



October Broker Blast

UnitedHealthcare New Jersey & Pennsylvania Health Plans



Out-of-area network change for Oxford Liberty members

Effective for new business and upon renewal for existing business, beginning with **September 1, 2022** plan effective dates, Oxford members of a Liberty Network plan will have the **UnitedHealthcare Core Network** for out-of-area coverage.

They will no longer use the UnitedHealthcare Choice Plus Network for national network access.

This change applies to our fully insured, self-funded and level funded Liberty members when seeking care outside of the Oxford tri-state service area.¹ UnitedHealthcare Core Network is a focused network of providers designed to achieve savings, while still offering broad access to care.

What this means for New York and New Jersey Oxford members enrolled in a Liberty Network plan

- The out-of-area network for New York and New Jersey situs businesses with Oxford Liberty Network plans **will change** from the UnitedHealthcare Choice Plus Network to the UnitedHealthcare Core Network effective **September 1, 2022** for new business and upon renewal for existing business.
- In states where the UnitedHealthcare Core Network is not available,² Oxford Liberty network members will have access to the full network that mirrors the UnitedHealthcare Choice Plus Network.
- The UnitedHealthcare Core Network includes **895,806** physicians and health care professionals and **5,001** hospitals.³
- **Liberty network access within the Oxford tri-state service area¹ remains unchanged.**

What this means for Connecticut Oxford members enrolled in a Liberty Network plan

- The Oxford Liberty Network will now provide national network access for all Connecticut Liberty Network plans effective **September 1, 2022** for new business and upon renewal for existing business.
- With the addition of the national UnitedHealthcare Core Network, your Connecticut clients' employees can feel confident about having access to care if traveling outside of the tri-state service area¹
- In states where the UnitedHealthcare Core Network is not available,² Connecticut Oxford Liberty network members will have access to the full network that mirrors the UnitedHealthcare Choice Plus Network.
- **Liberty network access within the Oxford tri-state service area¹ remains unchanged.**

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Out-of-area network change for Oxford Liberty members con't

Provider search

- As always, please encourage members to confirm a provider's participation in the health plan network prior to seeking care. They can do this online, on myuhc.com, or by calling the phone number on their health plan ID card.
- Members should sign in to myuhc.com® to search for Oxford Liberty Network providers. Upon renewal, beginning with **September 1, 2022** plan effective dates, Core Network providers will appear in the provider search tool when Oxford Liberty members look for out-of-area providers.
- Non-members and affected members whose plan has not yet renewed will also be able to perform a search for Liberty with Core providers prior to **September 1, 2022**.

Communications

- New York, New Jersey, and Connecticut employers with Oxford Liberty Network plans will be notified of this change through their renewal packages.
 - [Oxford Liberty Network Change for New York Large Group Employers](#)
 - [Oxford Liberty Network Change for New York Small Group Employers](#)
 - [Oxford Liberty Network Change for New Jersey Large Group Employers](#)
 - [Oxford Liberty Network Change for New Jersey Small Group Employers](#)
 - [Oxford Liberty Network Change for Connecticut Employers](#)
- New York and New Jersey Oxford Liberty Network members who have visited a provider in the past 12 months, who is no longer available for out-of-network coverage effective upon their renewal on or after **September 1, 2022**, will receive a letter notifying them of this change.
- All Oxford Liberty Network members will receive new member ID cards indicating UnitedHealthcare Core for out-of-area network access.

Questions?

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



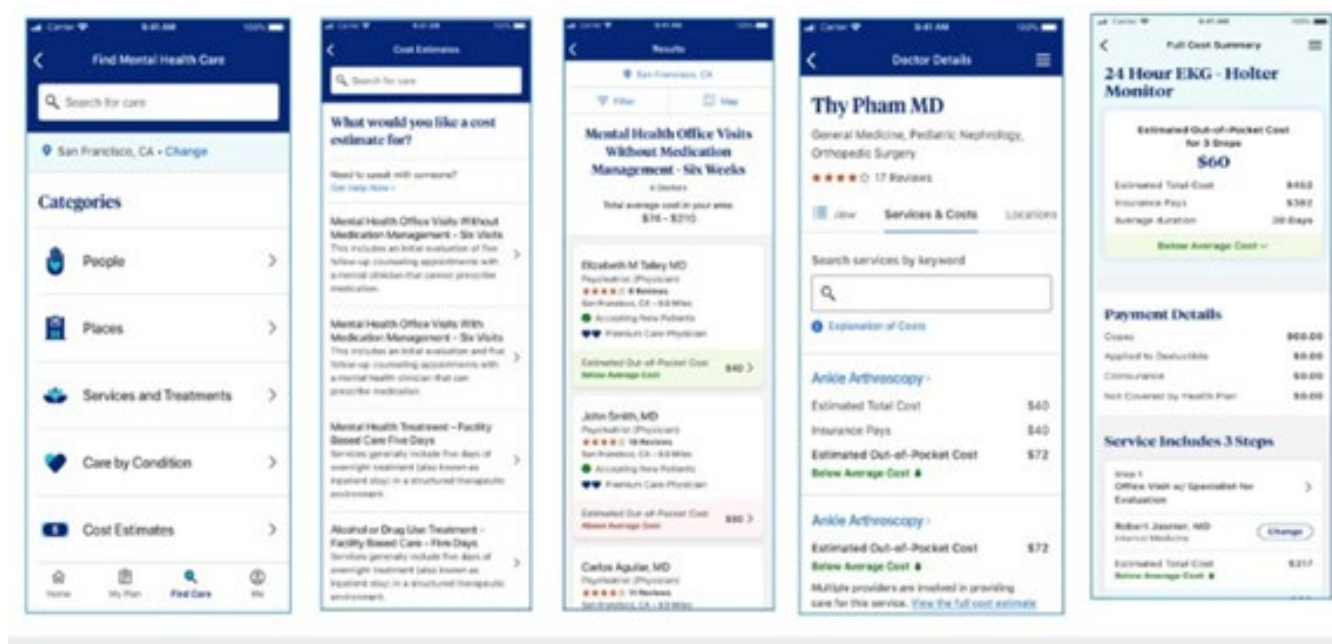
September Digital Experience enhancements include 90-day paperless prompt, UnitedHealthcare mobile app updates and more

Paperless on UHC Mobile App

UnitedHealthcare will launch a 90-day paperless prompt to members who currently have their preferences set to 'paper' for required plan communications. This feature provides support to the Rally Activate team as they launch the 90-day paperless prompt on the UnitedHealthcare mobile app®.

Behavioral Cost Estimates

Members will be able to access cost estimate information in the UnitedHealthcare mobile app within the 'Find & Price Care' experience of the Behavioral Health Directory. The cost estimate node will appear under the 'Behavioral Health' section within the app.



Coverage and Benefits

Members will have the ability to view costs and coverage details for most of their benefits in the mobile app. This feature looks to expand the coverage and benefits offering in the mobile app by offering users more service costs and details so they can better understand their coverage and benefits.

Plan Changes Page

The capabilities of the Plan Changes page will be expanded to show all the unique providers a member has visited in their care journey. Affirming positive care actions, a member has taken by displaying in-network providers they have visited.

When a member has a provider with a status change, they are given the additional context of the other providers they have visited to understand who they may need to replace in their provider team.



Paperless Material-What's in it for me/us

As you may know, we are committed to our mission of reducing our carbon footprint and to eliminating waste in the healthcare industry.

We can advance these efforts by continuing to stress the importance of using our digital resources with our as soon as possible.

While we all understand the savings associated with digital resources, but let's be sure to also emphasize how our paperless movement can help improve the overall experience.

- What's in it for members? Members who are registered and engaging digitally:
 - Report a 13pt increase in their overall satisfaction with their plan.
 - Are 15x more likely to use digital channels for seeking health info than non-digital channels.
 - Receive valuable alerts and reminders (i.e. proactive savings, PDL or plan changes, clinical engagement, preventive care reminders, etc).
- What's in it for customers/brokers?
 - More member engagement with digital resources leads to higher NPS scores for employees.
 - More engaged members can mean less questions back to the customer and/or broker.

See attached for more information

MeMD to be added as provider group for UnitedHealthcare's 24/7 Virtual Visits, effective Jan. 1, 2023

Beginning Jan. 1, 2023, MeMD (Walmart Virtual Health) will be added as a provider group for UnitedHealthcare's 24/7 Virtual Visits network in all 50 states with access available through myuhc.com® and the UnitedHealthcare app®.

MeMD is the fifth contracted provider group to be added to UnitedHealthcare's 24/7 Virtual Visits program. MeMD will join the following providers:

- Optum Virtual Care (OVC)
- Teladoc
- Doctor On Demand®
- Amwell®



Employer eServices Training for Brokers and Employers with more than 100 Eligible Employees

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

Register today for the one-hour Employer eServices online training class.

Date	Time	Registration
Wednesday, Oct. 12, 2022	2 p.m. to 3 p.m. EST	Register for Oct. 12, 2022
Thursday, Oct. 20, 2022	2 p.m. to 3 p.m. EST	Register for Oct. 20, 2022
Wednesday, Nov. 2, 2022	2 p.m. to 3 p.m. EST	Register for Nov. 2, 2022
Monday, Nov. 14, 2022	2 p.m. to 3 p.m. EST	Register for Nov. 14, 2022
Tuesday, Dec. 6, 2022	2 p.m. to 3 p.m. EST	Register for Dec. 6, 2022

Note: Participants must register to attend the training session

See attachment for additional information

Employer eServices Customer Reporting (Cost & Utilization Reporting) Training

Cost & Utilization Reporting* provides financial and claim data reporting metrics that can assist you in making informed decisions about health care benefits. This training covers how to create and print reports and how to access available resources.

Register today for the one-hour reporting online training classes.

*Reporting is available to policies with over 100 employees.

Date	Time	Registration
Tues. Nov. 29, 2022	2 p.m. to 3 p.m. EST	Register for Nov. 29, 2022

Note: Participants must register to attend the training session. Before registering for a class, verify you have **Select and/or Expanded access**.

To determine this, go to www.EmployereServices.com and then Reporting. If you have **Standard access**, you will only see the automated reports option on the home page. If you have **Select and/or Expanded access**, you will see automated and custom reports on your home page.



Join us for a webinar Breast Cancer Prevention

Learn about breast cancer risk factors and lifestyle strategies for prevention including nutrition based actions.

Register Now



Virtual – WebEx
Wednesday, October 19
1 p.m. - 2 p.m. ET

Questions? Contact your benefits administrator or UnitedHealthcare Representative.

Learn what more than 1,500 consumers said about their open enrollment preferences

UnitedHealthcare interviewed 1,522 consumers (including 469 UnitedHealthcare members) to ask how they felt about their most recent open enrollment experience and suggestions for improvement*. Here are six key findings:

Cost transparency is key. It's not just about one cost aspect; enrollees want to know about premiums, deductibles, maximum out-of-pocket expenses, prescriptions costs, and about any savings accounts tied to these plans. The more upfront and clear costs are, the more likely enrollees will consider and appreciate provided materials.

Show plan comparisons. Enrollees can be overwhelmed by the amount of information shared with them during open enrollment but want to be able to make the best choice for their situation. Having materials that show clear cost and coverage comparisons can help lessen enrollee stress and make the process easier.

Videos can be helpful educational tools. Many enrollees from competitors are finding value in videos as being an influential source of information.

Ongoing benefit education is appreciated. Nearly 90% of respondents said ongoing education from their insurer would be somewhat to extremely valuable. Education outside the open enrollment period helps members understand and use their plan wisely during the plan year.

Explain health insurance language. Give them definitions and use clear, simple language.

Everyone learns differently. While websites were the most impactful way to receive plan information (84%), videos (72%), brochures (71%) and live presentations (68%) were also impactful.



Virtual Primary Care

Effective Jan. 1, 2023, Optum Virtual Care (OVC) will be a Tier 1 provider group for Virtual Primary Care (vPC). Tiered benefit plan designs help customers and their employees save on costs by encouraging members to receive primary care (both virtually and in-person) from high-value Tier 1 providers, while retaining the flexibility to access a large network with higher cost-sharing.

Background

In-person primary care has a 29-day average wait time to see a primary care provider (PCP). Tier 1 primary care providers may not always be available locally to all members. Adding OVC as a Tier 1 provider group enhances access to primary care for members because they can select and begin seeing a virtual PCP to meet preventive and ongoing care needs with convenience and simplicity.

Access for members on eligible open access plans is available through myuhc.com® and the UnitedHealthcare app®.

See attached flier

Behavioral Health Updates

Sanvello to change its name to Self Care by AbleTo, member campaign details and promotional resources

Effective Jan. 1, 2023, the Sanvello app will become Self Care by AbleTo, creating a more integrated, guided member experience. This change enables a simplified digital self-help experience that will connect the member, not only to the AbleTo family of products, but to those in the broader Behavioral Health portfolio. Self Care is an evidence-based resilience program for those looking to manage day-to-day stress or those who need but are not yet ready to seek treatment or are looking for an adjunct to treatment. Self Care delivers personalized, on-demand support that can be accessed anytime, anywhere to help members build resilience with new skills and daily habits. All available through myuhc.com

Self Care by Able To updates

Fully insured customers in six states will not be able to use Self Care by AbleTo until July 1, 2023, due to Certificate of Coverage (COC) and rider timelines. The impacted states include:

- District of Columbia
- Maryland
- New York
- Pennsylvania
- Virginia
- West Virginia

Refer to the Self Care by AbleTo for additional information.



Behavioral Health Updates con't.

Oct. 10 World Mental Health Day and Recovery resources

World Mental Health Day is Oct. 10. UnitedHealthcare wants to provide support for mental health and substance use disorders today and every day. The company has a variety of resources available in support of substance use and recovery. These materials were designed to help guide customers in starting and continuing an important conversation around mental well-being and recovery with their employees.

World Mental Health Day provides UnitedHealthcare the opportunity to raise awareness of mental health issues and how the company's solutions help address timely and relevant member needs.

To help address employees' recovery-related mental health and well-being needs, confidential support and resources are available. UnitedHealthcare has developed a recovery support toolkit, designed to make it easier for customers to share UnitedHealthcare resources targeted toward substance use, misuse and recovery. In addition, the following resources have been updated:

- [Recovery resources employer flier](#)
 - This external flier introduces the current state of substance use and recovery and its importance, along with the resources UnitedHealthcare offers to help support this population.
- [Recovery resources employer email template with World Mental Health Day reference](#)
 - This email template reinforces the importance of recovery and the resources UnitedHealthcare offers to help address this problem.
- [Substance use recovery member flier](#)
 - This member flier introduces the current state of substance use, recovery, and its importance, and it includes resources UnitedHealthcare offers to help support members with substance use recovery.
- [Alcohol recovery member flier](#)
 - This member flier highlights the increased use of alcohol since the onset of the pandemic, recovery and its importance, and it includes resources UnitedHealthcare offers to help support members with alcohol recovery.
- [Adolescent recovery member flier](#)
 - This member flier introduces the current state of adolescent substance use, recovery, and its importance, and it includes resources UnitedHealthcare offers to help support this population.
- [Recovery support guide member flier](#)
 - This member flier details how to recognize possible signs and symptoms of substance use disorder and/or mental health conditions and offers suggestions on ways to support a loved one in their recovery.



2022-2023 Regulatory and Key Initiatives Summary Grid

An external summary of the key regulatory and initiatives for 2022 and 2023 are captured in the [Regulatory and Key Initiatives Summary Grid](#). Key Accounts, National Accounts and Public Sector Sales and Account/Client Management are encouraged to share the grid with their brokers, consultants and customers, as appropriate.

In addition, the Regulatory and Key Initiatives Summary Grid document provides a comprehensive summary of many of the topics covered in greater detail in the [Regulatory and Key Initiatives Discussion Guide and Checklist](#).

The [Regulatory and Key Initiatives Summary Grid](#) provides a summary in a simple grid format as a reminder to brokers, consultants and customers on what is underway and coming the upcoming year. There is a short summary, effective date, customer action and UnitedHealthcare action associated with each topic.

Regulatory and Key Initiatives Summary Grid topics

Topics covered in the 2022-2023 Regulatory and Key Initiatives Summary Grid include:

- **Public Health Emergency programs**
 - COVID-19
 - Monkeypox
- **Affordable Care Act (ACA)**
 - Out-of-pocket and health savings account dollar maximums
 - Health Savings Accounts and limits
 - Nondiscrimination 1557 gender and accessibility
 - Pharmacy
 - Travel and lodging
- **Consolidated Appropriations Act**
 - Mental health parity NQTL reporting
 - No Surprise Billing and Independent Dispute Resolution
 - Pharmacy benefits and cost reporting
 - Continuity of care
- **Transparency in Coverage**
 - Machine Readable Files
 - Consumer Price Transparency Tool
- **New benefits**
 - Zero cost-share drugs
 - Gender affirming care expansion
 - Over-the-counter purchase of hearing aids without exam or prescription



Creditable coverage tools available for 2023 plans to meet Oct. 16 creditability determination deadline

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.

To assist Sales and Account/Client Management in determining creditable coverage for their customers, UnitedHealthcare annually collaborates with Optum Insight to perform bulk-testing analysis of its standard benefit designs to satisfy the actuarial value test of the Medicare Part D determination.

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](#).
- 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, 2022.**
- 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.

2023 creditable coverage tool

The 2023 creditable coverage tool will be posted on [uhc.com](#) by **Sept. 2**. Access the websites above or contact your UnitedHealthcare representative for more information.

RDS program

If a plan's coverage is creditable, the plan sponsor can elect to pursue a subsidy called the Retiree Drug Subsidy (RDS) program. Under the Patient Protection and Affordable Care Act (PPACA), subsidy payments to plan sponsors became subject to standard tax deduction rules in 2013. This optional step requires additional testing and an application process. Plan sponsors can apply for the subsidy by accessing the [CMS RDS website](#).

Plan sponsors must apply for the subsidy 90 days prior to the beginning of an RDS plan year, which can mirror a benefit plan year. If a benefit plan year begins Jan. 1, 2022, and a customer wants its RDS plan year to be the same, it would apply for the subsidy by Oct. 2, 2022. If they request an extension, CMS can grant an additional 30 days to complete the application.



Introducing SBC and benefit summary tool on uhceservices.com for UnitedHealthcare Level Funded, Oxford Level Funded, All Savers Alternate Funding business

Effective August 1, 2022, the Digital Benefit Summary (DBS) tool – an enterprise-wide solution for generating Summary of Benefits and Coverage (SBCs) and benefit summaries (formerly known as “Plan Highlights”) – is available to generate All Savers Alternative Funding®, UnitedHealthcare Level Funding, and Oxford Level Funding presale and renewal documents for Key Accounts and Small Business customers.

These documents are a vital part of the sales process and insuring UnitedHealthcare is meeting the needs of current and prospective customers. Implementing this tool aligns with business priorities and allows Key Accounts and Small Business Sales and Account Management to generate accurate presale SBCs and a more robust benefit summary.

Tool location

The **uhceservices.com** website has a new page for authenticated users to access the tool under the Resources tab called “Benefit Summaries & SBCs.” Users will complete filters on the left side of the screen to retrieve a UnitedHealthcare Level Funded, Oxford Level Funded, or All Savers Alternate Funding SBC or benefit summary.

The **myallsavers.com®** website update will provide users a single sign-on to uhceservices.com from the location where they previously would have generated an SBC or benefit summary.

Important details

The tool does not have the ability to display plans offered in a specific state. Every plan offered for All Savers Alternate Funding, UnitedHealthcare Level Funded and Oxford Level Funded will display in every state.

New Business Implementation Credit for Groups with 10-50 Eligible

For a limited time, new UnitedHealthcare Level Funded groups in AR, DE, MA, MD, ME, PA, RI, SC and TN, with October 1, 2022, through February 1, 2023, effective dates will receive a **New Business Implementation Credit**.

How it works

New and migration groups will earn an Implementation Credit based on number of enrolled employees. The New Business Implementation Credit is a one-time credit applied to the third billing statement.

See attached flier for detailed information



Bend Health joins UnitedHealthcare's in-network pediatric behavioral health provider list

Effective Aug. 1, Bend Health, Inc. – a national digital pediatric behavioral health provider of therapy and psychiatry services – is part of UnitedHealthcare's network and a key component of the family solutions' portfolio. Members can find Bend Health providers by searching for "therapy" and "psychiatry," or by searching for "Bend" in the provider search on myuhc.com® and liveandworkwell.com.® Bend Health will display in search results if the member is located in a state where a Bend Health provider is available.

This new offering allows children and their families to access pediatric behavioral health services, which has historically been difficult for members to access.

About Bend Health

Bend Health offers therapy and psychiatry services for children ages 1 to 17 and their families, offering expert care when and where they need it. Bend has pediatric mental health specialists in over 40 states, and its therapy and psychiatry programs can also include coaching and medication management. All care programs are customized to the needs of the individual and their families.

Care Cash

Care Cash® is a prefunded debit card program that supports first-dollar coverage and is available to use for specific health care expenses. Members can use the card for the following UnitedHealth Group network providers:

- UnitedHealth Premium® Care physicians
- 24/7 Virtual Visit providers (now including Optum Virtual Care providers)
- Urgent care facilities
- Primary care physicians
- Outpatient behavioral health care providers

About the Care Cash card

The Care Cash card offers the following:

- Awards employees \$200 (single) or \$500 (family) for the year
- Is designed to help pay for out-of-pocket costs for eligible health care expenses
- Is reloadable each year for eligible employees

In addition, any remaining card balances are accessible in future years for eligible employees. Unused rewards accumulate toward a \$2,000 maximum, but do not expire unless a member's Care Cash medical plan eligibility expires.

Care Cash is available on Oxford new and renewing medical business:

- Oxford fully insured (51+) in Connecticut & New Jersey
- New Jersey available for Oxford Metro; expanded for 51+ (Case effective dates Nov. 1, 2022)

See attachment for additional information



UnitedHealthcare **extends** offer to provide members with year-long access to Peloton App, equipment discounts; Key Accounts fully insured reporting available

UnitedHealthcare is excited to announce we are extending our offer with Peloton® through June 2023. Millions of fully insured UnitedHealthcare new and existing Peloton members are eligible to enroll with Peloton as part of their plan benefits to obtain access to best-in-class classes, helping integrate exercise into their daily routines. This includes access to the Peloton App and a discount on Peloton equipment.

Peloton App Membership details

This program provides UnitedHealthcare members access to fitness classes that can help improve their overall health and well-being – at no additional cost. The UnitedHealthcare offer was 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.

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.

Availability

One-year access to the Peloton App is extended to UnitedHealthcare members enrolled in eligible fully insured, employer-sponsored health benefit plans at no additional cost to them for new and existing business.

Existing Peloton memberships

UnitedHealthcare members with an existing paid Peloton App Membership will be given the option to cancel their current membership before claiming the UnitedHealthcare-subsidized one. UnitedHealthcare members with an existing Peloton All-Access Membership will be provided a three-month waiver, beginning July 1.

Member communications

Beginning in September, eligible UnitedHealthcare members will begin receiving emails on how to activate or extend their one-year Peloton membership.

How the Peloton App Membership works

Eligible UnitedHealthcare members can obtain their personalized code by visiting myuhc.com/peloton. Once they receive a personalized code, they can use it to activate their **12-month subscription** to Peloton App or a three-month waiver to a Peloton All-Access Membership at no additional cost.

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



SIC Code requirement in SAMx when shopping for and enrolling Oxford small groups

When using SAMx, the online tool for quoting and enrolling Oxford small group business, please be aware that the Standard Industrial Classification (SIC) Code is now a required field, effective immediately, when entering a New York-situs client's information. You will see a red asterisk next to the SIC Code field and a corresponding footnote about the requirement. Beginning next month, the requirement also will be in place when entering New Jersey-situs and Connecticut-situs Oxford small group client information in SAMx. This update is meant to support the combined experience when processing a client's medical and specialty products coverages.

What this means for producers

When preparing an Oxford small group quote or a renewal in SAMx for a New York (1-100), New Jersey (2-50) or Connecticut (1-50) customer, you will need to indicate a SIC Code in the designated field within the **Employer Information > General Information** and **Products to Quote** sections in order to proceed. If you know the Code, enter it in the field and then click on it in the list that will appear to confirm selection. If you don't know the Code for a group, start typing the group's industry name in the SIC Code field (e.g., construction, manufacturing, retail trade) and click the corresponding code from the list that will appear.

Additional information: Contact your Oxford sales representatives or contact our Client Services team at **1-888-201-4216** or oxfordgroupservices@uhc.com with questions.

Broker Appointment Required for Oxford Level Funded Quotes

As of 8/1/2022, we will no longer release preliminary underwritten rates for Oxford Level Funded quotes to brokers who are not yet appointed with Oxford Level Funded.

Please work to get your paperwork processed and your appointment approved, to avoid delays in obtaining quotes and selling Level Funded!

Contracting paperwork is attached.



New sales bonus

For New Jersey new fully insured, Oxford level-funded or Oxford self-funded medical cases with at least 25 enrolled employees

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured, Oxford level-funded or Oxfordself-funded medical plans with effective dates from March 1, 2022, through December 31, 2022, that have at least 25 enrolled employees and are **located in New Jersey**. Eligible agents will receive a bonus of \$75 for each enrolled employee in eligible fully insured, Oxford level-funded or 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.

All eligible Oxford self-funded medical plans must also include UnitedHealthcare or OptumRx Carve-In Prescription Drug and Specific Stop-loss Coverage to be eligible for this bonus.

Prescription drug and specific stop-loss coverage: Coverage for prescription drugs on the eligible medical case must be provided by UnitedHealthcare Pharmacy or an UMR OptumRx Contract (also referred to as “OptumRx Carve-in”), and specific stop-loss coverage must be provided by UnitedHealthcare or a UnitedHealthcare subsidiary, in order to be eligible for the bonus.

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

1. 51 to 5,000 eligible employees;
2. At least 25 employees enrolled in UnitedHealthcare and Oxford medical coverage; and
3. Effective dates from March 1, 2022, through December 31, 2022

Bonus example: An eligible agent sells 2 eligible UnitedHealthcare fully insured medical cases having a total of 250 enrolled employees, 1 eligible Oxford level-funded medical group with 400 enrolled employees, and 1 eligible Oxford self-funded medical group with 150 enrolled employees with effective dates during the bonus period. That makes the agent eligible for a bonus of \$75 for each enrolled employee in the 4 eligible medical groups. That results in a total bonus of or \$60,000 for the 4 eligible groups.

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



New sales bonus

For Delaware, New Jersey & Pennsylvania new fully insured, level-funded or self-funded medical plans with at least 51 eligible and enrolled employees

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured, level-funded or self-funded medical plans with effective dates from July 1, 2022, through January 1, 2023, that have at least 51 enrolled employees and are **located in New Jersey, Pennsylvania or Delaware**.

Special Per Case Bonus: Agent is eligible to receive a one-time Special Per Case Bonus if UnitedHealthcare holds a direct capabilities meeting with the eligible medical case prior to the Request for Proposal being released, and the eligible case sells with an original effective date during the bonus period with a UnitedHealthcare or Oxford fully insured, level-funded or self-funded medical plan. If earned, the Special Per Case Bonus is determined by the number of enrolled medical employees and the type of medical plan sold as indicated in the following table:

Number of enrolled medical employees in eligible enrolling unit	Special Per Case Bonus for eligible fully insured or level-funded cases	Special Per Case Bonus for eligible self-funded cases with pharmacy carved in or specific stop-loss	Special Per Case Bonus for eligible self-funded cases — no pharmacy carve-in and no specific stop-loss
51 to 150 enrolled employees	\$3,000	\$3,000	\$1,500
151 to 299 enrolled employees	\$10,000	\$10,000	\$5,000
300 or more enrolled employees	\$15,000	\$15,000	\$7,500

The rows in the table are not cumulative, and the Special Per Case Bonus payable will be only the highest bonus indicated in the row of Table 1 for the number of enrolled medical employees in an eligible group for fully insured, level-funded or self-funded medical coverage as of the group's effective date.

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

1. 51 to 5,000 eligible employees;
2. At least 51 employees enrolled in UnitedHealthcare and Oxford medical coverage; and,
3. Have effective dates from July 1, 2022, through January 1, 2023

Bonus example: An eligible agent sells 1 eligible UnitedHealthcare fully insured medical case with 250 enrolled employees, 1 level-funded medical case with 400 enrolled employees and 1 self-funded medical case with no pharmacy carve-in and no specific stop-loss with 1,200 enrolled employees with effective dates during the bonus period. That makes the agent eligible for a total bonus of \$32,500 for the 3 eligible groups.

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



New sales bonus

For Pennsylvania new or converted UnitedHealthcare level-funded medical cases with up to 50 eligible employees

UnitedHealthcare is offering a bonus to agents who sell new UnitedHealthcare level-funded medical plans or who convert existing UnitedHealthcare fully insured medical plans to UnitedHealthcare level-funded medical plans in Central or Eastern Pennsylvania with up to 50 eligible employees, with effective dates from July 1, 2022, through January 1, 2023.

Eligible cases are new UnitedHealthcare level-funded medical groups or existing UnitedHealthcare fully insured medical groups (who convert to UnitedHealthcare level-funding) with up to 50 eligible employees that are located in Central or Eastern

Pennsylvania (please see Program Detail 1 for exact geography) with effective dates from July 1, 2022, through January 1, 2023.

New sales bonus: Agents will receive a bonus of \$100 for each enrolled employee in new eligible medical groups sold during the bonus period.

Conversion bonus: Agents will receive a bonus of \$500 for each existing eligible medical group that converts during the bonus period.

Bonus example: An eligible agent sells 3 *new* eligible medical groups having a total of 60 enrolled employees with effective dates during the bonus period. The same agent converts 2 *existing* eligible medical groups with effective dates during the bonus period. That makes the agent eligible for a bonus of \$100 for each enrolled employee in the 3 *new* groups, and \$500 for each of the 2 *existing* groups, and therefore they earn a bonus of \$100 times 60, plus \$1,000, for a total bonus of \$7,000.

See attached flier for more details

New sales bonus

For Pennsylvania level-funded medical cases with up to 50 eligible employees

UnitedHealthcare is offering a bonus to agents who sell new UnitedHealthcare level-funded medical plans in Western Pennsylvania with up to 50 eligible employees, with effective dates from July 1, 2022, through January 1, 2023. Eligible agents will receive a bonus of \$100 for each enrolled employee in eligible medical groups sold during the bonus period.

Eligible cases are new UnitedHealthcare level-funded medical groups with up to 50 eligible employees that are located in Western Pennsylvania (please see Program Detail 1 for exact geography) with effective dates from July 1, 2022, through January 1, 2023.

Additional special bonus: Eligible agents will receive an additional \$500 bonus for each eligible case that includes the UnitedHealthcare NavigateNow product at the time the medical coverage is written. At least 1 enrolled employee must be enrolled in NavigateNow for the additional special bonus to be payable.

Bonus example: An eligible agent sells 5 eligible medical groups having a total of 60 enrolled employees with effective dates during the bonus period, 2 of which include NavigateNow. That makes the agent eligible for a bonus of \$100 for each enrolled employee, and the additional special bonus of \$500 on 2 of the sold groups, and therefore they earn a bonus of \$100 times 60, plus \$1,000, for a total bonus of \$7,000.

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



United Healthcare - UHCGlasses.com

Easy online ordering eyewear options

Whether they wear glasses, contacts or both, UnitedHealthcare Vision offers members 2 quick and easy ways to order what they need and get the most out of their vision benefits.

At uhcglasses.com and uhccontacts.com, members have access to a wide selection of their favorite brands of eyeglasses, sunglasses and contacts lenses — all at competitive prices.

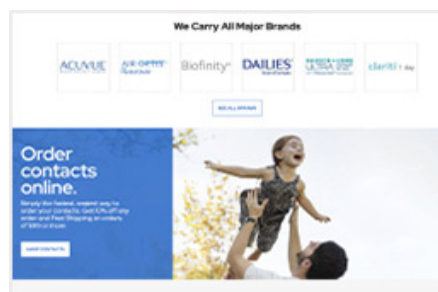
Get glasses



uhcglasses.com features:

- 7,000+ styles from popular brands
- Thousands of frames to fit every budget with free shipping and easy returns
- Free anti-reflective, smudge- and scratch-resistant and UV-protective lens treatments when you use your UnitedHealthcare Vision benefits
- Virtual Try-On

Get contacts



uhccontacts.com features:

- All major contacts brands, including Acuvue®, Bausch & Lomb and Biofinity®
- 10% off any order
- Free shipping on orders of \$99 or more

By making the experience easier, uhcglasses.com and uhccontacts.com helps members take control of their vision health

Consumer MaxMultiplier

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



Highlights

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

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

Select Managed Care

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

Unique Managed Care delivery model.

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

Comprehensive benefits.

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

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

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

For more information Contact your UnitedHealthcare representative



Benefit Assist

Designed for faster, easier benefit payouts

Available on UNET, UMR & Oxford platforms for groups with 250+ eligible.

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

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

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



[Learn more](#)

Contact your UnitedHealthcare representative

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

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

The guidelines:

- Effective dates are January 1, 2021 – December 15, 2022.
- Group size 2 – 100 eligible lives.
- Offer not available to groups situs in RI, WI, WA, FL (2-50), ACEC groups.



**Earn big smiles
with guaranteed dental rates.**



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¹Minimum participation requirements may apply for bundling programs. Bundling programs are not available for all group sizes. Please consult your UnitedHealthcare representative for more details.

Save a bundle on specialty benefits

Bundled Pricing | Groups 2–50 (2–100 in CA and CO)

You want benefits that help protect the health and well-being of employees at the lowest possible cost while keeping benefit administration, billing and customer service simple. Now UnitedHealthcare is helping make it easier and more affordable to add specialty coverage for employees with bundled pricing.

Earn administrative credits by adding 2 or more new lines of specialty coverage, including:

- Dental
- Vision
- Supplemental Life (when coupled with Basic Life)
- Basic Life
- Short-Term Disability
- Long-Term Disability

More reasons to bundle

Bundling specialty benefits together under a single provider helps simplify your health care experience:

- One point of contact
- Consolidated billing
- Simplified administration

Already carry UnitedHealthcare medical?

You may qualify for [both](#) Packaged Savings® and specialty-only savings



Here’s how it works

Administrative credits* are awarded based on the annualized premium from eligible specialty benefits lines of coverage.

Premium	Credit
\$7,500–\$9,999	\$500
\$10,000–\$19,999	\$750
\$20,000–\$29,999	\$1,000
\$30,000–\$49,999	\$1,500
\$50,000+	\$3,000

Program terms and conditions

1. Program effective dates: May 1, 2022, through December 31, 2022.
2. UnitedHealthcare retains sole and complete discretion to revise or terminate the savings program at any time.
3. Business underwritten or administered by Oxford Health Plans and Sierra Health Services Inc. are currently excluded from the savings program. ACEC and Oxford Benefit Management are currently excluded from this savings program.
4. Not available in New York, Rhode Island, Vermont and Washington.
5. UnitedHealthcare Preventive Plans are not eligible for the savings program administrative credits.
6. Specialty benefit plans and the savings program may not be available in all states or for all group sizes.

The more you bundle, the more you save

With Packaged Savings®, when fully insured customers bundle their medical, dental, vision, life and/or short-term disability plans with UnitedHealthcare, they may save money in administrative credits. Credits are earned based on the number of enrolled medical employees and the number of eligible specialty plans offered.

Purchase a fully insured medical plan below	And receive the following credits per enrolled medical employee per month
Dental	\$3
Vision	\$2
Life ¹	\$1
Short-term disability ²	\$1
Life ¹ and short-term disability ²	\$2
Dental and vision	\$5
Dental and life ¹	\$4
Vision and life ¹	\$3
Dental, vision and life ¹	\$6
Dental, vision, life ¹ and short-term disability ²	\$7

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

² Short-term disability must be fully insured.

See the back for complete program terms and conditions.

More reasons to bundle

When our medical and specialty plans are purchased together, you get a simpler, service-focused experience with:

- ✓ One dedicated account team
- ✓ One streamlined administration process and self-service website
- ✓ One integrated and simpler claims process

Program terms and conditions

1. The Packaged Savings program is available to customers with 2–99 total eligible employees. New fully insured medical customers purchasing fully insured specialty products or existing medical customers adding new fully insured specialty products may qualify.
2. The applied savings are available for as long as eligible medical and specialty benefits remain in-force and meet eligibility requirements. Credits will be withdrawn when any medical or specialty coverages terminate. Program is subject to change at any time.
3. Per-employee per-month (PEPM) savings is given as a monthly credit based on the number of enrolled UnitedHealthcare medical subscribers.
4. Employer-paid plans require an employer contribution level of 50% or greater of the employee premium. Voluntary plans and plans where employees contribute 51% or greater do not qualify for the program.
5. Employee enrollment in qualifying dental and vision plans must be 75% or greater of total eligible medical employees for Packaged Savings to be activated.
6. Fully insured vision and dental plans qualify subject to the terms above.
7. Short-term disability plans must be fully insured.
8. Life insurance plans qualifying for Packaged Savings must have a minimum life benefit of \$25,000. Life insurance plans qualifying for Packaged Savings must completely replace existing life plans or be added to customers with no prior coverage; adding an additional life policy to an existing life benefit does not qualify for Packaged Savings.
9. Customers who have existing basic and supplemental life plans with another carrier must place both the basic and supplemental life insurance plans with UnitedHealthcare to qualify for Packaged Savings.
10. Any combination of life products counts as one product for the purpose of the program. Any combination of disability products counts as one product for the purpose of the program. Long-term disability does not qualify alone; it must be packaged with life or short-term disability.
11. Customers who add UnitedHealthcare medical products to existing dental, vision, life and/or disability lines of coverage qualify for Packaged Savings (a.k.a. Reverse Packaged Savings).
12. UnitedHealthcare retains sole and complete discretion to revise or terminate the Packaged Savings program at any time.
13. Business underwritten or administered by Oxford Health Plans in New York and Sierra Health Services, Inc. are currently excluded from the Packaged Savings program. Oxford Benefit Management (OBM) bundled specialty plans are not eligible for Packaged Savings credits.
14. UnitedHealthcare Preventive Plans are not eligible for Packaged Savings administrative credits.
15. Specialty benefit plans and the Packaged Savings program may not be available in all states or for all group sizes. Contact your broker or UnitedHealthcare sales representative for program availability.



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



As a fully insured customer you can save up to 4 percent on medical premiums when bundling your UnitedHealthcare medical plan with UnitedHealthcare dental, vision, life, disability and supplemental health plans. Bundling also helps simplify the administrative experience and provides your employees with a more competitive benefits package.



*For new business effective Jan. 1, 2019 or later. Ask for details.

Add to that simpler administration and dedicated support — plus **Bridge2Health®** integration, which gathers actionable data to close gaps in care, reduce costs and improve productivity.



Dental
11M+ members²
104K+ unique
network providers²



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



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

¹Subject to uBundle rules, coverage and participation requirements. uBundle and certain specialty plans may not be available in all states or for all group sizes. Components subject to change. Ask your UnitedHealthcare representative for details. ²UnitedHealthcare internal membership and network reports, October 2018.

uBundle Medical Cost Savings

uBundle medical cost savings will apply to new qualifying ancillary lines of coverage if the group is in the 51-3000 segment based on state counting methodology (in-force specialty lines of coverage are not eligible for uBundle medical cost savings). For group sizes 51-100 this began on 9/1/2020 and for key accounts on 12/1/2020.



¹Minimum participation requirements may apply for bundling programs. Bundling programs are not available for all group sizes. Please consult your UnitedHealthcare representative for more details.
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