



Volume 3 | Issue 7 | July 2019

July Broker Blast

UnitedHealthcare New Jersey Health Plan



Teledoc

Beginning Sept. 1, Teladoc®, a new Virtual Visits provider, will join the UnitedHealthcare network as the national Virtual Visits provider supporting the integrated Virtual Visit experience.

All fully insured and self-funded (ASO) customers that have opted in to the Virtual Visits benefit will benefit from an enhanced user experience facilitated by Teladoc. Members will be able to seamlessly initiate a Virtual Visit from the myuhc.com® member site landing page and no longer need to leave myuhc.com or download a separate application for Virtual Visit access.

Integration into the UnitedHealthcare Mobile application will be available at a later date yet to be determined.

AmWell® and Doctor On Demand™ will continue to participate in the provider network and will remain listed on the Virtual Visits page. Virtual Visits will continue to be available to members in all markets and states. The cost will remain at \$49 regardless of provider choice. Member responsibility is determined by specific plan designs. Claims will continue to automatically process and be paid based on the member's benefit.

Note: the new experience will not be available via Health4Me™

Quit for Life



In mid-June, Marketing launched a paid media and search campaign to drive enrollment in the Quit For Life® program. The campaign focuses on reaching members in “moments of receptivity” when they are searching online or browsing contextually-relevant websites or content.

Quit For Life is a clinically proven tobacco cessation program offered in collaboration with the American Cancer Society®. The program combines digital and telephonic tools and resources, along with physical, psychological and behavioral strategies to help members overcome their tobacco addiction.

There are two versions of the program that are dependent on an employer's funding type: Fully insured offers a digital first solution and self-funded (ASO) offers more of a telephonic solution.

Digital advertisements

The digital advertisements will direct eligible members to learn more by visiting the [Quit For Life landing page](#), which will direct them to enroll in the program via Optum's Quit For Life [enrollment page](#). In addition to website advertising, the campaign will run on Facebook® and websites via banner ads and sponsored content, and via Google® Search.

HSA Deductible Changes

IRS sets new 2020 limits for group plans and HDHP/HSA plans

June 11, 2019

- Fully Insured and Self-Funded
- Reform and Regulatory

The Internal Revenue Service (IRS) recently announced the applicable dollar limits for group plans and high deductible health plans (HDHPs)/health savings accounts (HSAs) for the 2020 calendar year.

Below is an overview of the adjusted dollar limits for 2020. Self-only coverage refers to plans for 1 individual, while family coverage refers to plans for 2 or more individuals. The out-of-pocket maximum includes copayments, deductibles and coinsurance amounts, and excludes premiums.

2020 maximum out-of-pocket limits for group plans

- \$8,150 for self-only coverage (\$7,900 in 2019)
- \$16,300 for family coverage (\$15,800 in 2019)

The annual out-of-pocket maximum requirement does not apply to transitional relief and retiree only plans.

2020 limits for HDHPs/HSAs

Minimum deductible 2020

- **\$1,400** for self-only coverage (\$1,350 in 2019)
- **\$2,800** for family coverage (\$2,700 in 2019)
- **\$2,800** for **embedded** individual deductible (\$2,700 in 2019)

Compliant HSA plan examples:

- **Embedded deductible.** 1 plan for self-only and family have an embedded deductible, the minimum deductibles are: \$2,800 individual and \$2,800 family.
- **Non-embedded deductible.** 1 plan for self-only and family have a non-embedded deductible, the minimum deductibles are: \$1,400 individual and \$2,800 family.

Out-of-pocket maximum 2020

- **\$6,900** for self-only coverage (versus \$6,750 in 2019)
- **\$13,800** for family coverage (versus \$13,500 in 2019)

Watch for the intersection of the HSA and Affordable Care Act (ACA) rules. The 2020 ACA maximum is \$8,150 for individual and \$16,300 family (versus \$7,900 individual and \$15,800 family in 2019).

Compliant HSA/ACA plan examples:

- **Embedded out-of-pocket max.** 1 plan for self-only and families with an embedded out-of-pocket maximum, the maximum amounts are: \$6,900 individual and \$13,800 family
- **Non-embedded out-of-pocket max.** 1 plan for self-only and family with a non-embedded deductible, the maximum amounts are: \$6,900 individual and \$8,150 family

HSA contribution limits 2020

- **\$3,550** for self-only coverage (versus \$3,500 in 2019)
- **\$7,100** for family coverage (versus \$7,000 in 2019)

The annual "catch-up" contribution amount for individuals age 55 or older will remain \$1,000.

Contact your UnitedHealthcare representative or refer to the [2020 Health Savings Account Guidelines Overview flier \(pdf\)](#) for more information.



Real Appeal

The UnitedHealthcare Real Appeal program will launch several enhancements beginning July 1. These enhancements include a new digital member experience, as well as changes to the program format.



Starting July 1, all newly enrolled members will get the new experience. Members who begin the Real Appeal program before July 1 will remain on the legacy program and member experience until the end of 2019, thus allowing them to complete the crucial first six months without disruption.

Digital experience enhancements

The new digital experience includes an improved Consumer Dashboard that features:

- Daily goal-tracking: Goals presented each week that align with course content
- Reading materials and actions added weekly
- Direct access to trackers, messages, chat, library, scheduling, profiles and support

The enhanced experience will also offer members:

- An improved class/video experience
- Upgraded food and activity tracking
- Online scheduling and rescheduling
- Integration with more third-party apps
- Access to Real Appeal through their existing Rally Health & Wellness experience

Program enhancements

Real Appeal has continually listened to customers and consumers, making enhancements over the past several years. Based on ongoing survey results, Real Appeal will make changes to the 52-week group session format. The program will continue to offer 26 weekly classes in the first six months and then switch to monthly classes in the second six months. The weeks in between monthly group sessions will be content-rich for the participant, offering self-paced learning, greater flexibility to schedule one-on-one time with their personal coach and the ability to join breakout sessions, which will delve deeper into topics around health and wellness not currently covered in group session.

These changes will diminish the appointment demands on the member, as well as reduce class consolidation and coaching changes in the latter half of the year, all while providing the tools necessary in a flexible and easy-to-consume format. This format is supported by the Centers for Disease Control Diabetes Prevention Program guidelines for healthy sustained weight loss.

See the attached flyer for more information.

Real Appeal Webinars

Real Appeal is hosting Info Session webinars once a month through 2019 for fully insured brokers and customers to learn more about the digital weight-loss program, recent platform enhancements, how to complete employer registration and start offering this benefit to employees.

During these 45-minute webinars, participants will learn more about UnitedHealthcare's Real Appeal program and the benefits it offers fully insured customers. The webinars will showcase how the program helps members lose weight through personalized coaching and engaging digital tools that lead to behavior change, scalable disease prevention, and medical cost-savings for customers.

NEW: Beginning in July, Info Sessions will introduce the new Real Appeal platform to brokers and customers, including an overview of new features and functionality and how these enhancements will better support employees in reaching weight loss goals.

Participants will also learn how to register on the [Real Appeal employer site](#) and start an automated email campaign that can help achieve employee enrollment rates of more than 20 percent.

Real Appeal broker Info Session webinar schedule

Date	Time	Registration link
Tuesday, Aug. 13	2 to 2:45 p.m. ET	Register
Tuesday, Sept. 10	2 to 2:45 p.m. ET	Register

Real Appeal customer Info Session webinar schedule

Date	Time	Registration link
Thursday, Aug. 15	2 to 2:45 p.m. ET	Register
Thursday, Sept. 12	2 to 2:45 p.m. ET	Register



UnitedHealth Premium Program 2019 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. The annual update of UnitedHealth Premium designations 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 benefit plan.

Designation changes for the upcoming version 12 refresh are scheduled to take effect on Aug. 30. It may take up to one week after the effective date of the designations for them to be visible in provider directories such as myuhc.com® and mobile applications. The target date for the designations to be displayed is Sept. 4.

Claims from physicians losing their Premium Care Physician designation will continue to pay at Tier 1 through the end of 2019. There will be no changes to any iconography or text that is displayed when members search for Premium Care Physicians/Tier 1.

	Tier 1 display* on myuhc.com	Tier 1 claim processing*
Now through Aug. 30, 2019	Version 11 Premium Care Physicians	Version 11 Premium Care Physicians
Sept. 4, 2019 through Dec. 31, 2019	Version 11 and 12 Premium Care Physicians, except those who do not meet Premium Quality criteria in version 12	Version 11 and 12 Premium Care Physicians, including those who do not meet Premium Quality criteria in version 12
Beginning Jan. 1, 2020	Version 12 Premium Care Physicians	Version 12 Premium Care Physicians During January 2020 only, members will receive a one-time claim adjustment for version 11 providers who have lost their tier 1 status. If the member continues to utilize the physician, they will not receive another claim adjustment.
<i>*Tier 1 standardly includes all Premium Care Physicians, specialists and in-network oncologists.</i>		

New markets

The Premium program will be available in 45 states. New markets included in the version 12 release are St. Louis (benefit tiering not available), New Hampshire and the Upper Peninsula of Michigan.

Note: For members residing in the St. Louis market only, benefit plans that tier benefits based on Premium designation are not available due to contractual limitations. Additionally, Premium designations in St. Louis will take effect Jan. 3, 2020, and will be visible on myuhc.com Jan. 8, 2020.

Marketing and communications timeline

- For members during Open Enrollment (Oct. 1 through Dec. 31)

Tiered benefit Open Enrollment pre-member websites

During Open Enrollment, it is anticipated that both current and prospective members may want to confirm that their physician will be Tier 1 in 2020. Beginning Sept. 4, any current member who authenticates on myuhc.com can look for the two-hearts icon. They can do this by finding a provider, clicking on the physician's name and seeing if they have the two-heart Premium Care Physician symbol, which means the physician will be Tier 1 in 2020.

New this year

Anyone, including prospective members, can see if a provider will be Tier 1 in 2020 by viewing one of the below pre-member sites, which will be updated by Oct. 1, 2019. Under this approach, the user will simply select the 2020 plan year and can search for a Tier 1 provider by looking for the blue-dot icon.

• [Premium tiered open access plans](#) (Choice Premier)

• Premium tiered open access with hospital tiering (Choice Advanced)

NEW JERSEY BROKER BLAST

Prior Carrier Deductible Credit Protocol

Newly enrolled Oxford member credit requests must be submitted within 45 calendar days of the group effective date to receive a Prior Carrier Deductible (PCD) credit. Requests must also include all required documentation, as detailed below, or the request will be denied.

Required documentation:

- A PCD form found on oxfordhealth.com. More information on where you can find it is included in the sidebar.
- An Explanation of Benefits (EOB) from the prior carrier that:
 1. Clearly indicates the family deductible amount and the amount each family member satisfied toward the current calendar year deductible.
 2. Provides the name of each family member and indicates the amount of the deductible satisfied.
 3. Is on the prior carrier's letterhead.

Employers applying for PCD credits on behalf of newly enrolled members should follow these guidelines regarding deductible credits administered from printed reports:

1. List a unique Social Security number or member ID for each member.
2. Submit one report per group.
3. Remove member names without in-network or out-of-network benefit limits from the report.
4. Clearly label in-network and out-of-network amounts.
5. Include the effective date of the policy.
6. Provide a grand total of the deductible amount each family member satisfied for the current calendar year.

Submitting PCD credit requests:

Employers can email the completed spreadsheet to their assigned Account Manager. Or it may be mailed to:

UnitedHealthcare
Attn: Deductible Credit Center
P.O. Box 29135
Hot Springs, AR 71903

Members can mail the completed PCD form and supporting documentation to:

UnitedHealthcare
Attn: Deductible Credit Center
P.O. Box 29135
Hot Springs, AR 71903

Where to find the Prior Carrier Deductible form:

Employers:

1. Log in to the Employer section of oxfordhealth.com using your username and password.
2. Click on the "Tools and Resources" tab.
3. Select "Downloadable Forms" from the "Materials, Forms & ID Cards" drop-down menu under "Practical Resources."
4. Scroll to the "All Size Businesses: Various Forms for All States" section of the "Forms" page.
5. The Prior Carrier Deductible Form is located in the right column of the "Miscellaneous Forms (All States)" section of the grid.

Members:

1. Log in to the Member section of oxfordhealth.com using your username and password.
2. Click on the "Tools & Resources" tab at the top of the page.
3. Select "Download Forms" under "Forms & Materials" in the "Practical Resources" section.
4. The Prior Carrier Deductible Form is located under "General Forms" on the next page.

New Broker Bonus

For new fully insured Key Account medical groups with at least 100 enrolled employees.

UnitedHealthcare is offering a bonus to agents who sell new fully insured Key Account medical groups in New Jersey with at least 100 enrolled employees, and effective dates from August 1, 2019 through January 1, 2020. Agents will receive a bonus for each eligible medical group sold during the bonus period as described in the following table:

Enrolled Employees in an Eligible Fully Insured Key Account Medical Case	Bonus for the Eligible Case
100 to 249 enrolled employees	\$5,000
250 or more enrolled employees	\$10,000

Eligible cases are new fully insured Key Account medical groups located in New Jersey that have at least 100 employees enrolled for medical coverage, and effective dates with UnitedHealthcare from August 1, 2019 through January 1, 2020.

Bonus Example: An agent sells 3 eligible Key Account fully insured medical cases during the bonus period; 1 case with 150 enrolled employees; a second case with 300 enrolled employees; and a third case with 500 enrolled employees. That makes the agent eligible for a bonus of \$5,000 for the first case, and \$10,000 each for the second and third cases, for a total bonus of \$25,000.

Program Details:

- This special bonus program applies only to commissionable new fully insured Key Account medical groups that:
 - Are located in New Jersey;
 - Have at least 100 employees enrolled for medical coverage; and
 - Have effective dates with UnitedHealthcare from August 1, 2019 through January 1, 2020.
- All sold business must be active and the selling agent must remain the Agent of Record on January 1, 2020 to be included in the bonus calculations.
- Classification of a group as a "Key Account" case is determined by us considering a number of factors, including the enrollment at some point in time. Key Account cases generally have 100 to 3,000 eligible employees, but some Key Account cases have eligible employee counts outside this range, and not all groups within this range are Key Accounts. We reserve the right to classify groups according to our rules, and our determination of size segment is final. Groups assigned to UnitedHealthcare's Public Sector Segment are not consider Key Account groups, and are not eligible for this bonus.
- The enrolled employee counts will be derived from the medical plan only, and will be based on the number of enrolled medical employees as of the group's effective date. UnitedHealthcare's determination of group and enrolled employee count is final.
- All bonus payments will be made to the agent or agency to which the commissions are paid. The bonus will be paid after the bonus period is over and when all information required for verification of enrollment data and calculation of the bonus is available.
- For dual or multiple broker arrangements, the bonus payment will be allocated in the same proportion as the commissions are split on the case.
- General Agents are not eligible for the bonus.
- Cases transferring into the Key Account size segment from another UnitedHealth Group subsidiary, business segment or case size segment will not be considered new business for this bonus program. Agent of Record changes on existing UnitedHealthcare cases will not be credited as new business for this bonus program.
- Special rules apply to payment of bonuses for non-commissionable customers and customers referred to as "Governmental Entities" in the UnitedHealthcare Agent/Agency Agreement. We require written customer acknowledgment and approval before paying bonuses on all non-commissionable customers, and on commissionable governmental entity customers. Any limits on compensation in the RFP, RFI, bid specifications or other written instructions for governmental entities cannot be exceeded. Please refer to the Producer Compensation Policies and Practices in the Producer Performance Guide for more information.

All terms and conditions of the UnitedHealthcare Agent/Agency Agreement and the Producer Performance Guide apply to all compensation programs. This Bonus Program is offered at the sole discretion of UnitedHealthcare and can be terminated or modified by UnitedHealthcare at any time and without notice.



See more health plan savings with **uBundle** for groups of 100 plus lives in New Jersey



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



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

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



Dental
11M+ members²
104K+ unique
network providers²



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



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

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

Client NPS Survey

UnitedHealthcare cannot improve, grow, or lead the industry without listening to the voice of its customers and brokers. The Employer Net Promoter Score (NPS) Survey and the annual Broker NPS Survey will be distributed to Public Sector, Key Accounts, and Small Business fully insured and self-funded (ASO) customers and brokers beginning July 10th. The surveys will remain open for completion through August 2nd. UnitedHealthcare will target nearly 80,000 customers and over 32,000 brokers nationally to participate in this NPS Survey. We encourage you to respond to this quick survey if you should receive it, and encourage your clients to respond as well.

NPS, a customer loyalty metric developed by Fred Reichheld, Bain & Company and Satmetrix in 2003, is used by many major companies around the world. The survey seeks to measure the loyalty that exists between a company and customers through one ultimate question: "How likely are you to recommend us?" Customers that are extremely likely to recommend a company are considered "Promoters;" customers that are not likely to recommend are considered "Detractors." The difference between the proportion of Promoters and Detractors in the population yields the NPS.

EeS Training

The Employer eServices® (EeS) third quarter 2019 external training webcasts for National Accounts, Public Sector and Key Accounts customers are scheduled as follows:

Thursday, July 11, from 1 to 2 p.m. ET
Tuesday, July 30, from 1 to 2 p.m. ET
Thursday, Aug. 15, from 1 to 2 p.m. ET
Wednesday, Aug. 28, from 1 to 2 p.m. ET
Tuesday, Sept. 10, from 2 to 3 p.m. ET
Wednesday, Sept. 25, from 1 to 2 p.m. ET

Registration is required and space is limited.

As a reminder, these sessions are designed to:

- Complement existing training tools such as online tutorials and help, training-on-demand and quick reference guides
- Describe the eligibility functionality in full detail
- Offer an overview of the site
- Provide help on using the tool via the online training resource

External training webcasts

An external training flier is provided. External users can register for the webcast via the Training link on the [EeS website](#).