



September Broker Blast

UnitedHealthcare New Jersey & Pennsylvania Health Plans



Out-of-area network change for Oxford Liberty members

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

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

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

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

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

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

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

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

Provider search

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

Communications

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

Questions?

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



Join us for a webinar

New Jersey Fall Updates

Stay up to date on what's new at UnitedHealthcare of New Jersey. We will share product updates, enhancements, and other valuable information to help you grow and retain more UnitedHealthcare and Oxford business in 2023 and beyond.

For your convenience we are offering 2 webinars. Please register for the date that best fits your schedule.



Tuesday, Sept. 13
10 a.m.

Register Now



Thursday, Sept. 15
2 p.m.

Register Now

September Webinar

Our monthly webinar series continues with September's focus being on preventive care. Regular preventive care visits & health screenings may help to identify potential health risks, allowing for early diagnosis and treatment.

We invite our customers, brokers and members to join us on September 14, 2022 (12pm EST) to learn more about preventive care, as well as tips & other helpful resources from the American Cancer Society.

Act now and [Click Here to Register!](#)



EeS third quarter 2022 external training options for Key Accounts, National Accounts, and Public Sector customers available

Funding type: Fully Insured

Brokers and Groups with More Than 100 Eligible Employees

The Employer eServices® (EeS) third quarter 2022 external training webcasts for Key Accounts, National Accounts, and Public Sector customers are scheduled as follows:

Date	Time	Registration
Wednesday, Sept. 14, 2022	2 p.m. to 3 p.m. ET	Register for Sept. 14, 2022
Thursday, Sept. 29, 2022	2 p.m. to 3 p.m. ET	Register for Sept. 29, 2022

Registration is required and space is limited.

These sessions are tailored to new users and designed to Provide an overview of the site

See attached flier

August Digital Experience enhancements include medication coverage updates, Virtual Center of Excellence redesign and updated resources

New in our digital enhancements are the medication coverage changes and the ability to see added prescriber information. When a medication has a status change, this section will display the prescribers name, location, and phone number, in addition to the medication name and supply shown today. Providing members with more information about the prescriber can help contextualize the prescription and offers additional support for finding a lower-cost option

Virtual Care of Excellence

The redesign will offer:

- Improved, modern design
- Page remains dynamic, only displaying care the member is eligible for
- Addition of two virtual care specialties:
 - Migraine Care via Cove
 - Musculoskeletal (MSK) care (via Virtual Physical Therapy via Kaia)
 - **Note:** Specialty care calls-to-action will take members outside mhyuhc.com® to the third-party vendors website.

Members can access specialty care from the comfort of their own home, office, or wherever they have an internet connection, and it allows for shorter wait-times for virtual care options and generally lower costs than in-person specialty visit.



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

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

New contact capture at enrollment program seeks to drive myuhc.com registrations, proactive plan education, paperless adoption

UnitedHealthcare's new contact capture at enrollment program seeks to have members self-identify their email address at open enrollment through a simple form that directly feeds into UnitedHealthcare's marketing system. This will enable a two-part email outreach to the member with the intent to drive plan education and earlier/greater myuhc.com[®] registration.

In addition, the program will drive paperless adoption through the addition of the single click paperless messaging in email 2. Subscribers will have the option to elect paperless by clicking a button in the email. They can also elect their preferences during the myuhc.com registration process.

Process

Once a member fills out the form, Email #1 will automatically trigger. After the member is verified, and their benefits are effective, Email #2 will trigger. Sample emails are provided for reference under Related Links.

Program goals

The goal of both emails is to:

- Close the open enrollment communication gap
- Prepare members for their effective dates
- Drive earlier and greater myuhc.com registration rates for the benefit of the member, customer, and UnitedHealthcare
- Increase the number of subscribers who provide their document preference (paperless or mail)
 - Benefits of paperless include reduction of clutter, faster access to important documents, environmentally friendly and documents are maintained on myuhc.com. Examples of documents that will be sent electronically are Explanation of Benefits and Coverage Changes.

Registered members have a 19% increase in plan understanding, 3.47% lower non-emergent emergency room usage and a 13% increase in overall satisfaction.* By filling out the form, members will receive a notification on what to expect at the start of their plan and when they can activate their myuhc.com account.

**Based off 2019 internal research on the value of registering for myuhc.com*



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

The Medicare Modernization Act mandates that certain entities offering prescription drug coverage, including employer and union group health plan sponsors, must disclose to all Medicare-eligible individuals with prescription drug coverage under the plan whether such coverage is “creditable.” Determining whether certain coverage is creditable is essential to an individual’s decision to enroll in a Medicare Part D prescription drug plan.

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

Important customer information

If a UnitedHealthcare customer offers a prescription drug plan to Medicare-eligible individuals:

- Optum Insight determines if the plan provides “creditable coverage” based on the results of the bulk-testing.
- Once the plans are tested, the data becomes available on the [UnitedHealthcare Medicare Part D creditable coverage website](#) and on the [Centers for Medicare & Medicaid Services \(CMS\) creditable coverage website](#).
- Brokers will enter the information in the creditable coverage tool where the results will be displayed.
- Brokers will then communicate the creditable or non-creditable status of the plan to customers.
- **This determination is mandatory at least once a year. The deadline for completion is Oct. 15, 2022.**
- Customers – not UnitedHealthcare – send creditable coverage notices to their members.
- Self-funded (ASO) customers may pay UnitedHealthcare to send creditable coverage notices to their members on their behalf.

2023 creditable coverage tool

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

RDS program

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

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



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

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

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

Tool location

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

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

Important details

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

Announcing My ScriptRewards program expansion for fully insured customers, effective Oct. 1

About My ScriptRewards

My ScriptRewards provides financial incentive to members who switch to lower-tier, high-value medications. A member must switch from a higher-tier drug to a lower-tier drug in its class to qualify for rewards of up to \$500 per year for the duration of treatment, as long as the program is available.

Prior to the expansion, members will also receive information about the program via letters, myuhc.com® and in conversations with customer service. Providers will receive program details as well.

Program registration

Eligible members can register for the program through myuhc.com and receive their first \$250 reward in the form of a prepaid debit card after filling the first prescription for a lower-tier medication. Six months later, they will receive the second \$250 reward prepaid debit card, for a maximum awarded amount of \$500 annually. These reward prepaid debit gift cards can be used to help pay for health care expenses.



Monkeypox declared a public health emergency

Effective Aug. 4, the White House administration declared the monkeypox outbreak a public health emergency. Monkeypox infections in the United States now exceeds 7,000 cases. The World Health Organization declared monkeypox a public health emergency of international concern on July 24, as it impacted over 80 countries worldwide, with the United States having the most reported infections. The Center for Disease Control and Prevention has emphasized that monkeypox poses far fewer risks than COVID-19; there have been no fatalities in the United States.

What is monkeypox?

Monkeypox is a member of the family of viruses that also include smallpox and cowpox. It is primarily spread through direct skin-to-skin contact with lesions on the skin, or close contact through a droplet route. It may also be spread through prolonged contact with fabrics or other surfaces. Respiratory spread is possible if there is prolonged face-to-face contact, including kissing or intimate contact.

Symptoms of monkeypox

People can develop a rash, fever, headache, muscle aches, respiratory problems and/or chills. Individuals are infectious from onset of first symptoms, until all lesions have crusted, and scabs have fallen off. The recent episode of monkeypox is disproportionately circulating in men who have sex with men, but there are known cases in children, women who are pregnant and heterosexually-active individuals.

Vaccines for monkeypox

There are two licensed vaccines – JYNNEOS (Imvamune or Imvanex) and ACAM2000 – available for monkeypox through the United States Strategic National Stockpile. These are distributed via state agencies for specific populations at risk of infection or for individuals who may have been exposed to the virus.

For individuals with symptoms, testing is available through certain labs, including Quest, LabCorp, Mayo Clinic and other commercial labs that have the ability to test for monkeypox. The Current Procedural Terminology (CPT) code is 87593. Claims are set up to pay testing and treatment under plan benefits. The vaccine is paid for by the federal government at this time.

Reporting capabilities

Member call centers have the information to respond to members and will direct them to their medical provider if they have symptoms or have had direct contact. Reporting will also be available on UnitedHealthcare cases.

See the attachment for more information



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

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

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

About Bend Health

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

Care Cash

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

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

About the Care Cash card

The Care Cash card offers the following:

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

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

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

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

See attachment for additional information



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

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

Peloton App Membership details

This program provides UnitedHealthcare members access to fitness classes that can help improve their overall health and well-being – at no additional cost. The UnitedHealthcare offer was the first of its kind between Peloton and a health plan, helping both organizations achieve their joint goal of making fitness and overall wellness more attainable and accessible.

Expanding access to Peloton's best-in-class connected health community builds on UnitedHealthcare's commitment to offering digital health resources and consumer-centric health benefits to help people live healthier lives.

Availability

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

Existing Peloton memberships

UnitedHealthcare members with an existing paid Peloton App Membership will be given the option to cancel their current membership before claiming the UnitedHealthcare-subsidized one.

UnitedHealthcare members with an existing Peloton All-Access Membership will be provided a three-month waiver, beginning July 1.

Member communications

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

How the Peloton App Membership works

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

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



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

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

What this means for producers

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

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

Broker Appointment Required for Oxford Level Funded Quotes

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

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

Contracting paperwork is attached.



New sales bonus

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

UnitedHealthcare and Oxford are offering a bonus to agents who sell new fully insured, Oxford level-funded or Oxfordself-funded medical plans with effective dates from March 1, 2022, through December 31, 2022, that have at least 25 enrolled employees and are **located in New Jersey**. Eligible agents will receive a bonus of \$75 for each enrolled employee in eligible fully insured, Oxford level-funded or Oxford self-funded medical groups sold during the bonus period. A maximum of 1,000 enrolled employees will be included in the bonus calculation for any case, or group of affiliated cases.

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

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

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

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

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

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



New sales bonus

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

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

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

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

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

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

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

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

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



New sales bonus

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

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

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

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

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

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

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

See attached flier for more details

New sales bonus

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

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

Eligible agents will receive a bonus of \$100 for each enrolled employee in eligible medical groups sold during the bonus period.

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

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

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

See attached flier for more details

Contact your UnitedHealthcare representative if you have any questions.



Update: Wage and tax documentation requirements for Oxford small group business

As part of the group enrollment process, Oxford fully insured small groups (New York: 1-100, New Jersey: 2-50¹, Connecticut: 1-50²) must submit payroll/wage and tax documentation verifying the group meets the eligibility requirements for health care coverage under state and federal law. In addition to the group's most recent wage and tax records, you may be asked to provide additional supporting documentation for a client. This process remains the same for both new and renewing Oxford small group business.

What's new

This communication supersedes our previous communications on this subject.

We are **not** requiring a group's wage and tax information for the four quarters of the prior calendar year at the time of application or renewal, as previously communicated. As noted above, we may, however, ask for such additional documentation to confirm group eligibility.

Upload wage and tax documentation

Please provide us full documentation with your clients' application and renewal requests to help ensure timely processing. When uploading supporting documentation with a client's application in the small group Sales Automation Management tool, SAMx, remember to include the wage and tax information. Without this information, applications will be incomplete and remain in a pending status.

We have updated the instructions for submitting wage and tax documentation to us on behalf of your clients and are working to have the new versions included with the small group renewal packages, replacing the previous versions. In the meantime, you may find the new versions on uhceservices.com in the Producer Resources section and they are also attached:

- **Connecticut Oxford small group tax instructions**
- **New Jersey Oxford small group tax instructions**
- **New York Oxford small group tax instructions**

More information

Our Risk Management team will contact any client and the client's broker if additional information is needed in order to complete an application or a renewal.

Questions?

Please contact your Oxford sales representative or call our Client Services team during normal business hours at **1-888-201-4216**.

Thank you.



United Healthcare - UHCGlasses.com

Easy online ordering eyewear options

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

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

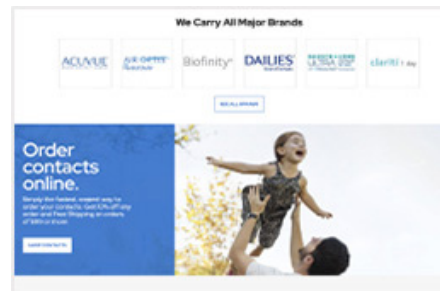
Get glasses



uhcglasses.com features:

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

Get contacts



uhcontacts.com features:

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

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



Consumer MaxMultiplier

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



Highlights

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

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

Select Managed Care

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

Unique Managed Care delivery model.

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

Comprehensive benefits.

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

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

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

For more information Contact your UnitedHealthcare representative



Benefit Assist

Designed for faster, easier benefit payouts
Available on UNET, UMR & Oxford platforms for groups with 250+ eligible.

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

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

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



[Learn more](#)

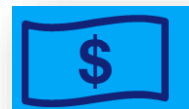
Contact your UnitedHealthcare representative

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

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

The guidelines:

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



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



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

Save a bundle on specialty benefits

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

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

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

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

More reasons to bundle

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

- One point of contact
- Consolidated billing
- Simplified administration

Already carry UnitedHealthcare medical?

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



Here's how it works

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

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

Program terms and conditions

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

Contact your broker or UnitedHealthcare sales representative for program availability.



The more you bundle, the more you save

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

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

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

² Short-term disability must be fully insured.

See the back for complete program terms and conditions.

More reasons to bundle

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

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

Program terms and conditions

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



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



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



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

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



Dental
11M+ members²
104K+ unique network providers²



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



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

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

uBundle Medical Cost Savings

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



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