



2021 Quarterly Broker Blast

UnitedHealthcare

Pennsylvania/Delaware Health Plan

April 2021



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Medical Updates: Motion

UnitedHealthcare Motion

The UnitedHealthcare Motion® program is designed to help motivate employees to get and stay active. It promotes regular exercise and rewards participants with deposits into the member’s health savings account (HSA) or health reimbursement arrangement (HRA).

Motion is available as a **buy up option**.

How Motion works.

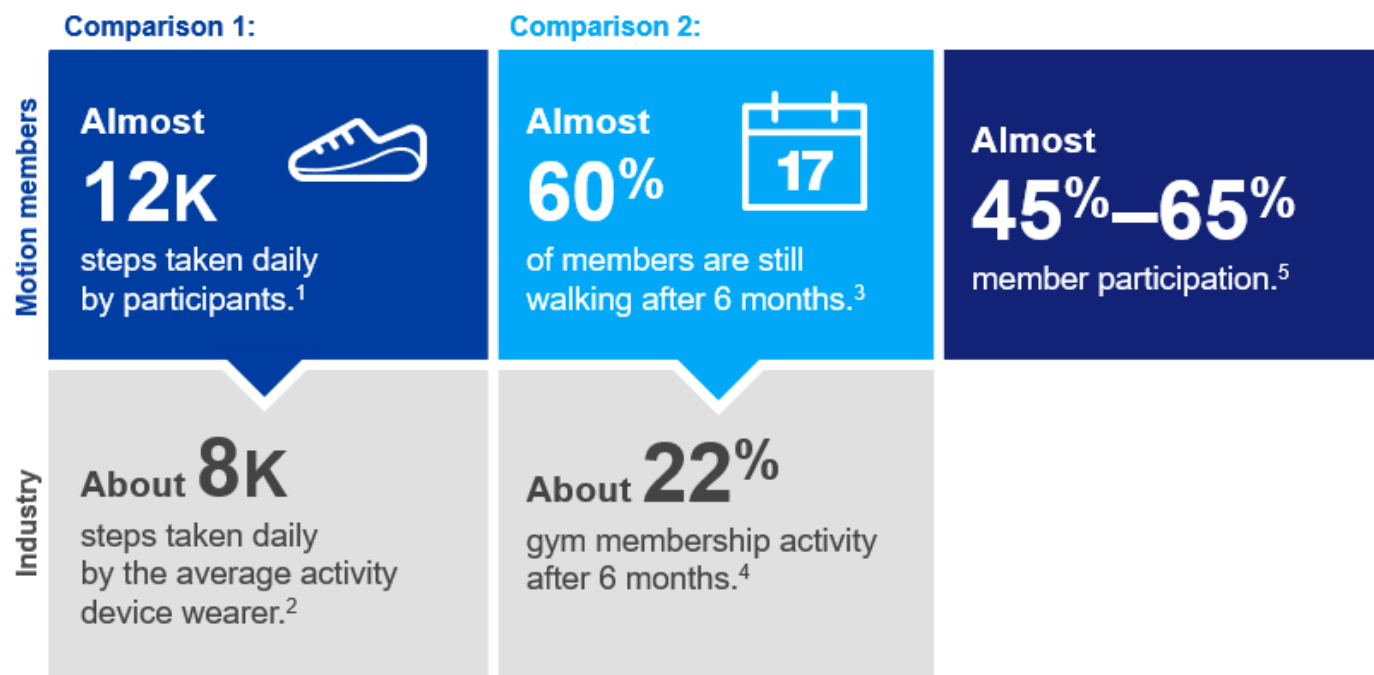
- 1 Employees receive a welcome email from you and/or Oxford.
- 2 Eligible employees and covered spouses create an account on unitedhealthcaremotion.com and select⁵ an activity tracker from the website, or use their own Motion-compatible activity tracker. A “registration credit” can be applied to purchased devices or taken as a reward if using their own device.⁶
- 3 Purchased devices are delivered to the employee’s home.
- 4 Participants set up their device, begin walking or completing other eligible activities to meet daily FIT and participation goals, and sync their device daily.
- 5 Every day, participants may earn a \$3–\$4 incentive, deposited quarterly into their HSA or prepaid debit card, if they have an HSA.⁷

Four Ways to Earn ¹	HSA or Prepaid Debit Card
 Frequency. 300 steps in 5 minutes; 6 times a day, at least 1 hour apart.	\$1
 Intensity. 3,000 steps in 30 minutes or 30 minutes performing other eligible activities.	\$1
 Tenacity. 10,000+ total daily steps.	\$1
 Participation. 2,500+ steps per day with no FIT rewards.	\$3/day \$1,095/year



Medical Updates: Motion (cont'd)

Results to date.



¹ 2018 internal analysis of 37,082 Motion participants who recorded at least 1 step in 2018.

² Fitbit® analysis of over 10 million users from June 2015 to June 2016. "The State of Health & Fitness in America." fitbit.com/activity-index.

³ 2018 internal analysis of 20,330 Motion participants in Key Accounts who recorded steps between Oct. 1, 2015, and June 1, 2018.

⁴ Sperandei, S et al. 2016. "Adherence to Physical Activity in an Unsupervised Setting: Explanatory Variables for High Attrition Rates Among Fitness Center Members." *Journal of Science and Medicine in Sport*. 19 (11): 916–20.

⁵ Internal analysis of registered Motion members in UnitedHealthcare book of business, 2018.



A new fitness service. Powered by Apple Watch.

- UnitedHealthcare Motion® enrollees with Apple Watch® will receive five months' access to Apple Fitness+ at no additional cost Jan. 1 through June 30, 2021.
- Members will have access to on-demand workouts, including high-intensity interval training (HIIT), strength, yoga, dance, core, cycling, treadmill (for running and walking), rowing, and mindful cooldown.



Contact your Account Executive for additional information!



Medical Updates: Real Appeal

Real Appeal®

Weight issues in the U.S. have reached epidemic proportions. It's estimated that over seven out of ten adults (73 percent) are considered overweight or obese.* Health care costs directly related to excess pounds were estimated at \$480 billion in 2016 and have continued to rise.** Being overweight increases the risk of developing diseases, such as heart disease, type 2 diabetes, hypertension, high blood pressure and sleep apnea.

Real Appeal can help reverse this trend, with tools and support to help employees lose weight, feel good and prevent weight-related health conditions. Real Appeal specializes in knowing how to help people to join in and stay with a program. It empowers employees by balancing clinically proven science with engagement strategies in ways that are scalable for employers and inspiring for your employees. Real Appeal may help employees lose weight, feel good and, most importantly, help prevent weight-related health conditions.

Employer Advantages

- Direct-to-consumer marketing principles leading to improved member engagement
- Potential for reduced weight-related health conditions in employee population leading to reduced medical costs
- Improved employee satisfaction

Member Advantages

- Customized plan for each member
- Engaging content and robust resources inspire members to take action
- Builds confidence through a clear path of small, actionable changes
- Motivation and expert support through ongoing coaching

Participants receive the below Success Kit after they attend their first group session.



Here's what sets Real Appeal apart from other programs:

- **Pay-for-performance** versus pay-for-session attendance
- **Billed as medical expense** and paid via claims -- no copay or deductible
- Focuses on **multiple components** of weight loss
- Impacts several **chronic conditions**
- **Year-long program** with group classes
- **Interactive experiences** with aspirational messaging

* Centers for Disease Control and Prevention (CDC); "Obesity and Overweight"; <https://www.cdc.gov/nchs/fastats/obesity-overweight.htm>; Page last reviewed January 11, 2021; Accessed January 20, 2021.
** The Milken Institute; "America's Obesity Crisis: The Health and Economic Costs of Excess Weight"; <https://milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight>; page published September 22, 2020; Accessed January 20, 2021.



Medical Updates: Wellness Podcasts

Wellness in a Virtual World

United at Work Presentations

At UnitedHealthcare, our mission is to help people live healthier lives. That's why we offer United at Work, a health and wellness presentation series. Available 24/7, these United at Work presentations with audio were created to help educate, increase health risk awareness and encourage healthier behaviors.

Breathing for Better Health	This presentation covers the benefits of better breathing techniques and how this impacts our overall health. Suggestions for better breathing strategies are covered along with a focus on diaphragmatic breathing and good practices to help you improve your breathing techniques.
Choosing Care	The goal of the Choosing Care presentation is to help individuals make more informed decisions about where they access care. This presentation will review care setting options, the services offered at the various care settings and the difference in cost between the care setting options.
Computer Vision Syndrome	In this presentation we will define Computer Vision Syndrome and discuss possible causes and symptoms of this condition. Reviewing the diagnosis, treatment, and prevention of Computer Vision Syndrome will also be covered.

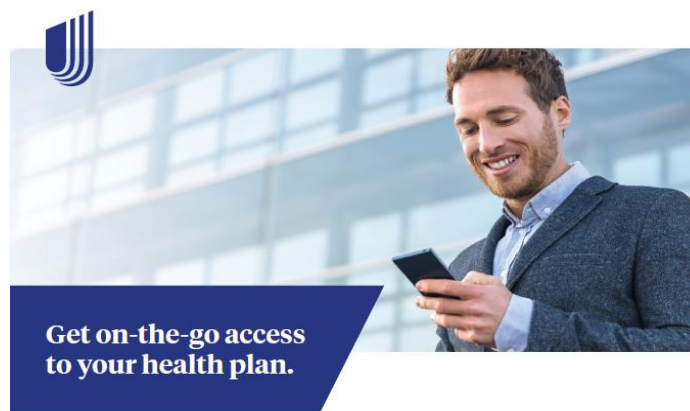
Please reach out to your Account Manager for a full list of podcasts!

The UHC App

The UnitedHealthcare® app puts a member's plan at their fingertips!

When you're out and about, you can do everything from managing your plan to getting convenient care. Just download the app to:

- Find nearby care options in your network.
- Estimate costs.
- Video chat with a doctor 24/7.*
- View and share your health plan ID card.
- See your claim details and view progress toward your deductible.



The UnitedHealthcare app is available for download for iPhone® or Android®.



Medical Updates: myuhc experience

Update: February and March Digital Experience Enhancements

Coverage and Benefits brand refresh

Targeting March 25, the Coverage and Benefits section on myuhc.com® will migrate to the new UnitedHealthcare branding and digital design system. Some benefits to this refresh include:

- New pages being able to load three times faster than previous pages
- Benefits Overview page displaying Common Services and Costs for major benefits categories (Medical, Mental Health, Vision and Dental)
- Adding search to the overview page for members with medical benefits.

Pharmacy and prescriptions COVID-19 vaccine banner

As of Feb. 5, the COVID-19 banner message on myuhc.com and on the UnitedHealthcare app informs members of vaccine updates, including where they can find additional COVID-19 information and resources. The banner message resides on the pharmacy and prescriptions landing page only.



Find and Price a Drug enhancements

Targeting March 17 on myuhc.com, and March 29 on the UnitedHealthcare app, enhancements to the drug search pricing results will display the drug cost breakdown (cost-share) information, reducing potential user confusion (Plan pay versus You pay).

Mobile ID card enhancements

On March 4, functionality was made available to allow users to leverage their mobile device's native share options (i.e., text, airdrop, email, download, print) to share their ID card(s). Members on gated plans will also be able to view and share their dependents' ID cards, including medical, dental and vision.



General Updates: Member Education

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

- ❑ Support with Virtual Health Fairs, including flu shots
- ❑ Support with Virtual Open Enrollment Meetings, including post-enrollment education
- ❑ Service calls with the UnitedHealthcare Account Management team (frequency dependent on group size)
- ❑ Recorded Brainsharks on different topics that customers can upload to their intranet site for members to view on their own time
- ❑ Monthly Webinars focused on UnitedHealthcare programs, tools, resources, and wellness opportunities for our customers, brokers and members (see 2021 schedule below)

Month	Topic	Customer & Broker Webinar		Employee Webinar	
		Date	Time	Date	Time
January	Real Appeal	1/14/2021	10am EST	1/21/2021	10am EST
February	Pharmacy	2/4/2021	10am EST	2/11/2021	10am EST
March	Level2	3/4/2021	10am EST	3/11/2021	10am EST
April	Tools & Resources: Part 1	4/1/2021	10am EST	4/8/2021	10am EST
May	Tools & Resources: Part 2	5/6/2021	10am EST	5/13/2021	10am EST
June	Virtual Visits	6/3/2021	10am EST	6/10/2021	10am EST

The Employee Engagement Planner

The Planner is a digital tool designed to help brokers and fully-insured customers quickly and easily get timely, relevant communications for employees. The Planner auto-populates a full plan year's calendar so you know what to send and when to send it – including pre-effective date tips, information on digital tools and resources, available health & wellness programs and more.

Communications can be downloaded instantly or packaged together to share in one -single email. To register, please visit employereservices.com (for employers) or unitedeservices.com (for brokers) or reach out to your Field Account Manager to learn more.

The 2021 Health & Resources Calendar

Helping people live healthier lives is our mission at UnitedHealthcare. Our goal is simple: to improve health care for everyone — our members; the doctors who treat them; and the employers who care about them.

With that in mind, please check out the [2021 Health & Resources Calendar](#), which includes links to a variety of presentations and informational articles designed to help support healthier habits for all throughout the year.



General Updates: Broker Resources; PCORI

Check out new website for brokers and consultants – bookmark today!

We're excited to tell you about the launch of a [new website](https://www.uhc.com/broker-consultant) (<https://www.uhc.com/broker-consultant>) for brokers and consultants from UnitedHealthcare. This site is all about making your job easier. It's about providing you with the right information for your clients—when you need it.

The new site has a comprehensive view of UnitedHealthcare's [products and solutions](#). It includes succinct breakdowns of our medical, dental, specialty, Rx and behavioral products and gives you access to sell sheets and other one-pagers you can download and send directly to your clients. It also includes a section on the latest [news and strategies](#) from UnitedHealthcare. You'll find information on everything from recent COVID-19 developments to our strategic approach to [lowering costs](#) for your clients and their employees. We'll be updating it regularly, and we want to make sure you have the latest information from UnitedHealthcare, as soon as it's available.

Please make sure you bookmark and use this site as part of doing business with us.

PCORI extended additional 10 years; PCORI fees due July 31

The Patient-Centered Outcomes Research Institute (PCORI) fee helps fund research that evaluates and compares health outcomes, clinical effectiveness, and risks and benefits of medical treatments and services. The fee, effective 2012-2029, is treated like an excise tax by the Internal Revenue Service (IRS).

- For plan and policy years that end on or after Oct. 1, 2020, and before Oct. 1, 2021, the PCORI fee is **\$2.66** per covered life.
- For plan and policy years that end on or after Oct. 1, 2019, and before Oct. 1, 2020, the PCORI Fee is **\$2.54** per covered life.

As a reminder, the PCORI fee is assessed on all covered lives – including employees, retirees, spouses and dependents. The final PCORI fee is due July 31, 2021.

Fully insured groups: UnitedHealthcare is responsible for filing [IRS Form 720](#) and paying the fee for fully insured coverage. The company will submit the required payment by July 31. UnitedHealthcare customers do not need to take any action. Fully insured customers with self-funded (ASO) health reimbursement accounts and flexible spending accounts are required to pay the fee on each employee covered under the account.

ASO groups: Employers and plan sponsors are responsible for submitting [IRS Form 720](#) and paying the PCORI fee by July 31. Instructions for completing the form will be posted on the IRS website.

ASO groups may use one of three available counting methods:

- Actual count method,
- Snapshot method, or
- Form 5500 method

Level Funded (All Savers®) groups: Employer groups' membership information will be posted to the employer website. Customers are required to complete and file the [IRS Form 720](#). For general questions, contact Broker Services at **866-405-7174**.



General Updates: COVID-19

UnitedHealthcare launches COVID-19 Vaccine Resource Locator

COVID-19 vaccine availability is changing quickly. UnitedHealthcare's top priorities in helping members, customers and providers at this point in the vaccine rollout include:

1. Making sure members know there is \$0 cost-share on vaccines through the national public health emergency period;
2. Providing resources to help them find key COVID-19 vaccine information; and
3. Offering tools to help them navigate when and where to receive a vaccine.

The launch of UnitedHealthcare's [COVID-19 Vaccine Resource Locator](#) will help members navigate local vaccination planning and find resources for their area to help them take steps toward vaccination. This ZIP code-based tool finds online, public vaccine resources available through state and local health departments, as well as national retail pharmacies.

To find state health department resources in Spanish and other languages, visit uhcommunityplan.com.

This information is updated in several areas:

- [external](#) FAQ on [uhc.com](#)
- Broker and Customer News section on [uhc.com](#)
- [COVID-19 Resource Center](#) on [uhc.com](#)
- [myuhc.com®](#)
- [Medicare & Retirement member portal](#)

Related Links

[COVID-19 Vaccine Resource Locator](#)

[COVID-19 Vaccine Resource Locator External Talking Points](#)

[COVID-19 State Health Department Page - Spanish](#)

Consolidated Appropriations Act

The Consolidated Appropriations Act (CAA) team has developed an external FAQ documents to help brokers, consultants, and customers be aware of the CAA and its many components – similar to what was done for COVID-19 communications.

Topics will be updated regularly as more guidance becomes known and as designated workgroups develop new details on UnitedHealthcare's approach, including support and options for self-funded (ASO) customers.

The CAA FAQ attached includes the following significant provisions, most of which are scheduled to be implemented on and after Jan. 1, 2022:

- No Surprises Act
- Independent dispute resolution (IDR)
- ID cards
- Patient protections – Continuity of care, advance explanation of benefits, external appeals review
- Choice of health care provider
- Price comparison tools
- Provider directories
- Provider nondiscrimination
- All-payer claims database
- Transparency – Gag rule, broker and service provider compensation
- Reporting – Pharmacy benefits and cost, mental health parity non-quantitative treatment limitations (NQTL*)



General Updates: COVID-19 (cont'd)

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 new?

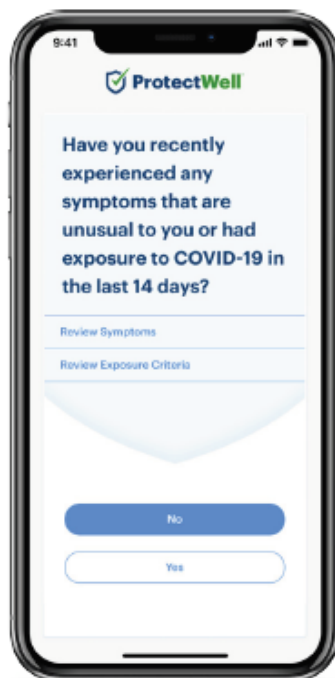
1. **Teladoc:** members can now launch a Teladoc virtual visit through the ProtectWell app (see "Resources" tab)
2. **QR Scanner Code:** added for a quick, easy way to ensure employees have been cleared through the ProtectWell app prior to entering the workplace
3. **Vaccine Status:** in addition to reporting symptoms daily and screening for exposure, ProtectWell now offers an option to create a digital vaccine card and securely upload and store their vaccination card

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. Contact your Sales and Account Management team today to learn more, or visit www.weprotectwell.com.



User signs in



No symptoms



Cleared for access

General Updates: National Emergency Declaration

President Biden extends National Public Health Emergency due to COVID19

The following action is separate from – and should not be confused with – the public health emergency (PHE) declared by the Secretary of the U.S. Department of Health and Human Services (HHS). There are different time frames and requirements associated with each emergency.

On Feb. 24, President Biden extended the [national emergency declaration](#) due to COVID-19. The declaration empowers the U.S. Department of Labor (DOL) and Internal Revenue Service (IRS) to extend disaster relief previously required of group health plans, disability, and other employee welfare benefit plans subject to ERISA or the Internal Revenue Code to suspend several important deadlines that normally apply to special enrollment, filing claims or appeals, electing, or paying for COBRA.

How does this extension impact employee benefit plans?

- Under ERISA and the Code, the DOL and IRS are permitted to suspend benefit plan deadlines when a national emergency is declared, but only for one year, unless extended by the president.
- Under that authority, the DOL and IRS issued a joint notice (May 4, 2020), which required that plans suspend benefit plan deadlines. The joint notice was effective as of March 1, 2020. Notice 2021-01 makes clear that the prior COVID-19 extensions will be extended for an unspecified time of up to one year.
- Notice 2021-01 requires that group health plans, disability, and other employee welfare benefit plans subject to ERISA or the Internal Revenue Code to disregard several important deadlines that normally apply to plans, including the:
 - Deadline to elect COBRA;
 - Deadline to pay COBRA premiums;
 - Deadline to elect HIPAA special enrollment;
 - Deadline to file claims, appeals, and requests for external review; and
 - Deadline for plans to provide COBRA election notice

Benefit plan deadlines that are subject to the relief under Notice 2021-01 will have the applicable deadline suspended or disregarded until the earlier of:

- One year from the date they were first eligible for relief, or
- 60 days after the announced end of the president's national emergency declaration (the end of the Outbreak Period).

As a practical matter, this means each individual has their own timetable for plan action. Under Notice 2021-01, the suspension relief previously granted to individuals in the joint notice will continue to be in effect; however, in no case will a suspension period exceed one year from the date of the original deadline.

How does this extension impact other health care programs?

- This action also allows federal agencies to continue measures to combat and respond to COVID-19, such as providing HHS authority under Section 1135 of the Social Security Act to waive or modify certain requirements under Medicare, Medicaid, CHIP and HIPAA.

What does the president's Feb. 24 declaration not do?

- This action **does not impact** the many requirements and flexibilities UnitedHealthcare is administering pursuant to the HHS-declared PHE – currently April 20, 2021.
- The HHS-declared PHE currently lasts through April 20, though the Acting Secretary previously sent a letter to the nation's governors suggesting that HHS expects to extend the PHE at least through the end of 2021.
- Under federal law, an HHS-declared PHE, and any subsequent extension, may only last for 90-day increments. UnitedHealthcare expects an extension closer to its current expiration in April and, potentially, every 90 days until the Secretary determines that the PHE no longer exists.

This action **does not impact** any state or local PHE or other declaration made by governors, mayors, legislatures, or other state and local authorities



General Updates: Federal No Surprise Act

Federal No Surprises Act

On Dec. 27, 2020, Congress passed – and President Trump signed – the No Surprises Act as part of the Consolidated Appropriations Act (the “Act”). The No Surprises Act, which is a law (not guidance), goes into effect for plan or policy years beginning on or after Jan. 1, 2022.

The surprise billing legislation establishes federal standards to protect patients from balance-billing for defined items and services provided by specified doctors, hospitals and air ambulance carriers on an out-of-network basis. The federal law applies to individual, small group, Level Funded, and large group fully insured markets and self-insured (ASO) group plans, including grandfathered plans.

The legislation caps patient cost-sharing at in-network levels and requires providers to work with insurers/health plans to negotiate remaining bills. If insurers/health plans and providers are unable to reach an agreement, an Independent Dispute Resolution (IDR) process, sometimes called arbitration, is established to determine the reimbursement amount.

The IDR entity will choose either the insurer/health plan or provider offered amount. In making this decision, the IDR entity can consider factors, including the median contracted amount, the provider’s market share, the provider’s training and experience, and the severity of the patient’s condition.

Note: The law does not apply if the member chooses to receive services from an out-of-network provider.

The Act applies to three types of health care providers and facilities:

1. Out-of-network emergency covered items and services
2. Covered medical items and services performed by an out-of-network provider at an in-network facility
3. Out-of-network air ambulance items and services

Please refer to the attached No Surprises Act External Overview and FAQ under Related Links for more details. This document will be updated as details are clarified through future guidance, including how the federal law and existing state surprise bill legislation coordinate, and how UnitedHealthcare determines its approach.



General Updates: Administrative

Requests for Plan Changes received after the 10th

Please remember the following key details when requesting plan changes after the 10th of the month preceding the renewal date and please share with your customers accordingly:

- Members will receive a new member ID card and Summary of Benefits and Coverage (SBC) for the mapped renewal plan. These are auto-generated to ensure compliance with issuance requirements.
 - Members will receive a second member ID card and a second SBC once the plan change has been processed. Upon receipt of the second and correct plan documentation, members should be instructed to discard the previous set that auto-generated for the mapped plan enrollment.
 - The **renewal month** and **the following month** invoices will bill at the rates for the mapped renewal plan. The client should pay-as-billed, as any necessary billing adjustments will be made once the plan change has been processed.
-

Eligibility Updates and our Retro Policy

Fully Insured:

All eligibility updates must be communicated to UnitedHealthcare within 31 days of the qualifying event. Corrective action can only be done within 60 days and will be applied based on the contract guidelines. Failure to provide documentation of an error on the part of UnitedHealthcare will result in a denial of the eligibility request until open enrollment.

All Savers:

No late entrants are accepted without medical application, underwriting and leadership approval. If an enrollment form is received later than 31 days from the date an employee or dependent is first eligible to enroll, coverage will be postponed until the benefit plan's next anniversary renewal date.

Any retro premiums or claims will be the responsibility of the group or member.



Medical Updates: Employer eServices

UnitedHealthcare Employer eServices® (EeS)

Employer eServices

Welcome to your benefits administration site.

Log In

If you experience issues logging in, click here or call Employer eServices Help Desk at 1-800-651-5465.

[View Login Help →](#)


Information You Need When You Need It

Employer eServices

- Eligibility Updates
- Pay Invoices Online
- Wellness Tools & Tips
- And More!

Enjoy a powerful suite of online tools and resources that simplify your job and create a better experience for everyone.

[Tour the New Site →](#)



The UnitedHealthcare Employer eServices® (EeS) second quarter 2021 customer reporting webcasts for UnitedHealthcare Key Accounts, National Accounts and Public Sector customers with 100+ employees have been scheduled for the below dates.

These sessions are designed to:

- Complement existing training tools such as online tutorials and help, training-on-demand and quick reference guides
- Offer an overview of the tool's functionality and how to create common customer reports
- Explain how to export and print automated and custom reports
- Provide help on using the tool via the online training resource

<u>Date</u>	<u>Time</u>	<u>Registration</u>
Tuesday, April 20	1 to 2 p.m. ET	Register
Tuesday, May 4	1 to 2 p.m. ET	Register



General Updates: Mental Health Parity

Mental Health Parity guidance requires analysis of non-quantitative treatment limitations

Recent guidance under the Appropriations Act focuses on the non-quantitative treatment limitations (NQTL) and requires that health plans and issuers must perform and document comparative analyses of the design and application of NQTLs on Mental Health/Substance Use Disorders (MH/SUD) and Medical/Surgical (M/S) benefits, beginning Feb. 11, and make them available to regulators upon request.

Note: NQTL documentation typically includes a side-by-side analysis of M/S and MH/SUD of NQTLs.

2021 Consolidated Appropriations Act updates

New Mental Health Parity guidance was included in the 2021 Consolidated Appropriations Act, which requires that:

- Insurers are legally responsible for Mental Health Parity and Equity Addition Act (MHPAEA) compliance for fully insured plans and some Medicaid plans (e.g., Medicaid Managed Care Organizations).
- Self-funded (ASO) customers are legally responsible for their plans but often ask UnitedHealthcare, as a third-party administrator, or other vendors to assist them in meeting their compliance obligations.

Mental Health Parity requires parity for:

- **Financial requirements** that apply to MH/SUD benefits be “no more restrictive” than the predominant financial requirements applied to substantially all medical benefits covered by the plan. Examples include:
 - Deductibles
 - Coinsurance
 - Copays
 - Maximum out of pocket
 - Excludes lifetime and annual dollar limits
- **Quantitative Treatment Limitations (QTL)** for financial or limits must be comparable and applied no more stringently for medical and MH/SUD services. Examples include:
 - Visit
 - Day
 - Treatment limits
- **NQTL** parity also applies to plan limits that are not expressed as numeric limits. These NQTLs must also be comparable and applied no more stringently for MH/SUD benefits. NQTL includes how services are accessed (e.g., geographic service area or network limitations) and under what conditions services are covered (e.g., medical necessity and prior authorization requirements). Examples include:
 - Medical management standards limiting or excluding benefits based on medical necessity/appropriateness (e.g., prior authorization, concurrent review, retrospective review)
 - Experimental/investigational exclusions
 - Formulary design
 - Standards for admission to participate in a network, including reimbursement rates
 - Step therapy requirements
 - Methods for determining Usual and Customary Reimbursement or Reasonable and Customary charges
 - Credentialing, network adequacy
- **Responsibility of NQTL analysis**
 - UnitedHealthcare is responsible for providing and documenting the analysis for fully insured plans.
 - ASO customers are legally responsible for MHPAEA compliance for both QTLs and NQTLs.
- **QTL testing**
 - **ASO groups:** Optum offers QTL testing to ASO customers when requested (for a fee).
- **Supporting ASO customers: NQTLs**
 - UnitedHealthcare and Optum do not currently offer NQTL comparative analysis services. However, UnitedHealthcare and Optum can provide information on their standard processes that would feed into the NQTL comparative analysis.



Medical Updates: DE Level Funded

New website available for UnitedHealthcare Level Funded plans

When selling the Delaware Level Funded product, we are pleased to make available our new business-to-business website, uhceservices.com, for our customers and brokers. The new website will provide access to the same information as on myallsavers.com. Please note that myallsavers.com will still be used for All Savers business sold in Pennsylvania.

What this means for you:

For any groups sold with the DE Level Funded product starting with 12/01/20 effective dates, 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. 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 sales representative or you can call Client Services direct at **888-201-4216**.

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](#)



Medical Updates: Pharmacy

Reminder: Essential Prescription Drug List (PDL) and the Standard Select Pharmacy Network

The Essential PDL combines a benefit design with four tiers with a closed drug list. In most therapeutic classes, there are multiple medications that all work the same or in a similar way. By covering only those drugs that offer both unique clinical value and competitive prices, we provide coverage for treatment options members need while providing them with lower total pharmacy costs. In the rare circumstance a member is unable to use a covered option, an exception process is available.

Effective 1/1/2021, UnitedHealthcare will be offering the 4-Tier Essential Prescription Drug List (PDL) paired with the Standard Select Pharmacy Network for all fully-insured 2-50 customers. The Standard Select Pharmacy Network will replace the Value Pharmacy network, and offers national access to pharmacies with greater savings. Similar to the Value Pharmacy network, the Standard Select Pharmacy network is anchored by Walgreens and excludes both CVS and Target (other exclusions apply; please consult your Sales and Account Management Teams for more details).

Reminder: Prescription Drug List (PDL) Updates effective May 1, 2021

To respond to price changes, new clinical information or other market factors that affect medications, we update the PDL typically 2-3 times per year. For example, when a medication's price increases in the middle of the year, we're able to make a mid-year change. This helps us manage the pharmacy benefit responsibly – providing more affordable options and reducing excess costs.

You can review the recorded webcast that discusses these PDL updates using the link below:

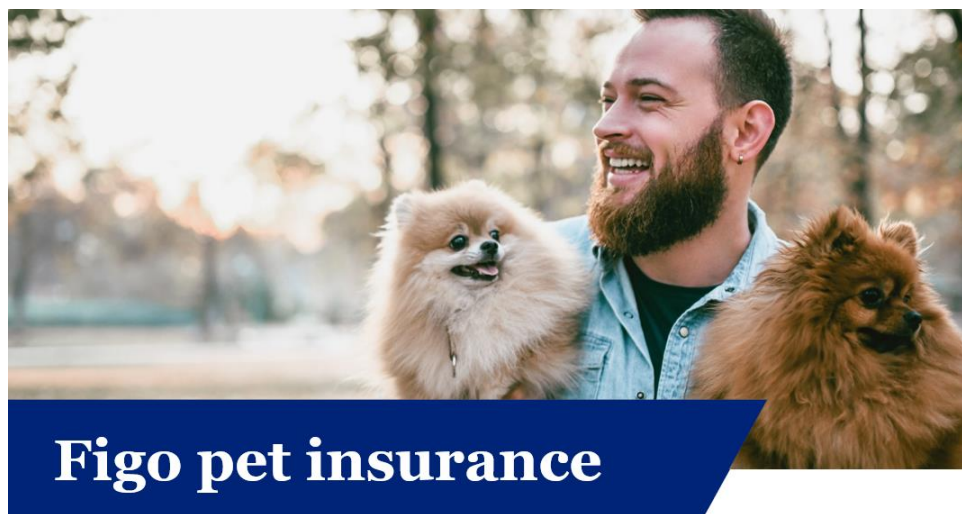
[May 1, 2021 PDL Updates](#)

Member Notification

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



Specialty Updates: Figo Pet Insurance



UnitedHealthcare and Figo – an award-winning technology and service company offering a complete set of tools to help make pet owners' lives easier – are partnering to offer a group discount on pet insurance.

**This is available for Key Account groups (100+) only effective 5/1/21.
This can be implemented on a group's renewal date or off their renewal date.**

Approximately 66% of households have at least one pet*, and 95% of pet owners consider their pets a part of their family**. Pet owners want to take good care of their furry family members, but veterinary costs continue to rise.

Advantages of pet insurance

Designed to help ease employee financial worries, pet insurance may also help employers increase retention, attract top talent and improve culture. In addition, pet-inclusive benefit policies can help create deeper connections, while increasing attraction, engagement, retention and reliability.***

- **Satisfaction** – 15% have an increase in satisfaction with their employer.
- **Appreciation** – 17% have a higher appreciation for their employer benefits.
- **Retention** – 14% would decline a job offer unless pet insurance was offered.
- **Attraction** – 19% are more likely to recommend their employer to others.

How it works

Figo offers three pet insurance plans, a wellness selection, and customizable deductible and reimbursement options. Since these plans are based on a reimbursement model, patients may visit any licensed veterinary practice, emergency hospital or specialist – anywhere in the world.

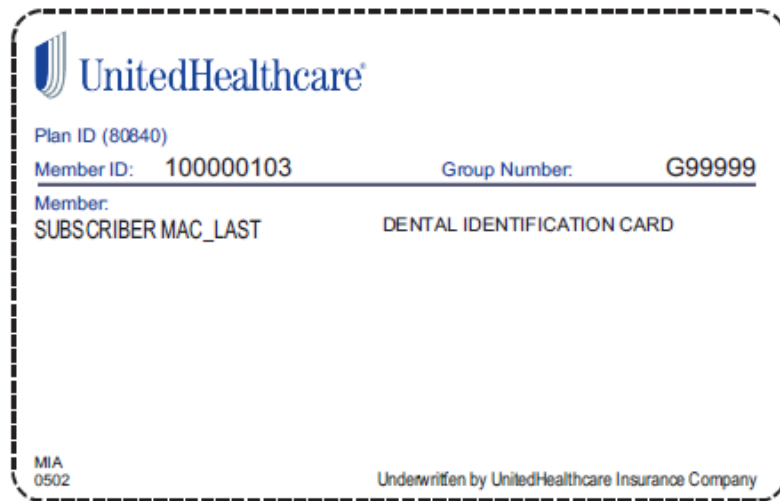
Every pet insurance policy includes access to chat with a live veterinarian 24 hours a day, seven days a week via the Figo Pet Cloud® mobile app with no copay or limit to usage. When an urgent pet medical question arises, they can connect with a licensed veterinary professional anytime, anywhere. This benefit is included with all policies.

Please feel free to share with your Key Account (100+) groups and contact your Account Executive and Field Account Manager if you have any questions or to move forward!



Specialty Updates: Dental ID cards

Dental ID cards to transition to digital-only for new business, effective July 1, 2021



Effective July 1, printed dental ID cards will sunset and be replaced with digital ID cards as a part of UnitedHealthcare's continuous efforts to go "digital first." **Members will be able to access the digital ID cards through myuhc.com® or the UnitedHealthcare app.**

New groups with effective dates on or after July 1 will fall under this new standard, and existing groups will transition effective Oct. 1.

This change applies only to Public Sector and commercial PPO (Preferred Provider Organization) and in-network only (INO) lines of business for both fully insured and self-funded (ASO) groups:

- National Accounts
- Key Accounts (100+)

Members participating in one of UnitedHealthcare's Dental Health Maintenance Organization (DHMO), Dental Corps (DC) or managed care dental plans will continue to receive a physical ID card.

In addition, individual members across all segments will continue to have the option to request a physical ID card through customer service or via myuhc.com.

Members will receive a welcome letter in place of the printed ID cards with instructions on how to access their ID card on myuhc.com or through the UnitedHealthcare app. The welcome letter will also contain instructions on how to request a printed card.



Specialty Updates: Benefit Ally (100+ eligible)

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



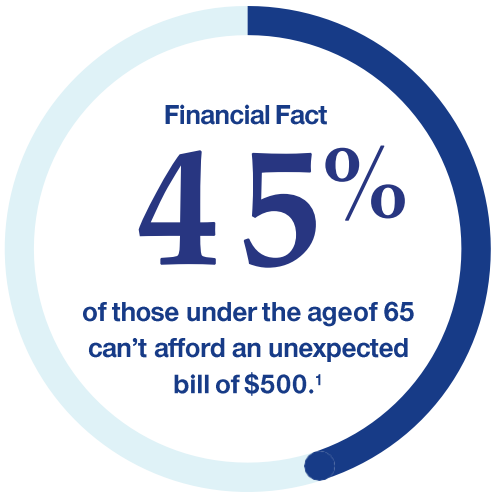
Critical Illness

- Cancer
- Heart attack
- Stroke



Hospital Indemnity

- Hospital or ICU admissions or stays



Offering support that benefits both you and your employees.

For our customers:

- 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: Supplemental Health; Vision

Supplemental Health 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.

Accident Protection: pays the employee a cash benefit for covered injuries

Video: [Accident Protection Plan Explained](#)

Critical Illness: pays the employee a cash benefit if diagnoses with a covered condition

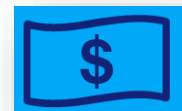
Video: [Critical Illness Protection Plan Explained](#)

Hospital Indemnity: pays the employee a cash benefit for a covered hospital stay and related expenses

Video: [Hospital Indemnity Protection Plan Explained](#)

All three of these supplemental health products offer:

- Flexible plan options
- Guarantee issue and rate guarantees
- HDHP compatibility and portability
- Optional wellness riders
- Personal claims support
- Enrollment education and support
- Medical plan and clinical integration and more



Vision Network Expansion: LensCrafters and 1800 Contacts

LensCrafters



Effective Dec. 21, 2020, UnitedHealthcare Vision secured a contract with LensCrafters® as an expansion of its partnership with the Luxottica® brands (Target® and Pearle Vision®) that participate in the commercial network.

LensCrafters – an international retailer of prescription eyewear and prescription sunglasses – has 1,214 participating locations and 3,176 providers. Of these, 62% of the providers are contracted vs. employed by Luxottica. Several providers at LensCrafters locations will need to be contracted individually. UnitedHealthcare Vision is currently reaching out to those providers.

1800 Contacts

Effective 1/1/2021, 1800 Contacts will become our newest online provider. They are the largest contact lens supplier in the USA, based in Draper, UT. 1800 Contacts has over 45M contact lenses available, including brands like Johnson & Johnson, Ciba Vision, Bausch & Lomb and CooperVision. Eligible members can apply their non-selection contact lens allowance by logging in at [1800contacts.com](https://www.1800contacts.com) and selecting the insurance link.



Specialty Updates: uBundle

See more health plan savings with uBundle for 51+ groups

Eligible fully-insured customers can save up to 4 percent on their medical premiums when bundling the UnitedHealthcare medical plan with UnitedHealthcare dental, vision, life, disability and supplemental health plans. Bundling also helps simplify the administrative experience and provides 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: Key Reminders

- uBundle is available for 51+ customers (based on each state's counting methodology)
- uBundle discounts apply to both in-force fully-insured medical business as well as new business opportunities (including All Savers)
- uBundle discounts are applied to the medical plan rates when NEW Specialty Lines of Coverage are sold.
- For customers with existing specialty lines, the in-force specialty lines do not contribute to the uBundle qualification criteria.
- uBundle discounts remain in place each year as long as the medical and specialty lines continue to renew.

For more details on how uBundle can help your customers save money, please contact your **Specialty Account Executive** for Details.

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



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