

May 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



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

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

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

What this means for members

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

Action required

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

More about who this applies to

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

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

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

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

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

More information

Impacted clients should encourage members who have not enrolled in Medicare Part B to contact Medicare with questions and refer to **Medicare.gov** for assistance.

You and your clients should also refer to <u>Medicare.gov</u> for information or contact your Oxford sales representative with questions about this claims payment process.



Announcing April Digital Experience enhancements



Having convenient access to health care information can help employees make more informed choices. Our seamless, multi-channel experience gives employees this information when and how they need it.

Pharmacy Locator Enhancement: On myuhc.com and the UnitedHealthcare app members may now see an indicator within the Pharmacy Locator tool, alerting them that a pharmacy is in-network with limitations. The member will see additional information on a pharmacy that is typically excluded from their network or that only allows for some medications to be filled at an in-network price. Members can then use Find and Price tool to validate which medications they can get at that pharmacy. This locator has limitations if the member is searching for a specialty medication.

Claims and account landing page: myuhc.com will change the landing page so members are directed to the claims tab instead of the summary tab to increase visibility to their claims status.

Dashboard floating chat widget: Targeting May 20 for all remaining Employer & Individual customers, the chat floating widget will be added to the dashboard, member support and claims pages on myuhc.com. Currently, the chat feature is only available on the member support page.

UnitedHealthcare app brand refresh: UnitedHealthcare app users now see some visual changes, including color palette and font/type scale and style updates, and new buttons and link components to match UnitedHealthcare's brand guidelines.



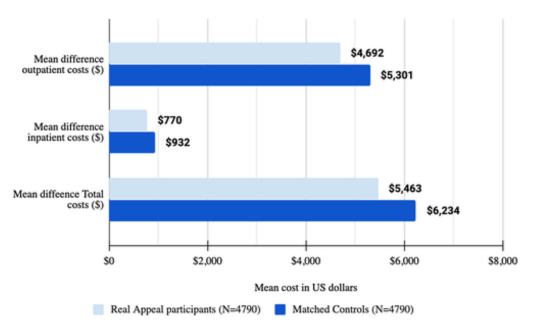
Real Appeal digital weight loss program demonstrates significant medical cost-savings in new ROI study

The Rally® study was published in the April 2021 issue of the peer-reviewed journal, *Obesity*. The results show significant medical cost-savings associated with its digital therapeutic weight loss program Real Appeal, when participants are compared to a control group of similar individuals.

What does this study add?

On an intention-to-treat basis, compared with 4,790 propensity-matched controls, 4,790 individuals participating in this program had:

- 3% greater weight loss on average,
- ∘ 12% lower medical costs (-\$771 per individual) over 3 years,
- representing 2.3:1 ROI over a 3-year time frame. (Horstman et al., 2021)



Key findings from the study include:

- Of 4,790 participants who attended at least one session over a 52-week period, participants enrolled in Real Appeal achieved an average weight loss of 3%. Medical expenditures for this cohort were 12% less than the control group (\$771 per person) and represented 2.3 times the medical cost-savings when compared to program costs.
- Of the 3,990 participants who attended more than nine sessions over a year, the average weight loss observed was 4.4%. Medical costs were 14% less than the control group (\$956 per person) and represented two times the medical cost-savings when compared to program costs.

Want to read more about Real Appeal's ROI? Click on link below https://onlinelibrary.wiley.com/doi/pdf/10.1002/oby.23117



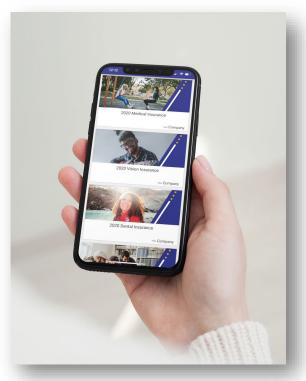
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Backstitch + UHC Solution Overview

Employer branded all-in-one app platform designed to deliver yearround benefits communication and drive desired participation and engagement outcomes.

backstitch Solution Includes:

- Employer group branded mobile and responsive web app
- Digital delivery of all employee benefits content (in addition to UHC programs)
 - (Ex: Open Enrollment, Wellness, Voluntary, Retirement, etc.)
- Population targeting through HRIS demographic data and integration with existing client email system
- Mobile app push-notifications
 (Ex: Client average 95%+ opt-in rates)
- Quarterly employee engagement analytics report
- Managed monthly benefits content service through backstitch
 (2 custom benefits posts and 2 wellness templates per month)





United in care to help you get back to business faster.



Working to help maintain the health of your business now.

UnitedHealthcare understands you may be struggling to balance employee health with the financial health of your business. We are offering flexible solutions to help you continue to provide health care coverage

Programs designed to help your business lower health plan costs.



UnitedHealthcare Performance Funding®: You may receive premium credits when your claims performance meets certain criteria.³



Premium deferral: For eligible groups, pay partial premium for up to the first 4 months.⁴



Keep you and your employees safe: Get ProtectWell symptom checker to simply and accurately track the health of you and your employees. Using ProtectWell as the standard to verifying healthy status, ensures every person attests to being symptom-free, every day.



UnitedHealthcare Motion®: A walking program designed to help employees move more by meeting certain daily walking goals. They may earn over \$1,000 per year into an HSA. Included for employees.

Premium credits

with UnitedHealthcare Performance Funding³

Pay partial premium

up to four months4

Telemedicine and Virtual Visits copay waived through June 18, 2020. Designed for employers with at least 150 participating employers. Actual results will vary based on case size and the underlying plan design. Performance Funding program may not be available in all states. Performance Funding credit provided in subsequent year only if customer remains with UnitedHealthcare. For fully insured businesses with 51+ enrolled employees. UnitedHealthcare Motion is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consultan appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits and/or purchasing an activity tracker with earnings may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different mans. You may call us toll-free at 1-855-256-869 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable. Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in tho



Introducing uhceservices.com

We are pleased to make available our new business-to-business website, <u>uhceservices.com</u>, to our New York and New Jersey Oxford fully insured employers and their broker. The new website will provide access to the same information as on <u>oxfordhealth.com</u>, with an easier-to-use interface and new functionality. The new website is already being used with our Connecticut Oxford fully insured employers and their brokers.

What this means for you

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

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

In the coming weeks, our sales staff will be contacting you to answer any questions you may have on <u>uhceservices.com</u>. Below are instructor-led webcasts training sessions and will provide information on how to:

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

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



SAMx-Level Funded

Get ready to use the new and improved SAMx-Level Funded tool to quote and enroll your 5-50 groups for UnitedHealthcare Level Funded business for AL, DE, ND, SD and Oxford Level Funded business for CT and NJ.

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



SAMx-Level Funded Quote & Enroll Refresher Training

Learn how to quote and enroll new level funded small business.

[60 Minutes]

Tuesday May 4th 2-3pm EST
Wednesday May 26th 10-11am EST
Tuesday June 3rd 2-3pm EST

<u>MPORTANT!</u> When you receive the registration confirmation email, click the first link within it to add the session information to your calendar.



Invites/webinar links cannot be shared. You must register for a session to participate.

New sales bonus

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

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

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

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

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

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



Oxford Level Funded Contact Information

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



ProtectWell™ platform gives employees and employers confidence that recommended employee-level checks are in place to provide a safer business environment based on U.S. Centers for Disease Control and Prevention (CDC) guidelines. A summary of offerings include:

- 1. The **app** gives guidance on whether based on their self-evaluation they are healthy enough to go into work daily and helps co-workers know their colleagues are following safety protocols.
- 2. The **QR Code Scanner app** allows employers to scan employee QR codes for workplace entry and displays green/red employee work status.
- 3. The **Admin Hub** provides a way to configure outcome messaging, access resources such as the Admin Hub Guide and Playbook and also provides employee-level reporting.

Customer Segments

ProtectWell is now offered to all lines of business regardless of platform or funding arrangement. It is platform agnostic and can be offered to both new and existing business.

Pricing for 2020 and 2021

ProtectWell was developed by UnitedHealth Group in partnership with Microsoft and is being made available at **no charge** through 2021 as part of UnitedHealth Group's response to the COVID-19 pandemic. The ProtectWell solution is not being made available as a benefit under any health plan.

Make sure to check out <u>www.weprotectwell.com</u> for the latest videos, FAQs, product descriptions and resources



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.



COBRA and American Rescue Act Overview

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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.
- 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 Benefits | Pet Insurance





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!



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

ng

OTHER SOLUTIONS

EYESAFE°

Members can access the discount through myuhcvision.com

Learn more. Contact your UnitedHealthcare representative.





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 formnumber 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 innetwork 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.

With Benefit Ally, relief is in sight.

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



Accidents

- Emergency room visits
- X-rays
- Physical therapy



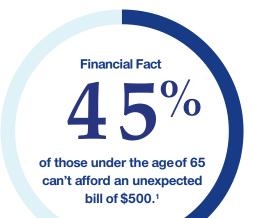
Critical Illness

- Cancer
- Heart attack
- Stroke



Hospital Indemnity

Hospital or ICU admissions or stays



Offering support that benefits both you and your employees.

For you:

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

For your employees:

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

Here's an example of Benefit Ally at work.

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

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

Jack receives a check for

\$1,100

and he can use it however he chooses.

Contact your UnitedHealthcare representative for more information.

LensCrafters



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

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

1800 Contacts



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

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

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

5% Second Year Rate Cap

The guidelines:

Effective dates are January 1, 2021 – July 1, 2021.



- Group size 2 100 eligible lives.
- Offer not available to groups situs in RI, WI, WA, FL (2-50), ACEC groups.

Earn big smiles

with guaranteed dental rates.



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
Life¹ and short-term disability²	\$2
Dental and vision	\$5
Dental and life ¹	\$4
Vision and life ¹	\$3
Dental, vision and life ¹	\$6
Dental, vision, life¹ and short-term disability²	\$7

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

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

- 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.
- 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.
- Per-employee per-month (PEPM) savings is given as a monthly credit based on the number of enrolled UnitedHealthcare medical subscribers.
- 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.
- 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.
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- 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.
- 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.
- UnitedHealthcare Preventive Plans are not eligible for Packaged Savings administrative credits.
- 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.



² Short-term disability must be fully insured.

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.



uBundle Medical Cost Savings

uBundle medical cost savings will apply to <u>new</u> 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.



General Updates

UnitedHealthcare launches COVID-19 Vaccine Resource Locator

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

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

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

To find state health department resources in Spanish and other languages, visit <u>uhccommunityplan.com</u>

This information is updated in several areas:

- external FAQ on uhc.com
- · Broker and Customer News section on uhc.com
- COVID-19 Resource Center on uhc.com
- myuhc.com®
- Medicare & Retirement member portal

Related Links

COVID-19 Vaccine Resource Locator

COVID-19 Vaccine Resource Locator External Talking Points

COVID-19 State Health Department Page - Spanish

Consolidated Appropriations Act

As with other federal and state laws, UnitedHealthcare is committed to comply with the new requirements of the Consolidated Appropriations Act (CAA), and to keep its customers and brokers informed on UnitedHealthcare's approach and options for self-funded (ASO) customers. Attached please find the most up to date FAQ.



General Updates



We hope you find this broker blast useful and are looking for your feedback. Please take a moment to complete a short survey by clicking on the link below. Thank you!!

Broker Blast Survey

