



February Broker Blast

UnitedHealthcare New Jersey & Pennsylvania Health Plans



OTC COVID-19 at-home tests, preferred retailers and communications

On Jan. 10, the U.S. Departments of Health and Human Services, Labor, and Treasury (“the Tri-Agencies”) [issued guidance in the form of an external FAQ](#), providing that group health plans must cover – without cost-sharing – over-the-counter (OTC) COVID-19 at-home tests.

- The rule requires coverage of diagnostic OTC COVID-19 at-home tests without imposing cost-sharing, prior authorization or other medical management requirements.
- UnitedHealthcare will cover claims for U.S. Food and Drug Administration (FDA)-approved OTC COVID-19 at-home tests purchased on or after Jan. 15 throughout the public health emergency (PHE) as directed by the Tri-Agencies.
- This OTC COVID-19 at-home test coverage will include up to eight tests per member per month.
- Some coverages **not in-scope** include Medicare Advantage plans and retiree-only plans.

Preferred Retailers

Preferred Retailers are available to UnitedHealthcare customers with pharmacy benefits administered by OptumRx.

Note: Additional Preferred Retailers will be added to this list as they join; access the [complete list of Preferred Retailers on uhc.com](#).

- At a Preferred Retailer, eligible members can obtain an OTC COVID-19 at-home test without an upfront cost, or they may pay out of pocket and submit a claim for reimbursement.
- If the member purchases an OTC COVID-19 at-home test at any in-store or online retailer other than a Preferred Retailer’s pharmacy counter, they may submit purchase receipt(s) for reimbursement at the UnitedHealthcare member portal for a maximum reimbursement of \$12 per test.

COVID-19 OTC testing resources

The following resources have been updated for external use, as appropriate:

- [Preferred Retailers: OTC COVID-19 at-home testing](#)
- [COVID-19 Resource Center page on uhc.com](#)
- [uhc.com home page alert banner](#)
- [OTC COVID-19 at-home test external FAQ](#)
- [OTC COVID-19 at-home testing coverage page on uhc.com](#)

ASO customers with integrated pharmacy (OptumRx)

Member will have two ways they can receive reimbursement for OTC at-home test kits:

1. **Preferred Retailers:** UnitedHealthcare has developed and deployed a solution of Preferred Retailers for coverage of OTC COVID-19 at-home test kits. A Preferred Retailer is a pharmacy that UnitedHealthcare has made arrangements with to provide OTC COVID-19 at-home tests at no cost to the member at the time of purchase or later.

The current [Preferred Retailers list](#) is available on uhc.com. UnitedHealthcare is working to add additional Preferred Retailers.

2. **Other retailers or online:** If the member purchases an OTC COVID-19 at-home test at any in-store or online retailer other than at the Preferred Retailer in-store pharmacy counter, they may submit purchase receipt(s) for reimbursement at the UnitedHealthcare member portal for a maximum reimbursement of \$12 per test. Many COVID-19 tests are sold as a two-pack. The test pack would be reimbursed at \$24 (\$12 for each test).

A member **must** be a UnitedHealthcare commercial individual or group health plan member **and** have UnitedHealthcare Pharmacy with the integrated OptumRx solution benefit to purchase OTC COVID-19 at-home tests at the UnitedHealthcare Preferred Retailer at no cost using their UnitedHealthcare member ID card.



OTC COVID-19 at-home tests, preferred retailers and communications Con't

In addition, members have the option to purchase tests at the retail location of their choice and then submit a receipt online to UnitedHealthcare at myuhc.com[®] or use the [OTC COVID-19 at-home test reimbursement form](#)

ASO customers with carve-out pharmacy to a non-Optum PBM

As the health plan, you must decide which of the following approaches you wish to follow starting Feb. 1. **Notify your UnitedHealthcare representative and broker/consultant of your election by Friday, Jan. 21.** *Additional fees and charges from your PBM vendor may apply.*

- **Option A – PBM only (default solution if no choice elected by Jan. 21: You decide to administer the OTC COVID-19 at-home test benefit exclusively through the PBM.**
 - Member will use the process and reimbursement guidelines established by you and your PBM.
 - After Jan. 31, any receipts submitted to UnitedHealthcare will refer the member to the pharmacy vendor for payment.
- **Option B – Medical only: You decide to administer the OTC COVID-19 at-home test benefit exclusively through the UnitedHealthcare Medical benefit.**
 - There will be an administrative charge of \$2 per claim received by UnitedHealthcare beginning Feb. 1.
 - Member purchases the OTC COVID-19 at-home tests at any retailer and submits the receipt on UnitedHealthcare online at myuhc.com or via the [OTC COVID-19 at-home test reimbursement form](#).
 - Reimbursement to the member will be at the retail price of the receipt submitted.
 - The Preferred Retailer solution is not available.
- **Option C Both PBM and Medical: You decide that member may purchase the OTC COVID-19 at-home test benefit both through the PBM *and* through the UnitedHealthcare Medical benefit.**
 - There will be an administrative charge of \$2 per claim received by UnitedHealthcare.
 - Member purchases the OTC COVID-19 at-home test kits and is reimbursed through their pharmacy benefit.
 - Member purchases the OTC at-home tests at any retailer and submits the receipt online to UnitedHealthcare at myuhc.com or via the [OTC COVID-19 at-home test reimbursement form](#).
 - Reimbursement to the member will be at the retail price of the receipt submitted unless the customer attests that the PBM has a Preferred Retailer program established.
 - If you attest that your PBM has a Preferred Retailer program, beginning Feb. 1, receipts submitted to UnitedHealthcare for payment under the medical benefit will be reimbursed up to \$12 per test (\$24 per test kit with two tests).
 - UnitedHealthcare cannot commit to accumulation of OTC COVID-19 at-home testing claims with carve-out PBMs under this arrangement.

For Options A, B and C – given the short time period required to understand and implement the federal guidelines and the importance of creating a positive consumer experience – UnitedHealthcare will administer any receipts received by the medical plan for the amount submitted through Jan. 31 regardless of the customer selection

Public Sector customers

Public Sector customers should discuss options with the broker/consultant and UnitedHealthcare representative.

Bind customers

For customers with Bind, the Bind team will be communicating with them directly.



Wage and tax documentation requirements for Oxford small group business

We are aligning the new business and renewal review process for Oxford small groups to ensure compliance with Full-time Equivalent Total Number of Employees (FTE) preceding calendar year requirements. Beginning with groups that have an **April 1, 2022** policy effective date, please follow these guidelines to help ensure timely processing of applications and renewals¹:

- For employers **enrolling up to 2 subscribers**: Submit the group's payroll/wage and tax information for the 4 quarters of the prior calendar year, as well as the group's most recent quarterly payroll/wage and tax records.
- For employers **enrolling more than 2 subscribers**: Submit the group's most recent payroll/wage and tax records.

These guidelines apply to **new and renewing business** applications for Oxford fully insured small group coverage (New York: 1-100, New Jersey: 2-50, Connecticut: 1-50). The additional full prior calendar year's payroll/wage and tax records are meant to verify the group's eligibility for small group coverage.

What this means to you

When uploading supporting documentation with your client's application in the small group Sales Automation Management tool, **SAMx**, please be sure to upload the appropriate payroll/wage and tax information as outlined above. Without this information, applications will be incomplete and remain in a pending status.

Additional communications

- Our Risk Management team will contact any renewing client and the client's broker as part of the standard audit process should additional information be needed prior to renewal.

The instructions sheets for submitting wage and tax documentation with new and renewing Oxford fully insured small group applications have been updated according to the new guidelines.

See attached

Connecticut Oxford small group wage & tax document submissions – instructions sheet
New Jersey Oxford small group wage & tax document submissions – instructions sheet
New York Oxford small group wage & tax document submissions – instructions sheet

The instructions sheets are included with small group renewal packages and you may also find them on uhceservices.com in the Producer Resources and Group Administration sections.

Questions?

Please contact your Oxford sales representative or call our Client Services team during normal business hours at 1-888-201-4216.

We appreciate your support of these guidelines and your continued business

¹For New Jersey business, we are not using collected information for counting until the State of Emergency is lifted.



Announcing changes to Optum Bank monthly bank statement, annual tax form transactional emails, effective January 2022

UnitedHealthcare will be guiding members to go directly to Optum Bank site to get access to two specific Optum Bank transactional emails, starting in January 2022. The transactional emails are:

- Monthly bank statement
- Annual tax form

Details on the change

UnitedHealthcare members will **not** be directed to go through myuhc.com[®]. This change was implemented due to it being more efficient and involving less steps to go directly through optumbank.com.[®]

This is applicable to the monthly bank statement and the annual tax form transactional emails **only** and does **not** represent a shift in UnitedHealthcare's overall strategic direction to have members go through myuhc.com on other transactional emails or campaigns.

Lower Optum Bank HSA monthly maintenance fees, investment threshold for new Key Accounts and Public Sector business

Previous information: Aug. 12, 2021

Optum Bank is lowering the HSA monthly maintenance fees for larger **new** Key Accounts and Public Sector business if they have more than 500 medical employees. In addition, Optum Bank has lowered the investment threshold to \$1,000. These changes **do not apply** to existing Optum Bank customers.

The new Optum Bank HSA monthly maintenance fees and lower investment threshold (listed below) apply to new Optum HSA business beginning with March 21 case-effective dates.

The pricing/threshold will be based on the number of medical employees at the time of quote.

Note: These changes will also apply to existing medical cases in these segments if they add Optum Bank. However, the lower fees and investment threshold will not apply to existing medical cases that have Optum Bank today.



2022 Affordable Care Act 6055/6056 reporting, new guidance prior to Jan. 31 filing deadline

Based on new IRS guidance, UnitedHealthcare plans to post, instead of mail, the 1095-B forms on member portals for fully insured subscribers prior to the Jan. 31 filing deadline. We will continue to mail forms to subscribers in states with the Individual Mandate. (California, Washington, D.C., New Jersey) Forms that are submitted to the IRS or forms for Individual Mandate states must be submitted by March 31. The Rhode Island Tax Revenue Department requires the submission by Jan. 1

Members may call customer service if they would like a printed copy, but employers may not request the forms or 1095-B reporting for their employees

Applicable large employers (ALE) and self-funded (ASO) groups must submit the 1095-C forms. **Both fully insured and ASO 50+ groups are required to furnish the 1095-C. These groups - not UnitedHealthcare – must submit the 1095-C to the IRS by March 31.**

Forms that are sent to the IRS include: 1094-B Transmittal of Health Coverage, 1095-B Health Coverage, 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage, 1095-C Employer-Provided Health Insurance Offer and Coverage

For State Reporting Requirements, UnitedHealthcare submits the fully insured 1095-B forms to the state tax revenue department. ALEs and ASO groups must submit the 1095-C to the tax revenue department by the required date.

UnitedHealthcare's approach:

- For fully insured groups, UnitedHealthcare will send the 1095 form to subscribers and to the IRS.
- Fully insured ALEs are required to send the IRS 1095-C forms.
- For All Savers[®], UnitedHealthcare prepares the 1095-B forms, which the customer then provides to its subscribers and to the IRS.
- For large ASO groups, the customer prepares the 1095-C form, which they furnish to subscribers and to the IRS.
- ASO groups may request a custom eligibility report to include month-by-month coverage that is available for a fee via Underwriting.

Automatic 30-day extension to provide reporting:

The IRS proposes to make permanent the automatic 30-day extension for reporting entities to furnish Forms 1095-B and 1095-C to individuals. **The proposed rule does not extend the deadline for reporting entities to file Forms 1095-B, 1094-C or 1095-C with the IRS.** However, the IRS already permits entities to request a 30-day extension.



New year-end tax reporting requirements for UnitedHealthcare Motion

Fully insured Key Accounts and Small Business customers with UnitedHealthcare Motion® must comply with a new year-end tax reporting requirement. This tax reporting requirement is specifically for groups with members who are enrolled in an HSA medical plan with Motion and who had opted to receive their earnings as a gift card in 2021, rather than an HSA contribution.

Note: This information is based on when the member received the funds and not when they earned the funds.

Fourth quarter 2021 earnings will be considered 2022 earnings for tax purposes.

1. Customer group administrators will receive an email that the report is available. The standard UnitedHealthcare HIPAA release form will be attached to it.
2. Customer should then send the HIPAA form back to their Account Management team (Field Account Manager) to run. The Field Account Manager can then send the tax report back to the customer.

Risk Management Reminder

Risk Management would like to reiterate a few key points that pertain to the Eligibility Audit process.

- The due date for eligibility audit submissions is stated in the letters the groups receive. While you, the brokers are courtesy copied, it is ultimately the group's responsibility to submit the requested information.
- We are unable to allow exceptions to the due date. We are bound by policy language and must adhere to strict guidelines and maintain a consistent business practice.

Review the attached quick reference guide for best practice recommendations.

We also encourage you to use the Risk Management web site, uhc.com/rm to check the status of a group. This site is updated daily and is available around the clock to you and your groups.

New coverage determinations for Vitamin D testing

Starting March 1, 2022, we will only cover Vitamin D screening CPT® codes **82306, 82652 or 0038U** for UnitedHealthcare commercial and Individual Exchange plan members diagnosed with one of the listed diagnosis codes in the [coverage determination guidelines](#). The state of Rhode Island is excluded from this requirement. Medical policies are viewable on www.uhcprovider.com.

Vitamin D testing is unproven and not medically necessary for routine preventive screening due to insufficient evidence of efficacy. Vitamin D testing is proven and medically necessary for a condition or medical diagnosis associated with Vitamin D deficiency or risk of hypercalcemia; Please refer to the medical policy to see the Vitamin D diagnosis codes list under Applicable Codes.

Our Network providers were notified of this upcoming change on January 1st. Here is the link: [New coverage determinations for Vitamin D testing | UHCprovider.com](#)

Please remind your clients that Vitamin D testing as part of preventive routine screening will no longer be covered.

Oxford Members can Go Green!

Oxford members registered on myuhc.com are now able to update their settings to elect to receive their EOBs electronically instead of thru the US postal service.

Over-the-counter at-home COVID-19 tests
View new updates on over-the-counter at-home COVID-19 tests and reimbursement. [Learn More](#)

United Healthcare Oxford

Home Find Care & Costs Claims & Accounts Coverage & Benefits Pharmacies & Prescriptions

Account / Profile

- Health Record
- Recommendations
- Saved
- Rewards [↗](#)
- Account Settings**
- Messages
- Logout

Account Settings

Security & Sign-In

Manage your account access and security settings:

[Healthsafe ID password & account recovery](#)

Personal Information

Manage your basic personal information, request ID cards and access forms:

[Contact information](#)

[Coordination of benefits \[↗\]\(#\)](#)

[Medical ID Card](#)

Account Preferences

Manage your preferences for payments, receiving information and subscriptions:

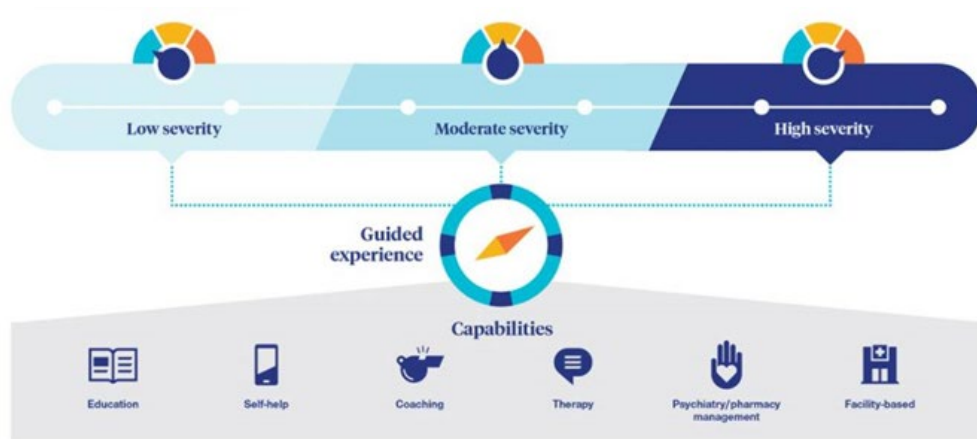
[Communication and mailing preferences](#)

[Claim payment accounts \[↗\]\(#\)](#)

Preventive mental health care to help avoid crises

Offering a continuum of care helps employees take proactive measures to help maintain their mental health and overall well-being similar to physical health.

This approach may help prevent a mental health condition from progressing in severity.



The behavioral health care continuum offered by UnitedHealthcare features solutions that help meet the needs of employees from low severity, moderate severity and high severity.

A guided experience, whether through an advocate or myuhc.com, helps employees determine what solution may help manage their behavioral health condition.

The solutions include education, self-help, coaching, therapy, psychiatry and pharmacy management, and facility-based treatment.

For more details on our Behavioral Health strategy, please reach out to your Sales and Account Management team or visit [Behavioral health | UnitedHealthcare \(uhc.com\)](https://www.uhc.com/behavioral-health).

Maternity Support Program

UnitedHealthcare is continuing to make progress toward building market distinctiveness and delivering superior value in its clinical product portfolio under the Clinical Transformation initiative. The clinical and digital evolution of maternity support is part of this shared vision to meet the expectations of UnitedHealthcare's markets and customers.

Healthy Pregnancy app

Effective Jan. 1, 2022, UnitedHealthcare will no longer offer the Healthy Pregnancy app. Instead, digital content and video courses pertaining to pregnancy will be available to members on myuhc.com.® This change will drive better engagement, and members will have an easier time accessing digital content related to maternity support. It is expected that this transition will also drive higher completion rates of the Risk Assessment for self-funded (ASO) customers to help with the identification of high-risk pregnancy. **Note:** The Risk Assessment now includes questions about social determinants of health.

Maternity-related courses available on myuhc.com

Members will be able to watch digital videos about pregnancy regarding the following course topics:

- Preconception: Preparing for a healthy pregnancy
- Pregnancy in the first trimester
- Pregnancy in the second trimester
- Pregnancy in the third trimester
- The fourth trimester after pregnancy: Postpartum
- Pregnancy nutrition and exercise
- Exploring breastfeeding



New Standard Select Pharmacy Program in New York & New Jersey, Effective Jan. 1, 2022

All Oxford Metro Network® and small group Liberty Network medical plans in New York (1-100) and New Jersey (2-50) are moving to our Standard Select Pharmacy program. The Standard Select Pharmacy network comprises 50,000 retail pharmacies nationwide, including major chains, mass merchants and supermarkets.

The change will take place for new clients and upon renewal for existing clients beginning **January 1, 2022**. The Standard Select Pharmacy network may be paired with the Access, Advantage or Essential formulary.

What this means for impacted members

- Oxford members of a Metro Network plan will have access to an additional 15,000 participating pharmacies nationwide, including **Duane Reade™**, **Walgreens®** and **Walmart®**.
- Prescriptions **cannot** be filled at CVS® or many non-chain pharmacies.
- To search for a network pharmacy before January 1, 2022, members can go to myuhc.com®, select **Find a Pharmacy** and enter their search criteria (e.g., pharmacy name or ZIP code). To confirm network participation, the pharmacy should have **Standard Select with Walgreens®** listed in its description.

Communications

- Impacted members (e.g., members who have filled a retail script at CVS within the past 90 days) will be notified by mail about the pharmacy network change ([sample member letter](#)).
- A Standard Select Pharmacy program flier will be included in the small group renewal packages for impacted clients, beginning with the January through end-of- year 2022 renewal packages. The flier also will be included in the January through December 2022 renewal packages for any impacted key account Oxford Metro Network clients.
- Information will be posted, post-login, on the Oxford broker and employer website, uhceservices.com.

Action required

Please help ensure your affected Oxford clients are aware of this change. Please see the attached [Standard Select Pharmacy network flier](#) and this link to the [sample member letter](#).

Questions

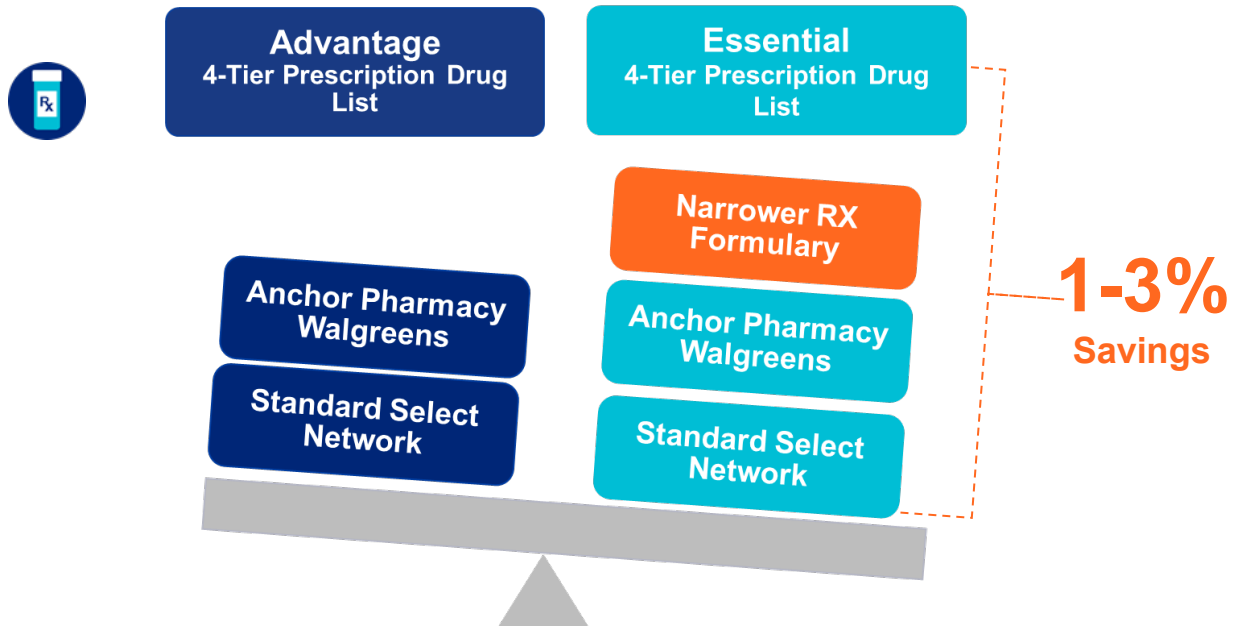
For more information, contact your Oxford sales representative. You and your clients may also contact Client Services at **1-888-201-4216** or groupservices@oxfordhealth.com with questions.



Medical Updates

Prescription Drug List Update for Oxford & UnitedHealthcare Level Funded

Walgreens is the anchor pharmacy for both Advantage and Essential PDLs; CVS is no longer in network



*Prescription Drug List availability varies by state

New York OON Outpatient DME Benefit Changes

UnitedHealthcare is committed to making health care more affordable, improving health outcomes, and enhancing the patient experience – for its members.

The use of out-of-network (OON) providers works against these goals by creating unnecessary costs and potential risks to patient quality and safety. Since OON providers are not bound by contracts with UnitedHealthcare, they are not required to follow clinical care guidelines or standards of care and are able to charge patients whatever they choose.

In response, please note the following OON coverage change

OON coverage for durable medical equipment (DME) will no longer be included under New York UnitedHealthcare Legacy and UnitedHealthcare Oxford plans. This applies to fully insured large group (51+) and fully insured small group (2-50) plan designs.

This change will go into effect for new and renewing groups as follows:

- UnitedHealthcare Legacy small group PRIME (UNET) and UnitedHealthcare Strategic Platform (USP) (non-Oxford) – Jan. 1, 2022
- Oxford USP small group and large group – Jan. 1, 2022
- UnitedHealthcare Legacy large group Key Accounts and National Accounts- July 1, 2022



Legacy oxfordhealth.com broker website decommissioned

Previously, we communicated that transactional access was suspended on **oxfordhealth.com** and provided brokers and employer group customers with information about our new health plan website for Oxford business, **uhceservices.com**. We hope you have become familiar with **uhceservices.com** and are finding it useful.

We want to inform you that, effective **February 15, 2022**, the **legacy oxfordhealth.com website will be decommissioned and no longer accessible**.

What this means for brokers

- **Website registration:** By now, you're using **uhceservices.com** for your fully insured Oxford medical business, as well as any UnitedHealthcare and Oxford Level Funded business, and New Hampshire Freedom Plan clients. As employer group customers transitioned to the enhanced online experience at **uhceservices.com**, we sent an email to the customer's broker of record with website registration information. If you need assistance with registration or have questions about the new website, please call Client Services at 1-888-201-4216, or send an email to oxfordgroupservices@uhc.com.
- **Legacy commission statements:** As previously communicated, commissions information pertaining to your Oxford clients who now use **uhceservices.com** is included on the UnitedHealthcare commission statement, which is accessible online, twice monthly.

We are working to complete any remaining group and member retroactivity and billing reconciliations that occurred for some Oxford customers before they began using **uhceservices.com**. Commission statements will be adjusted, as appropriate.

Please contact our Client Services team with questions about commission adjustments. Customers with questions about billing may also contact Client Services.

Health plan websites

Please remind customers to register with **uhceservices.com**, if they have not already done so, and their covered employees should be registered with **myuhc.com**.

UnitedHealthcare broker and consultant data security program updates for 2022

UnitedHealthcare is focused on helping protect its customers' information in light of how the world has changed from a cyber and privacy-risk perspective, as well as having experienced increased data security issues within all industries.

In 2018, an enterprise-wide program was launched to help educate brokers and ensure compliance with state and federal law, and their contract with UnitedHealthcare.

As a part of the required program, thousands of data security questionnaires, attestations and virtual assessments activities have been completed across all of UnitedHealthcare's broker distribution partners

Ongoing efforts for 2022

The broker and consultant data security program will resume in mid-January annually and continue through August. During this time, the UnitedHealthcare team will reach out to brokers to complete security attestations, questionnaires, or assessment activities.

As a reminder, the basic security controls covered in the program include, but are not limited to:

- Full disk encryption
- Anti-virus
- Removable media
- Physical security
- Health Insurance Portability Accountability Act (HIPAA) risk assessments



Medical Updates

Oxford Lockbox payment process change for customer checks mailed to UnitedHealthcare’s Shelton, Conn., location

UnitedHealthcare recently lessened its office footprint and is no longer accepting in-house payments at its Shelton, Conn., location, effective immediately.

Going forward, only lockbox information should be provided for check payments (both binder and regular monthly premiums).

Both the standard and overnight lockbox addresses, along with the other available customer payment option details, are provided below:

Summary of updated payment options

New mailing addresses		New pay-by-phone number
Standard Lockbox UHS Premium Billing P.O. Box 94017 Palatine, IL 60094-4017	Overnight Lockbox Must arrive before 8:30 a.m. UHS Premium Billing ATTN: 94017 5505 N. Cumberland Ave., Ste. 307 Chicago, IL 60656-1471	213-224-5017 (group) 213-374-0890 (overage)

Online portal payment	Automated clearing house or federal wire payment
<ol style="list-style-type: none"> 1. Access the Billing Portal: https://www.oxhp.com/ 2. Set up a payment method on the payment method tab. 3. Go to Open Invoices. 4. Select the invoices they want to pay. 5. Click Pay Invoices. 6. Select the payment method for use. 7. Submit payment, which will then generate a confirmation number. 	<p>Important: Include new customer number:</p> <p>BNY Mellon 500 Ross Street Pittsburgh, PA 15262-0001 ABA# 043000261 Account #9056254 Account Name: United Health Care Services Inc., UHS Premium Billing</p>

While UnitedHealthcare has transitioned away from receiving checks in-house at its Shelton office, payments still received at that location will be documented, and groups will be contacted to update their payment information.

Those payments will then be rerouted to the designated lockboxes for processing.



2022 Q1 Member and Customer Webinar Series

We are excited to kick off our 2022 UnitedHealthcare Wellness Wednesday webinar series for UnitedHealthcare and Oxford members and separate sessions for our customers. So far, we have already covered Fitness and Weight loss as well as a completed HSA workshop to in the month of January. Please join and share the remaining Q1 Webinars below!

Member Webinar Series:



Heart Health

Wednesday, Feb. 16

Noon EST

[Register Now](#)



Nutrition

Wednesday, March 23

Noon EST

[Register Now](#)

Customer Webinar Series (not for members):



Heart Health

Wednesday, Feb. 9

2 p.m. EST

[Register Now](#)



Nutrition

Wednesday, March 16

10 a.m. EST

[Register Now](#)

UnitedHealthcare Wellness Weekends

UnitedHealthcare is proud to collaborate once again with Chelsea Piers Fitness for UnitedHealthcare Wellness Weekends, a series of group exercise classes available for only **\$5** a class at Chelsea Piers Manhattan and Brooklyn locations. Classes include yoga, Pilates mat, barre, strength 3-D, adult gymnastics and the fan favorite, adult ice skating.

Participants do not need to be a UnitedHealthcare or Oxford member but must be at least age 16 to participate. Register today at www.chelseapiers.com/newsfeed/uhc-wellness-weekends.

Date	Venue	Class Type	Times	Location
Saturday, February 26	Chelsea Piers Fitness (Brooklyn)	Strength 3-D	10:00 am – 10:45 am (45 min)	Main Studio
Sunday, February 27	Sky Rink (NYC)	Adult Skating	3:20 pm – 3:50 pm (30 min)	West Rink
Saturday, March 19	Chelsea Piers Fitness (NYC)	Barre	10:00 am – 11:00 am (60 min)	Loft Studio
Sunday, March 20	Chelsea Piers Fitness (Brooklyn)	Pilates Mat	12:00 pm – 1:00 pm (60 min)	Main Studio

CHELSEA PIERS
fitness

Locations:
Manhattan
Chelsea Piers Fitness (CPF - NY) Pier 60, Chelsea Piers
New York, NY 10011

Brooklyn
Chelsea Piers Fitness 265
Schermehorn Street
Brooklyn, NY 11217



Medical Updates

Level Funded HealthiestYou Coverage for HSA Plans

The CARES Act included a temporary provision that allows telehealth and Virtual Visits to be covered pre-deductible for HDHPs/HSAs. The rule applies to any plan year that begins on or before 12/31/2021.

Beginning with the 1/1/2022 case effective date new and renewing All Savers members that enroll in HSA plan designs will be charged out of pocket expenses by HealthiestYou at the time of service until they have satisfied their plan's deductible.

- The cost of each HealthiestYou engagement will track towards the members annual deductible and out of pocket responsibility
- Once the member has satisfied their deductible any additional HealthiestYou engagements will be covered at no cost to the member until their benefits reset (either plan year or calendar year)
 - The cost of HealthiestYou engagements after a member has satisfied their deductible will be submitted as a claim and paid from the employers claim liability account or stop loss coverage.

Examples:

- The HSA members of group that enrolls or renews with a 12/1/2021 case effective date will continue to receive access to HealthiestYou services at no cost until their renewal on 12/1/2022
- The HSA members of a group that enrolls or renews with a 1/1/2022 case effective date will be charged for HealthiestYou engagements until they have satisfied their deductible requirement.

Pricing:

- The HealthiestYou services of General Medicine, Mental Healthcare and Dermatology will require the below per visit cost:
 - General Medicine: \$45
 - Mental Healthcare: \$45
 - Dermatology: \$45
- Back/Neck Care and Expert Medical Services can remain at no charge to the member because both services are only consultative and do not result in a diagnosis, treatment plan or prescription.

Note: This change only impacts All Savers HSA plan designs. No other All Savers type of plan is impacted

Next Steps:

1. A notice of this change will be included in the 2022 renewal packet for all active groups. The notice will be included even if the group is not currently enrolled in an HSA plan in case they are considering an HSA as part of their renewal strategy.
2. Communication will be sent to any active All Savers member on an HSA plan that has utilized HealthiestYou since 1/1/2020. The communication will be sent in the form of email and will be distributed within 45 days of their renewal date.



Highest in Customer Satisfaction with Dental and Vision Plans

. Thank you for rating us #1 in customer satisfaction



Your commitment to giving your employees the best inspires us to be the best for you. You encourage us to be better listeners and communicators as we pave the way to providing personalized care that moves health forward.

Thank you for your confidence, your trust and your business. Because of you, UnitedHealthcare has been ranked #1 in Customer Satisfaction with Vision and Dental Plans, achieving the highest ranking in communication, cost, coverage and customer service by J.D. Power.

Announcing Dependent Maximum Age process enhancement for fully insured specialty-only (Dental and Vision) customers

Effective November 2021, fully insured specialty-only (Dental and Vision) customers, along with fully insured unbundled Dental and Vision coverage under fully insured medical customers, will be included in the automated Dependent Maximum Age process. This decision was made to keep consistency across fully insured products.

- **There are no changes to the current process for fully insured medical products.**

Specialty-only customers will receive a standard Dependent Maximum Age letter notifying them that a dependent is reaching the maximum age and will be terminated. Please see the attached sample letter.

A specialty-only customer has the option of opting out of the Dependent Maximum Age process. The customer **will not** receive the Dependent Maximum Age letter and their dependents reaching the maximum age will not automatically be terminated. Please contact your UnitedHealthcare representative for additional information.



Dell XPS with Eyesafe Discounts

Nearly 8 in 10 eye care professionals estimate that blue light also affects overall physical and mental health.

UnitedHealthcare is partnering with Dell®, in collaboration with Eyesafe™, to offer a new discount for its Vision members. UnitedHealthcare Vision members can receive up to 20% off Dell XPS laptops. Eligible laptops are equipped with Eyesafe's latest blue light-blocking technology. Members will have access to an assortment of Dell XPS laptops with Eyesafe technology, including a variety of sizes and storage capacity to meet their individual needs.

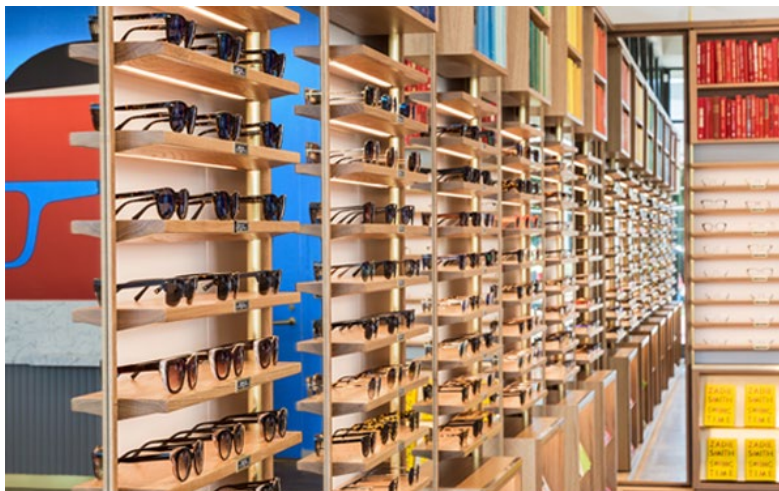
See the attached flier for details.

There's a new Warby Parker in Short Hills!

More good news: With your UnitedHealthcare vision benefits, you might be eligible for a pair of prescription glasses for just your copay.

That goes for eyeglasses or sunglasses, single vision or progressives.

[Learn More](#)



Come find the perfect pair

Stop by Warby Parker for styling help from an advisor, or just try on any and every frame you please.

If you're interested in a group or company shopping event, email specialorders@warbyparker.com.



Financial Protection Evidence of Insurability

Effective Nov. 24, 2021, UHC will have updated links for the new electronic Evidence of Insurability (EOI) forms.

New links to customers as soon as possible so they can begin using the electronic forms.

Note: Links to new states will be added as they become available. This is an interim step on UnitedHealthcare's road to improving the EOI customer experience.

- **Specialty Combined Employer and Employee Forms/PRIME or UHOPS (includes CIRRUS for EOI)**
 - PRIME_UHOPS_Specialty_Combined_ER_and_EE_Forms_Log
 - [Specialty combined employer and employee forms](#)
- **Financial Protection Combined Employer and Employee Forms/Facets or ACIS/UNET**
 - Facets_Specialty_Combined_ER_and_EE_Forms_Log
 - [Financial Protection combined employer and employee forms](#)

Electronic EOI form details

- States in-scope include:
 - Alabama, Arkansas, Arizona, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nevada, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Washington, Washington, D.C., Wisconsin, West Virginia, Wyoming
- The forms are fillable PDFs with **electronic** signature via Adobe Sign.
- Employees and spouses have **different** forms so they can both sign separately.
- If applicants prefer, they may print the application, sign it in ink and email or fax to UnitedHealthcare, as noted on the forms.
- **Existing forms will be acceptable on the correct group situs state (signed in ink, emailed or faxed as noted on the forms) through Jan. 31, 2022.**
- Applications are currently in English only.

Information for states that have not approved electronic applications

- States out-of-scope include:
 - Alaska, California, Florida, Maryland, Massachusetts, Nebraska, New Hampshire, New Jersey, New Mexico, New York, Oregon, South Carolina, Utah, Vermont, Virginia
- Out-of-scope states will continue to use the existing forms that they have been using previously.
- These forms **do not** allow for electronic signature. This is a legal matter as it pertains to state and federal statutes about the ability to obtain and use information. Applications submitted with attempts to sign electronically will **not** be accepted.

Key notes:

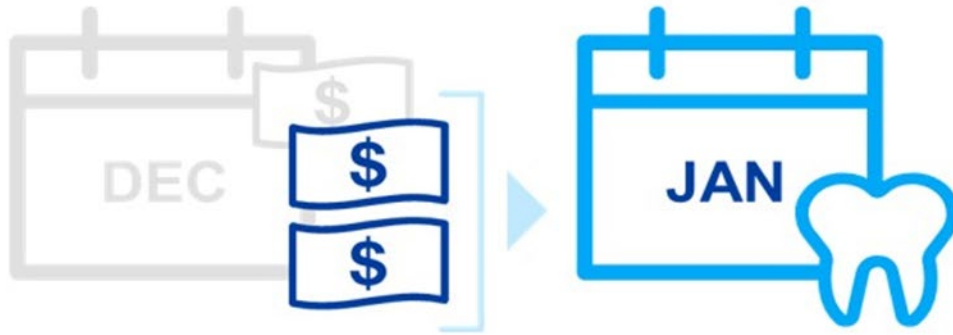
- Make sure your customers are set up to access their EOI reports. They will be able to see their employees' application status sooner when their employees are using the new electronic applications.

Questions about forms should be directed to EOI Underwriting at **866-615-8727** or to EOI_Underwriting@uhc.com



Consumer MaxMultiplier

Awards benefit dollars for getting regular checkups and helping keep costs low.



Highlights

- Carry over a portion of unused benefits for future dental services.*
- Rewards never expire.
- Claims for coverage period cannot exceed threshold amount.
- PPO members get a bonus for in-network-only claims.
- At least one dental claim must be made during coverage period.
- Consumer MaxMultiplier is administered at the member level.

*Members will not actually earn cash that they can access or withdraw. UnitedHealthcare adds the award dollars to the member's annual maximum for the following plan year and applies them to qualifying claims. Dollar amounts will vary based on the specific plan.

Select Managed Care

Our managed care product suite is **innovative and convenient**

Unique Managed Care delivery model.

- No dentist assignments
- Members can switch offices at any time .
- Referrals required for specialty care
- No waiting periods.
- No maximums.

Comprehensive benefits.

- Savings on implants with specific fee, abutments, prosthesis removal and crowns.
- More than 450 procedures covered at a copayment level.
- Prenatal benefits.
- Oral cancer screening.
- Cosmetic benefits at specific copayments / discounts.
- Pediatric dentistry up to age 16.
- Discount on procedures not listed on the Schedule of Benefits.
- SmileDirectClub is included in the SMC network

A network free of the typical **pain points** associated with traditional DHMO options

Open access: **freedom to choose** anyone in our network

For more information Contact your UnitedHealthcare representative



Benefit Assist

Designed for faster, easier benefit payouts
Available on UNET, UMR & Oxford platforms for groups with 250+ eligible.

With Benefit Assist, employees enrolled in a health plan and a supplemental health plan (Accident, Critical Illness or Hospital Indemnity) from UnitedHealthcare have an advocate on their side.

A Benefit Assistant can help ensure your employees receive a benefit payout when they need it most. Submitting claims early and accurately may speed up the benefit payout process by weeks. A Benefit Assistant can help with this by:

- Reviewing eligible medical claims
- Notifying employees if any claims qualify for a benefit payout from their supplemental plan
- Connecting employees to a claim specialist who helps them submit a supplemental plan claim



[Learn more](#)

Contact your UnitedHealthcare representative

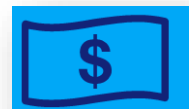
Customers can save even more when they bundle their plans.¹

Help customers get a 5% second year rate cap when they add a dental plan by December 15, 2022.



The guidelines:

- Effective dates are January 1, 2021 – December 15, 2022.
- 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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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	\$3
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.



See more health plan savings with uBundle for groups of 51 plus lives



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+ members²
104K+ unique network providers²



Vision
19M+ members²
100K+ network private practice and retail chains²



Life, Disability and Supplemental Health
1.5M+ members²
20+ years of experience²

¹Subject 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. ²UnitedHealthcare 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 51-3000 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.



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.
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