

October 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





Thank You for Giving Hope to Kids!

A big THANK YOU! to everyone who came out to support UnitedHealthcare Children's Foundation (UHCCF) at the UHCCF New Jersey Gala in Jersey City on September 23rd. Because of you, we raised over \$111,000 which will support over 70 medical grants for kids in the Northeast Region. Thank you for helping us get one step closer to our goal of awarding the 50,000th grant in 2030!

The UHCCF New Jersey Gala was a great success, and we could not have done it without our sponsors. Thank you to our Presenting Sponsor Fran Manning at Stradley, Ronon, Stevens and Young, Host Sponsor Dr Omar and Behanz Baker, Platinum Sponsors 2nd MD, Dr. Iyad Baker, National Retail Systems, Riverside Medical Group, UnitedHealthcare and USI, Diamond Sponsors Englewood Health, FNA Insurance Services, Health and Fitness Concepts, and HUB International, Grant Family Sponsor Savoy, Gold Sponsors Benefit Mall, Emerson Reid, Martin Insurance Group and TPG Global, Silver Sponsors HealthPass and Kistler Tiffany Benefits and Bronze Sponsors Holy Name Medical Center, SPS, St Peters Healthcare System, and Valley Health System.

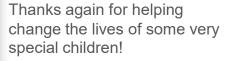
Your generous support helps children like Mason in Northeast Region. Please visit UHCCF.org/events for

a full list of upcoming events.



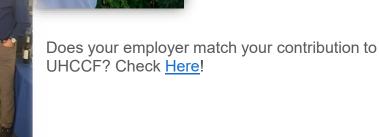












About UnitedHealthcare Children's Foundation (UHCCF)

UHCCF is a 501(c)(3) charitable organization that provides medical grants to help children gain access to health-related services not covered, or not fully covered, by their family's commercial health insurance plan.

Families can receive up to \$5,000 annually per child (\$10,000 lifetime maximum per child), and do not need to have insurance through UnitedHealthcare to be eligible. UHCCF was founded in 1999. Since 2007, UHCCF has awarded more than 27,350 grants valued at \$57.5M to children and their families across the United States. UHCCF's funding is provided by contributions from individuals, corporations, and UnitedHealth Group employees.



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):
 - o 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.



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 Mountainside 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.



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.

2020 MLR Payouts

2020 Medical Loss Ratio (MLR) payouts are for the 2019 MLR rebate reporting year using the 2018 average total number of employees (ATNE). To qualify, insurers must meet or exceed an MLR of 80% for individual and small-group markets, and 85% for large-group market. MLR applies to fully insured plans only.

Rather than performance of a specific employer group or individual, MLR is based on legal entity, state and size of employer, and payouts are based on an aggregate of those factors.

In New Jersey, Large Group Oxford and UnitedHealthcare Fully Insured groups, as well as Oxford Individual plans qualify for MLR Rebates.

Key dates for 2020 MLR payout:

Sept. 11–14 – MLR Final Rebate Reports

Sept. 14-30 - All Checks Mailed

For questions and inquiries, employers and brokers may contact the MLR hotline:

- MLR Employer/Broker Hotline: 1-866-802-8602
- Oxford MLR Employer/Broker Hotline: 1-888-201-4216



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. Each 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. Nov. 10, 2021	1 to 2 p.m. ET	Register for Nov. 10, 2021

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 <u>myuhc.com</u> to find lower-cost medications with greater health care value.

Click here to watch the recorded webcast.





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



Advantage 4-Tier Prescription Drug List 4-Tier Prescription Drug
List

Anchor Pharmacy Walgreens

Standard Select Network Narrower RX Formulary

Anchor Pharmacy Walgreens

Standard Select Network 1-3% Savings

*Prescription Drug List availability varies by state



How do integrated medical and pharmacy benefits help control costs?

Did you know about 90% of employers say high drug prices threaten affordable employee benefits? This <u>new article</u> explains how integrating medical and pharmacy benefits may help employers keep their prescription costs under control.

When there's a more complete picture of an employee's health, it allows for better coordination from a care team, especially when benefits overlap. This can include educating members about their treatment, notifying doctors when a prescription is abandoned at the pharmacy and sending proactive refill reminders.

Along with a simplified experience, integrated pharmacy solutions can realize incremental medical savings from up to \$28 per member per month. I hope you find this article as interesting as I did. As always, let us know how we can help.

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**.

Thank you for your attention to this matter and your continued support.



More New Yorkers Get Ready

In-home care provider's participation with UnitedHealthcare and Oxford networks

More and more New Yorkers with UnitedHealthcare and Oxford coverage are using **Ready Responders** for their non-emergent care needs since we announced the in-home care provider's network participation just three months ago. With Ready Responders, UnitedHealthcare and Oxford members can receive same day care in the convenience of their homes at the copay or coinsurance amount of their plan's PCP telehealth visit.

Members can seek care from Ready for a range of health issues, including cold and flu symptoms; ear, nose and throat ailments; skin conditions; and gastrointestinal episodes. Ready can also provide post-discharge continuity of care and check-in on members with chronic illnesses.

Advantages of Ready

Ready offers New York UnitedHealthcare and Oxford members increased access to local, network care at a cost typically lower than an urgent care facility or emergency room1, and Responders bring technology with them. All Responders (who typically have backgrounds as EMTs, paramedics and nurses) are equipped with tablets for connecting with doctors and other clinical providers who are on standby to address patients' needs. Responders are also prepared with remote testing kits and diagnostic devices.

To make a Ready appointment

The mobile care provider serves patients in most ZIP codes within Manhattan, Bronx, Queens, Brooklyn, Westchester, and Nassau counties. Eligible members can call Ready, toll free, at (718) 842-3313, TTY 711, or go to the website, **getready.com**, to request an in-home, local visit, 7 days a week, between 8 am and 8 pm ET.

Help clients get Ready

The member fliers we provided previously are now also available in Spanish. Please share the English and Spanish language fliers with clients to help increase awareness among their New York employees of this provider.

Ready Responders – New York UnitedHealthcare Member Flier in English

Ready Responders – New York UnitedHealthcare Member Flier in Spanish

Ready Responders – New York Oxford Member Flier in English

Ready Responders – New York Oxford Member Flier in Spanish



Maternity Support Program

Maternity Support program evolving to offer members enhanced clinical, digital support, effective Jan. 1, 2022

UnitedHealthcare is continuing to make progress toward building market distinctiveness and delivering superior value in its clinical product portfolio under the Clinical Transformation initiative.

The clinical and digital evolution of the Maternity Support program is part of this shared vision to meet the expectations of UnitedHealthcare's markets and customers.

Health Pregnancy app

Effective Jan. 1, 2022, UnitedHealthcare will no longer offer the Health Pregnancy app. Instead, digital content and video courses pertaining to pregnancy will be available to members on myuhc.com.®

This change will drive better engagement, and members will have an easier time accessing digital content related to maternity support. It is expected that this transition will also drive higher completion rates of the Risk Assessment for self-funded (ASO) customers to help with the identification of high-risk pregnancy.

Note: The Risk Assessment now includes questions about social determinants of health.

Maternity-related courses available on myuhc.com

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

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

Benefits

Members will benefit from this change by:

- Not receiving cold calls (ASO only): Members can engage at a time that works best for them.
- Not needing to download an app: Materials will be available on myuhc.com.

Maternity nurse engagement (ASO only)

Also effective Jan. 1, 2022, outbound calls and maternity nurse engagement will shift to focus on high-risk cases only. Members with cases that are considered low risk can obtain support and educational materials via myuhc.com.

As a reminder, all members can reach an advocate, 24 hours a day, seven days a week, by calling the phone number on the back of their ID cards



Level Funded Healthiest Coverage for HSA Plans

The CARES Act included a temporary provision that allows telehealth and Virtual Visits to be covered predeductible 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.



2022 creditable coverage tool available Sept. 7

The Medicare Modernization Act mandates that certain entities offering prescription drug coverage, including employer and union group health plan sponsors, must disclose to all Medicare-eligible individuals with prescription drug coverage under the plan whether such coverage is "creditable." Determining whether certain coverage is creditable is essential to an individual's decision to enroll in a Medicare Part D prescription drug plan.

Important customer information

If a UnitedHealthcare customer offers a prescription drug plan to Medicare-eligible individuals:

- •Optum Insight determines if the plan provides "creditable coverage" based on the results of the bulk-testing.
- •Once the plans are tested, the data becomes available on the UnitedHealthcare Medicare Part D creditable coverage website and on the Centers for Medicare & Medicaid Services (CMS) creditable coverage website.

https://www.uhc.com/employer/health-plans/other-coverage/medicare-part-d-creditable-coverage

https://www.cms.gov/medicare/prescription-drugcoverage/creditablecoverage/redirect=/creditablecoverage/

- •Brokers will enter the information in the creditable coverage tool where the results will be displayed.
- •Brokers will then communicate the creditable or non-creditable status of the plan to customers.
- •This determination is mandatory at least once a year. The deadline for completion is Oct. 15, 2021.
- •Customers not UnitedHealthcare send creditable coverage notices to their members.
- •Self-funded (ASO) customers may pay UnitedHealthcare to send creditable coverage notices to their members on their behalf.



New Jersey Small Group 12/1/21 Plan Discontinuances

Discontinued Plan		Mapped Plan
NJ 2020 Freedom EPO 03		NJ 2021 Freedom EPO 03
NJ 2020 Freedom PPO 05	Platinum	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		NJ 2021 Freedom PPO 01
NJ 2021 Freedom PPO 03		NJ 2021 Freedom PPO 01
NJ 2021 Liberty EPO 08	Gold	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		NJ 2021 Liberty PPO 03
NJ 2021 Liberty EPO 14	Gold	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		NJ 2021 Metro EPO 02
NJ 2021 Metro EPO 12		NJ 2021 Metro EPO 01
NJ 2020 Liberty EPO HSA 01	Silver	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



Educational videos

Follow this link to three short <u>educational videos</u> now available on uhc.com to share with brokers, consultants and customers. The videos, which feature UnitedHealthcare leaders, offer an inside look at UnitedHealthcare's approach to innovation and the latest offerings coming to market.

Topics included in the video series include:

- UnitedHealthcare product innovation: Hear Phil Kaufman, Chief Operating Officer, UnitedHealthcare Employer & Individual, summarize the thought process behind what drives UnitedHealthcare's innovation agenda.
- Virtual care: Pat Keran, Vice President, Product and Innovation, UnitedHealthcare Employer & Individual, discusses advancements in virtual care, as well as enhancements UnitedHealthcare is planning to bring to this space in the future.
- Consumer affordability: Listen to Kelly Matsouka, Product Director, UnitedHealthcare Employer & Individual, highlight Care CashTM as one of the programs UnitedHealthcare offers to help employees manage health care costs and encourage behavior change for optimal health care usage.

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.

Aprogram 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.



UnitedHealthcare Launches New Adolescent and Teen Mental Health Resources

Adolescence (ages 10-19) is a crucial period for developing and maintaining social and emotional habits important for mental well-being. It's a unique and formative time – multiple physical, emotional and social changes can make adolescents vulnerable to mental health problems. Compounding an already-increasing need, research has shown the COVID-19 pandemic has exacerbated existing emotional health issues for many adolescents.

New adolescent and teen mental health resources

To help address community mental health in teens and adolescents, UnitedHealthcare has launched a variety of new resources to assist customers in starting and continuing this important conversation with their employees. These materials aim to allow customers to share UnitedHealthcare resources targeted toward the mental health needs of teens and adolescents

Resources include:

- Teen Mental Health Member Flier
 - This member flier describes a variety of challenges youth may be experiencing and lists several UnitedHealthcare resources and programs available that provide potential ways to improve mental health and well-being in adolescents.
- Teen Mental Health Employer Flier
 - This external flier introduces the current state of adolescent and teen mental health and its importance, along with the resources UnitedHealthcare offers to help support this population.
- Teen Mental Health Employer Email Template
 - This email template reinforces the importance of adolescent and teen mental health and describes the resources UnitedHealthcare offers to help address this problem.
- EAP Core Member Flier
 - This flier explains the benefits of the Employee Assistance Program (EAP Core) to members, which is the former EAP component of Care24[®].
- SanvelloTM Behavioral Health App Member Flier
 - This member flier promotes the Sanvello behavioral health app, a self-care mobile resource for members age 13+.
- Behavioral Health Virtual Visits Member Flier
 - This member flier promotes Behavioral Health virtual care options for eligible Employer & Individual members for those with behavioral health benefits. Virtual care options represent a quicker way for members to get care and may be an option for adolescents to set up an appointment to speak with a provider about their mental health needs.



UnitedHealthcare Wellness Weekends are back!

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



CHELSEA PIERS

UnitedHealthcare Wellness Weekends is a series of group exercise classes available at Chelsea Piers Fitness in Manhattan and 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, <u>announced</u> 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 <u>UnitedHealthcare Motion®</u>, 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.



UnitedHealthcare Motion

It is important for members to stay active during this time for both their physical and mental health, so please continue to encourage members to work towards achieving their FIT goals. The CDC recommends exercising regularly to help manage stress and anxiety. With that recommendation in mind, we are:

- providing members with tips to stay active such as walking in place while watching their favorite TV show, enjoying some fresh air and taking their steps outside while following recommended social distancing guidelines.
- encouraging members with children at home to take the opportunity to get the whole family engaged with different games such as a scavenger hunt or hide and seek.

Motion Overview

UnitedHealthcare rewards members for taking ownership of their healthy habits, which may result in healthier employees and lower medical claim costs. Motion promotes physical activity through the use of activity tracking. It provides financial incentives, helps foster strong partnerships with our broker/consultant partners, and is a critical step toward promoting and motivating health ownership. A key component of this program is physical activity (walking, riding an indoor or outdoor bike, using an elliptical, running or swimming. The list of activities is constantly evolving which means there are more and more ways to hit goals. Fitness activities are supported based on the device used.

Motion expands list of eligible activities

Motion is constantly evolving its list of eligible activities to include any activities that can be tracked on a member's device or smartphone. Effective Aug. 15, the current list of activities – walking, riding an indoor or outdoor bike, using an elliptical, running and swimming – is expanding to include any activity a user's Fitbit[®], Garmin[®] or Apple[®] Watch can track.

Motion now supports all Fitbit devices

Member feedback shows they already have a preferred device for tracking their movement – and UnitedHealthcare is listening. Members can now use any Fitbit tracker to earn with Motion. This expands the list of devices to Fitbit favorites like VersaTM and SenseTM.

New mobile shopping experience with Best Buy

Targeting fourth quarter 2021, eligible Motion members will be able to use the Motion mobile app to shop for certain devices. Motion members can continue to shop via the Motion website or mobile app with an ever-expanding list of items that will be fulfilled through Best Buy.



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



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!



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.

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

Open access:
freedom
to choose
anyone in our
network

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

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

OTHER SOLUTIONS EYESAFE®

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.

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.

5% Second Year Rate Cap

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.



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).
- 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 51-3000 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.

