world.

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!



Dental ID cards to transition to digital-only for new business, effective July 1, 2021



Effective July 1, printed dental ID cards will sunset and be replaced with digital ID cards as a part of UnitedHealthcare's continuous efforts to go "digital first." Members will be able to access the digital ID cards through myuhc.com® or the UnitedHealthcare app.

New groups with effective dates on or after July 1 will fall under this new standard, and existing groups will transition effective Oct. 1.

This change applies only to Public Sector and commercial PPO (Preferred Provider Organization) and in-network only (INO) lines of business for both fully insured and self-funded (ASO) groups:

- National Accounts
- Key Accounts

Members participating in one of UnitedHealthcare's Dental Health Maintenance Organization (DHMO), Dental Corps (DC) or managed care dental plans will continue to receive a physical ID card.

In addition, individual members across all segments will continue to have the option to request a physical ID card through customer service or via myuhc.com.

Members will receive a welcome letter in place of the printed ID cards with instructions on how to access their ID card on myuhc.com or through the UnitedHealthcare app. The welcome letter will also contain instructions on how to request a printed card.

UHC Financial Protection Employer Administration Login Update

As an employer or broker who uses the www.uhcfinancialprotection.com portal to administer Financial Protection coverage with UnitedHealthcare, you will be required to use a One Healthcare ID (formerly called Optum ID) beginning Monday, April 5th, 2021 to access the portal.

This change is part of our continued efforts to simplify doing business with UnitedHealthcare. The new enhanced log in option increases security and provides account recovery functionality. It also provides the ability to use only one Username and Password when accessing UnitedHealth Group sites powered by the One Healthcare ID (such as Employer eServices).

When accessing the www.uhcfinancialprotection.com employer portal, you will be prompted to log in with your existing “eAdministration ID” or you may log in using a “One Healthcare ID”. **You must complete the migration to using a One Healthcare ID by May 1st, 2021 in order to retain your access.**

Financial Protection eAdministration

Log In Using One Healthcare ID
What Is a One Healthcare ID?

OR

Login with your eAdministration
User ID:

Password:

Log In

Forgot your One Healthcare ID(OHID) password?

One Healthcare ID(OHID) is now required to access eAdministration. Log in to eAdministration with your One Healthcare ID follow the instructions upon Log In to eAdministration.

- Billing transactions submitted between 6:00am through 9:00pm CST, Monday through Friday, will be processed on the same day.
- This site will be process updates between 9:00pm CST and 6:00am CST while billing maintenance is performed.
- Click here to learn more about our new Automated Payment Option!
- This site will not be able to process updates on Saturdays

One Healthcare ID Log In

eAdministration ID Log In

Legal Privacy Terms of Use

© 2020 United HealthCare Services, Inc.

Please follow the instructions attached for users that do not have a One Healthcare ID or users with multiple One Healthcare IDs to complete the migration process starting Monday, April 5th.

If you need assistance please call 1-866-322-1210, Option 2.



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



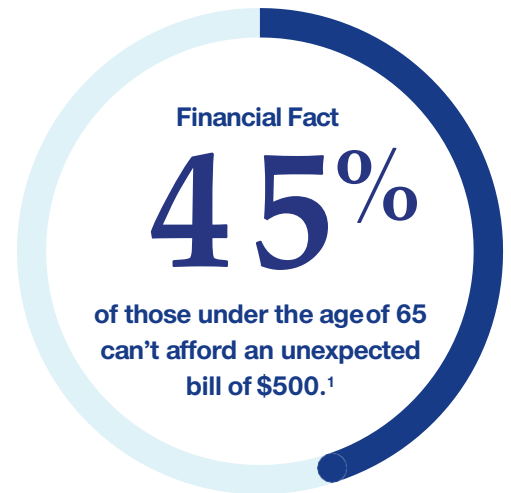
Critical Illness

- 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
Total payment to Jack:	\$200	Total payment to Jack:	\$900

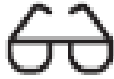
Jack receives a check for

\$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.

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.¹

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.**



© 2020 United HealthCare Services, Inc. All rights reserved.

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

The more you bundle, the more you save

With Packaged Savings®, when fully insured customers bundle their medical, dental, vision, life and/or short-term disability plans with UnitedHealthcare, they may save money in administrative credits. Credits are earned based on the number of enrolled medical employees and the number of eligible specialty plans offered.

Purchase a fully insured medical plan below	And receive the following credits per enrolled medical employee per month
Dental	
Vision	\$2
Life ¹	\$1
Short-term disability ²	\$1
Life ¹ and short-term disability ²	\$2
Dental and vision	\$5
Dental and life ¹	\$4
Vision and life ¹	\$3
Dental, vision and life ¹	\$6
Dental, vision, life ¹ and short-term disability ²	\$7

¹ Requires a minimum of \$25,000 benefit.

² Short-term disability must be fully insured.

See the back for complete program terms and conditions.

More reasons to bundle

When our medical and specialty plans are purchased together, you get a simpler, service-focused experience with:

- ✓ One dedicated account team
- ✓ One streamlined administration process and self-service website
- ✓ One integrated and simpler claims process

Program terms and conditions

1. The Packaged Savings program is available to customers with 2–99 total eligible employees. New fully insured medical customers purchasing fully insured specialty products or existing medical customers adding new fully insured specialty products may qualify.
2. The applied savings are available for as long as eligible medical and specialty benefits remain in-force and meet eligibility requirements. Credits will be withdrawn when any medical or specialty coverages terminate. Program is subject to change at any time.
3. Per-employee per-month (PEPM) savings is given as a monthly credit based on the number of enrolled UnitedHealthcare medical subscribers.
4. Employer-paid plans require an employer contribution level of 50% or greater of the employee premium. Voluntary plans and plans where employees contribute 51% or greater do not qualify for the program.
5. Employee enrollment in qualifying dental and vision plans must be 75% or greater of total eligible medical employees for Packaged Savings to be activated.
6. Fully insured vision and dental plans qualify subject to the terms above.
7. Short-term disability plans must be fully insured.
8. Life insurance plans qualifying for Packaged Savings must have a minimum life benefit of \$25,000. Life insurance plans qualifying for Packaged Savings must completely replace existing life plans or be added to customers with no prior coverage; adding an additional life policy to an existing life benefit does not qualify for Packaged Savings.
9. Customers who have existing basic and supplemental life plans with another carrier must place both the basic and supplemental life insurance plans with UnitedHealthcare to qualify for Packaged Savings.
10. Any combination of life products counts as one product for the purpose of the program. Any combination of disability products counts as one product for the purpose of the program. Long-term disability does not qualify alone; it must be packaged with life or short-term disability.
11. Customers who add UnitedHealthcare medical products to existing dental, vision, life and/or disability lines of coverage qualify for Packaged Savings (a.k.a. Reverse Packaged Savings).
12. UnitedHealthcare retains sole and complete discretion to revise or terminate the Packaged Savings program at any time.
13. Business underwritten or administered by Oxford Health Plans in New York and Sierra Health Services, Inc. are currently excluded from the Packaged Savings program. Oxford Benefit Management (OBM) bundled specialty plans are not eligible for Packaged Savings credits.
14. UnitedHealthcare Preventive Plans are not eligible for Packaged Savings administrative credits.
15. Specialty benefit plans and the Packaged Savings program may not be available in all states or for all group sizes. Contact your broker or UnitedHealthcare sales representative for program availability.



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

This information is updated in several areas:

- [external](#) FAQ on uhc.com
- Broker and Customer News section on uhc.com
- [COVID-19 Resource Center](#) on uhc.com
- myuhc.com[®]
- [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](#)

Consolidated Appropriations Act

The Consolidated Appropriations Act (CAA) team has developed an external FAQ documents to help brokers, consultants, and customers be aware of the CAA and its many components – similar to what was done for COVID-19 communications.

Topics will be updated regularly as more guidance becomes known and as designated workgroups develop new details on UnitedHealthcare's approach, including support and options for self-funded (ASO) customers. The CAA FAQ attached includes the following significant provisions, most of which are scheduled to be implemented on and after Jan. 1, 2022:

- No Surprises Act
- Independent dispute resolution (IDR)
- ID cards
- Patient protections – Continuity of care, advance explanation of benefits, external appeals review
- Choice of health care provider
- Price comparison tools
- Provider directories
- Provider nondiscrimination
- All-payer claims database
- Transparency – Gag rule, broker and service provider compensation
- Reporting – Pharmacy benefits and cost, mental health parity non-quantitative treatment limitations (NQTL*)



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

