



August 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



You're Invited New Jersey Gala

Thursday • September 23 • 2021 • 6-9 PM

[Click Here to Join Us](#)

Tip: Use Google Chrome for best results



Liberty House
RESTAURANT AND EVENTS
76 Audrey Zapp Dr. • Jersey City, NJ 07305

Helping Kids, Changing Lives!

UnitedHealth Group's senior leadership and staff welcome you and your prestigious guests to enjoy scenic views as we dine, drink, and socialize - all while celebrating an evening of raising funds to support UHCCF medical grant funding in the Northeast Region.

All Proceeds benefit the UnitedHealthcare Children's Foundation to provide medical grants for children in the Northeast region.

SPONSORSHIP OPPORTUNITIES

Celebrate your team and entertain clients, colleagues, and friends.

Presenting Sponsor - \$7,500

- Admission for 12 at a reserved table
- Food & wine
- Logo on event signage & registration site
- Two-minute remarks

Platinum Sponsor - \$5,000

- Admission for 8 at a reserved table
- Food & wine
- Logo on event signage & registration site
- Recognition during remarks

Grant Family Sponsor - \$3,500

- Admission for 6 at a reserved table with a grant family
- Food & wine
- Logo on event signage & registration site
- Recognition during remarks

Gold Sponsor - \$2,000

- Admission for 6
- Food & wine
- Logo on event signage & registration site

Silver Sponsor - \$1,500

- Admission for 4
- Food & wine
- Logo on event signage & registration site

Bronze Sponsor - \$1,000

- Admission for 2
- Food & wine
- Logo on event signage & registration site

Individual ticket - \$125

- Admission, food, & wine

For event and registration questions, contact Kim Gellman • kim_gellman@uhc.com • 732-623-1956

For sponsorship opportunities, contact Shelly Rucks • shelly.rucks@uhc.com • 763-361-9085

Help us reach our next goal to award the 50,000th grant in 2030!

The United Healthcare Children's Foundation (UHCCF) is a 501(c)(3) charitable organization that provides medical grants to help children get health-related services not covered, or not fully covered, by their family's health plan. Since 2007, UHCCF has awarded more than 22,500 grants and more than \$50 million to children and families across the United States. With your help, we continue to grow, giving hope to more and more children and families each year! Visit UHCCF.org for more information about our mission and its impact.

Sweat Equity-post-COVID

Please be advised that the original guidelines for the Sweat Equity® program will be re-implemented on **September 1, 2021** and the temporary allowance of app-based and other digital and at-home workouts will end. Please inform your employers who participate in the fitness reimbursement program of this change.

What this means for your employers and employees

Participants in the program should not include any app-based or other digital or at-home exercise they perform after August 31, 2021 on their reimbursement application (claim form). After this date, these workouts will not count toward the program's requirement for completing 50 cardio sessions in a six-month period. Similarly, any expenses incurred by participants for app-based or other digital or at-home exercise completed after August 31 will not be eligible for the program's reimbursement.

Why the return to the original Sweat Equity program guidelines

During the COVID-19 pandemic, we sought approval from the states, where required, and temporarily introduced an alternative way to help encourage members to stay active and continue their participation in the Sweat Equity program. Now that disaster emergencies are being lifted, public facilities are re-opening and people are gathering again, the Sweat Equity program will revert to its original guidelines, including the requirements for participants to:

- Complete 50 cardio workouts in a six-month period
- Complete workouts at a fitness facility or as part of an organized group fitness class or event that's available to the general public and has staff supervision
- Submit with application for reimbursement:
 - documentation describing the cardio equipment and facility used and fitness classes or events in which the member participated
 - receipts for fitness-related expenses incurred by the member
 - attestation from facility/instructor/event leader of the member's participation

More information

The attached Question and Answer document is meant to assist you with informing your employees about this change and responding to questions they may have about the Sweat Equity program. Also attached is the Sweat Equity program flier for your reference and use with your employees, if needed.

COVID-19 National Public Health Emergency Extended through October 17th

The COVID-19 National Public Health Emergency (PHE) has been extended another 90 days. Originally, it was scheduled to end July 19 but has now been extended through October 17, 2021.

The COVID-19 FAQ site has been updated with the information.

[COVID-19 FAQs to share with your clients | UnitedHealthcare \(uhc.com\)](https://www.unitedhealthcare.com/faq/covid-19)



UnitedHealthcare to provide millions of members with year-long access to Peloton app

On Tuesday, July 20, UnitedHealthcare and interactive fitness brand Peloton (Nasdaq: PTON) [announced](#) a new program to provide millions of Americans with access – at no additional cost to them – to fitness classes that can help improve their overall health and well-being. This is the first such relationship between Peloton and a health plan.

Starting Sept. 1, as part of their plan benefits, millions of fully insured UnitedHealthcare members can enroll with Peloton to obtain access to Peloton's best-in-class, multidiscipline fitness classes, helping integrate exercise into their daily routines. New and existing Peloton members are eligible to enroll.

Eligible UnitedHealthcare members will receive details via email about activating their Peloton membership starting Sept. 1 or thereafter, depending on the health plan's effective date. Eligible members will be able to receive their personalized code by visiting myuhc.com/peloton. Once eligible UnitedHealthcare members receive a personalized code, they can use it to activate their 12-month subscription to a Peloton Digital Membership or a four-month subscription to a Peloton All-Access Membership at no additional cost to them.

At the end of the 12-month membership, UnitedHealthcare plan participants will have the opportunity to renew the Peloton Digital Membership at the market rate directly through Peloton; UnitedHealthcare members will not be automatically enrolled beyond the 12-month offer.

Eligible UnitedHealthcare members with an existing paid Peloton Digital Membership will be given the option to cancel their existing membership before claiming the UnitedHealthcare-subsidized one, while members with an existing Peloton All-Access Membership will be provided a four-month waiver covering the same value.

Expanding access to Peloton's best-in-class connected health community builds on UnitedHealthcare's commitment to offering digital health resources and consumer-centric health benefits to help people live healthier lives.

The UnitedHealthcare offer is the first of its kind between Peloton and a health plan, helping both organizations achieve their joint goal of making fitness and overall wellness more attainable and accessible.

Availability

Beginning Sept. 1, access to the Peloton Digital Membership will be available to UnitedHealthcare members enrolled in eligible fully insured, employer-sponsored health benefit plans at no additional cost to them:

- **Existing business:** Available Sept. 1
- **New business:** Available on effective date

Note: Self-funded (ASO), All Savers®, UMR, Harvard Pilgrim and plans sold on private exchanges are out of scope for the initial launch.



You are invited to a UnitedHealthcare Event - Rally Health & Wellness



Join us for a webinar

Rally Health & Wellness

Rally® shows you how to make simple changes to your daily routine, set smart goals and stay on target.

You'll get personalized recommendations on how to move more, eat better and feel happier — and have fun doing it.

Register Now

**Wednesday, Aug. 4
12:00 PM EST**

Medical Updates

Cost-Control Strategies for Specialty Medications

Did you know specialty medications account for about 50% of pharmacy spend, despite only 1%–2% of the population using them? This isn't surprising when just one specialty medication results in a \$79,000 average annual cost.

To support employees with specialty pharmacy needs and help employers manage this cost trend, [this new article](#) highlights UnitedHealthcare's focus in 3 areas, including:

- Integrating medical and pharmacy benefits.
 - Helping ensure employees receive care in a cost-effective and convenient location.
 - Innovative techniques such as genetic testing to help select the best medication.
-

Controlling Costs Through Payment Integrity

What role does payment integrity play for employers in controlling their costs? At UnitedHealthcare, it's much more than a behind-the-scenes operational capability to help employers make sure their health plan is paying claims appropriately. It may generate significant savings.

This new [article](#) explains how our highly advanced and comprehensive programs are designed to identify and take action on invalid or inaccurate claims. And in some cases, even before a claim is paid – delivering for clients a \$34.86 PMPM total average savings, or almost \$420 in savings per member annually.

Protectwell

ProtectWell™, the innovative, return-to-work solution designed to help employees go back to work with a simple daily symptom and exposure screening app, will no longer be accepting any new customers, effective July 19. Existing customers can continue to use ProtectWell until Dec. 31, 2021, or they can choose to terminate their contract earlier.

ProtectWell is grateful for the 1,000+ organizations and 350,000+ users who have used the app and completed 5 million+ check-ins to help stop the spread of COVID-19. ProtectWell is encouraged by the progress the nation is making toward fighting the pandemic.

As of July 19, ProtectWell will no longer accept new organization account registrations, and the ProtectWell app will move into a maintenance mode through Dec. 31, 2021. Current organizations and individual users may continue to use ProtectWell in its current state until that time. No future app changes/updates are planned.

As of Jan. 1, 2022, the ProtectWell app will no longer be available for organization or individual use, and all organization and individual user accounts will be terminated, and all data will be deleted. Please reach out to your UnitedHealthcare representative with questions.



Medical Updates

Premium Provider Refresh

The UnitedHealth Premium® program provides physician designations based on quality and cost efficiency criteria to help members make more informed choices for their medical care.

UnitedHealth Premium designation updates takes place prior to open enrollment to allow members to verify a physician's Premium status in the upcoming calendar year before enrolling in a Tiered Benefits plan. We evaluate physicians at least every two years, using updated quality and cost efficiency methodologies and data.

To honor the commitment to UnitedHealthcare members, the Premium program 'refresh' will move forward as planned. The claims data used is for dates of service from Jan. 1, 2017, to Feb. 29, 2020, which pre-dates the COVID-19 emergency.

Designation changes for the upcoming refresh are scheduled to take effect Sept. 24. Within a week, designations will display in providers' directories such as myuhc.com® and related mobile applications. Claims from physicians losing their Premium Care Physician designation will continue to pay at Tier 1 through the end of 2021.

There were no changes to the 16 Premium specialties representing 47 credentialed specialties evaluated by the program. The program is available in 45 states. There were no market changes.

Please see attached fliers for more information

Performance Funding Program

Performance Funding is a retro-rated, fully insured program designed to allow employers to participate in their medical claims experience.

Our Performance Funding program is designed to allow fully insured customers to share in the value of their plan's positive medical claim experience, without having to self-fund their benefit plan.

Now you can receive premium credits in the years when your claims performance meets certain criteria. And you don't have to pay more when claims fluctuate because we assume the risk.

A program that's easier to participate in

With the Performance Funding program, you continue to pay your monthly plan premiums each year, and unlike self-funded plans, there are no separate bank accounts. Then, after the normal renewal rating process is over (usually about 15 months from the original effective date), we perform a full year plan accounting to determine the potential premium credit.

- If your plan's total expenses are lower than expected, you will receive an experience refund in the form of a premium credit to your subsequent year's premium
- Even if your plan's total expenses are greater than the premium you paid for the year, there is no deficit to carry forward or deficit accumulation
- For groups with 100+ enrolled you will receive a monthly claim reporting package for insight into the utilization performance of the group. Groups with 75–99 enrolled will receive claim reporting on an annual basis.

See attached flier for detailed information



Medical Updates

Important Information for Your Clients with Oxford Plans Requiring a PCP (Gated Plans)

To help members understand their benefits and avoid surprises, we are sending the enclosed information to Oxford fully insured commercial group customers and members before the group's renewal date. We are conducting this outreach **beginning with July 1, 2021 renewing business**.

Please become familiar with this information should clients have questions. We also appreciate your support with helping to make sure clients renewing July 1, 2021 through June 2022, are aware of this effort.

Background

Some members in gated plans (e.g., HMO, PPO, EPO) that require the selection and use of a network primary care physician or provider (PCP), have either visited a different PCP than the one we have on record for them or have not followed plan protocols for obtaining referrals and prior authorizations. For these members, **we will begin enforcing the PCP and referral requirements with plans starting on the group's renewal date**.

Member impact

Members who receive our letter should confirm our records reflect their PCP of choice before seeking medical care. They can do this on **myuhc.com®** or by calling us at the phone number on their health plan ID card. Members who wish to change their PCP of record can do so at any time, online or by phone.

Members must receive care from their PCP of record or the provider named in their PCP's referral to receive network benefits. After the group's renewal, non-emergent care received from another provider will not be covered or will be paid at the out-of-network benefit level if the plan has out-of-network benefits.

More information

For your reference, attached is a flier we are including in the renewal packages prepared for your Oxford clients and you. It provides an overview on the importance of selecting a PCP and referrals.

We will also send the attached email to clients and invite you to forward it to clients, too, for added awareness.

Please contact your Oxford sales representative or call Client Services at **1-888-201-4216** with questions.



Medical Updates

Broker Renewal Packets for Oxford Small Group Business Go Green Option

The go green process (online delivery) for providing Oxford small group (NY: 1-100, NJ: 2- 50, CT: 1-50) renewal information to brokers is aligned with the process for our UnitedHealthcare small group business. It has been favorably received for providing quick access and convenience as more producers are working remotely. If, however, you prefer to receive your Oxford small group client's renewal information in paper format through the U.S. mail, please follow the steps below.

Turn On/Off Go Green Option

- Sign in to uhceservices.com
- Go to the **Contact Information** section
- Next to **Go Green**, click the circle for "No" to receive your client's renewal information in paper format

Contact Information

Please note that this contact information will apply to the Broker ID and all associated users.

Go Green Yes ☐ No ☒

Business Email

Business Phone

Business Phone Ext

Business Fax

C/O

Save Cancel

You **do not** need to take any action if you wish to follow the go green process and access your client's renewal information online only.

Regardless of your preference for delivery, your client will continue to receive their renewal information in paper format through the mail.

Reminder about online access to renewal information

To access your Oxford small group client's renewal information online, click **Oxford Renewal Packages** under **Quick Links** on the **Small Group Quoting & Renewals** tab. General Agents will see groups eligible for renewal 75 days before the group's renewal date. Non-General Agent brokers will see groups eligible for renewal 72 days before the group's renewal date. Employers can view their renewal information online 60 days prior to their policy renewal date.

More information

Find details about the go green option and how brokers and clients access renewal information online in the [uhceservices.com Reference Guide for brokers](#).

Contact your Oxford sales representative or Client Services at **1-888-201-4216** with questions.



Medical Updates

Reminder 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

- 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 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](https://www.medicare.gov) for assistance.

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



You are invited to a UnitedHealthcare/Oxford Webinar – Medicare Made Clear



Join us for a webinar

Supporting your aging population.

With older employees working longer, employers may be more likely to have Medicare-eligible employees on the payroll.

Join us to learn more about Medicare coverage, eligibility and how you can help these employees coordinate their group health benefits alongside Medicare

Register Now

**Wednesday, Aug. 18
12 PM EST**

Medical Updates

Beginning July 1, brokers and employers must access uhceservices.com directly for their Oxford business transactions

Beginning **July 1, 2021**, Oxford clients being serviced through **uhceservices.com** will no longer be able to access their current plan information from the legacy oxfordhealth.com website. As previously communicated, **uhceservices.com** is the new destination for online support with Oxford business, where you and your clients can perform the same functions and access the same information, and more, as you did previously on oxfordhealth.com.

You and your Oxford clients should no longer use oxfordhealth.com for new or renewing business transactions or to access current account information. We are issuing a similar email communication to clients.

Please ensure you and your Oxford clients have access to **uhceservices.com**. We continue to invite brokers and employer group clients by email to register for access to **uhceservices.com**. If you or your clients have not yet received our email invitation or responded to one sent previously, please call Client Services at **1-888-201-4216**.

Access to historical account information on oxfordhealth.com continued for renewing clients up to 120 days after their policy renewal date. Clients who renewed more than 120 days ago (i.e., before March 1, 2021) and wish to access historical account information that was available to them previously through oxfordhealth.com should call Client Services.

More information

When you sign in to **uhceservices.com**, there are several resources available on the home page designed to help you and your clients navigate the website and learn more about the information and services available to you online. If you still have questions, don't hesitate to call Client Services or contact your Oxford representative. Additional support options are provided through the **Contact Us** link at the bottom of the **uhceservices.com** home page.



Medical Updates

New Sales Bonus

For fully insured medical cases with at least 101 eligible employees

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured medical plans with effective dates from August through September 2021 that have at least 75 enrolled employees and are located in New Jersey. Eligible agents will receive a bonus of \$50 for each enrolled employee in eligible fully insured 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 in New Jersey that have:

1. 101 to 5,000 eligible employees;
2. At least 75 employees enrolled in UnitedHealthcare and Oxford medical coverage; and,
3. Effective dates from August 1, 2021, through September 30, 2021

See attached flier for more details

New Sales Bonus

For agents who sell new UnitedHealthcare or UnitedHealthcare subsidiary fully insured and Oxford level-funded group medical products

Agents in New Jersey have advised us that some of their customers are concerned that their current carrier may be exiting the group health insurance market in New Jersey. UnitedHealthcare is prepared to assist agents who, in direct response to customer requests, move their concerned customers to UnitedHealthcare or UnitedHealthcare subsidiary fully insured and Oxford level-funded group medical products. Additional compensation of \$75 for each enrolled employee will be paid to agents who enroll such customers with UnitedHealthcare or UnitedHealthcare subsidiaries from August 1, 2021, through January 1, 2022, up to a maximum amount of \$7,500 per group.

Groups eligible for the additional compensation are medical groups with 2 to 100 eligible employees in New Jersey that move directly from a carrier that may be exiting the group medical insurance market to UnitedHealthcare or UnitedHealthcare subsidiary fully insured or Oxford level-funded group medical products with effective dates from August 1, 2021, through January 1, 2022. The additional compensation will be paid based on the January 1, 2022, enrolled employee count of the eligible groups.

See attached flier for more details



Employer eServices® Training

This class is designed for Groups with over 100 eligible employees

Looking for an easier way to administer your UnitedHealthcare benefits?

Whether you need to make an eligibility change, complete open enrollment changes in real time, submit an online payment, or want financial and claims data reports to help you make informed decisions about your health care benefits, UnitedHealthcare's Employer eServices is there to help you streamline your benefits administration.

This **60-minute** introductory training session is designed to complement online tutorials, quick reference guides and Help you can find within Employer eServices.

Instructor-Led Webcast Training Schedule for Groups with over 100 eligible employees.
Register to sign up for the session that best meets your schedule.

DATE	TIME	REGISTRATION
Wed. Aug. 4, 2021	1 to 2 p.m. ET	Register for Aug. 4, 2021
Thurs. Aug. 26, 2021	1 to 2 p.m. ET	Register for Aug. 26, 2021
Thurs. Sept. 16, 2021	1 to 2 p.m. ET	Register for Sept. 16, 2021
Wed. Sept. 29, 2021	1 to 2 p.m. ET	Register for Sept. 29, 2021

Employer eServices® Customer Reporting (Cost & Utilization Reporting) Training

Make Employer eServices work for you. Register today for the online training classes for reporting.

Participants will be introduced to Employer eServices Customer Reporting (also known as Cost & Utilization Reporting). Topics covered include the tool's functionality, how to create a report, how to export and print automated and custom reports, frequency of data loads, and where to go for assistance via the online training resources. Cost & Utilization Reporting provides financial and claim data reporting metrics. The reports can assist you in making informed decisions about health care benefits. The training session will last approximately **60 minutes**.

Note: Reporting is available to policies with over 100 employees.

Instructor-Led Webcast Training Schedule

DATE	TIME	REGISTRATION
Wed. Aug. 11, 2021	1 to 2 p.m. ET	Register for Aug. 11, 2021



Medical Updates

COBRA and American Rescue Plan Act and premium tax credits

On March 11, 2021, the **American Rescue Plan Act of 2021** (ARPA) was signed by President Biden and includes a provision for a COBRA continuation coverage premium subsidy of 100% for individuals and families who experienced involuntary job loss or a reduction in hours of work leading to a loss in coverage.

This subsidy will be available for assistance eligible individuals (AEIs), as defined under the Act, from April 1, 2021, through September 30, 2021. Individuals who qualify may sign up with their former employer, who will be reimbursed through tax credits for the complete premium for the months the eligible individual is covered between April 1 through September 30, 2021. Eligibility requirements apply.

Summary of COBRA Subsidy Tax Credit

APRA states:

- If the plan is fully insured or self-funded and subject to Federal COBRA, then the employer gets the tax credit.
- If the plan is a small self-funded group plan, the employer takes the tax credit.
- If the plan is fully insured and not subject to Federal COBRA, but is subject to state continuation, the insurer takes the tax credit.

Within 60 days of the April 1, 2021, applicability date, employers will be required to update COBRA notices sent to the assistance eligible individuals to describe the subsidy and to issue extended COBRA election notices. Employers must also provide a notice of expiration prior to premium subsidy expiration.

Support for the employer groups UHCBS administers

For employers with UnitedHealthcare-administered COBRA plans, UHCBS will incorporate the language into the standard COBRA Election Notices through September 30, 2021, once the Department of Labor releases model notices.

For details on how it works and for qualification requirements for ARPA and premium tax credits,

[click here](#).



Medical Updates

COBRA and American Rescue Act Overview

On March 11, 2021, the American Rescue Plan Act of 2021 (ARPA) was signed by President Biden and includes a provision for a COBRA continuation coverage premium subsidy of 100% for individuals and families who experienced involuntary job loss or a reduction in hours of work leading to a loss in coverage.

This subsidy will be available for assistance eligible individuals (AEIs), as defined under the Act, from April 1, 2021 through September 30, 2021.

COBRA participants must meet the below criteria in order to be an assistance eligible individual (AEI):

1. Coverage was lost due to involuntary job loss or a reduction in hours of work.
2. The COBRA participant is still within the COBRA eligibility period as of April 1, 2021 or elected COBRA and discontinued it prior to April 1, 2021.
3. Eligible COBRA participants who do not have an election in place will have the opportunity to elect coverage during an Extended Election Period and will be able to take advantage of the subsidy effective April 1, 2021. This will be referred to as the "lookback period" in determining member eligibility.
4. COBRA elected under the APRA will start April 1, 2021 and may go through September 30, 2021.
5. The APRA will not extend the normal 18-month period of COBRA continuation coverage in the case of job loss or a reduction in hours.
6. Eligible COBRA participants who have an election in place as of April 1, 2021 will be able to take advantage of the subsidy effective April 1, 2021.
7. Eligible COBRA participants who become eligible for COBRA continuation coverage on or after April 1, 2021 will be eligible for the subsidy while it is in effect.

We continue to navigate the requirements and impact to COBRA eligible members and will provide updates as they are available

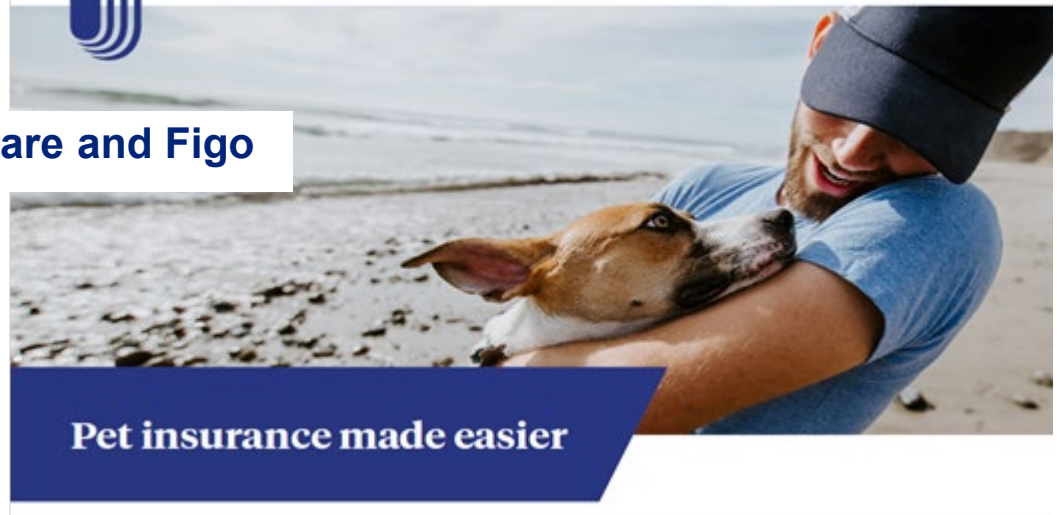


Specialty Updates



Specialty Benefits | Pet Insurance

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!



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



Savings on blue light protection

Excessive screen time on computers, tablets and cell phones may affect vision and cause digital eye strain due to the blue light they emit.¹ And since the onset of COVID-19, people are spending an average of 13 hours per day on digital devices.² That's why we're providing savings on blue light blocking screen filters with UnitedHealthcare Vision plans.

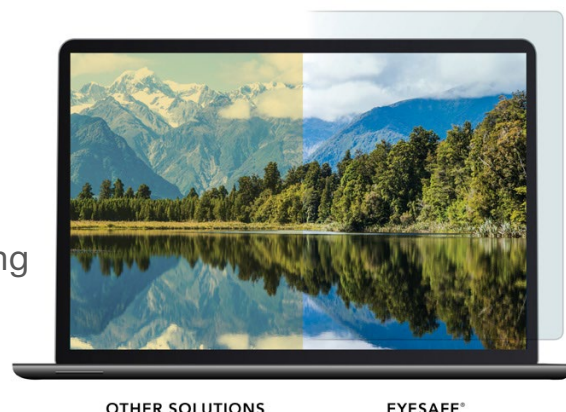
Save
20%
off of the retail price on
blue light blocking screen
filters from Eyesafe.

Help employees reduce eye strain.

UnitedHealthcare Vision members have access to discounts on blue light blocking screen filters for select smartphones, tablets and laptops from Eyesafe®.

Eyesafe screen filters are designed to:

- Reduce exposure to high-energy blue light
- Help maintain color quality and luminance
- Offer a simple, lower cost option to filter blue light on existing devices
- Be easily applied to your device



Members can access the discount through **myuhcvision.com**

Learn more. Contact your UnitedHealthcare representative.

United
Healthcare
Vision

eyesafe®

¹ National Institutes of Health. Research progress about the effect and prevention of blue lights on eye. 2018 ncbi.nlm.nih.gov/pmc/articles/PMC6288536/. Accessed March 29, 2021.

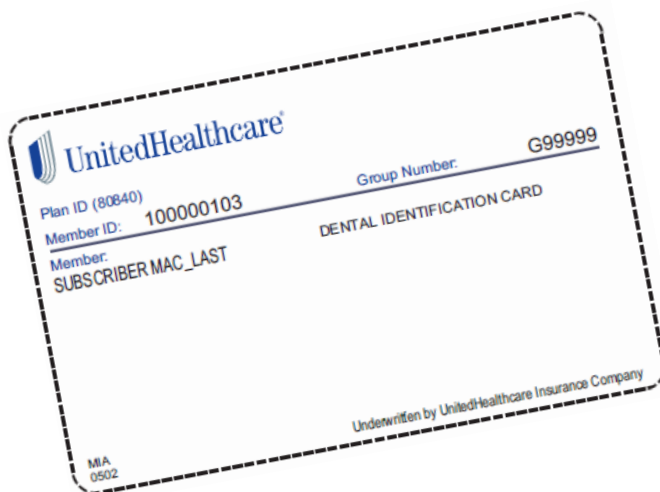
² Eyesafe, 2020, <https://eyesafe.com/covid-19-screen-time-spike-to-over-13-hours-per-day>

All trademarks are the property of their respective owners.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.



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.

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, 2021.

The guidelines:

- Effective dates are January 1, 2021 – December 15, 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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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.



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+ 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 51-300 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.



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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Reorganization update for the 2-99 sales team

The New Jersey Health plan has always placed significant value on our small business segment and I'm excited to share some of the transformative work happening at UnitedHealthcare. At a time when many of our competitors are pulling back from 2-50 customers in our market, we're doubling down and investing in a more dedicated structure for Small Business.

- **Effective 5/15/21, you will have a new dedicated resource for 2-50 new business and 2-50 renewals. Your current 51-99 new business & renewal representative will remain the same.**
- Each Account Executive can fully support all your Medical and Specialty needs, including training on new products and services.
- Your 2-50 support will work very similarly to the support we have provided in the past

And if you think your clients would be excited to get \$7,834 back from their health plan, make sure you get a quote for our Oxford Level Funded plans, available for businesses with 5-300 employees. Oxford Level Funded is based on employee medical claims — so if they're lower than expected, your client may get a surplus refund at year-end. Ask your dedicated sales representative if it's a good fit for your clients.

Your **2-50 New Business** representative is:

Contact Name	Email address
Ashley Nitz	ashley_nitz@uhc.com

Your **2-50 Renewal** representative is:

Contact Name	Email address
Kelsey Peterson	kelsey_e_peterson@uhc.com

Your **51-99 New Business & Renewal** representatives are

Contact Name	Email address
Ron Rico	ron_rico@uhc.com

Contact Name	Email address
Tom Conroy	Thomas_conroy@uhc.com

