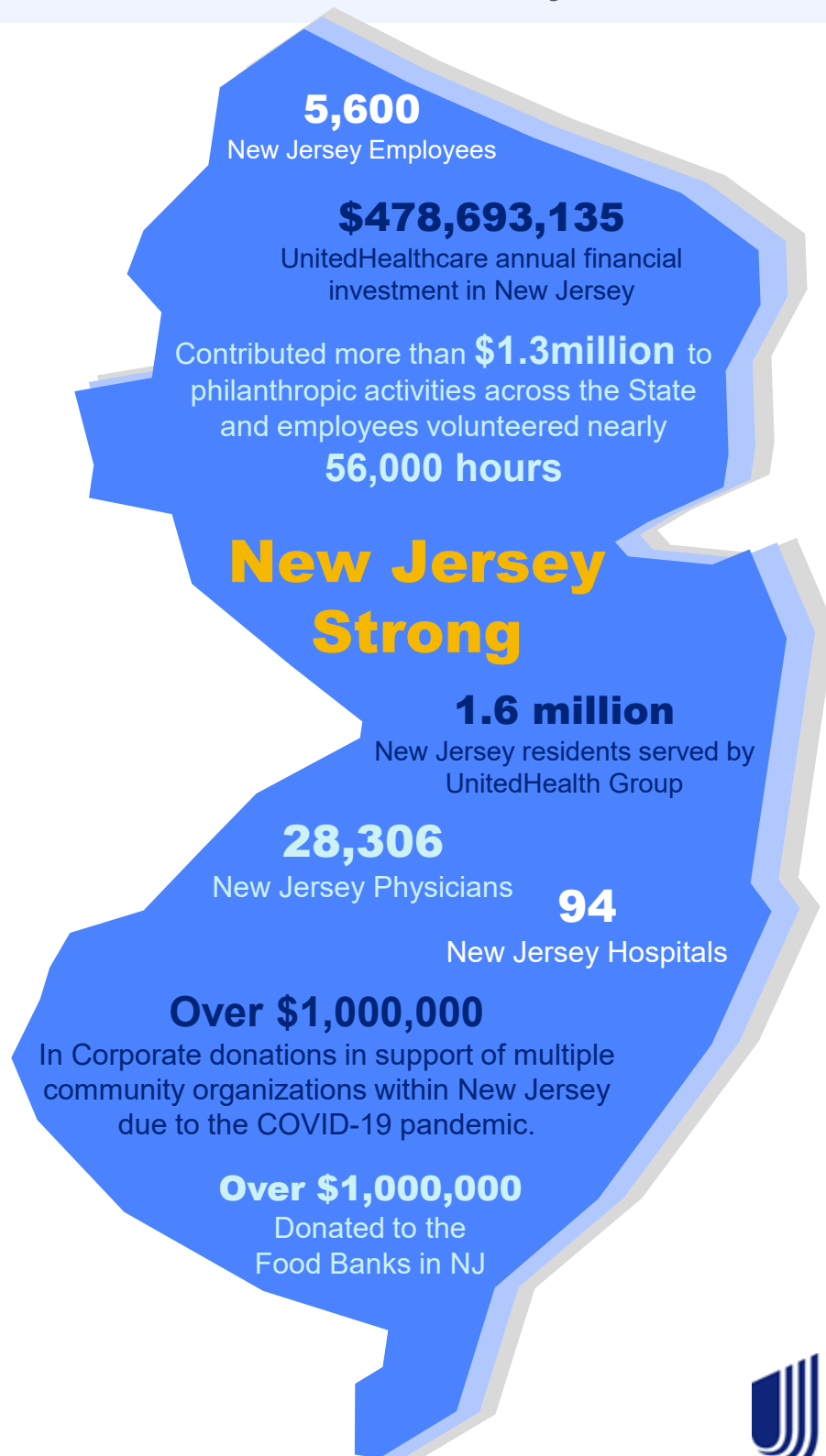




December Broker Blast

UnitedHealthcare New Jersey Health Plan



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

Important Information about Our Relationship with Prime Healthcare in New Jersey

For the past several months, we have been in negotiations with Prime Healthcare (Prime) to renew our relationship for its New Jersey hospitals. Despite our good-faith efforts, we have been unable to reach an agreement due to Prime's unreasonable demands for a one-year, 14% rate increase for employer-sponsored and individual plans. Agreeing to this type of increase is not sustainable or affordable for the members and employer group customers we serve. We have offered reasonable, market-competitive rates that will ensure Prime's hospitals continue to be fairly compensated for the important care they provide to our members and hope that Prime will show a willingness to compromise in the spirit of getting a deal done.

Our contracts with the Prime hospitals listed below either have terminated or will terminate in the near future for our employer-sponsored and individual plans, including Oxford, as well as our Medicare Advantage and Medicaid plans, including our Dual Special Needs Plan (DSNP). It's important to note that our members will continue to have in-network access to most of these hospitals during a cooling-off period.

- St. Clare's hospitals and St. Michael's Medical Center:
 - Term date: Sept. 1, 2021
 - Cooling-off period ends: Jan. 1, 2022
- St. Mary's General Hospital (non-HMO members):
 - Term date: Dec. 1, 2021
 - Cooling-off period ends: N/A (cooling off does not apply)
- St. Mary's General Hospital (HMO members):
 - Term date: Dec. 1, 2021
 - Cooling-off period ends: April 1, 2022

Please note that these dates are specific to our employer-sponsored and individual plans. The termination dates and cooling-off period vary for our Medicare Advantage and Medicaid plans.

We are in the process of notifying our members of the potential change to the network as well as the cooling-off period during which they can continue to access care at Prime's hospitals at in-network rates.

As we continue to work through the negotiations, here are a few additional things you should know:

As part of its proposal for a 14% rate increase, Prime is demanding that we nearly double the rates we reimburse its employed physicians, even though for the contract governing the employed physicians is not up for termination and will remain in our network should we not reach an agreement with Prime for its hospitals.

- We have offered a meaningful rate increase for Prime's physicians, but agreeing to the system's egregious demands for a 93% rate increase would drive up health care costs for the employer group customers and members we serve.



Medical Updates

Important Information about Our Relationship with Prime Healthcare in New Jersey con't.

Prime is using New Jersey's most vulnerable residents as leverage in the negotiations, presumably to pressure us to accept its demands for a 14% rate increase, potentially creating unnecessary disruption in access to care for our Medicaid and Medicare Advantage members

- We have reached agreement on rates for our Medicaid and Medicare Advantage plans, but Prime has refused to finalize the contract unless we accept its demands for a 14% rate increase for our employer-sponsored and individual plans.
- This sort of needless disruption in access to care for New Jersey seniors and other vulnerable residents is disappointing, especially as so many people across the state continue to struggle with the fall-out from the COVID pandemic.

If we are unable to renew our relationship with Prime, the people we are privileged to serve will continue to have ample access to in-network care from a broad network of hospitals nearby, including:

- Chilton Medical Center
- Clara Maass Medical Center
- Hackensack Meridian Mountinside Medical Center
- Morristown Medical Center
- Newark Beth Israel Medical Center
- East Orange General Hospital
- Saint Barnabas Medical Center
- St. Joseph's Medical Center
- St. Joseph's Wayne Hospital
- University Hospital

On behalf of our customers, members and our own UnitedHealthcare employees who depend on Prime's hospitals for health care, we will remain engaged in continued discussions with the health system. We ask that Prime join us in our commitment to providing the people we collectively serve throughout northern New Jersey with access to care that is both high-quality and affordable.

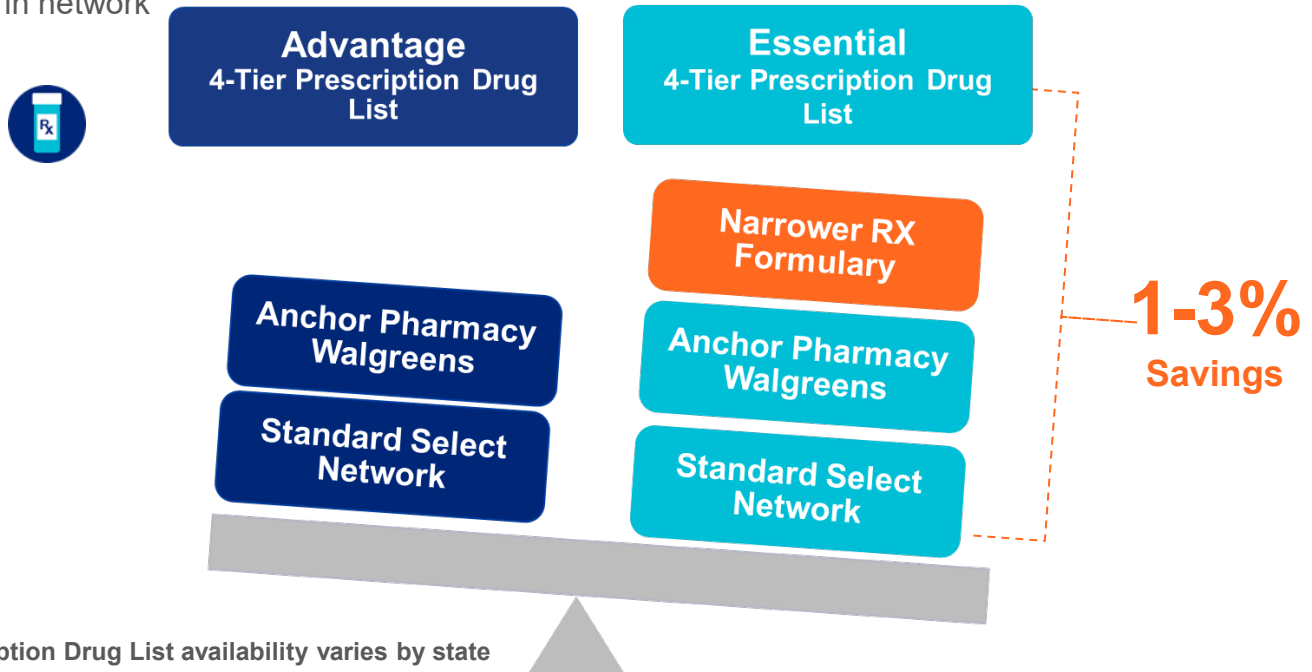
We will keep you updated on the negotiations as they continue. If you have any questions, please contact your UnitedHealthcare representative.



Medical Updates

Prescription Drug List Update for Oxford Level Funded

As of 9/1/21 Walgreens is the anchor pharmacy for both Advantage and Essential PDLs; CVS is no longer in network



Pharmacy Benefit Update Effective: January 1, 2022

UnitedHealthcare updates its Prescription Drug List (PDL) to ensure we are able to keep pace with current market trends, price changes, and new clinical information.

We are pleased to share our PDL and pharmacy benefit updates for **January 1, 2022** with you.

Member Notification

Impacted employees will receive a letter 30-60 days prior to the effective date.

You can also encourage them to visit myuhc.com to find lower-cost medications with greater health care value.

[Click here](#) to watch the recorded webcast.



Employee Assistance Program

The Employee Assistance Program is the EAP product embedded in UnitedHealthcare's medical plans for fully insured customers on the UNET platform, as well as a buy-up option for self-funded (ASO) Key Accounts and Public Sector customers with fewer than 3,000 eligible lives on UNET. This program is not available on the Oxford Platform.

The program provides members with access to a variety of support services and resources, including:

- Stress, depression and anxiety
- Parenting and family issues
- Substance use and recovery
- Financial and legal concerns
- Work-life balance

Please use the below video and attached flyer to help promote the EAP.

[21119-UHC-E&I-EAP Update FINAL - UnitedHealth Group Enterprise Video On Demand](#)

COVID-19 Resources

Surveillance Testing

UnitedHealthcare is partnering with OptumServe, LabCorp and Quest Diagnostics to support customers that wish to cover surveillance testing outside of the medical benefit plan. Contact information is provided for each solution in the COVID-19 testing and surveillance grid.

UnitedHealthcare health plans do not cover COVID-19 surveillance testing, which is used for public health and/or social purposes such as employment (return to workplace), education, travel, and entertainment. These tests are only covered when required by applicable law and adjudicated in accordance with the member's benefit plan. Information on UnitedHealthcare's policies is available on UnitedHealthcare's COVID-19 Resource Center:

[Coronavirus \(COVID-19\) | UnitedHealthcare \(uhc.com\)](#)

Vaccine tracking

UnitedHealthcare has developed a COVID-19 vaccine tracking grid that outlines information regarding the vaccine pass and Buoy Health and CLEAR solutions that may help customers record vaccine rates in employee populations.



Timing for audit notices issued to New York Oxford clients

We are changing the timeline for our standard audit notice used with New York Oxford fully insured small group (1-100) clients. Beginning with clients who have a January 1, 2022 renewal date or later, an audit notice to confirm the group's continued small group status, if needed, will be sent approximately 90 days prior to the group's renewal date. We will send a second, or reminder, notice approximately 45 days prior to the group's renewal date, if we do not receive a response to the initial notice.

This week, we will issue an initial audit notice to impacted clients with a January 1, 2022 renewal date.

What's changed

Previously, the initial and reminder audit notices were sent 70 and 35 days, respectively, prior to the group's renewal date.

The new schedule for New York Oxford fully insured small group audit notices aligns with the schedule in place already with our Connecticut Oxford fully insured small group clients, as well as our UnitedHealthcare fully insured small group clients.

What this means to you

Electronic notifications within SAMx, the online small group Sales Automation Management tool, will be consistent with the dates of the paper notice mailings.

Please be aware of the change and ensure the requested information for your impacted clients is provided to us timely. When uploading supporting documentation to SAMx for a client, please be sure to upload all information requested in our notice.

Questions?

For more information, please call our Risk Management team at **1-877-504-1179** or Client Services at **1-888-201-4216**.

Taking a closer look at the true value of integrated benefits

It may seem difficult to define the value of integrating benefits, but at UnitedHealthcare it comes down to the idea of simplicity. By bringing the different pieces together – pharmacy, behavioral and specialty – it can help employers and their employees realize a simpler health care experience that focuses on outcomes, productivity, and cost-efficiency.

In these new [videos](#), health plan design expert Jean-François Beaulé talks about:

- How integrated benefits enables a simpler experience to ultimately help employees make better health choices
- How the *Health Activation Index™* tool helps large employers measure if their employees are making better health choices
- *The considerations of carving-in vs. carving-out benefits*

I hope you find these videos on integrated benefits as informative as I do. As always, let us know how we can help.



New Behavioral Health Family Support Program enhancements launching Jan. 1, 2022

Children and caregiver mental health and well-being is a major focus for many employers. The UnitedHealthcare Behavioral Health Family Support Program, which is currently embedded for all customers with Behavioral Health Solutions, provides a comprehensive solution to help families and caregivers navigate highly complex behavioral conditions for children ages 0-17. Effective Jan. 1, 2022, UnitedHealthcare will be making enhancements to this program.

What is the Behavioral Health Family Support Program?

Many caregivers find the health care system fragmented and overwhelming to navigate. Not knowing how to find the right provider or diagnosis can impede the treatment progress for children. The Behavioral Health Family Support Program is offered free to all customers with Behavioral Health Solutions. The program provides tailored education, support, referrals, and provider/specialist searches to enable caregivers to make educated, confident decisions for their child and family.

Program enhancements

UnitedHealthcare is making enhancements to the way the organization identifies and engages with eligible members and families. Currently, eligible members and families are engaged through both outbound outreach and inbound warm-transfer referrals.

Effective Jan. 1, 2022, eligible members will be engaged through a new telephonic offer campaign, and families who engage through standard case management will transfer to Behavioral Health Family Support Program advocates. This will allow families to access clinicians specifically trained in pediatric conditions and family complexities.

Adjacent programs, such as Advocate4Me®, will receive refresher training on the Behavioral Health Family Support Program so they can notify transfer families that they are eligible for the program. This improvement will allow eligible members, families, and caregivers to get specific and expertise advice quicker, allowing for earlier treatment and support

2022 FSA and CERA limit increases announced; FSA carryover limit also raised

The Internal Revenue Service (IRS) has released its 2022 contribution limits for flexible spending accounts (FSA) and commuter expense reimbursement accounts (CERA), as well as the FSA carryover limit.

Increases for 2022 are as follows:

- **FSA (medical and/or limited FSA):** \$2,850 per year – *Increased from \$2,750*
- **CERA:** \$280 per month – *Increased from \$270*
- **FSA carryover:** \$570 per year – *Increased from \$550*



Cancer Support Program to offer members of fully insured groups enhanced clinical, digital support, effective Jan. 1, 2022

UnitedHealthcare continually looks to build market distinctiveness and deliver superior value in its clinical product portfolio. The clinical and digital evolution of the Cancer Support Program (CSP) is part of a UnitedHealthcare and Optum shared vision to meet the expectations of UnitedHealthcare's markets and customers.

As a reminder, effective April 2021, UnitedHealthcare began offering digital cancer support resources through myuhc.com®, allowing members to expand their knowledge at their own pace. Beginning Jan. 1, 2022, a new emphasis will be placed on ensuring low-risk members are aware of the online digital-based cancer resources available through myuhc.phs.com.

Outbound calls for members of fully insured groups will shift to focus on high-risk cases only, utilizing digital tools to deepen engagement with and responsiveness to high-risk members' needs.

Specialized case management

UnitedHealthcare's CSP provides specialized case management to help improve cancer care costs, quality and outcomes. In addition, the program works to identify potential participants early to help improve treatment decisions, offering:

- Personalized clinical support from an oncology nurse
- Direction to quality physicians and providers
- Information to help members and caregivers make informed decisions
- Monitoring to encourage treatment plan adherence

New! CSP resources for low- and high-risk members available on myuhc.phs.com

Effective Jan. 1, 2022, fully insured low- and high-risk members will have access to trusted resources and educational tools to support the member throughout their cancer journey. Topics include:

- Nutrition
- Sleep
- Stress
- Questions to ask your doctor
- Side effect management (such as fatigue and nausea)

Engagement methods

Members will be engaged through the CSP through the following ways:

- Digital marketing campaigns
- myuhc.com recommendations page referrals
- myuhc.com Benefits & Coverage page
- Library of materials for the member to explore, consisting of reading materials, videos, and interactive elements (e.g., quizzes and assessments)
- Advocate support – Always available to members when they call the number on their ID card



Digital Experience enhancements

UnitedHealthcare app® welcome screen redesign

Targeting Oct. 29, the UnitedHealthcare app will undergo a redesign that will include a new welcome screen that will provide a simple, seamless and personal experience. The new and improved navigation experience introduces a new bottom tab experience, which is something members are used to in today's most popular apps. The bottom tab experience provides members with access to key actions with the tap of a thumb. Other updates include:

- Home icon helps members accomplish common tasks such as your view your member ID cards and or your recent claims
- My plan icon helps members understand their plan and claims details
- Find Care icon helps members find care (whether that's virtual, urgent, primary care, etc.) and costs
- Me icon help members manage their account/profile. Additionally, members will be able to access their health record, saved providers or facilities, and access help or support.

UnitedHealthcare app cost-band enhancements

Targeting Oct. 19, members will begin seeing geographic average costs for the service on the provider search results page, as well as cost-banding and estimated out-of-pocket cost for each provider.

HSID login/registration chatbot

Targeting Oct. 22 on myuhc.com®, a new HealthSafe ID (HSID) sign-in and registration assistance chatbot using artificial intelligence will empower members to independently resolve sign-in and registration issues while also providing members faster access to myuhc.com.

The chatbot understands natural language (using artificial intelligence) and responds to members HSID sign-In and registration questions through a guided self-service workflow. This will be accessible from the sign-in page and registration page.

Impact: All Employer & Individual pre-authenticated members. Not available on the UnitedHealthcare app

Oxford Level Funded available to groups size 2–4 in New Jersey

Finding an affordable health care solution for small groups can be challenging. Oxford Level Funded helps meet the challenges of rising health care costs while providing freedom and stability with a Level Funded health plan.

Now available to groups size 2–4 in New Jersey, Oxford Level Funded can give your business more options, including access to the large proprietary UHC/Oxford network and the OptumRx® network of pharmacies

Participation requirements

1. 2 eligible – 2 must enroll
2. 3 eligible – 3 must enroll
3. 4 eligible – Minimum of 3 must enroll
4. 5 to 8 eligible – Minimum of 4 must enroll
5. 9+ eligible – 50% participation required

Groups with only 2 enrolled employees must include at least 1 common law employee who is not the owner's spouse.

Program details

1. Standard enrollment documents required
2. Late applicants not eligible; member enrollment after the effective date is subject to a qualifying event
3. Enrollees must reside in the same state

New Jersey Small Group 12/1/21 Plan Discontinuances

| Discontinued Plan | | Mapped Plan |
|------------------------|----------|------------------------|
| NJ 2020 Freedom EPO 03 | Platinum | NJ 2021 Freedom EPO 03 |
| NJ 2020 Freedom PPO 05 | | NJ 2021 Freedom PPO 05 |
| NJ 2020 Liberty EPO 10 | | NJ 2021 Liberty EPO 10 |
| NJ 2020 Liberty PPO 05 | | NJ 2021 Liberty PPO 05 |
| NJ 2021 Metro EPO 11 | | NJ 2021 Metro EPO 05 |
| NJ 2021 Freedom PPO 07 | Gold | NJ 2021 Freedom PPO 01 |
| NJ 2021 Freedom PPO 03 | | NJ 2021 Freedom PPO 01 |
| NJ 2021 Liberty EPO 08 | | NJ 2021 Liberty EPO 03 |
| NJ 2021 Liberty EPO 13 | | NJ 2021 Liberty EPO 02 |
| NJ 2021 Liberty EPO 12 | | NJ 2021 Liberty EPO 03 |
| NJ 2021 Liberty EPO 07 | | NJ 2021 Liberty EPO 06 |

| Discontinued Plan | | Mapped Plan |
|----------------------------|--------|----------------------------|
| NJ 2021 Liberty PPO 06 | Gold | NJ 2021 Liberty PPO 03 |
| NJ 2021 Liberty EPO 14 | | NJ 2021 Liberty EPO 02 |
| NJ 2020 Liberty PPO 04 | | NJ 2021 Liberty PPO 03 |
| NJ 2021 Metro EPO HAS 02 | | NJ 2021 Metro EPO 02 |
| NJ 2021 Metro EPO 04 | | NJ 2021 Metro EPO 02 |
| NJ 2021 Metro EPO 06 | Silver | NJ 2021 Metro EPO 02 |
| NJ 2021 Metro EPO 12 | | NJ 2021 Metro EPO 01 |
| NJ 2020 Liberty EPO HSA 01 | | NJ 2021 Liberty EPO HSA 01 |
| NJ 2021 Metro EPO HSA 03 | | NJ 2021 Metro EPO HSA 06 |
| NJ 2021 Metro EPO 13 | | NJ 2021 Metro EPO 08 |

Medical Updates

Level Funded Healthiest 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.



Medical Updates

UnitedHealthcare Wellness Weekends are back!

UnitedHealthcare is once again teaming up with Chelsea Piers to bring **UnitedHealthcare Wellness Weekends** back this fall.



UnitedHealthcare Wellness Weekends is a series of group exercise classes available at Chelsea Piers Fitness in Manhattan and Brooklyn one weekend per month for only **\$5 a class**. These classes are a great way for our members to get fit, plus, all classes may be eligible for **Sweat Equity** reimbursement. Participants do not need to be a UnitedHealthcare or Oxford member to enroll, but must be at least age 16.

Classes began Saturday, September 25th and include yoga, cycling, Amp'd and the fan favorite adult ice skating. Classes are limited so please encourage your employees to sign up today at: chelseapiers.com/uhcwellnessweekends.

For your convenience, the October through December 2021 schedule is listed below:

| Date | Venue | Class Type | Times | Class Location |
|-----------------------|-----------------------------------|-----------------|--------------------------------|----------------|
| Saturday, October 23 | Chelsea Piers Fitness Chelsea | Amp'd | 9:00am - 9:45am (45 mins.) | Turf |
| Sunday, October 24 | Sky Rink | Adult Skating | 3:20pm - 3:50pm (30 mins.) | West Rink |
| Saturday, November 20 | Chelsea Piers Fitness Chelsea | Breakaway Cycle | 9:30am - 10:15am (45 mins.) | Cycle Studio |
| Sunday, November 21 | Chelsea Piers Fitness Brooklyn | Breakaway Cycle | 9:30am - 10:15am (45 mins.) | Cycle Studio |
| Saturday, December 11 | Chelsea Piers Fitness Chelsea | Amp'd | 9:00am - 9:45am (45 mins.) | Turf |
| Sunday, December 12 | Sky Rink | Adult Skating | 3:20pm - 3:50pm (30 mins.) | West Rink |



Millions of UnitedHealthcare members to gain access to year-long access to Apple Fitness+

On Thursday, Sept. 23, UnitedHealthcare, a UnitedHealth Group (NYSE: UNH) company, [announced](#) it has expanded its work with Apple to provide millions of fully insured members with access – at no additional cost – to Apple Fitness+, the first fitness service built entirely around Apple Watch. This is the first such offer for Apple Fitness+ by a health insurance plan.

For people with Apple Watch, Apple Fitness+ brings studio-style workouts and guided meditations to iPhone, iPad, and Apple TV. In addition, Apple Fitness+ intelligently incorporates exercise metrics from Apple Watch for a personalized and immersive experience that users can complete wherever and whenever it is convenient for them, designed to keep users motivated from start to finish – whether their workout is five or 45 minutes.

Once activated, UnitedHealthcare members gain access to an on-demand library of over 1,200 workouts and meditations, including High-Intensity Interval Training (HIIT), Strength, Yoga, Dance, Core, Cycling, Treadmill (for running and walking), Rowing, and Mindful Cooldown, and – starting Sept. 27 – Pilates and Guided Meditation.

Availability

Beginning Nov. 1, as part of their plan benefits, approximately 3 million fully insured UnitedHealthcare members* with Apple Watch in most states can enroll with Apple Fitness+ and receive a year-long subscription at no additional cost.

Starting next year, employers with self-funded (ASO) health plans can purchase an “Apple Fitness Bundle,” which provides a 12-month subscription to Apple Fitness+, as well as a \$25 Apple digital gift card.

- **All existing business:**
 - Fully insured available Nov. 1
 - ASO, available as a buy-up starting in 2022
- **New business:**
 - Fully insured available on Nov. 1 effective date or later
 - ASO available as a buy-up starting in 2022
- **Platforms:** UNET (ACIS/PRIME), UnitedHealthcare Strategic Platform (USP), Oxford, NICE

**This program is available to UnitedHealthcare plan subscribers 13 years and older with access to myuhc.com®.*

More information is available at uhc.com/apple-fitness-plus.

Exclusions

UMR, UHOne, Student Resources, Sierra, FEHB, IEX and Harvard Pilgrim not on UNET are out of scope for the initial launch.

In addition, the following markets are excluded from this offer: Maryland, New York, and Washington, D.C.

Policies/certificates with situs in the state of Kansas may neither advertise nor include this offer in any pre-sale promotion of the policy/certificate, nor shall it be promoted as an inducement for member enrollment in plans.

Building on UnitedHealthcare Motion program

The Apple Fitness+ offer builds on existing work with Apple through [UnitedHealthcare Motion®](#), the wearable device well-being program available for purchase to customers across the country with ASO and fully insured health plans.

After using the new 12-month subscription, UnitedHealthcare Motion enrollees may be able to apply program incentives earned by meeting daily activity program goals, such as walking, running, elliptical, swimming or biking (among others), to cover the ongoing Apple Fitness+ monthly subscription cost (\$9.99).

UnitedHealthcare Motion members are also able to apply program earnings, which may total more than \$1,000 per year*, toward the purchase price of Apple Watch. This enables participants to own – with a zero balance – Apple Watch after approximately six months of meeting daily activity program goals.

These efforts are part of UnitedHealthcare’s annual investment of more than \$4 billion in data, technology, and innovation, integrating human support, advanced data analytics, and new collaborations to help improve the quality and affordability of health care.

More information about the Apple Fitness+ offer is available at www.uhc.com/apple-fitness-plus.

**Financial incentives may be less due to limits under applicable laws.*

Disclaimer

Apple, Apple Watch and Apple Fitness+ are registered and unregistered trademarks of Apple Inc. Apple Fitness+ requires Apple Watch Series 3 or later with watchOS 7.2 or later and one of the following Apple devices: iPhone 6s or later with iOS 14.3 or later, iPad with iPadOS 14.3 or later, or Apple TV with tvOS 14.3 or later.



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.



Medical Updates

New Sales Bonus

For new fully insured medical cases and Oxford level-funded medical cases with 51 to 100 eligible employees

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured medical plans and Oxford level-funded medical plans with effective dates from October 1, 2021, through January 1, 2022, that have at least 25 enrolled employees per case and are located in New Jersey. Eligible agents will receive a bonus of \$75 for each enrolled employee in eligible fully insured medical groups, and \$125 for each enrolled employee in Oxford level-funded medical groups sold during the bonus period. A maximum of 100 enrolled employees will be included in the bonus calculation for any case, or group of affiliated cases.

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

1. 51 to 100 eligible employees;
2. At least 25 employees enrolled in UnitedHealthcare or Oxford medical coverage; and,
3. Effective dates from October 1, 2021, through January 1, 2022

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



Highest in Customer Satisfaction with Dental and Vision Plans

UnitedHealthcare received the highest numerical score in the J.D. Power 2021 Dental and Vision Plan Satisfaction Reports of customers' satisfaction with their dental and vision plans. Visit jdpower.com/awards



#1 IN CUSTOMER SATISFACTION
for Vision and Dental Plans by J.D. Power

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.

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.

Save

20%

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



OTHER SOLUTIONS

**United
Healthcare
Vision**

EYESAFE®

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.

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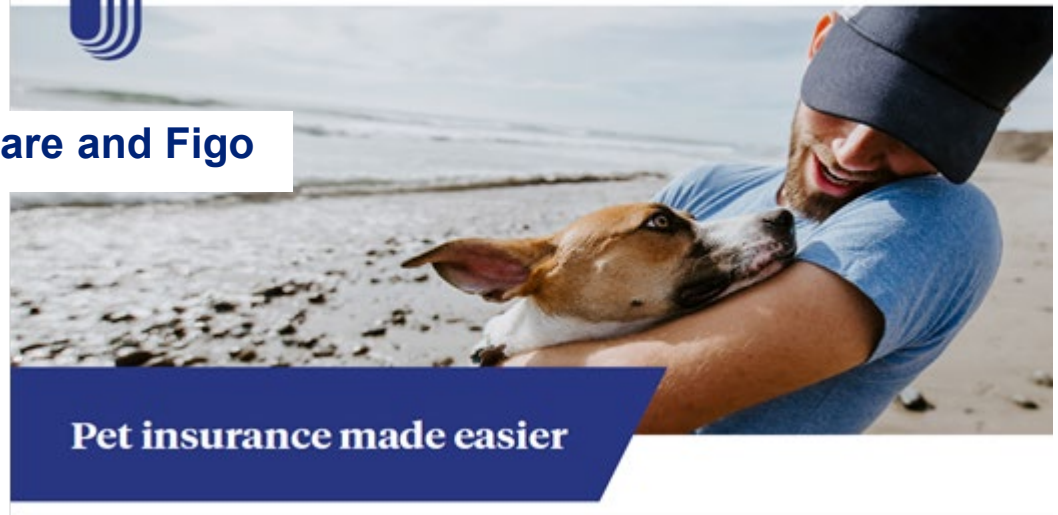


Specialty Updates



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



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.**

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 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 51-3000 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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