



Volume 4 | Issue 11 | November 2020

November Broker Blast

UnitedHealthcare New Jersey Health Plan



General Updates

The Field Account Management Team is here to support you and our customers in this virtual environment.

Below are some options that are available:

- ❑ Monthly customer/broker Wellness Wednesday Webinars focused on UnitedHealthcare Value Added Program/Health Topic
- ❑ Monthly member Wellness Wednesday Webinars focused on UnitedHealthcare Value Added Program/Health Topic
- ❑ Support with Virtual Health Fairs
- ❑ Virtual Open Enrollment Meeting support
- ❑ Virtual member one-on-one sessions to address any claim inquiry or benefit question a member may have (recommended either monthly or quarterly depending on size of group)
- ❑ Recorded seminars on different topics that customers can upload to their intranet site for members to view on their own time
- ❑ Flu shot event support

ProtectWell

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

What's included?

1. The employee app gives guidance on whether — based on their self-evaluation — they are healthy enough to go into work daily and helps co-workers know their colleagues are following safety protocols.
2. The checker app for employers provides workplace entry QR code scanner and assigns green/red employee work status.
3. The Dashboard for Admins (coming soon!) provides a way to customize messaging, with a self-configure approach and also provides reporting.

What's the price?

ProtectWell™ is being made available at no charge through 2021 as part of UnitedHealth Group's response to the COVID-19 pandemic.

For more information or to sign up, go to www.weprotectwell.com or contact your Sales Representative.

**Want to learn more about what
UnitedHealthcare is doing for COVID-19?**

[Employer FAQ](#)

[Broker FAQ](#)

[Consultant FAQ](#)

[UHC COVID-19 Updates](#)

General Updates

HHS renews national public health emergency through Jan. 20, 2021

The national public health emergency has been extended through Jan. 20, 2021, for diagnostic and antibody testing and test-related visits, COVID-19 in- and out-of-network telehealth, and COVID-19 Virtual Visits.

For fully insured groups and ASO groups that elected fully insured standards, in-network treatment for COVID-19 has been extended through Dec. 31, 2020, and out-of-network through Oct. 22, 2020.

VIRTUAL VISITS

Virtual Visits through Teladoc®, Doctor On Demand™ and AmWell® as of Oct. 1, 2020:

- Beginning Oct. 1, 2020, members will pay the cost-share upfront for both COVID-19 and non-COVID-19 services.
- The Virtual Visit cost-share will revert to customer-specific pre-COVID-19 cost-share.
- Non-COVID-19 Virtual Visit coverage at no cost-share ends Sept. 30, 2020.
- Members will be reimbursed for Virtual Visit cost-share (copayment, deductible, and coinsurance) for COVID-19 Virtual Visits through the public health emergency – currently Jan. 20, 2021.
 - No action is required to facilitate reimbursement to the member. The provider will be responsible for member reimbursement.
 - Please note, the provider member reimbursement process may take up to 60 days.

TELEHEALTH

- The COVID-19 cost-share waiver for in- and out-of-network has been extended through the public health emergency – currently Jan. 20, 2021.
- The non-COVID-19 in-network cost-share waiver ended for telehealth services Sept. 30, 2020.
- UnitedHealthcare will extend in-network expanded telehealth through Dec. 31, 2020.
 - Expanded telehealth allows members to connect with their doctor through live, interactive audio-video or audio-only visits. This includes physical therapy, occupational therapy, speech therapy and chiropractic services (audio-visual only).

Please note that UHC will also continue to follow any state specific mandates. Below is a link highlighting state specific telehealth exceptions

<https://www.uhcprovider.com/en/resource-library/news/Novel-Coronavirus-COVID-19/covid19-telehealth-services/covid-19-telehealth-state-provision-exceptions.html>

Groups and COBRA administrators may now terminate COBRA members for non-payment – back to March 1, 2020. The Department of Labor COVID19 Payment Extension Final Rule has been updated based on interpretation from the IRS that allows for termination with re-instatement if premiums are paid.

Based on this guidance, Groups/COBRA Administrators can now term for non-payment. Customers may retroactively terminate COBRA members back to the last pay thru date (back to 3/1/2020).

- If payment has been made by the employer for the COBRA participant without receiving payment by the participant, the employer can terminate the member and would receive a credit for any months paid on behalf of the participant, on their next invoice.
- If no payment has been made, the term would be processed with no credit.

If a COBRA participant pays the entire premium prior to 30 days after the end of the Outbreak Period, they will have their coverage activated and eligible claims will be paid.



General Updates

Medicare Estimation

Effective July 1, Oxford implemented Medicare Estimation for fully insured business in Connecticut and New York. Medicare Estimation is an administrative claim process Oxford uses to determine what the Medicare primary payment would have been had the member enrolled in Part B or if the provider accepted Medicare. Medicare estimation reduces the amount of Oxford payment by the amount Medicare Part B would have paid if the eligible member was enrolled in Part B coverage. This update aligns with the language in the member's certificate of coverage.

This affects members that are Medicare eligible that have Medicare Part A, but not Medicare Part B and Medicare is Primary.

- Medicare is Primary in the below scenarios
 - Medicare due to Age & Group Size 19 or Less
 - Medicare due to Disability & Group Size is 99 or Less
 - Medicare due to End Stage Renal Disease (ESRD) & Medicare is Primary depending on what stage of dialysis treatment member is in.
Medicare Primary (regardless of reason or groups size) and Not Actively Working (COBRA, State Cont., Retiree).

Applicability: Medicare Estimation applies in any of the following scenarios:

- Member has Part A (primary) and no Part B
- Member has both Parts A and B (primary), but provider does not bill or participate in Medicare or has specifically opted out of Medicare
- Member has Part B only (primary) but provider does not bill or participate in Medicare or has specifically opted out of Medicare

Medicare Estimation does not apply in any of the following scenarios:

- Member has Part A and B, or B only, and provider is participating with Medicare
- Medicare (any part) is the member's secondary payer
- Member does not have any Medicare coverage and/or is not eligible for Medicare

Effective dates and scope

Connecticut fully insured groups: Medicare Estimation will begin applying to claims on or after July 1 upon renewal

- New York fully insured groups: Medicare Estimation will be effective for claims with date of service July 1 and after
- New Jersey fully insured groups: Currently out of scope; will not have Medicare Estimation applied to claims

Member communications: Letters were mailed to active members with Medicare Part A only and Medicare Primary (Dec 2019 -Feb 2020).

Call to Action

- Remind your Oxford groups of this change.
- Encourage members who have not enrolled in Medicare Part B, to contact Medicare consider enrolling in Medicare Part B. You can find information about Medicare at [Medicare.gov](https://www.Medicare.gov).

General Updates

Optum Financial

Effective immediately, Optum Financial Services is now called Optum Financial, and Optum Bank is a part of this change. The Optum Bank logo will soon be replaced with the new Optum Financial logo. Optum Financial is the name that will be used for all business solutions, including health accounts, payments, new banking services and stop loss.

Note: Customers will be informed of this change in late fourth quarter 2020, with additional communications and account holder material updates starting in January 2021. More details will be shared as they become available.

New quarterly paper statement fee

To support environmental sustainability and reduce processing costs, Optum Financial will begin charging account holders \$1.50 to receive a printed quarterly statement. The fee applies to all account holders with a health savings account (HSA) and will be deducted from HSAs on a quarterly basis on approximately the 10th of the month following quarter close.

Optum Financial Marketing will notify account holders of this fee on the third quarter 2020 printed statements, which will be mailed the week of Oct. 12. The first fee will be charged Jan. 10, 2021, for fourth quarter 2020 printed statements.

Account holders can avoid the fee by changing their delivery preference to electronic. Talking points are provided under Related Links and include instructions on how to update delivery preference at optumbank.com

Linking medical and pharmacy benefits to help control costs

Did you know only about 2% of Americans take specialty medications for serious and complex conditions, but they account for nearly 50% of total drug spend?

In this [new article](#), we learn that integrating medical and pharmacy benefits may help employers keep their prescription costs under control. Integration allows for a fuller picture of a member's health condition, which may assist providers in recommending less expensive, more effective medications and treatments. This can lead to \$16-25 medical savings per member per month and a 11-18% increase in medication adherence for top chronic conditions.

Dive into the details with our integration infographic

Did you know that UnitedHealthcare draws insights from over 1.5 trillion health transactions and 222 million patient visits every year to [personalize each member's health choices experience](#)?

In our new [infographic](#), see how this data works paired with an integrated benefits strategy to help provide a complete view of each patient's health – helping to pave the way for better health outcomes and reduced costs. For example, we've found employers with integrated medical and pharmacy benefits [have lower emergency room costs by 11% and lower inpatient costs by 15%](#).

Medical Updates

Maximum Dependent Age Coverage Policy Change for NY and NJ Oxford Members

We are making a change to the maximum dependent age coverage termination date that will take effect with new and renewing policies, beginning January 1, 2021. This will affect members with the following fully insured policies:

- New York Small Group (1-100) Oxford
- New York Large Group (101+) Oxford
- New Jersey Large Group (51+) Oxford

Please communicate this change to clients

What's changing

Beginning January 1, 2021, the termination date for a dependent member who ages off a subscriber's group policy will be at the end of the month in which the member reaches the maximum coverage age, as specified in the policy. For example, a dependent who reaches the maximum coverage age on May 15, 2021 (i.e., the dependent's age-off birthday), after the group policy renewed on May 1, 2021, the coverage for this dependent would end on May 31, 2021.

Currently, dependent members have coverage through the end of the calendar year in which they turn the maximum dependent age.

For a dependent who reaches the maximum age for coverage before their group policy renews in 2021; for example, the dependent's age-off birthday is April 15, 2021 and their group policy renews on May 1, 2021, their coverage would end on April 30, 2021—the last day of the month prior to their policy renewal date.

How this change is being communicated to impacted members

Subscribers with dependent members will be reminded of the member's coverage end date by mail approximately 60 days prior to the member reaching the maximum dependent age. Attached is a sample of the [letter](#). Subscribers and members with questions should call the phone number on their health plan ID card.

How this change is being communicated to employers

Employers (e.g., Benefits Administrator or other designated contact for the employer) who have an affected member will receive a copy of the letter we mail to the member. In addition, the Uniform Modification notice included with the employer group's renewal materials will reference the dependent eligibility age-off policy. We are also mailing a [letter](#) about the change to our Oxford large group clients (NJ 51+, NY 101+). For new groups, the policy is included in the Certificate of Coverage. Clients with questions should call our Employer Services team at **1-888-201-4216**.



Medical Updates

Maximum Dependent Age Coverage Policy Change for NY and NJ Oxford Members con't

More Information

- **New York Young Adult Option:** Under New York law, eligible dependents who do not have access to employer-sponsored health insurance may buy coverage until the age of 30 through a parent's group health insurance policy as a subscriber, without the employer's contribution.
- **New Jersey Over-Age Dependent Option:** In New Jersey, eligible dependents may buy coverage through a parent's group health insurance policy as a subscriber, without any employer contribution, until the day before they turn 31.
- **Children with a Disability:** An unmarried dependent may continue to be eligible for dependent coverage under the subscriber's plan if they are unable to work due to mental, developmental or physical disability or if they are dependent on the subscriber for support.

Subscribers should contact their employer for more information about the above options. They have **31 days** from the date their dependent child ages-off the policy to submit an application requesting continued coverage under the plan, with proof of the child's incapacity.

- **Marketplace Option:** If a dependent is no longer eligible for coverage under a subscriber's group health insurance plan, they may be eligible for their own plan through their state's official Marketplace. They should access their state's Marketplace website or go to healthcare.gov for information.
- **New Jersey Oxford fully insured small group (2-50) members:** This change to the Maximum Dependent Age Coverage policy is already in place with these members.
- **Connecticut Oxford fully insured members:** This change does not apply to these members.

Questions?

Please contact your sales representative

Flu Shots

With Flu Season approaching, we want to make sure you know where members can go to get their annual flu vaccination. For UnitedHealthcare members, the flu shot is covered 100% under the Medical Benefit when you visit a participating provider, or one of the pharmacies and clinics on the attached. To find a location and to get more information, you may also visit our UnitedHealthcare Flu Shot page at:

<https://www.uhc.com/health-and-wellness/health-topics/flu-shots?icid=Vanity-flu>

Please be sure and advise your members to present their UnitedHealthcare medical card and ask for the flu shot claim to be run through their Medical benefit as it is a preventive vaccination.

If a group is interested in learning more about onsite flu clinics, please reach out to your Sales Representative.



Medical Updates

Reminder: Upcoming Changes to the Oxford Garden State Network & Special Open Enrollment Opportunity

We are writing to remind you of two upcoming changes to the Oxford Garden State Network.

1. We are changing the name of the network from Oxford Garden State to Oxford Metro Network® upon renewal date in 2021. This change is designed to deliver a simplified experience for members and providers across the New Jersey and New York markets. Current member health plan ID cards will still be valid, and no new cards will be issued until plan renewal.
2. We are redesigning the New Jersey portion of the medical network to focus on high quality and affordable care effective January 1, 2021. **While the majority of our current medical providers will stay in network and new providers will be added**, some current providers will be removed. This change will not impact the pharmacy network.

Members who have received services from impacted providers within the last 12 months have been notified in writing of the network change. Letters included instructions on how to access the redesigned [New Jersey provider network directory](#) at welcometouhc.com/oxford.

Clients that offer an Oxford Garden State Network plan in New Jersey or Oxford Metro Network plan in New York alongside an Oxford Liberty or Freedom Network plan design have the option to decide if they would like to offer a special enrollment period to employees who wish to switch plans. This optional special open enrollment opportunity begins November 2, 2020 and runs through January 1, 2021.

Please note that a member's deductible and out of pocket limit spend will not reset if they make an off-cycle plan change due to the network changes. We will provide an employee email template to clients who wish to take part in this special open enrollment as a way to communicate this opportunity to employees. This special open enrollment opportunity is optional and not mandatory.

Clients may contact their Dedicated Client Services Manager (DCSM) or Group Services at 1-888-201-4216 for more information and to complete the necessary enrollment forms for the special open enrollment opportunity.

We value our relationship with you and appreciate your business. If you have questions, please contact your Oxford sales representative.

Oxford Level Funded available for new business in select states, effective Dec. 1

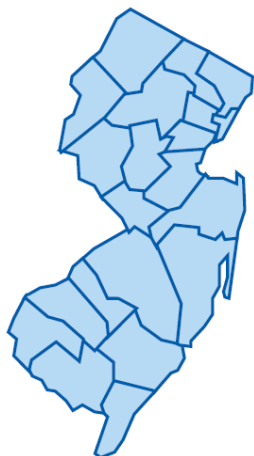
The Oxford Level Funded product is a level funded arrangement designed for small business (5-99) and mid-size Key Accounts (100-300) businesses. This product is the evolution of the All Savers® Alternate Funding product.

The Oxford Level Funded product is being implemented on the new UnitedHealthcare strategic platform and will be made available to **new business only** in the states listed below for Dec. 1, 2020 effective dates.

- **Connecticut:** 51-300
- **New Jersey:** 5-300

Why Level Funded?

Available at **lower rates**
(in all New Jersey Counties)



Available to groups sized 5 - 300

Help clients control costs through self-funding for small businesses

	Maximum Claims Liability Stop Loss Coverage
	Not subject to state mandates. Lower premium taxes
	Fixed monthly payments
	Surplus Refund No carryover deficit
	Unlimited plan selections
	Virgin groups eligible 1099 eligible* <small>*Cannot exceed 25% of total enrolled</small>
	Monthly Employer Claims & Utilization Reports
	Ancillary Products Packaged Savings

Top 5 Reasons it may work for your clients

- 1 Level funded plans**
giving employers more control over their costs.
- 2 Stop-loss coverage**
Employers won't pay more than what's budgeted for higher than expected claims.
- 3 Year-round savings**
Level funded plans are not subject to most state mandates or premium taxes*
- 4 Surplus refund**
Possible refund if claims are lower than expected at the end of the year.
- 5 More Choices**
Unlimited plan design selections with wellness programs included.
Ability to include specialty.

New website to be available for New York and New Jersey Oxford business

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

What this means for you

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

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

In the coming weeks, our sales staff will be contacting you to answer any questions you may have on uhceservices.com. We will also hold producer webinars and make communications available for your use and reference.

All Savers Virtual Training.

All Savers® Alternate Funding plans help give your small business clients more choices. Like multiple plan designs, wellness programs and alternate funding—designed to help employers find the right balance between managing costs and offering affordable, quality medical benefits.

Learn more through online training.

In 5 short sessions,*you'll learn about All Savers Alternate Funding product components, rates, renewals, reporting and wellness capabilities. You can easily access these training presentations 24/7 from anywhere. Each session takes just 10 to 15 minutes to complete. **Choose from:**

- [What Is Alternate Funding?](#)
- [Eligibility, Quoting and Taxes](#)
- [Real Appeal® and Wellness Programs](#)
- [All Savers Employer Monthly Reporting](#)
- [All Savers Alternate Funding DocuSign Training Guide](#)



Oxford Enhancements

UnitedHealthcare has rolled out Oxford enhancements to its NJ/NY situated 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 5/1/2020 for 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
- 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.

Specialty Rx

OptumRx Specialty program will not longer permit the value of a manufacturer coupon from applying to a member's accumulators.



How it works today?					
Medication costs				\$2,000	
Manufacturer coupon value				\$1,995	
Member cost share				\$5	
Amount credited to deductible / out of pocket				\$2,000	
How it works under the Accumulator Adjustment program?					
Medication costs				\$2,000	
Manufacturer coupon value				\$1,995	
Member cost share				\$5	
Amount credited to deductible / out of pocket				\$5	

- Effective 1/1/21 for NY LG and SG Oxford
- Member letters will be issued to impacted members
- UHC members not impacted as this is in effect for UHC plans

Pharmacy Benefit Update Effective: January 1, 2021

UnitedHealthcare updates its Prescription Drug List (PDL) to ensure we are able to keep pace with current market trends, price changes, and new clinical information.

We are pleased to share our PDL and pharmacy benefit updates for **January 1, 2021** with you. Please see the attached Advantage PDL and pharmacy benefit updates for January 1, 2021. If your client is on a different PDL than Advantage, please reach out to your representative for more information.

Member Notification

Impacted employees will receive a letter 30-60 days prior to the effective date.

[Click here](#) to watch the recorded webcast discussing the PDL updates

UnitedHealthcare Copay Card Solutions: Accumulator Adjustment.

For specialty prescriptions filled at Optum Specialty Pharmacy.

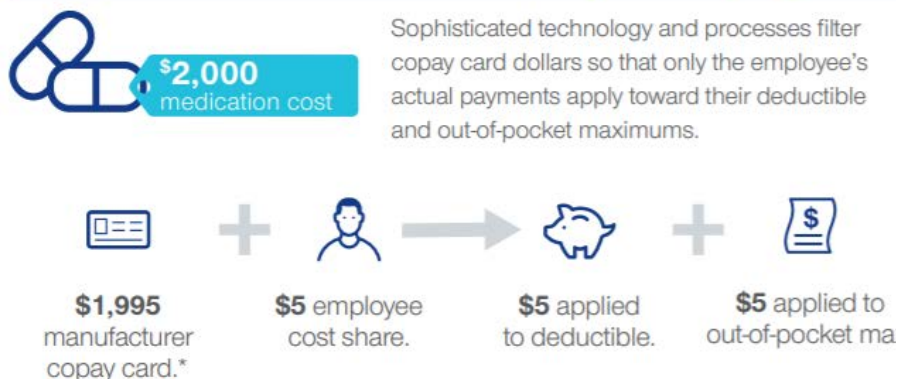
We've seen an increased use of copay cards from pharmaceutical manufacturers to help employees pay for their specialty medications. Those copay card dollars currently count toward the employee's deductible and out-of-pocket maximum, which doesn't accurately reflect the portion the employee pays. As a result, we've designed the Accumulator Adjustment program. This program provides a real-time solution that excludes copay card dollars from an employee's deductible and out-of-pocket maximum. With this full visibility, we will only apply the amount an employee has paid with their own dollars toward their deductible and out-of-pocket maximum.

How it worked before.



- The Accumulator Adjustment program ensures that only the dollar amount an employee pays is applied to their accumulators, not the amounts that are paid by the pharmaceutical manufacturer's copay card or coupon.
- UnitedHealthcare® made a significant investment to ensure a transparent employee experience with the change to copay card accumulation.
- Employees will now see enhanced messaging highlighting how the copay card payment was applied on **myuhc.com**®, their explanation of benefits and through customer service.

How it works with the Accumulator Adjustment program.



- The program applies to prescriptions filled at Optum® Specialty Pharmacy only. Prescriptions filled at any other specialty pharmacy within our designated specialty pharmacy network are out of scope at this time.

With Benefit Ally, relief is in sight.

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



Accidents

- Emergency room visits
- X-rays
- Physical therapy



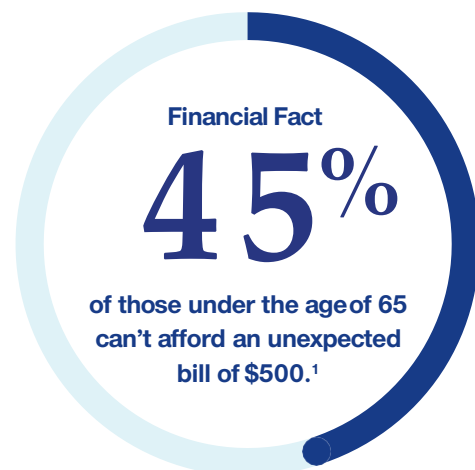
Critical Illness

- Cancer
- Heart attack
- Stroke



Hospital Indemnity

- Hospital or ICU admissions or stays



Offering support that benefits both you and your employees.

For you:

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

For your employees:

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

Here's an example of Benefit Ally at work.

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

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

Jack receives a check for

\$1,100

and he can use it however he chooses.

Contact your UnitedHealthcare representative for more information.

*For illustrative purposes only. Example is based on a Value plan design. Cost varies based on packages. For more information, refer to plan benefit materials. Payout from member's Benefit Ally coverage will be triggered when UnitedHealthcare identifies a qualifying medical event.

Specialty Updates

United Ancillary Benefits Explained

Below are three videos that are less than two minutes in length and offer fun graphics and clear language to go along with UnitedHealthcare's vision to deliver the most affordable coverage; simplest experience; and highest quality, supported care. The three topics include accident protection, critical illness and hospital indemnity.

Accident Protection:

https://cdnapisec.kaltura.com/html5/html5lib/v2.70.1/mwEmbedFrame.php/p/2297431/uiconf_id/40040692/entry_id/1_becyka8x?wid=2297431&iframeembed=true&playerId=kaltura_player&entry_id=1_becyka8x

Critical Illness

https://cdnapisec.kaltura.com/html5/html5lib/v2.70.1/mwEmbedFrame.php/p/2297431/uiconf_id/40040692/entry_id/1_b93gt716?wid=2297431&iframeembed=true&playerId=kaltura_player&entry_id=1_b93gt716

Hospital Indemnity:

https://cdnapisec.kaltura.com/html5/html5lib/v2.70.1/mwEmbedFrame.php/p/2297431/uiconf_id/40040692/entry_id/1_63ngxeak?wid=2297431&iframeembed=true&playerId=kaltura_player&entry_id=1_63ngxeak

Update to 51+ missing information on PRIME installations

We are making a change to our internal process for 51+ missing information on PRIME installs.

Instead of sending an email with a list of missing information, the SOS will be emailing the broker a link to a website. They will access this website with the same user name and password they do for United eservices. This website will show them the information we need, they will be able to fill in the answers and/or attach required documents.

Once all missing information has been addressed, they hit a "complete" button, which triggers an email to Case Install to let them know the answers have been returned. This should save some time, as the brokers answers move the case along instead of them emailing the SOS, then the SOS having to compile the answers and send a separate email to Case Install.

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 March 1, 2021.

The guidelines:

- Effective dates are January 1, 2019 – March 1, 2021.
- Group size 2 – 100 eligible lives.
- Offer not available to groups situs in RI, WI, WA, FL (2-50), ACEC groups.



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

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.



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



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



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

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



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 51-300 segment based on state counting methodology (in-force specialty lines of coverage are not eligible for uBundle medical cost savings). For group sizes 51-100 this will begin 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.