

Volume 4 | Issue 2 | February 2020

February Broker Blast

UnitedHealthcare New Jersey Health Plan



General Updates

UnitedHealthcare Expands Network Relationship with Summit Medical Group

On Jan. 17, 2020, UnitedHealthcare and Summit Medical Group finalized the terms of an agreement that expands their relationship, bringing nearly 600 additional Summit Medical Group physicians into Oxford's Liberty network, effective Jan. 1, 2020. With this expanded relationship, all Summit Medical Group care providers in New Jersey now participate in Oxford's Liberty network.

This agreement significantly expands Oxford Liberty members' access to Summit Medical Group primary care doctors and specialists practicing throughout New Jersey.

We expect the care provider directory on our member websites (myuhc.com and oxfordhealth.com) will be updated within the next six weeks so that Oxford members can search for Summit Medical Group care providers who participate in the Liberty network. They can also call the number on their health plan ID card to speak with a customer care advocate who can help them find an in-network care provider.

We thank our customers for their support throughout the negotiations process and are honored to continue serving the more than 1.7 million members in New Jersey who depend on us for access to quality, affordable health care.

If you would like more information or have any questions, please contact your UnitedHealthcare representative.

TELL US WHAT YOU THINK

Thank you to those who responded to our survey in last months issue. We hope you find this broker blast useful and are still looking for your feedback. Please take a moment to complete a short survey by clicking on the link below. Thank you!!

New Jersey Broker Blast Survey



Oxford Enhancements

UnitedHealthcare has rolled out Oxford enhancements to its NJ/NY sitused group that renew effective 10/1/19 and later for New York (100+) and New Jersey (51+). We will also begin implementing these enhancements beginning 5/1/2020for our Oxford fully insured small group business in New York (1-100) and New Jersey (1-50).

Below is a sample of the verbiage/attachments SAE's will be releasing to our brokers along with the renewal.

We value our relationship with brokers and clients. Because of that we are continually working to improve service and make Oxford their top choice for health care for their employees.

We're now able to enhance members' experience with their Oxford benefits by providing a new advocacy customer service model, additional value-added features and a new member website. These enhancements will go into effect upon your client's new Oxford policy effective date. So for *ABC Company* this will be in conjunction with the upcoming renewal. Please share this great news with *ABC Company*.

Along with these enhancements, your client will receive a new Group ID and Plan Identifier (ID), formerly known as Contract Specific Package (CSP). We will supply that information to you before your client's new policy effective date. Please find attached the enhancement package that details what your client and their employees can expect as a result of these enhancements.

Please be advised that Oxford will be issuing new ID cards on the 15th of the month prior to the groups renewal date. This will ensure all members are receiving ID cards timely with their new ID numbers. Please be advised if the groups renewal is not received & processed by the 15th then members may not receive ID cards reflecting any plan changes. If this does occur, ID cards reflecting plan changes will be triggered once the groups renewal is processed.

Included are the following attachments:

- Oxford Enhancements: Employer Overview
- Oxford Enhancements: Employer Actions
- o Oxford Enhancements: Frequently Asked Questions
- Oxford Enhancements: Employer Letter
- Oxford Enhancements: Employee Letter

Oxford 2.0 Enhancements will be effective 1/1/2020 for ABC Company.

- a. New website and medical cards for members www.myuhc.com
- b. Virtual Visits Telemedicine
- c. Real Appeal
- d. Advocate for Me model (Note there will be new medical cards mailed out to members due to a new member service line)

We strongly believe UnitedHealthcare is positioned to deliver the best health care coverage value for *ABC Company*. We are committed to delivering practical yet innovative solutions that meet their specific needs and will result in healthier employees and better cost management.

Thank you and please let us know if you have any questions.

See registration for webinar on the next page, for those interested in hearing more.





Oxford Enhancements Webinar Small Group: NY (1-100) and NJ (1-50)

Enhancements are coming for new and renewing Oxford fully insured small group members in NY (1-100) and NJ (1-50), starting with 5/1/20 effective dates. Please choose one of the following sessions to learn how this impacts you and your clients.



Register

February 19,2020 10 a.m. ET

Register

March 10, 2020 10 a.m. ET

Contact your UnitedHealthcare Representative with any questions.



Portfolio Enhancements 4-1-1 Plans for NJ Oxford

Available for Small & Large Groups

- 2 Liberty EPO plan designs created for 1/1/2020 with reduced cost shares on 3 commonly used benefits
 - 4 \$5 PCP then \$25
 - 1 \$25 UC then \$75
 - <u>1</u> \$25 Spec then \$75
- Savings are <u>per person</u> not per family
- Separate professional and facility fee on Inpatient and Outpatient benefits
 - Professional fee will be ½ of the Facility fee

Important takeaways

- ✓ ID cards and IDEA will display higher cost share only
- Plan documents will clearly explain structure
 - SOC, SBC, Summary of benefits
- Provider and Customer service education will take place

New Jersey Small Group Plan Grid

We have updated our NJSG plan grid for 2020. Please review the attached full grid with our product offerings as well as the attached grid outlining the changes made from 2019 to 2020.

Please reach out to your Small Business Account Executive with any questions.



All Savers 51+

Great news! All Savers is now available for NJ 51-99 groups.

All Savers consumer-driven health plans are designed to meet the challenge of rising health care costs by offering flexibility and options with an Alternate Funding plan. All Savers provides access to the vast UnitedHealthcare network and the OptumRx® network of pharmacies.

Please contact your Account Executive for more info and to receive a quote.

See attached flier for more information





Learn how you can put more employees into Motion.

The UnitedHealthcare Motion® program is designed to help motivate employees to do more of what they may already do: walk. We're here to help you and your employees make the most of the program.

1

Communications List

Here are some steps you can consider to help maximize employee engagement in the Motion program.

- Launch Motion by holding in-person kickoff meetings.
- · Promote with a blend of communication channels.

Digital examples:

- Fmail
- Intranet
- Social networks

Traditional examples:

- Flyers
- Posters
- Managerial updates
- Share Motion incentive reminders throughout the year (find Motion collateral on uhc.com/cr).
- Distribute company-wide statistics every quarter (e.g., total incentives earned by participants and number of employees participating).
- Reinforce that Motion is centered around walking and taking steps, which almost everyone should be able to do. Encourage employees to gradually build up step counts for small, achievable success.

- Outline sample pathways to earning Motion incentives (2 laps around the building is about 500 steps or walking from Point A to Point B and back is about 3,000 steps, etc.).
- Identify and empower Wellness Champions to communicate Motion from a peer perspective.
- Share success stories of employees who have made strides in improving their health by increasing physical activity. Focus on how they changed behaviors and the short-term emotional benefits of doing so.
- Hold a "Healthy Selfie" campaign, asking employees to submit "selfies" that show how they are achieving Motion steps.

2 Environment and Culture

- Incorporate Motion "lingo" into organizational culture (e.g., "Let's grab a Frequency!").
- · Encourage "Walk and Talk" meetings.
- · Allow employees to wear comfortable walking shoes.
- Create indoor and/or outdoor walking paths that employees can use throughout the day.
- Organize walking clubs that meet at different times during the day.
- Provide exercise equipment and/or exercise classes at the worksite.
- Support a charity event (e.g., 5krun/walk) to help members achieve steps.
- Hold a "Take the Stairs" campaign to promote taking the stairs instead of using the elevator.

3 Managerial Support

Encourage senior-level and middle management to:

- Participate in Motion and visibly wear their activity device.
- · Speak favorably about Motion to employees.
- · Provide ongoing Motion reminders during meetings.
- · Lead walking meetings.
- · Use indoor/outdoor walking paths.
- Encourage employees to walk during breaks.

4 Education

- Use the Motion Sign Up and Select video to help members better understand how to register and get started with Motion.
- Sprinkle in Motion reminders when distributing educational information.
- Distribute education on health and wellness on an ongoing basis in the form of infographics, articles/ newsletters, on-site seminars, and videos to help motivate employees to take action and to provide them with tips and hints they can incorporate into their lifestyle.

Contact your Oxford sales representative for additional information.



UnitedHealthcare's new approach to our medication coverage strategy: Next cycle of Prescription Drug List (PDL) updates slated for May 1

UnitedHealthcare pharmacy has recently been evaluating our approach to updating our drug lists. As a result, we are moving up our PDL changes this year to May to take advantage of market changes sooner in the year. Ultimately, our goal is to work more quickly to cover new medications and implement other management strategies that could potentially offer better outcomes and/or a more affordable cost for both our clients and their employees.

Historically, we've updated our Prescription Drug Lists (PDL) in January and July. However, we know that more and more new medications are being released every month by manufacturers. And, this number is expected to increase. FDA, drug manufacturers, and other industry stakeholders do not wait for 1/1 or 7/1 to introduce changes into the market place. As a result, many changes that occur outside of our cycle changes often don't get implemented until several months later diminishing our ability to deliver cost savings to our clients.

Ultimately, our goal is to work more quickly to cover new medications and implement other management strategies that could potentially offer better outcomes and/or a more affordable cost for our employers and their employees.

May 1 Prescription Drug List (PDL) updates:

We are pleased to share our PDL and pharmacy benefit updates for **May 1, 2020** with you. Attached is a summary of the upcoming changes to our Advantage Prescription Drug List. If your client is on a different PDL, please reach out to your representative for more information.

These updates represent a small percentage of all prescriptions yet they can help keep pharmacy benefit costs as low as possible.

Impacted employees will receive a letter 30-60 days prior to the effective date of the change. You can also encourage them to visit myuhc.com to find lower-cost medications with greater health care value.

Update on 1095-B and 1095-C forms, including suppressed 1095-B mailings

Based on recent guidance for the Affordable Care Act, most printed 1095-B forms will have been suppressed and not mailed in January. These were previously sent to fully insured group subscribers. However, since the forms are no longer required for federal tax purposes, they are not required to be mailed in January like they have in the past.

UnitedHealthcare will continue to make these forms available on most member portals. Some states have initiated their own individual-mandate requirement for residents of those states. UnitedHealthcare will continue to mail 1095-B forms to subscribers in states where required for individual mandates, as well as in situations where social security number (SSN) solicitation is needed for missing SSNs.

For fully insured plans, UnitedHealthcare will be sending the 1095-B forms to the Internal Revenue Service (IRS) by March 31, as required. Fully insured and self-funded employers with 50 or more full-time-equivalent employees (FTEs) are required to provide the 1095-C to employees and to send the forms to the IRS by the required dates – Feb. 28 for mail and March 31 for electronic submission. Employers with 49 or fewer FTEs are not required to submit a report to the IRS.

continued on next page



Update on 1095-B and 1095-C forms, including suppressed 1095-B mailings (continued)

Although no longer needed for reporting federal taxes, a member may obtain the 1095-B on the member portals or by calling the number on their ID card. Additional mail and e-mail request options will be forthcoming, and notices and links will be placed on member portals with instructions on how to request via these other methods.

State requirements for individual coverage and associated reporting requirements

Individuals are no longer subject to a federal IRS penalty if they did not comply with the shared-responsibility requirements of the ACA, sometimes referred to as the Individual Mandate. The penalties have been removed for those who do not have health insurance coverage.

Reminder: New Jersey and D.C. implemented state individual mandate requirement for 2019

Although the federal level penalties have been removed for those who do not have health insurance coverage, some states have initiated their own individual-mandate requirement for their residents.

Individuals who have resided in New Jersey or Washington, D.C. for any time during 2019 will be required to report if and when they had minimum essential coverage (MEC) on their New Jersey or D.C. tax returns in 2020.

UnitedHealthcare mailed out the 1095-B forms to N.J. and D.C. residents in January and will submit the required 1095 forms to the state tax departments by the deadlines below for fully insured groups:

- New Jersey Tax Department by March 31, 2020
- Washington, D.C., Tax Department by June 30, 2020

Fully insured ALEs and self-funded groups also will be required to submit copies of either the 1095-B (groups of 1-50 FTE) or 1095-C (50+ FTE) to the state of New Jersey or D.C. tax departments. There are penalties for individuals who have resided in New Jersey or D.C. beginning with the 2019 calendar year if they do not have insurance coverage as required by the state.

If needed, a self-funded group may request a custom eligibility report to include month-by-month coverage that is available for a fee. The group may also request a report for New Jersey or D.C. residents. For 2020, the report will include current residence only.

Several other states have enacted new legislation that adds an individual mandate and penalty for 2020 coverage that will require state reporting in 2021. UnitedHealthcare will send out additional information as the states publish regulations to implement the new reporting requirements.

Summary of UnitedHealthcare's approach

For fully insured groups: UnitedHealthcare will send the 1095 form to the IRS and where required to the N.J. or D.C. tax departments by the due dates.

For fully insured ALEs: For fully insured ALEs: the group is required to report 1095-C information to the IRS and to N.J. or D.C. state tax departments by the due dates. Except for part time employees, ALEs must still furnish copies of the 1095-C form to each subscriber.

For All Savers®: UnitedHealthcare prepares the 1095-B information, which the employer then provides to the IRS and to the N.J. or D.C. tax departments by the due dates. 1095-B forms must also be furnished to N.J. and D.C. subscribers and to other subscribers upon request.

For large self-funded groups: The customer prepares the 1095-C form, which they then submit to subscribers, to the IRS and where required to the N.J. or D.C. tax departments by the due dates. Except for part-time employees, ALEs must still furnish copies of the 1095-C Form to each subscriber.

Contact your UnitedHealthcare representative with any questions.



Important medical claims information for certain NY Oxford members- Medicare Estimation

We have mailed letters to our Oxford members who have a New York situs fully insured small (1-100) or large group (101+) medical benefits plan and are enrolled in Medicare <u>Part A</u>, but not Medicare <u>Part B</u> coverage. This mailing was done in December.

Pending approval of our NJ COCs we will also be applying Medicare Estimation on all large group (51+) New Jersey sitused fully insured plans effective July 1, 2020. We will be mailing letters out to members that are enrolled **Part A**, but not **Part B** in February.

The letter informs these members that, beginning July 1, 2020, we will apply Medicare Estimation when processing their claims. This reduces the amount of our payment by the amount Medicare would have paid if the eligible member was enrolled in Part B coverage. We also remind members about the upcoming open enrollment period which ends March 31, 2020. A sample of those letters are attached for your reference.

Please do not hesitate to reach out to your Account Team if you have further questions. Also, you can find information about Medicare and coordination of benefits at Medicare.gov

Coordination of Benefits Process change for ASO Clients:

Effective April 1, UnitedHealthcare's standard COB update process will be changing and we will eliminate the annual proactive Coordination of Benefits (COB) investigation process for self-funded customers.

Please note that we already implemented this change for our fully insured business in August 2018, and is becoming the industry standard practice.

UHC will continue to do an annual update request via myuhc.com.

The change we will make effective April 1, to COB is to process claims as primary if we do not have any COB information already indicated. The goal with the change is to eliminate member frustration with COB update calls and streamline our processes

Please be aware that addition to the annual myuhc.com COB update request, we will still continue with the following COB review methods:

- Investigations where there is an indication of other insurance
- COB analytics and/or processes where UnitedHealthcare leverages a shared eligibility database with other payers (e.g., Aetna, Cigna, Humana, etc.) to determine primary payer.

If a self-funded client prefers, UHC can continue these annual outreach calls. UHC would need to be notified by February 14th, so an exception request can be submitted.



Sanvello Mobile App

On December 16, 2019 the Sanvello Mobile App was made available to UnitedHealthcare Employer & Individual self-funded (ASO) customers with Optum Behavioral Health. Fully insured customers will be launched in a future phase.

The Sanvello mobile app provides consumers with quick and easy access to self-guided behavioral resources and provides recommendations for activities designed to be effective in the moment. Features and capabilities include:

- Meditation
- o Mood and health data tracking over time
- o Integrated goal-setting and progress assessments
- o Interactive psychoeducation
- o Relaxation techniques and coping tools

Are there costs associated with the Sanvello mobile app for clients or members?

The app is part of the standard Behavioral Health offering and is available at no extra charge for clients. Members are not charged for utilizing the app when they register for it using their insurance plan information.

Will clients/members save money?

Yes. Members who register for the app using their insurance plan information (subscriber/group #) will receive the premium version free. The cost is normally \$5.99/month, \$35.99/annually.

What if a member already has the app?

Current users of the app can choose to upgrade to the free premium version by linking their insurance plan information.

How are members referred to the Sanvello mobile app?

- LiveandWorkWell.com will contain a link to the Sanvello landing page, where members can enroll in the service, download the app and log in.
- Members can be referred as appropriate by behavioral health case managers.
- Members can find the app independently and download it. Once they do so, the member is prompted within three business days to choose to upgrade the app to the premium version by linking to their insurance provider

Activities and Resources

What is Daily Mood Tracking?

Each week members will take either the DASS 21 or the MARS 12 - a clinical recovery assessment – to measure symptoms and progress. Members will also be asked their first Daily Mood question, "How are you?" They can rate their moods on a scale between "awful" and great". This question is asked each day when a member logs into the app, and provides a more informal, day-to-day snapshot of overall well-being. Members can view their daily or weekly progress at any time within the app. If a member would like to share their progress with their provider, they have the option of downloading their entire history from their phone to their email at their discretion.

Con't on next page



Sanvello Mobile App con't

What are Guided Journeys? Guided Journeys are made up of a series of modules with activities designed by clinical experts. Guided Journeys are designed based on Cognitive Behavioral Therapy (CBT) principles for individuals to foster healthy habits for their mind and body and help them improve their overall health outcomes.

Each Guided Journey is centered on an overall goal. Members will always be prompted to finish the "Feeling Better" journey first before trying others, as it is focused on addressing general stress and symptoms of anxiety and depression. A series of modules make up each Guided Journey - each of which is scheduled to take about 20 minutes to complete and is made up of four to five different activities. Members can complete the activities all at once, or at their leisure.

Activities include:

- Educational infocards
- · Video tutorials
- · Audio tutorials
- Journaling and mood tracking prompts
- Exercises

What is the Tools tab? The Tools tab offers exercises that are recommended based on specific goals or Daily Mood assessments. They can be completed in addition to (or in lieu of) the Guided Journey, and consist of thought exercises, activity documentation, and other exercises. For example, there are tools available to help members learn about and practice meditation.

What is the Community tab? Being part of a community is essential to maintaining a successful recovery for many behavioral health conditions. The Community tab is a self-moderated community where individuals can share questions, thoughts, resources and ideas. They can have the option to participate anonymously or share their name.

What Emergency Resources are available? There is no automatic detection within the Sanvello mobile app to detect if a member is in acute crisis. However:

- . If a member is interacting in a way that indicates they could be a danger to themselves or others within the Community function, other members of the community can report them and an email will be sent suggesting emergency resources.
- If a member recognizes that they are in crisis and needs further assistance, the "Emergency Resources" icon in the top left corner of the home screen will provide a list of nationally recognized emergency hotline numbers and resources

Continuous Glucose Monitoring:

Effective April 1, UnitedHealthcare will cover personal long-term Continuous Glucose Monitors (CGM) used for the management of type 2 intensive insulin using diabetics. It is currently only covered for Type 1. Prior Authorization is required. This Prior Authorization requirement applies to all UnitedHealthcare commercial members. Durable Medical Equipment (DME) vendors that receive a physician order for a CGM are required to obtain Prior Authorization from UnitedHealthcare.



Performance Funding

Stay fully insured and enjoy the value of a positive claims experience

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

Our Performance Funding program is designed to allow fully insured customers to share in the value of their plan's positive 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 worry or pay more when claims fluctuate because we always assume the risk.

The Performance Funding program benefits you by:

- Giving you the security of being fully insured along with the opportunity for a premium credit.
- Enabling you to take advantage of lower costs affiliated with your healthy group population.
- Providing additional claim reporting on a monthly basis.

A program that's easy to participate in

With the Performance Funding program, you continue to pay your monthly plan premiums each year, and unlike selffunded 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 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.
- You will receive a monthly claim reporting package for insight into the utilization performance of the group.

Take advantage of Performance Funding

With the Performance Funding program, you can experience the flexibility and benefits of self-funding and enjoy protection from unexpected claims fluctuations by being fully insured. And since there's no deficit carried forward, there is never an impact on subsequent years.

Performance Funding Program Sample of 1st year Reconciliation Illustration

eco	nciliation Illustration	Example			
Α	Premium (Net of Service Fees)	\$2,400,000			
	Incurred Claims: Target Loss Ratio = 80%				
В	Paid Claims	\$1,560,000			
С	Beginning Reserve	\$0			
D	Ending Reserve	\$252,000			
Е	Incurred Claims (B+D-C)	\$1,812,000			
	Incurred Claims Ratio (E / A):	75.5%			
F	Retention (Net of Service Fees)	\$480,000 (20.0%)			
G	Current Year Balance (A-E-F)	\$108,000			
	Credit to Employer*	\$54,000			

Employer premium credit is 50% of the positive current year credit. If the current year balance is less than or equal to \$0, no credit is due.

If the incurred loss ratio is better than 80%, then a credit will be due (if all other conditions are met). The premium, claim amounts and loss ratios are illustrative.

The retention factor is guaranteed at the percent of premium shown above.

The reserves are estimated. Actual reserves are guaranteed at the factors outlined in the contract

To learn more, contact your UnitedHealthcare representative.



UnitedHealthcare offers you the benefits you've come to expect, including:

Point of sale pharmacy discounts help your employees save on many medications through discounts that take effect when a prescription is filled.

Advocate4Me[®] connects your employees with an expert who can provide them with health, wellness and benefits support.

Bridge2Health® integrates medical and specialty plan claims data to deliver a better picture of your employees' health.

Plans with high-performing, value-based provider networks to help control health care costs.

UnitedHealthcare wellness programs include Rally®, Real Appeal® and UnitedHealthcare Motion® and encourage healthy behaviors that may lead to improved health outcomes.



Digital Updates

Optum Bank HSA Rally® Pay for Claims

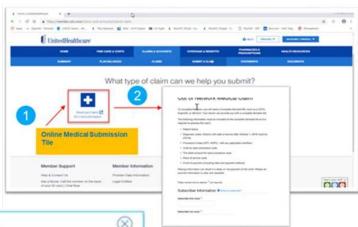
As early as Jan. 24, Employer & Individual subscribers with an Optum Bank Health Spending Account (HSA) who elect to pay claims online will see a redesigned, simplified experience (screen shot below), allowing easy claim payments via their HSA on myuhc.com[®]. Please note, this functionality will become available on the UnitedHealthcare app after myuhc.com[®] approximately Jan. 30.

Note: This functionality is not available to subscribers on the legacy Health4Me.

The new experience, designed by Rally, replaces the external Instamed page where subscribers were previously directed for their claim payments. Subscribers will continue to have an option to navigate back to Instamed if they choose to pay via another method, or if they have insufficient funds in their HSA account (screen shot below).

Online out-of-network medical claims forms

As early as Jan. 30, online medical claims forms are being made available for all Employer & Individual members on the UNET platform. This functionality makes it easy to submit an out-of-network (OON) medical claim online via the Submit a Claim page on myuhc.com® and attach medical receipts as necessary. Previously, members were only able to submit OON claims via mail.







Virtual Visits phone visits for Teladoc®, AmWell® providers now live

Virtual Visits phone-only options went live Jan. 2, 2020, for both Teladoc and AmWell providers. Teladoc will continue to be the only integrated experience through myuhc.com and the UnitedHealthcare app. UnitedHealthcare would like to share some exciting statistics of the first days:

- Virtual Visits had its highest volume days thus far for Teladoc visits (since the Sept. 1 launch) on Jan. 2 and Jan. 3 nearly 1,400 visits per day. This was roughly a 14% jump compared to the same days in the prior week (before the Jan. 2 launch of the phone visit option).
- In the first 4 days with the new phone visit option (Jan. 2 through Jan. 5), the split has been **55%** phone visits, and **45%** video visits. (With the default selection of the video visit option in place on the website, the majority of members are actively choosing to change this to the phone visit option.)

Fitness/Chelsea Piers

\$5 Classes at Chelsea Piers Fitness are Back in 2020

UnitedHealthcare, in conjunction with <u>Chelsea Piers Fitness</u> (CPF), is pleased to continue their \$5 group exercise classes to help support consumers with their fitness goals in 2020. For added convenience, classes this year are being held on the weekends. **UnitedHealthcare Wellness Weekends** will take place one weekend each month throughout the year and are open to the public.

See the February & March 2020 schedule below of \$5 group exercise classes and share this information with clients.

February – March 2020 Class Schedule					
Date	Location	Class	Time		
FEBRUARY					
February 22 (Saturday)	CPF-NY	Boxing	12:00 pm - 1:00 pm		
February 23 (Sunday)	CPF-NY	Adult Skating*	2:30 pm - 3:30 pm		
MARCH					
March 28 (Saturday)	CPF-NY	Breakaway Cycle	4:00 pm - 4:45 pm		
March 29 (Sunday)	CPF-BK	Breakaway Cycle	2:00 pm - 2:45 pm		

Class sizes are limited and enrollment is determined by the order of registration. Classes are held at Chelsea Piers facilities in either Manhattan (NY) or Brooklyn (BK). Participants do not need to be a UnitedHealthcare or Oxford member, but must be at least 16 years old.

Registration and full year calendar of UnitedHealthcare Wellness Weekends: UnitedHealthcareWellnessWeekends.com.

There's more

Remind your UnitedHealthcare and Oxford clients that have the **Sweat Equity** program: Eligible members who participate in **UnitedHealthcare Wellness Weekends** can apply these workouts and \$5 class fees toward meeting the goals of the **Sweat Equity** fitness reimbursement program.

New for 2020: The minimum age requirement for dependent participation in the Sweat Equity program has been lowered to age 13 with our Oxford fully insured plans in New York, New Jersey and Connecticut, beginning January 1, 2020 upon the plan's effective or renewal date.

Questions? Contact your UnitedHealthcare sales representative.

2020 UnitedHealthcare Wellness Weekend Flier (Oxford)2020 UnitedHealthcare Wellness Weekend Flier (UnitedHealthcare)



Specialty Updates

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 United Healthcare 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.



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 June 1, 2020.

The guidelines:

Effective dates are January 1, 2019 – June 1, 2020.



- 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.



You're Invited New Jersey Gala

Thursday • April 30 • 2020 • 6-9 PM

Click Here to Join Us

Tip: Use Google Chrome for best results

Liberty House

76 Audrey Zapp Dr. • Jersey City, NJ 07305

Helping Kids, Changing Lives!

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

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

SPONSORSHIP OPPORTUNITIES

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

Presenting Sponsor - \$7,500

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

Platinum Sponsor - \$5,000

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

Grant Family Sponsor - \$3,500

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

Gold Sponsor - \$2,000

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

Silver Sponsor - \$1,500

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

Bronze Sponsor - \$1,000

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

Children's Foundation

Individual ticket - \$125

• Admission, food, & drinks

For event and registration questions, contact Kim Gellman • kim_gellman@uhc.com • 732-623-1956 For sponsorship opportunities, contact Shelly Rucks • shelly.rucks@uhc.com • 763-361-9085

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

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