



February Broker Blast

UnitedHealthcare New Jersey & Pennsylvania Health Plans



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Medical Updates

Garner

Beginning with October 1st, effective dates, UnitedHealthcare has developed an exclusive partnership with Garner Health, one of the nation's largest HRA administrators.

Garner's mission is to transform the healthcare economy, delivering high quality and affordable care for all. Using innovative analytics and the largest database of medical claims in the country,

Garner helps members identify the best performing doctors at the lowest costs. When employees use Garner to find a top doctor within the UnitedHealthcare Choice Plus national network, their out-of-pocket medical expenses are reimbursed.

That creates big savings for employees and high engagement for employers. For more information, please see <https://www.getgarner.com/> or view the Garner explainer video [here](#).

Introducing Surest for 51+ fully insured business in Pennsylvania

Surest™, a UnitedHealthcare company, redesigned how health plans work by removing deductibles, offering clear costs in advance of treatment, providing opportunities to lower health care costs for both employers and employees.

UnitedHealthcare of Pennsylvania is pleased to announce that Surest, which has been available to self-funded customers since 2020, will be available to fully insured groups with 51+ eligible employees in Pennsylvania beginning with Dec. 1, 2022 effective dates.

The Surest experience

Surest provides members:

- Access to the UnitedHealthcare Choice Plus network of 1.5 million physicians¹
- An easy-to-use app and website that lets members shop and compare care options before making an appointment
- Price visibility with clearly defined costs that don't require complicated math to determine the total cost (no deductibles or coinsurance)
- The opportunity to save on health care costs — 46% of Surest members have lower out-of-pocket costs compared to traditional plans²

Surest provides employers:

- The opportunity to save up to 15% when compared to a traditional managed care plan³
- Access to a simplified health plan, with 82% of Surest members reporting they have a better understanding of their previous health plan⁴

Learn more about how [Surest is redesigning health plans](#).

Contact your UnitedHealthcare representative today to find out how to get a quote for your clients.



Medical Updates

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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Medical Updates

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

See Attachments



Medical Updates

2023 ACA 6055, 6056 reporting and new guidance available

UnitedHealthcare plans to post 1095-B forms on member portals (e.g., myuhc.com®) for fully insured subscribers prior to the Jan. 31, 2023, filing deadline. Based on recent Internal Revenue Service (IRS) guidance, the ability to post and not mail is now permanent. Resident subscribers in states with the Individual Mandate will have forms mailed unless the member has requested paperless communications.

Forms that are submitted to the IRS or forms for Individual Mandate states (California, Washington, D.C., New Jersey) must be submitted by March 31, 2023. The Rhode Island Tax Revenue Department requires the submission by Jan. 1, 2023.

Key information on UnitedHealthcare and 1095-B forms

- The 1095-B forms are posted for members and are not mailed to employers. The 1095-C form indicates if the employer offered minimum essential coverage (MEC).
- If the member requests a printed version of the 1095-B, the member may call the customer service phone number on the back of their ID card.
- Employers may not request 1095-B forms for their employees or receive a report of employees who receive a form.
- The 1095-B form indicates the employer offer of MEC and the months the employee was covered.
- Forms that UnitedHealthcare sends to IRS (and state tax revenue where needed) include:
 - 1094-B Transmittal of Health Coverage
 - 1095-B Health Coverage

Key information on employer requirements for 1095-C forms

- Applicable Large Employers (ALE) and self-funded (ASO) groups must submit the 1095-C forms.
 - The 1095-C form indicates if the employer offered MEC, if the plan(s) offered was minimum value and affordable, and any months the employee was covered.
 - Both fully insured and ASO 50+ groups are required to furnish the 1095-C to subscribers by Jan. 31, 2023, and submit it to the IRS by March 31, 2023.
- Forms employers are required to send to the IRS (and to state tax revenue departments when required) include:
 - 1094-C Transmittal of Employer-Provided Health Insurance Offer and Coverage
 - 1095-C Employer-Provided Health Insurance Offer and Coverage

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Medical Updates

2023 ACA 6055, 6056 reporting and new guidance available con't

State reporting requirements

Although individuals are no longer subject to a federal IRS penalty if they do not comply with the federal Individual Mandate coverage requirement under the Affordable Care Act (ACA), a few states implemented their own individual mandate requirement.

- Washington, D.C., California, New Jersey, Rhode Island, and Vermont have initiated their own Individual Mandate requirement for residents.
- These states have both federal and state tax requirements. UnitedHealthcare submits the fully insured 1095-B forms to the state tax revenue department; the ALE and ASO groups must submit the 1095-C to the tax revenue department by the required date.
- For Rhode Island groups, the form must be submitted to the Rhode Island Revenue Department by Jan. 31, 2023, rather than March 31, 2023.

UnitedHealthcare's approach

- For fully insured groups, UnitedHealthcare will send the 1095 form to subscribers and to the IRS.
- Fully insured ALEs are required to send the IRS 1095-C forms.
- For All Savers/Level Funded groups, UnitedHealthcare prepares the 1095-B forms, which the customer then provides to their subscribers and to the IRS.
- For large ASO groups, the customer prepares the 1095-C form, which they furnish to subscribers and to the IRS.
- ASO groups may request a custom eligibility report to include month-by-month coverage that is available for a fee:

Reminder: Good faith transitional relief was eliminated

The IRS eliminated the ability to provide good faith transitional relief for furnishing statements to individuals under Sections 6055 and 6056. Such relief covered incorrect or incomplete information, including tax identification numbers (TINs) or dates of birth, reported on information returns or statements, but it did not cover failure to file timely. Accordingly, the IRS discontinued good faith transitional relief with respect to furnishing statements after tax year 2020.



Medical Updates

Walmart Health Virtual Care

Beginning Jan. 1, 2023, Walmart Health Virtual Care – previously communicated as MeMD – will be added as a provider group for UnitedHealthcare’s 24/7 Virtual Visits network in all 50 states with access available through myuhc.com® and the UnitedHealthcare app®.

More details

Walmart Health Virtual Care is the fifth contracted provider group to be added to UnitedHealthcare’s 24/7 Virtual Visits program. MeMD will join the following providers:

- Optum Virtual Care (OVC)
- Teladoc
- Doctor On Demand®
- Amwell®

OVC will continue to be UnitedHealthcare’s promoted provider on myuhc.com. Access to Teladoc, Doctor On Demand, Amwell and WalmartHealth Virtual Care (beginning Jan. 1, 2023) will be available on myuhc.com in the FAQ section on the Virtual Care page.

Note: Customers not using UnitedHealthcare’s 24/7 Virtual Visits provider network are not impacted. Additional information will be communicated including updated marketing materials.

COVID-19 PHE extended through April 11, 2023

The U.S. Department of Health and Human Services (HHS) has [renewed the public health emergency \(PHE\)](#) for an additional 90 days through April 11, 2023. HHS has agreed to provide notice of when the PHE ends at least 60 days prior to the end of it.

As a result, UnitedHealthcare continues to cover medically appropriate COVID-19 testing and test-related visits. In addition, federal guidelines allow for the purchase of over-the-counter COVID-19 tests at little or no cost during the national PHE period. Coverage and reimbursement processes vary depending on the customer’s specific plan.

Note: COVID-19 vaccines and boosters approved and/or authorized by the Centers for Medicare & Medicaid Services (CMS) continue to be covered at no cost-share.

Vaccine boosters

The [U.S. Food and Drug Administration \(FDA\) has authorized](#) and the CDC has expanded the use of the Pfizer bivalent COVID-19 booster for ages 5 and older, as well as the Moderna COVID-19 booster for ages 6 and older.

When the new boosters were initially authorized in September 2022, the Pfizer booster was only available for those ages 12 and older; the Moderna booster was only available for those ages 18 and older.

With the authorization for bivalent boosters, the previously authorized monovalent mRNA COVID-19 vaccine is no longer authorized for use as a booster.



Medical Updates

Employer eServices Training for Brokers and Employers with more than 100 Eligible Employees

Whether you need to make an eligibility change, complete open enrollment changes in real time or submit an online payment, **UnitedHealthcare's Employer eServices** is there to help you streamline your benefits administration.

Register today for the one-hour Employer eServices online training class

Wednesday, Feb. 15, 2023	2 p.m. to 3 p.m. EST	Register for Feb. 15, 2023
Tuesday, Feb. 28, 2023	2 p.m. to 3 p.m. EST	Register for Feb. 28, 2023
Thursday, Mar. 9, 2023	2 p.m. to 3 p.m. EST	Register for Mar. 9, 2023
Tuesday, Mar. 21, 2023	2 p.m. to 3 p.m. EST	Register for Mar. 21, 2023

In the session brokers and employers with more than 100 Eligible Employees will learn how to:

- ✓ Navigate Employer eServices
- ✓ Enroll, update, inquire, terminate and reinstate member information
- ✓ Access billing and payment information, reports and other resources

Audience:

Brokers

Employers

Groups with more than 100 Eligible Employees

Note: Participants must register to attend the training session. [See attached for details](#)

UnitedHealthcare and Prime Healthcare reach agreement to restore network access to three New Jersey hospitals

UnitedHealthcare and Prime Healthcare have reached agreement on a new multi-year relationship for people enrolled in employer-sponsored, individual, Medicare Advantage and Medicaid plans. The agreement restores network access to the following New Jersey hospitals, effective Feb. 1, 2023.

- St. Clare's Hospital
- St. Mary's General Hospital
- St. Michael's Medical Center

We thank the people and employers we serve in Newark and surrounding communities for their patience throughout this process. We are honored to continue supporting the New Jersey residents who depend on us for access to quality and affordable health care.

If you have any questions, please contact your UnitedHealthcare representative.



Medical Updates

Announcing uhceservices.com first quarter 2023 external training schedule for brokers, employers

The uhceservices.com website serves as the primary website for brokers to manage UnitedHealthcare business and access quoting tools such as SAMx and SAMx-Level Funded. In addition, the website is used by customers with policies on the UnitedHealthcare Strategic Platform (USP) to manage eligibility, billing and payments, and reporting.

First quarter 2023 external training webcasts for brokers and employers are scheduled as follows:

Broker training sessions

Wednesday, Feb. 8	3 to 4 p.m. ET
Thursday, March 9	3 to 4 p.m. ET

Employer training sessions

Tuesday, Feb. 21	3 to 4 p.m. ET
Tuesday, March 14	3 to 4 p.m. ET

Registration is required and space is limited.

These one-hour sessions cover how to:

- Manage and invite other users, including the different role types that are available
- Access quoting (brokers only) and renewal tools
- Enroll, update, terminate and reinstate members
- Print or order ID cards
- Manage billing and payments
- Access reports, plan documents and resources
- View commission statements (brokers only)

Registration process

Brokers can register for the webcast via the training schedule on uhceservices.com > Resources > Training Materials > Training Broker.

Customers can register for the webcast via the training schedule on uhceservices.com > Resources > Training Materials > Training Employer.

Training resources

Reference guides and training videos are available for reference under related links.



Medical Updates

2023 Plan Updates — What you and your Oxford clients can expect

At UnitedHealthcare, we continually strive to help our clients and members in new and meaningful ways. Our plans for 2023 include many innovations intended to help enhance the member experience and drive affordability in the market.

Making prescription drugs more affordable is one of the ways we're delivering on our commitment to improving health care affordability. Over the summer, UnitedHealthcare announced that we will eliminate out-of-pocket costs in standard fully insured group plans for certain preferred prescription drugs. We also believe that everyone should be able to access quality, more affordable care. We're doing this not only by building on our in-person networks, but also by expanding on our virtual care options with the introduction of virtual primary care.

And there's more. The following are highlights of several key initiatives that will take place for our new and returning New York and New Jersey Oxford clients and members, beginning **January 1, 2023**.

New York

We are pleased to let you know that our New York Oxford small group plans will have some of the most competitive rates in the market for 2023, including in the mid-Hudson region. Having an Oxford plan enables your clients to the following benefits in the coming year.

Enhanced benefits

- **UnitedHealthcare vision benefit** is embedded in all New York Oxford small group Freedom plans for new business and upon renewal.

Reduced out-of-pocket costs

- **Behavioral Health outpatient services** will be covered at the PCP copay amount instead of the specialist copay.
- Our new **Oxford Preferred Lab Network** provides coverage with a \$0 copay.
- A **\$5 PCP copay for dependent children** has been added to our Oxford Zero Deductible (ZD) medical plans.
- New **virtual primary care physician** visit feature included with all plans.

Earn rewards

- We are introducing **UnitedHealthcare Rewards3** with all New York small group plans, allowing members to earn up to \$300 per year in addition to Sweat Equity®4, which rewards members up to \$400 annually.
- **1-year Peloton® App membership** offer has been extended through June 2023.5

Specialty benefits

- It's easy to get a specialty quote through our **SAMx** tool on **uhceservices.com**. In offering medical, dental and vision with UnitedHealthcare, members will have one site of service, one mobile app and one ID number.
- Ask your Oxford sales representative how you can earn through our **specialty broker bonus** program, which ends December 31, 2022.6



Medical Updates

2023 Plan Updates – Con't

New Jersey

We are focused on ways to expand access, provide cost-effective options, and to make it easier for you to do business with us. Following are highlights of enhancements and customer-centric developments taking place for the New Jersey Oxford audience.

New small business plan designs

- **Two new, gold level EPO plan designs will be added to the Oxford Metro Network®** product portfolio. These non-tiered plans are competitively priced and are available as gated or non-gated.
- **Zero deductible (ZD) gold level EPO plan designs will be added to the Oxford Freedom Network and Oxford Liberty Network** product portfolios. By removing the deductible, these gated plan designs allow members to know what they can expect to pay out-of-pocket before getting care.

Oxford Metro Network enhancements

- **Fully insured, 51+ groups will have the option to include national network access to Oxford Metro Network plan designs.** National access will be made available through the UnitedHealthcare Core Network.
- **Care Cash® will be automatically included on fully insured Oxford Metro Network non-HSA plan designs.** This pre-loaded debit card provides employees \$200 for individuals/\$500 for families to use for eligible medical expenses with network providers. Care Cash will be included on 51+ plan designs beginning Nov. 1, 2022 and on small business plan designs beginning Jan. 1, 2023.

Level funded

- **All Savers® Alternate Funding groups (2-50, 51+) will transition to Oxford Level Funded** offering a wide-ranging list of plan and network options, and access to uhceservices.com. Plan participants will access myuhc.com for claims and account information, to find network providers, and manage their benefits. Wellness programs, virtual visits, and a mobile app are included.
- **Mineral[□]** will begin to be automatically included for new and renewing Oxford Level Funded groups sized 2-99 beginning with March 1, 2023 effective dates. Mineral can help these small business clients take the guesswork out of human resources and compliance. More details will be released closer to the effective date.
- **New Business Implementation Credit for Oxford Level Funded** continues through February 1, 2023 for new business and funding conversions with 10 - 50 subscribers.



Medical Updates

2023 Plan Updates – Con't

New Jersey

uhceservices.com enhancements

- Pre-sale access to **Oxford Level Funded** benefit summaries and SBCs (you no longer have to run a quote to access these documents). This feature will be available soon for Oxford fully insured.
- Keyword search functionality for **UnitedHealthcare stand-alone specialty** benefit summaries (search by plan code).
- **Billing Collections Agreement (BCA)** validation process improvement: After the preliminary quote has been released, you will be able to access a commissions overview link where you can enter appropriate information. By completing this step, the UnitedHealthcare compensation team can review payment detail more quickly, helping to ensure brokers and groups can review information on uhceservices.com at the same time. Note: A completed BCA form is still required at submission.

Reduced out-of-pocket costs

- Our new **Oxford Preferred Lab Network** provides coverage with a \$0 copay for non-HSA small business plan designs.
- **Virtual primary care** is now available on non-gated Oxford and UnitedHealthcare fully insured and self-funded plan designs for small and large groups.

Earn rewards

- \$300 annually with **UnitedHealthcare Rewards3**
- Up to \$400 annually with **Sweat Equity®4**
- 1-year **Peloton App membership** offer extended through June 20235

Bonus information

- Several bonus programs are available for New Jersey brokers. Contact your Account Executive for details.

More information

For additional details about these exciting developments for 2023, please sign in to uhceservices.com and visit the Resources section. There you can find informative product grids and Network Fact Sheets, as well as program collateral to help you with your sales and client support efforts. Please contact your Oxford sales representative or our Client Services team at **1-888-201-4216** or oxfordgroupservices@uhc.com with questions.

See Attached Document



Medical Updates

Introducing December 2022 Digital Experience enhancements

Consumer Price Transparency Tool available for members to view, print cost estimates

UnitedHealthcare has launched a new Consumer Price Transparency Tool (CPTT) to ensure compliance with the Transparency in Coverage rule. The CPTT is based on guidance under the Transparency in Coverage Rule, which requires insurers and plans to have online consumer tools available by Jan. 1. These tools provide personalized, member cost-share information for 500 shoppable services. UnitedHealthcare has made these tools available to its members on or before the Jan. 1 deadline, and they are available for members to use today. Leveraging UnitedHealthcare's existing [myuhc.com](#)[®] estimation tool, which members are already familiar with today, the company has also added additional information to ensure the required 500 shoppable services are part of the tool

'How to find a PCP' educational video instructs members how to navigate, select a PCP

In the current provider search experience on [myuhc.com](#)[®], there are multiple steps a consumer must navigate to land on the page that delivers primary care provider (PCP) options. That experience and the number of steps may vary if a consumer is at the moment of enrollment and not yet in an active plan or if the consumer is a registered member.

As the experience to search and find a provider continues to improve with recent interface updates in Find Care & Costs, a new three-minute instructional video – “How to find a PCP” – is available to help demonstrate for consumers how to navigate the steps to search for a PCP:

[“How to find a PCP” – UnitedHealthcare version](#)

[“How to Find a PCP” – Oxford version](#)

These videos are in addition to the [Open Enrollment Video Series](#) which can be used to help walk consumers and members through some of the top things to consider when making their choices.

Note: The video may be used for both open enrollment periods and ongoing benefits education to address navigating the provider search experience.



Medical Updates

UnitedHealthcare to apply Medicare estimation to fully insured small and large groups, effective Jan. 1, 2023

Beginning Jan. 1, 2023, UnitedHealthcare will apply or revise the methodology in which the Medicare estimation process is calculated for fully insured small group and large group business on UNET, USP, and PRIME in all applicable markets for members who are Medicare-eligible who have Medicare Part A but not Medicare Part B, and for whom have Medicare as primary.

Fully insured small groups

- **New business:** As of Jan. 1, 2023, UnitedHealthcare will begin applying the Medicare estimation process for new business members who are Medicare-eligible who have Medicare Part A, but not Medicare Part B and for whom Medicare is primary.
- **Renewing business:** For existing groups, this process will be implemented at renewal beginning with July 1, 2023, renewals.
- **In scope:** UNET, USP and PRIME

Fully insured large groups

- **New business:** As of Jan. 1, 2023, UnitedHealthcare will begin applying the Medicare estimation process for new business members who are Medicare-eligible who have Medicare Part A, but not Medicare Part B and for whom Medicare is primary.
- **Renewing business:** For existing groups, this process will be implemented beginning July 1, 2023, by shifting the Medicare estimation methodology upon renewal from 20% of billed amount to Medicare allowed, where supported in the Certificate of Coverage (COC).
- **In scope:** UNET, USP and PRIME
- Key Accounts

Member notification

All members who have enrolled in Medicare Part A – but not Medicare Part B – and who do not have Medicare part B coverage will receive letters beginning Nov. 28, informing them they may be subject to higher out-of-pocket costs beginning Jan. 1, 2023, for new customers or July 1, 2023, for renewing customers.

The letter encourages members to visit Medicare.gov during their eligibility time frame of Jan. 1 through March 31, 2023.

What is Medicare estimation?

Medicare estimation is an accepted industry standard process for determining secondary plan payment when Medicare is primary and the member is enrolled in Part A, but not enrolled in Medicare Part B. Medicare estimation reduces the plan's payment for eligible covered benefits by the amount primary Medicare Part B would have paid if the eligible member was enrolled in Medicare Part B. The amount that Medicare Part B would have covered is **not covered** by the fully insured plan.

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Medical Updates

UnitedHealthcare to apply Medicare estimation to fully insured small and large groups, effective Jan. 1, 2023 Con't

UnitedHealthcare has utilized Medicare Estimation for fully insured large groups on UNET since 2006. The main reason Medicare Estimation was not utilized in small groups was due to systematic constraints in PRIME. These have now been addressed on PRIME and supported on the UnitedHealthcare Strategic Platform (USP), as well as on UNET.

Once a member becomes eligible for Medicare Part B coverage, the amount Medicare would have paid as the primary payer for eligible covered services is estimated, and the fully insured plan benefit payout is reduced by this amount. This process is described in the enrolled member's Certificate of Coverage (COC).

Medicare estimation application and examples

Medicare estimation applies to members who have enrolled in Medicare Part A, but not Medicare Part B, even though they are eligible and Medicare is primary.

Some examples of when Medicare is primary include when a member is:

- Enrolled in Medicare due to age and an employer has fewer than 20 employees.
- Enrolled in Medicare due to disability and an employer has fewer than 100 employees.
- At the end of a certain period of dialysis after a member has been diagnosed with end-stage renal disease (ESRD).
- Not actively working and is covered under Retiree, COBRA, or a State Continuation plan regardless of the basis for Medicare enrollment or the size of the former employer.

Medicare estimation applies in any of the following scenarios:

- Member has Part A and not Part B and Medicare is primary.
- Member has both Parts A and B (primary), but the provider does not bill or participate in Medicare or has specifically opted out of Medicare.
- Member had Part B only (primary), but the provider does not bill or participate in Medicare or has specifically opted out of Medicare.

Medicare estimation **does not** apply in these scenarios:

- Member has Part B, and the provider is participating with Medicare. If the member has Part B, UnitedHealthcare pays secondary based on actual amount Medicare paid.
- Medicare (any part) is the members' s secondary payer.
- Member is not eligible for Medicare.



Medical Updates

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

Group Health plan out of pocket maximum amounts announced for 2024

The final 2024 out-of-pocket maximum (OOPM) for group health plans is outlined below:

OOPM for 2024 plan year	OOPM for 2023 plan year
Self-only: \$9,450	Self-only: \$9,100
Family: \$18,900	Family: \$18,200

The 2024 OOPM represents an approximate 3.9% increase above the 2023 parameters. The annual OOPM requirement applies to most non-grandfathered group health plans, regardless of whether the plan is fully insured or self-funded (ASO). It does not apply to grandfathered, Transitional Relief or retiree-only plans. The OOPM includes copayments, deductibles, and coinsurance amounts associated with both medical and pharmacy covered benefits.



Medical Updates

UnitedHealthcare Stop Loss Captive

Employers want to help control their rising premiums while mitigating their risk.

UnitedHealthcare Stop Loss Captive is an alternative self-funded option for employers with 100 to 500 lives. It helps smaller employers enjoy similar benefits as larger groups by spreading the risk of catastrophic claims and unpredictable costs among members — while leveraging cost savings through plan designs, proactive risk control and cost-mitigation initiatives.

UnitedHealthcare is the only carrier to offer progressive risk and cost-control initiatives through integrated and streamlined self-funded administration that gives employers the ability and incentive to efficiently manage their health care costs.

Stop Loss Captive has a fully integrated package of benefits including:

- UMR administration
- OptumRx for Pharmacy including specialty pharmacy
- Member Advocacy (Plan Advisor or GenYou)
- Teladoc
- Additional buy-up COEs
- UnitedHealthcare Stop Loss
- UMR Reporting Suite
- Best-in-class administrative pricing
- Discounts for packaging UnitedHealthcare Specialty Benefits portfolio (fully insured Dental, Vision, Disability)
- Only Medical Stop Loss Captive that offers both administrative discounts and Stop Loss discounts for packaging with Specialty products

Contact your UnitedHealthcare representative for more information

see attached document

Mineral now included for eligible level funded clients in Pennsylvania, Delaware, and New Jersey

Beginning March 1, 2023, Mineral® will be included as part of eligible small business level funded plans in Pennsylvania, Delaware, and New Jersey to help your clients' handle business compliance issues.

About Mineral

Mineral provides Human Resource regulatory and compliance support to businesses.

Mineral is designed to help small businesses with:

- Keeping track of new laws/regulations
- Reducing their administrative burden
- Building and maintaining an employee handbook
- Addressing harassment, diversity and inclusion

Availability

Beginning with March 1, 2023, effective dates, Mineral will be embedded for new:

- 2-99 UnitedHealthcare Level Funded clients in Pennsylvania
- 2-99 Oxford Level Funded clients in New Jersey
- 51-99 UnitedHealthcare Level Funded clients in Delaware

It will also be embedded for existing level funded clients upon their renewal date.

What's Next?

Upon our clients' policy effective date, they will receive a welcome communication with instructions on how to set up their account. A Mineral representative will reach out to them to schedule a person, live demo of everything Mineral can offer. To learn more about Mineral, contact your UnitedHealthcare or Oxford representative. You may also download the fliers for more information.



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[Pennsylvania flier](#)
[Delaware flier](#)
[New Jersey flier](#)

Medical Updates

Certificate of Coverage Consolidated Appropriations Act (CAA) changes summary for UnitedHealthcare.

Medical benefit coverage overview.

On Dec. 27, 2020, Congress passed, and President Trump signed, the No Surprises Act as part of the Appropriations bill. The No Surprises Act, which is a law not guidance, goes into effect for plan or policy years beginning on or after January 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, and large group fully insured markets and self-insured group plans including grandfathered and transitional relief plans. The legislation caps patient cost-sharing for out-of-network items and services at in-network levels and requires providers to work with insurers and health plans to negotiate remaining bills. If the insurer/health plan and the provider are unable to reach agreement, an Independent Dispute Resolution (IDR) process, sometimes called arbitration, was established to determine the reimbursement amount. The law is effective for policy and plan years on or after January 1, 2022. Therefore, if a plan renews during 2022, No Surprise Act will go in on the renewal date.

Interim Final Rule changes published on July 2, 2021 are effective on or after July 1, 2022 for 51+ plans and January 1, 2023 for 1-50 plans.

Summary of CAA Uniform Modification Benefit Changes for 2022

- Out-of-network providers may not balance bill covered persons for ancillary services received at certain network facilities or non- ancillary services provided without proper notice and consent, out-of-network air ambulance transport and out-of-network emergency health care services.
- Out-of-network providers may not balance bill covered persons for ancillary services received at certain network facilities or non- ancillary services provided without proper notice and consent, for unforeseen or urgent medical needs that arise at the time a non- ancillary service is provided for which notice and consent has been satisfied, out-of-network air ambulance transport and out-of- network emergency health care services.
- The cost share for out-of-network ancillary services received at certain network facilities or non-ancillary services provided without proper notice and consent and out-of-network emergency health care services is based upon the recognized amount as defined by the Act. The cost share for out-of-network air ambulance transport is based on the rate that would apply if the services had been provided by a network provider.
- The allowed amount for covered health services received from out-of-network providers for ancillary services received at certain network facilities or non-ancillary services provided without proper notice and consent, out-of-network air ambulance transport and out-of-network emergency health care services is based upon: reimbursement rate determined by applicable state law or all payor model agreement, the initial payment made or the amount subsequently agreed to by the out-of-network provider or the amount determined by independent dispute resolution (IDR).

Con't on the next page



Medical Updates

Summary of CAA Uniform Modification Benefit Changes for 2022 con't

- If a covered person receives a covered health care service from an out-of-network provider and was informed incorrectly by us prior to receipt of the covered health care service that the provider was a network provider, either through our database, our provider directory, or in our response to a request for such information (via telephone, electronic, web-based or internet-based means), the covered person may be eligible for cost sharing that would be no greater than if the service had been provided from a network provider.
- If a covered person is currently receiving treatment for covered health care services from a provider whose network status changes from network to out-of-network during such treatment due to termination (non-renewal or expiration) of the provider's contract, the covered person may be eligible to request continued care from that provider under the same terms and conditions that would have applied prior to termination of the provider's contract for specified conditions and timeframes. This does not apply to provider contract terminations for failure to meet applicable quality standards or for fraud.
- Unless otherwise permitted by applicable law, the covered person may not assign benefits under the policy or any cause of action related to benefits under the policy to an out-of-network provider without our consent. *(As applicable per state.)*
- Except as required by the No Surprises Act of the Consolidated Appropriations Act (P.L. 116 -260), the covered person may not assign benefits under the policy or any cause of action related to benefits under the policy to an out-of-network provider without our consent.*
- The out-of-pocket limit does not include charges that exceed allowed amounts, when applicable.

New and revised Definitions

- Air ambulance is defined as medical transport by helicopter or airplane.
- Air ambulance is defined as medical transport by rotary wing air ambulance or fixed wing air ambulance as defined in CRF 414.605.*
- Ancillary services is defined as items and services provided by out-of-network providers at a network facility that are: related to emergency medicine, anesthesiology, pathology, radiology, and neonatology; provided by assistant surgeons, hospitalists, and intensivists; diagnostic services, including radiology and laboratory services, unless such items and services are excluded from the definition of ancillary services as determined by the Secretary; provided by such other specialty practitioners as determined by the Secretary; or provided by an out-of-network provider when no other network provider is available.
- Independent freestanding emergency department is defined as a health care facility that is geographically separate and distinct and licensed separately from a hospital under applicable state law and provides emergency health care services.
- Recognized amount is defined as the amount which copayment, coinsurance and applicable deductible is based upon when provided by out-of-network providers for either out-of-network emergency health care services, or non-emergency covered health care services received at certain network facilities by out-of-network providers, when such services are either ancillary services, or non-ancillary services that have not satisfied the required notice and consent criteria. The amount is based on either applicable state law, an all payer model agreement if adopted, or the qualifying payment amount. Certain network facilities are limited to a hospital (as defined in 1861(e) of the Social Security Act), a hospital outpatient department, a critical access hospital (as defined in 1861(mm)(1) of the Social Security Act), an ambulatory surgical center described in section 1833(i)(1)(A) of the Social Security Act, and any other facility specified by the Secretary. Covered health care services that use the recognized amount to determine cost sharing may be higher or lower than if cost sharing for these covered health care services were determined based upon an allowed amount.

Con't on next page



Medical Updates

New and revised Definitions

Con't

- Recognized amount is defined as the amount which copayment, coinsurance and applicable deductible is based upon when provided by out-of-network providers for either out-of-network emergency health care services, or non-emergency covered health care services received at certain network facilities by out-of-network providers, when such services are either ancillary services, or non-ancillary services that have not satisfied the required notice and consent criteria. The amount is based on one of the following the order listed as applicable: an all payer model agreement if adopted, state law, or the lesser of the qualifying payment amount or the amount billed by the provider or facility. Certain network facilities are limited to a hospital (as defined in 1861(e) of the Social Security Act), a hospital outpatient department, a critical access hospital (as defined in 1861(mm)(1) of the Social Security Act), an ambulatory surgical center described in section 1833(i)(1)(A) of the Social Security Act, and any other facility specified by the Secretary. Covered health care services that use the recognized amount to determine cost sharing may be higher or lower than if cost sharing for these covered health care services were determined based upon an allowed amount.*
- Secretary is defined as that term is applied in the No Surprises Act of the Consolidated Appropriations Act (P.L. 116-260).
- Allowed amounts include amounts determined as required by law.
- Annual deductible includes the recognized amount when applicable.
- Co-insurance includes the charge stated as the percentage of the recognized amount when applicable.
- When a co-payment applies, the covered person is responsible for paying the lesser of the co-payment, or the allowed amount or the recognized amount when applicable.
- Emergency health care services includes defined services when within the capability of an independent freestanding emergency department. Emergency health care services may include items and services received after a patient is stabilized unless it is determined the covered person can travel without medical transport, the provider satisfies required notice and consent requirements, and the patient is in a condition to receive notice and provide consent.
- Emergency health care services includes defined services when within the capability of an independent freestanding emergency department. Emergency health care services may include items and services received after a patient is stabilized unless it is determined the covered person can travel without medical transport to an available network provider or facility located within a reasonable distance taking into consideration the patient's medical condition, the provider satisfies required notice and consent requirements, and the patient is in a condition to receive notice and provide consent. These conditions do not apply to unforeseen or urgent medical needs that arise at the time the service is provided regardless of whether notice and consent criteria has been satisfied.*
- When a per occurrence deductible applies, the covered person is responsible for paying the lesser of the per occurrence deductible, or the allowed amount or the recognized amount when applicable.



Medical Updates

January Behavioral Health updates: Recap of January launches, EAP, Youth Mental Health materials and more

A recap of UnitedHealthcare's January 2023 Behavioral Health launches, Employee Assistance Program (EAP) news, resources, and the availability of new Youth Mental Health materials are among this month's Behavioral Health updates.

Recap of launches for January 2023

Virtual Behavioral Coaching – Expansion to self-funded (ASO) Key Accounts; fully insured Key Accounts and Small Business groups

Sanvello™ becoming Self Care

As previously communicated, the transition from Sanvello to Self Care by AbleTo launched Jan. 1. During the IT build for this transition, it was discovered that due to internal system complexity, certain URLs leading from liveandworkwell.com and myuhc.com would not be able to be updated on that date. Updating these links is a priority and will be taking place as quickly as possible with a target goal of mid-February. More information will be shared when available. There is no impact to members as they will still have direct access to Sanvello for mental health support. Existing users of Sanvello will be directed to transition to Self Care at their annual subscription renewal after Jan. 1, regardless of the link status.

EAP updates

An EAP (Core) member email campaign is targeted to deploy Jan.17. This campaign with focus on generating awareness of EAP (Core) and the availability of in-the-moment care to get members the support they need 24/7. In-the-moment care will continue for EAP (Core). The EAP call center features master's-level emotional health specialists who can provide in-the-moment care in addition to assessing and referring members to EAP resources. The EAP digital authorization code is **Available now!** Members can now obtain an EAP authorization code online without having to call in. **Note:** This is not currently available for those on the UnitedHealthcare Strategic Platform (USP).

Youth Mental Health resources

[Behavioral Health Youth Mental Health article](#): Article outlining our approach to youth mental health from the perspective of Dr. Yusra Benhalim, senior national medical director for Behavioral Health Solutions

[Behavioral Health Youth Mental Health research summary](#): Research summary sharing insights for supporting youth mental health



Medical Updates

Online invoice replaces paper version for Oxford clients using scheduled direct debit

We are working continually to create an ecosystem of digital services and solutions to better serve our clients and their employees. This means creating tools—from market-leading health and wellness apps to secure websites for health and financial transactions—with the goal of simplifying and personalizing the health care experience.

One of our latest evolutions in this area is the move away from mailing clients a paper invoice for their monthly premium. **Oxford clients who currently pay their invoice using scheduled direct debit/ACH will no longer receive paper invoices starting in March for April 2023 invoicing.** Instead, these clients will receive an **email** from us when their monthly invoice is available on **uhceservices.com**. Clients who wish to have a paper copy of their invoice may download it from the website.

We have divided the impacted client list into four groups to stagger the notification process throughout February and March. We are mailing a letter on February 3 and, again, on February 16 to the first two groups of clients, informing them that beginning with their April 2023 invoice they will receive their monthly premium invoices online only. The last two waves of mailings will be on March 3 and March 17, informing these clients that beginning with their May 2023 invoice they will receive their monthly premium invoices online only.*

View the letter we are sending to impacted clients.

**USPS mail dates are approximate.*

Action required

Please be familiar with the client letter, as well as the self-service billing features of **uhceservices.com**, should clients have questions.

What this means to clients

Less paper, less clutter, and faster delivery when clients get communications electronically. Following are several advantages to accessing the self-service billing features of **uhceservices.com**:

- **Privacy** o Online eligibility and billing management means information is secure, reducing the risk of it being shared with unauthorized individuals, leading to a HIPAA violation

- **Self-service capabilities** o View, download, and print invoices (current and up to 24 months prior)
 - o View balances and payments (current and up to 12 months prior)
 - o Request Billed vs. Paid report
 - o Access Billing Statements (i.e., pre-termination notices)
 - o View adjustments resulting from eligibility changes

- **Pay premiums online** o Faster than check payments
 - o Saves administration time
 - o Sign up for scheduled direct debit
 - o Set up recurring payments
 - o Make a one-time payment

Questions?

Please contact your Dedicated Client Services Manager (DCSM) if you have one, call our Client Services team during normal business hours at **1-888-201-4216** or email Client Services at **oxfordgroupservices@uhc.com**. If a client has not yet registered on **uhceservices.com** and needs help creating an account or signing-in, they should call us at **1-866-908-5940**.

Thank you.

Not for consumer use.

Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (CT), Inc. and Oxford Health Plans (NJ), Inc. Administrative services provided by Oxford Health Plans LLC. B2B 1/23 EI2045552.0-OXF ©2023 Oxford Health Plans LLC All Rights Reserved. (012623)



Medical Updates

UnitedHealthcare Strategic Platform (USP)

UnitedHealthcare is modernizing the tools and resources used by brokers, customers, members and internal employees to create a more streamlined and easy experience with the UnitedHealthcare Strategic Platform (USP). Over time, USP will allow for most UnitedHealthcare business to be managed in one, centralized location, regardless of funding type or group size.

USP value for brokers and customers

UnitedHealthcare is modernizing the tools and resources used by brokers, customers, members and internal employees to create a more streamlined and easy experience with the UnitedHealthcare Strategic Platform (USP). Over time, USP will allow for most UnitedHealthcare business to be managed in one, centralized location, regardless of funding type or group size.

With USP, brokers and customers will have access to:

- uhceservices.com: One portal that will support a broker's entire block of business. This powerful suite of online tools and resources was built to be tailored to broker and customer needs and will act as the front door for all other portals, including United eServices® and myallsavers.com.
- One agent support tool that provides a single point of contact to support questions for all new business sales. This intuitive tool gives call center agents access to a more efficient system, allowing them to provide answers more quickly. This will ultimately lead to improved customer service and decreased constituent abrasion. Additionally, the tool will deliver: better coordination of information across all audiences through shared data feeds & more accurate and detailed price transparency information through greater benefit configurability.
- Redesigned sales automation tool for small business: Fully insured and level funded new business on USP will use an updated tool with a modern, intuitive design that makes quoting and enrolling customers even simpler. SAMx (similar to the current SAM tool) and SAMx-Level Funded offer:
 - A combined shopping and enrollment tool for medical and specialty products.
 - A consolidated quick quote for specialty products
 - SAMx Enroll Manager, which provides an easy-to-understand series of steps to complete a customer's enrollment and submit for installation.
 - The ability for brokers to generate proposals with minimal clicks through Quick Quotes.

All members enrolled on USP will use myuhc.com® and the UnitedHealthcare app to support their benefits needs.

UnitedHealthcare and Prime Healthcare reach agreement to restore network access to three New Jersey hospitals

UnitedHealthcare and Prime Healthcare have reached agreement on a new multi-year relationship for people enrolled in employer-sponsored, individual, Medicare Advantage and Medicaid plans. The agreement restores network access to the following New Jersey hospitals, effective Feb. 1, 2023.

- St. Clare's Hospital
- St. Mary's General Hospital
- St. Michael's Medical Center

We thank the people and employers we serve in Newark and surrounding communities for their patience throughout this process. We are honored to continue supporting the New Jersey residents who depend on us for access to quality and affordable health care. If you have any questions, please contact your UnitedHealthcare representative.



Medical Update

Fertility Plus

Fertility Solutions Plus is an inclusive, comprehensive fertility and family-building support solution designed to help employees navigate various paths to parenthood. By combining UnitedHealthcare's fertility support services with Maven's digital family health platform, Fertility Solutions Plus provides personalized support to help improve outcomes and employee satisfaction while advancing diversity, health equity and inclusion.

To provide support throughout the process, Fertility Solutions Plus offers:

- Personalized engagement through 24/7 digital content, access to a dedicated fertility nurse and care advocate and support finding quality providers
- Clinical and virtual support resources for help navigating coverage and getting referrals for in-person and virtual specialists
- Employer-funded reimbursement through Maven Wallet for expenses not covered by the medical plan, including adoption or surrogacy
- For those seeking medical treatment related to fertility UnitedHealthcare provides education and counseling through individualized case management, utilization management and access to a high-quality Fertility Centers of Excellence (COE) network

By offering a holistic solution, Fertility Solutions Plus helps improve health outcomes and employee satisfaction while advancing diversity, health equity and inclusion through:

- Inclusive family-building options
- Aligning members to the right treatment at the right time to improve outcomes
- Helping reduce the total cost of fertility treatments
- Faster time to pregnancy and delivery
- Helping reduce the number of high order multiple births and subsequent neonatal intensive care costs

Fertility Solutions Plus support services include:

- Evidence-based and relevant recommendations
- Employer assistance in offering flexible coverage options
- Support (education and referrals)
 - Maven Care Advocate
 - Preconception
 - Adoption and surrogacy
 - Communities
 - Virtual coaching specialist
- Financial management (Maven Wallet)
 - Optional employer-subsidized funding of the wallet
 - Financial assistance for services that cannot be covered under the medical benefit
 - Debit card or member reimbursement options
- Clinical care team
 - Personalized guidance to help empower informed decisions
 - Support choosing a quality provider and recommended Center of Excellence (COE)
 - Access to a dedicated fertility nurse and support services
- Centers of Excellence
 - Helps ensure employees are referred to quality providers
 - Demonstrated reduction in costs, higher likelihood of having a baby and improved outcomes

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Medical Updates

Fertility Plus

Con't from previous page

- Digital access
 - COE search tool
 - Digital learning courses
 - Self-schedule appointments with nurse case manager
 - Maven digital experience either through URL or app
 - Ability to text with a nurse or care advocate
- Benefit adherence
 - Determine employee benefit coverage
 - Must be enrolled in program and have a call with RN (when required)
 - Must be using a COE (when required)
 - Must have a diagnosis of infertility (when required)
 - Pre-notification required for claims payment

See Attached for details

UnitedHealthcare Benefit Ally now available for Oxford, fully insured, new business large group (101+) customers in New Jersey with March 1 effective dates

UnitedHealthcare Benefit Ally® is now available to be quoted for Oxford fully insured, new business large group (101+) customers in New Jersey with March 1, 2023, effective dates.

Benefit Ally is available with Oxford Freedom Network, Oxford Liberty Network, or Oxford Metro Network medical plan designs offered in New Jersey.

About Benefit Ally

Benefit Ally combines Supplemental Health benefits – Accident Protection Plan (APP), Critical Illness Protection Plan (CIPP) and Hospital Indemnity Protection Plan (HIPP) – with a medical plan. Covered employees automatically receive a direct payment when a qualified medical event is identified, without the need to submit additional paperwork or claims. Examples of eligible events include:

- Emergency room visits related to an accident
- Cancer
- Heart attack
- Stroke
- Hospital admissions and intensive care unit and hospital stays



Medical Updates

UnitedHealthcare Benefit Ally now available for Oxford, fully insured, new business large group (101+) customers in New Jersey with March 1 effective dates

Con't from previous page

- Benefit Ally may benefit customers and members in the following ways:
 - **Customer:** Benefit Ally streamlines the administrative process for customers by bundling Supplemental Health products with medical plans and offering them as a single package. Products are quoted together and customers will receive a single invoice.
 - **Employee/member:** Benefit Ally simplifies the member's experience by automating the claims payment of Supplemental Health benefits. The member automatically receives a Supplemental Health benefit check when a qualifying event/diagnosis is identified via medical claims.
- **Availability**
 - Currently, Benefit Ally will be available to new fully insured Oxford New Jersey large group (101+) customers with March 1, 2023 effective dates. It will expand to include existing Oxford large group (101+) customers later in 2023.

Benefit Ally is already available to fully insured large group (101+) UnitedHealthcare customers in New Jersey.

- **Learn more**

- To learn more about Benefit Ally, contact your Oxford representative. You may also [download this brochure](#) or [access this article](#) for more information.
- UnitedHealthcare Benefit Ally® offers Accident Protection, Critical Illness, and Hospital Indemnity products provided by UnitedHealthcare Insurance Company. Each product provides separate limited benefits. Accident Protection, Critical Illness and Hospital Indemnity coverages are NOT considered “minimum essential coverage” under the Affordable Care Act and therefore none of the products satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policies have exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. These products are not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.
- Oxford insurance products are underwritten by Oxford Health Insurance, Inc. Oxford HMO products are underwritten by Oxford Health Plans (NJ), Inc
- Not For Consumer Use

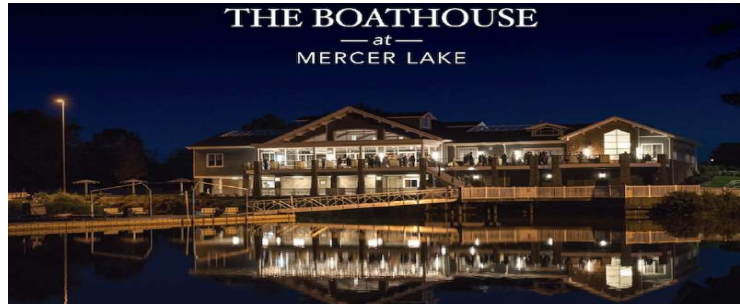




Help us Give Hope to Kids

UHCCF First States Gala

The Boathouse at Mercer Lake | West Windsor, NJ
Wednesday, September 13th 2023 | 6:00 – 9:00 p.m.



The [UnitedHealthcare Children's Foundation](#) (UHCCF) cordially invites you to an energy-packed evening of doing good while enjoying delicious food and drink, socializing and a silent auction. You'll be a part of helping us hit our goal of raising \$75,000 to support more than 50 medical grants for kids in the East Region like Kaiden.

Sponsorship and ticket opportunities are limited, so invite friends and family and [register early!](#)



Kaiden | Age 5 | East Region Grant Recipient

Changed Life: Kaiden was born with hearing loss and struggled to communicate with his peers and family. UHCCF helped pay for hearing aids and aqua accessories for his cochlear implants. The assistance from UHCCF has provided financial relief for his family and allowed Kaiden to communicate and gain confidence in himself.

Thank you for supporting our mission to help kids and change lives!

About UnitedHealthcare Children's Foundation (UHCCF)

UHCCF is a 501(c)(3) charitable organization that provides medical grants to help children gain access to health-related services not covered, or not fully covered, by their family's commercial health insurance plan.

Families can receive up to \$5,000 annually per child (\$10,000 lifetime maximum per child), and do not need to have insurance through UnitedHealthcare to be eligible. UHCCF was founded in 1999. Since 2007, UHCCF has awarded more than 31,300 grants valued in excess of \$64.5M to children and their families across the United States. Funding is provided by contributions from individuals, corporations and UnitedHealth Group employees.

To learn more, visit uhccf.org.

Click [here](#) for Charitable Solicitation State Disclosure Requirements.

See Attachment



Specialty Updates

United Healthcare - UHCglasses.com

Easy online ordering eyewear options

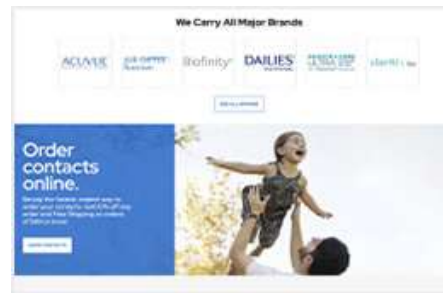
Whether they wear glasses, contacts or both, UnitedHealthcare Vision offers members 2 quick and easy ways to order what they need and get the most out of their vision benefits.

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

Get glasses



Get contacts



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

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

uhccontacts.com features:

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

Did You Know? UHC Vision members can receive up to 20% off Dell XPS laptops through extended partnership with Eyesafe

Did you know that nearly 8 in 10 eye care professionals estimate that blue light also affects overall physical and mental health? Too much exposure to blue light has the potential to damage retina cells, disrupt sleep and cause eye strain. In our efforts to help protect employees from eye strain, UnitedHealthcare is proud to offer up to 20% off Dell XPS laptops with Eyesafe™ now through December 31, 2023. Eyesafe intelligently manages light energy at the source, selectively reducing potentially harmful blue light and dispersing it across the light spectrum.

Dell XPS with Eyesafe discounts are only available to UnitedHealthcare Vision members.

[See attached for more information](#)



Specialty Updates

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.

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

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

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

For more information Contact your UnitedHealthcare representative



Specialty Updates

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 June 30th 2023.

The guidelines:

- Effective dates through June 30th 2023
- Group size 2 – 100 eligible lives.
- Offer not available to groups situs in RI, WI, WA (2-50), 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.

[See attachment for details](#)

Specialty Updates

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.



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Specialty Updates

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.



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Specialty Updates

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+ members ² 104K+ unique network providers ²	 Vision 19M+ members ² 100K+ network private practice and retail chains ²	 Life, Disability and Supplemental Health 1.5M+ members ² 20+ years of experience ²
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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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