

# Benefits Summary

## Health Insurance

Enclosed is the summary from United Healthcare for 2022. The following is a monthly premium matrix for the three available plans-

|                               | Employee Only | Employee + Spouse | Employee + Child(ren) | Family |
|-------------------------------|---------------|-------------------|-----------------------|--------|
| <b>Health Insurance</b>       |               |                   |                       |        |
| Doctors Plan Balanced (BR-KP) | 369           | 736               | 653                   | 1,037  |
| HSA w/ Motion (CM-JN)         | 337           | 670               | 594                   | 942    |
| HSA w/ Motion (CM-JI)         | 505           | 1,022             | 905                   | 1,445  |
| <b>Dental</b>                 | 31            | 62                | 67                    | 103    |
| <b>Vision</b>                 | 5             | 10                | 12                    | 16     |

The highlighted premiums are the amounts WCG will pay on behalf of the employee. For example, if you select HSA w/ Motion (CM-JI) for you and your spouse, the employee portion would be \$1,022 less \$337, or \$685 per month, or \$316.03 per bi-weekly paycheck.

Enrollment is immediate.

## Disability, Life Insurance

WCG offers short-term and long-term disability, plus \$25,000 in life insurance, at no cost to the employee. Additional or supplemental coverage is available should you need it. Pages 14-17 of the enclosed summary provide a description of the benefits.

Enrollment is immediate.

## 401k

Our 401k plan is administered by Sure401k, and has both Roth and pre-tax contribution choices. WCG matches 1% on the first 1%, and then 0.5% on the next 5% for a maximum employer contribution of 3.5% with a 5-year vesting schedule. Investment choices are common including target retirement date funds and index funds.

Enrollment is after 90 days.

## Employee Handbook

Other benefits are provided within WCG's Employee Handbook including parent leave, jury pay, bereavement pay, cell phone reimbursement, unlimited paid time off, etc.

# UnitedHealthcare Renewal Kit

Prepared for WCG INC

# Offering a variety of benefits to small businesses.

UnitedHealthcare is committed to providing small businesses competitive benefits that help promote better health and greater savings.

## Empower employees to manage their health.

Small business medical plans include valuable services and programs at no additional cost:

- **Virtual Visits**—A resource that allows employees to speak to a doctor 24/7 with a mobile device\* or computer.
- **UnitedHealthcare® app**—A mobile app that provides access to medical benefits and coverage information.
- **Real Appeal®**—A virtual weight loss program for employees who are ready to lose weight. Real Appeal uses a highly interactive internet show, videos and live online coaching to help promote healthier behavior.
- **Quit For Life®**—A clinically proven tobacco cessation program with a website and mobile app and personalized support that has helped over 3.5 million tobacco users since 1985.

## Support employees with prescription costs.

If your plan includes pharmacy coverage, we provide a point of sale discount program that may help your employees save money. This program directs a large portion of the drug rebates to a discount on the member's cost-share at point of purchases, which can increase pricing transparency and help lower prescription costs.

## Understand health reform and regulatory changes.

### Group size survey and counting methodology.

Many health reform provisions are dependent upon group size. Therefore, UnitedHealthcare implemented an annual request for prior year employee counts to fully insured clients with enrolled subscriber counts of 5 – 150. Responses to these surveys are important for accuracy and help improve processes and activities such as Medical Loss Ratio (MLR) rebate calculations, rating and product/plan availability and more.

### Reporting requirements vary based on employer size.

Yearly 1095-B forms stating if and for which months an individual was offered health coverage by their employer are available online. This information is no longer required for federal tax purposes in most states. For states that have initiated their own individual-mandate requirements, 1095-B forms will continue to be mailed. Employers with 49 or fewer full-time employees (FTEs) do not have to meet the employer mandate requirements. Employers with 50 or more FTEs must file reports as outlined under Section 6056 on Form 1095-C.



\* Data rates may apply.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The Quit For Life Program provides information regarding tobacco cessation methods and related well-being support. Any health information provided by you is kept confidential in accordance with the law. The Quit For Life Program does not provide clinical treatment or medical services and should not be considered a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Participation in this program is voluntary. If you have specific health care needs or questions, consult an appropriate health care professional. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room.

This communication is not intended, nor should it be construed, as legal or tax advice. Please contact a competent legal or tax professional for legal advice, tax treatment and restrictions. Federal and state laws and regulations are subject to change.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

[Facebook.com/UnitedHealthcare](https://www.facebook.com/UnitedHealthcare) [Twitter.com/UHC](https://twitter.com/UHC) [Instagram.com/UnitedHealthcare](https://www.instagram.com/UnitedHealthcare) [YouTube.com/UnitedHealthcare](https://www.youtube.com/UnitedHealthcare)

# Personal Overview

WCG INC

Customer number: 02F1847

Current policies - plans: 02F1848 - BR-KP / RX E46L, 02F1849 - CB-WA / RX 836, 02F1850 - BG-5P / RX E50

Current package: CO MC PKG 31 / CO031

Renewal date: 01/01/2022

## How to use this document:

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# Review

The chart below shows an overview of your current plan, your renewal plan and the associated premiums.

| Plan ID   | Metallic Level                | Plan Deductibles Single/Family |                  | Out of Pocket Max Single/Family |                  | Office Copays (PCP/Spec) | Network Name |              |
|---|-------------------------------|--------------------------------|------------------|---------------------------------|------------------|--------------------------|--------------|--------------|
|   |                               | Network                        | Non-Network      | Network                         | Non-Network      | Network                  |              |              |
| <b>Current Medical Plans CO MC PKG 31 / CO031 - presented from lean to rich</b> |                               |                                |                  |                                 |                  |                          |              |              |
| Doctors Plan Balanced   | BR-KP / RX E46L <sup>1</sup>  | S                              | \$3,500/\$7,000  | NA/NA                           | \$7,500/\$15,000 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| HSA w/Motion  | CB-WA / RX 836 <sup>1,2</sup> | B                              | \$6,300/\$12,600 | \$7,500/\$15,000                | \$7,000/\$14,000 | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS  |
| HSA w/Motion  | BG-5P / RX E50 <sup>1,2</sup> | S                              | \$2,850/\$5,700  | \$7,500/\$15,000                | \$6,250/\$12,500 | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS  |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

|   |                                |   |                  |                  |                  |                   |          |              |
|---|--------------------------------|---|------------------|------------------|------------------|-------------------|----------|--------------|
| <b>Renewal Medical Plans CO MC PKG 33 / CO033 - presented from lean to rich</b> |                                |   |                  |                  |                  |                   |          |              |
| Doctors Plan Balanced   | BR-KP / RX K18Y <sup>1</sup>   | S | \$3,500/\$7,000  | NA/NA            | \$7,500/\$15,000 | NONE/NONE         | NA/\$100 | DOCTORS PLAN |
| HSA w/Motion  | CM-JN / RX K17Y <sup>1,2</sup> | B | \$6,300/\$12,600 | \$7,500/\$15,000 | \$7,000/\$14,000 | \$15,000/\$30,000 | NA/NA    | CHOICE PLUS  |
| HSA w/Motion  | CM-JI / RX K14Y <sup>1,2</sup> | S | \$3,000/\$6,000  | \$7,500/\$15,000 | \$6,500/\$13,000 | \$15,000/\$30,000 | NA/NA    | CHOICE PLUS  |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Important: If multiple policies are sold to one customer, we require the policy year or calendar year basis selection be the same for each sold policy.
- If you choose to add or change an existing HRA plan, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. If you have a Third Party Administrator for your HRA, please note that HRA plans administered by other insurers or TPAs must comply with UnitedHealthcare HRA design standards.
- Starting with 2014 effective dates, all pharmacy plans include an ancillary charge (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.
- This premium may include state and federal taxes and fees.
- Plans in the state of Colorado using the Select network include tiering, which allows for enhanced benefits when seeing designated providers. Please discuss with your broker or UnitedHealthcare representative.
- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

<sup>1</sup> This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

<sup>2</sup> The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

All of your current benefit design options are no longer available in a combined plan offering. We have included new Medical plan choices for the upcoming year, offering the same flexibility, choice, and affordability that you are enjoying today.

| Coinsurance |             | Legal Entity / License | Med/Rx Ded Combined | Pharmacy (Spec; Non-Spec) | Enrolled Employees | HSA/HRA Contrib. | Monthly Medical Premium |
|-------------|-------------|------------------------|---------------------|---------------------------|--------------------|------------------|-------------------------|
| Network     | Non-Network |                        |                     |                           |                    |                  |                         |
| 65%         | NA          | HMO                    | Y                   | \$15/\$50/\$125/\$350     | 11                 |                  | \$6,332.85              |
| 90%         | 50%         | INS                    | Y                   | \$15/\$50/\$135/\$350     | 1                  | \$0-\$0          | \$435.19                |
| 80%         | 50%         | INS                    | Y                   | \$15/\$55/\$100/\$400     | 4                  | \$0-\$0          | \$3,573.78              |

Grand Total Premium: \$10,341.82

|     |     |     |   |   |    |           |                      |       |
|-----|-----|-----|---|---|----|-----------|----------------------|-------|
| 65% | NA  | HMO | Y | \$15/\$60/\$125/\$350/\$500E            | 11 |           | \$7,491.52           |       |
|     |     |     |   |   |    |           | Change from Current: | 18.3% |
| 90% | 50% | INS | Y | \$15/\$50/\$135/\$350/\$500E            | 1  | \$0-\$0   | \$509.49             |       |
|     |     |     |   |   |    |           | Change from Current: | 17.1% |
| 80% | 50% | INS | Y | \$10/\$55/\$150/\$100/\$350/\$350/\$500 | 4  | \$0-\$120 | \$4,071.09           |       |
|     |     |     |   |   |    |           | Change from Current: | 13.9% |

Grand Total Premium: \$12,072.10

**Renewal Assumptions:**

- The monthly cost noted above is based upon the coverage in force at the time the renewal was calculated. Please refer to Appendix A included in this package. Actual billed premium as of your renewal date may differ from the amounts reflected in this package.
- Information on alternate benefit plans is summarized for ease of review. It is not intended to be a statement of benefits, nor does it guarantee coverage. The Certificate of Coverage provides the legal description of coverage and is available for your review upon request. UHC Choice plans will cover only the employees within the defined UnitedHealthcare service area. The rates are based upon the employer's primary location. Other locations will require alternate plan designs and rates.
- Renewal of your employer plan is contingent upon meeting UnitedHealthcare's minimum participation requirements.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- Upon the renewal of your employer plan, the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the plan(s) selected may be transmitted electronically to you (employer group) and the group employees. The employer group may withdraw their consent at any time or request a document in a paper or non-electronic form.
- Please see the Glossary on inside back cover of this package for definitions of the above terms.

# Consider

Here are some great alternatives.

| Plan ID                     | Metallic Level                 | Plan Deductibles Single/Family |                  | Out of Pocket Max Single/Family |                  | Office Copays (PCP/Spec) | Network Name |              |
|-----------------------------|--------------------------------|--------------------------------|------------------|---------------------------------|------------------|--------------------------|--------------|--------------|
|                             |                                | Network                        | Non-Network      | Network                         | Non-Network      | Network                  |              |              |
| <b>CO MC PKG 33 / CO033</b> |                                |                                |                  |                                 |                  |                          |              |              |
| Doctors Plan Balanced       | CB-WO / RX K17Y <sup>1</sup>   | B                              | \$8,400/\$16,800 | NA/NA                           | \$8,550/\$17,100 | NONE/NONE                | NA/\$150     | DOCTORS PLAN |
| Doctors Plan Balanced       | CM-JT / RX K20Y <sup>1</sup>   | S                              | \$8,500/\$17,000 | NA/NA                           | \$8,700/\$17,400 | NONE/NONE                | NA/\$150     | DOCTORS PLAN |
| Navigate HSA w/Motion       | CM-JY / RX K17Y <sup>1,2</sup> | B                              | \$6,100/\$12,200 | NA/NA                           | \$7,000/\$14,000 | NONE/NONE                | NA/NA        | NAVIGATE     |
| Navigate                    | CM-J2 / RX K20Y <sup>1</sup>   | B                              | \$8,550/\$17,100 | NA/NA                           | \$8,700/\$17,400 | NONE/NONE                | \$70/\$140   | NAVIGATE     |
| Doctors Plan Balanced       | CB-WL / RX K24Y <sup>1</sup>   | S                              | \$5,500/\$11,000 | NA/NA                           | \$8,550/\$17,100 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| Doctors Plan Balanced       | CB-WH / RX K24Y <sup>1</sup>   | S                              | \$6,500/\$13,000 | NA/NA                           | \$8,500/\$17,000 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| Doctors Plan Balanced       | BR-KP / RX K18Y <sup>1</sup>   | S                              | \$3,500/\$7,000  | NA/NA                           | \$7,500/\$15,000 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| Doctors Plan Balanced       | CB-WN / RX K18Y <sup>1</sup>   | S                              | \$2,500/\$5,000  | NA/NA                           | \$8,550/\$17,100 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| Select HSA w/Motion         | CP-OT / RX K17Y <sup>1,2</sup> | B                              | \$6,000/\$12,000 | NA/NA                           | \$7,050/\$14,100 | NONE/NONE                | NA/NA        | SELECT       |
| Advantage                   | CM-CU / RX K17Y <sup>1</sup>   | B                              | \$7,000/\$14,000 | NA/NA                           | \$8,000/\$16,000 | NONE/NONE                | NA/NA        | SELECT       |
| Navigate                    | BP-85 / RX K19Y <sup>1</sup>   | S                              | \$6,500/\$13,000 | NA/NA                           | \$7,900/\$15,800 | NONE/NONE                | \$40/\$80    | NAVIGATE     |
| Advantage                   | CM-CT / RX K24Y <sup>1</sup>   | S                              | \$6,000/\$12,000 | NA/NA                           | \$8,000/\$16,000 | NONE/NONE                | NA/NA        | SELECT       |
| Navigate Direct             | CM-J7 / RX K23Y <sup>1</sup>   | S                              | \$3,750/\$7,500  | NA/NA                           | \$8,350/\$16,700 | NONE/NONE                | \$35/\$70    | NAVIGATE     |
| Select HSA w/Motion         | CP-OU / RX K17Y <sup>1,2</sup> | S                              | \$4,500/\$9,000  | NA/NA                           | \$6,000/\$12,000 | NONE/NONE                | NA/NA        | SELECT       |
| Advantage                   | CM-CS / RX K24Y <sup>1</sup>   | S                              | \$5,000/\$10,000 | NA/NA                           | \$7,500/\$15,000 | NONE/NONE                | NA/NA        | SELECT       |
| Select                      | CM-M3 / RX K23Y <sup>1</sup>   | S                              | \$4,500/\$9,000  | NA/NA                           | \$7,500/\$15,000 | NONE/NONE                | NA/NA        | SELECT       |
| Doctors Plan Balanced       | BG-6N / RX K24Y <sup>1</sup>   | G                              | \$3,500/\$7,000  | NA/NA                           | \$7,000/\$14,000 | NONE/NONE                | NA/\$75      | DOCTORS PLAN |
| Doctors Plan Balanced       | BG-6E / RX K24Y <sup>1</sup>   | G                              | \$3,000/\$6,000  | NA/NA                           | \$6,000/\$12,000 | NONE/NONE                | NA/\$100     | DOCTORS PLAN |
| Navigate Direct             | CM-J5 / RX K14Y <sup>1</sup>   | S                              | \$3,000/\$6,000  | NA/NA                           | \$8,700/\$17,400 | NONE/NONE                | \$40/\$80    | NAVIGATE     |
| Advantage                   | CM-CR / RX K24Y <sup>1</sup>   | S                              | \$4,000/\$8,000  | NA/NA                           | \$7,000/\$14,000 | NONE/NONE                | NA/NA        | SELECT       |
| Navigate HSA w/Motion       | CM-JZ / RX K17Y <sup>1,2</sup> | S                              | \$3,500/\$7,000  | NA/NA                           | \$6,150/\$12,300 | NONE/NONE                | NA/NA        | NAVIGATE     |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Plans in the state of Colorado using the Select network include tiering, which allows for enhanced benefits when seeing designated providers. Please discuss with your broker or UnitedHealthcare representative.
- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

<sup>1</sup> This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

<sup>2</sup> The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Below are all the benefit design options available to you within this set of Medical plan choices. The benefit options that we've renewed for you are those noted below with a teal arrow . Please note, the 'Relative Pricing' allows you to compare plan benefits and pricing between plan options.

| Coinsurance |             | Legal Entity/<br>License | Med/Rx<br>Ded<br>Combined | Pharmacy<br>(Spec;<br>Non-Spec)                     | Enrolled<br>Employees | HSA/HRA<br>Contrib. | Monthly<br>Medical<br>Premium<br>(Renewal) | Relative Pricing<br>(at 100% Enrollment;<br>for comparison only.<br>Rates available in<br>Appendix A) |
|-------------|-------------|--------------------------|---------------------------|---|-----------------------|---------------------|--|---|
| Network     | Non-Network |                          |                           |   |                       |                     |  |   |
| 60%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       |                     | \$9,697.06                                 |   |
| 60%         | NA          | HMO                      | N                         | \$20/\$65/\$150/\$500                               |                       |                     | \$10,067.19                                |   |
| 80%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       | \$0-\$0             | \$10,874.60                                |   |
| 50%         | NA          | HMO                      | N                         | \$20/\$65/\$150/\$500                               |                       |                     | \$10,880.69                                |   |
| 60%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     | \$10,971.70                                |   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     | \$10,981.71                                |   |
| 65%         | NA          | HMO                      | Y                         | \$15/\$60/\$125/\$350/\$500E                        | 11                    |                     | \$7,491.52                                 | \$11,044.90   |
| 65%         | NA          | HMO                      | Y                         | \$15/\$60/\$125/\$350/\$500E                        |                       |                     |  | \$11,065.17   |
| 80%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       | \$0-\$0             |  | \$11,074.68   |
| 60%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       |                     |  | \$11,142.25   |
| 70%         | NA          | HMO                      | N                         | \$250 DED 15/\$50/\$150/<br>\$100/\$350/\$350/\$500 |                       |                     |  | \$11,677.09   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     |  | \$11,738.61   |
| 80%         | NA          | HMO                      | N                         | \$15/\$55/\$125/\$350/\$500E                        |                       |                     |  | \$11,809.85   |
| 90%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       | \$0-\$325           |  | \$11,818.15   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     |  | \$11,927.47   |
| 70%         | NA          | HMO                      | N                         | \$15/\$55/\$125/\$350/\$500E                        |                       |                     |  | \$11,940.61   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     |  | \$11,960.88   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     |  | \$12,032.37   |
| 80%         | NA          | HMO                      | N                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500         |                       |                     |  | \$12,096.31   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/\$500E                        |                       |                     |  | \$12,197.08   |
| 80%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/\$500E                        |                       | \$0-\$200           |  | \$12,244.67   |



# Consider (continued)

| Plan ID                                 | Metallic Level                        | Plan Deductibles Single/Family |                         | Out of Pocket Max Single/Family |                         | Office Copays (PCP/Spec) | Network Name |                    |
|---|---------------------------------------|--------------------------------|-------------------------|---------------------------------|-------------------------|--------------------------|--------------|--------------------|
|   |                                       | Network                        | Non-Network             | Network                         | Non-Network             | Network                  |              |                    |
| <b>CO MC PKG 33 / CO033 (continued)</b> |                                       |                                |                         |                                 |                         |                          |              |                    |
| Doctors Plan Balanced                   | BG-6D / RX K21Y <sup>1</sup>          | <b>G</b>                       | \$2,500/\$5,000         | NA/NA                           | \$5,750/\$11,500        | NONE/NONE                | NA/\$100     | DOCTORS PLAN       |
| Balanced                                | CM-JS / RX K20Y <sup>1</sup>          | B                              | \$8,500/\$17,000        | \$10,000/\$20,000               | \$8,700/\$17,400        | \$15,000/\$30,000        | \$75/\$150   | CHOICE PLUS        |
| Doctors Plan Balanced                   | CM-JM / RX K16Y <sup>1</sup>          | <b>G</b>                       | \$1,500/\$3,000         | NA/NA                           | \$5,250/\$10,500        | NONE/NONE                | NA/\$100     | DOCTORS PLAN       |
| <b>HSA w/Motion</b>                     | <b>CM-JN / RX K17Y <sup>1,2</sup></b> | <b>B</b>                       | <b>\$6,300/\$12,600</b> | <b>\$7,500/\$15,000</b>         | <b>\$7,000/\$14,000</b> | <b>\$15,000/\$30,000</b> | <b>NA/NA</b> | <b>CHOICE PLUS</b> |
| Select HSA w/Motion                     | CP-OV / RX K17Y <sup>1,2</sup>        | S                              | \$3,500/\$7,000         | NA/NA                           | \$5,500/\$11,000        | NONE/NONE                | NA/NA        | SELECT             |
| Balanced                                | CM-JX / RX K20Y <sup>1</sup>          | S                              | \$7,000/\$14,000        | NA/NA                           | \$8,700/\$17,400        | NONE/NONE                | \$50/\$100   | CHOICE             |
| Advantage                               | CM-CQ / RX K24Y <sup>1</sup>          | S                              | \$3,000/\$6,000         | NA/NA                           | \$6,500/\$13,000        | NONE/NONE                | NA/NA        | SELECT             |
| HSA w/Motion                            | CM-JP / RX K14Y <sup>1,2</sup>        | B                              | \$5,750/\$11,500        | \$10,000/\$20,000               | \$7,000/\$14,000        | \$13,300/\$26,600        | NA/NA        | CHOICE PLUS        |
| Doctors Plan Balanced                   | CB-WG / RX K24Y <sup>1</sup>          | <b>G</b>                       | \$1,000/\$2,000         | NA/NA                           | \$6,000/\$12,000        | NONE/NONE                | NA/\$100     | DOCTORS PLAN       |
| Doctors Plan Balanced                   | CB-WM / RX K24Y <sup>1</sup>          | <b>G</b>                       | \$500/\$1,000           | NA/NA                           | \$7,000/\$14,000        | NONE/NONE                | NA/\$100     | DOCTORS PLAN       |
| Balanced                                | CM-JK / RX K19Y <sup>1</sup>          | S                              | \$5,000/\$10,000        | \$7,500/\$15,000                | \$7,900/\$15,800        | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS        |
| Advantage                               | CM-CP / RX K16Y <sup>1</sup>          | <b>G</b>                       | \$2,000/\$4,000         | NA/NA                           | \$5,750/\$11,500        | NONE/NONE                | NA/NA        | SELECT             |
| HSA w/Motion                            | CP-OS / RX K17Y <sup>1,2</sup>        | S                              | \$4,500/\$9,000         | NA/NA                           | \$6,000/\$12,000        | NONE/NONE                | NA/NA        | CHOICE             |
| Choice Direct                           | CM-KA / RX K23Y <sup>1</sup>          | S                              | \$3,250/\$6,500         | NA/NA                           | \$8,350/\$16,700        | NONE/NONE                | \$30/\$60    | CHOICE             |
| Premier                                 | CB-WY / RX K23Y <sup>1</sup>          | S                              | \$4,150/\$8,300         | \$7,500/\$15,000                | \$8,500/\$17,000        | \$15,000/\$30,000        | \$60/\$100   | CHOICE PLUS        |
| Navigate                                | CM-J3 / RX K17Y <sup>1</sup>          | <b>G</b>                       | \$1,500/\$3,000         | NA/NA                           | \$6,500/\$13,000        | NONE/NONE                | \$30/\$60    | NAVIGATE           |
| Advantage                               | CM-CO / RX K16Y <sup>1</sup>          | <b>G</b>                       | \$1,500/\$3,000         | NA/NA                           | \$5,500/\$11,000        | NONE/NONE                | NA/NA        | SELECT             |
| Choice Direct                           | CM-J9 / RX K19Y <sup>1</sup>          | S                              | \$2,250/\$4,500         | NA/NA                           | \$8,550/\$17,100        | NONE/NONE                | \$40/\$80    | CHOICE             |
| Balanced                                | BP-8A / RX K19Y <sup>1</sup>          | S                              | \$3,500/\$7,000         | \$7,500/\$15,000                | \$8,150/\$16,300        | \$15,000/\$30,000        | \$35/\$70    | CHOICE PLUS        |
| Balanced                                | CM-JL / RX K19Y <sup>1</sup>          | S                              | \$3,000/\$6,000         | \$7,500/\$15,000                | \$8,500/\$17,000        | \$15,000/\$30,000        | \$35/\$70    | CHOICE PLUS        |
| Premier                                 | CB-WZ / RX K14Y <sup>1</sup>          | S                              | \$3,750/\$7,500         | \$7,500/\$15,000                | \$8,550/\$17,100        | \$15,000/\$30,000        | \$60/\$100   | CHOICE PLUS        |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Plans in the state of Colorado using the Select network include tiering, which allows for enhanced benefits when seeing designated providers. Please discuss with your broker or UnitedHealthcare representative.
- SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. \$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

<sup>1</sup> This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

<sup>2</sup> The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

| Coinsurance |             | Legal Entity/<br>License | Med/Rx<br>Ded<br>Combined | Pharmacy<br>(Spec;<br>Non-Spec)                        | Enrolled<br>Employees | HSA/HRA<br>Contrib. | Monthly<br>Medical<br>Premium<br>(Renewal) | Relative Pricing<br>(at 100% Enrollment;<br>for comparison only.<br>Rates available in<br>Appendix A) |
|-------------|-------------|--------------------------|---------------------------|--|-----------------------|---------------------|--|---|
| Network     | Non-Network |                          |                           |  |                       |                     |  |   |
| 80%         | NA          | HMO                      | N                         | \$250 D ED \$5/\$55/\$105/<br>\$350E                   |                       |                     |  | \$12,313.70   |
| 50%         | 50%         | INS                      | N                         | \$20/\$65/\$150/\$500                                  |                       |                     |  | \$12,356.16   |
| 80%         | NA          | HMO                      | N                         | \$10/\$50/\$115/\$250E                                 |                       |                     |  | \$12,421.56   |
| 90%         | 50%         | INS                      | Y                         | \$15/\$50/\$135/\$350/S\$500E                          | 1                     | \$0-\$0             | \$509.49                                   | \$12,431.57   |
| 80%         | NA          | HMO                      | Y                         | \$15/\$50/\$135/\$350/S\$500E                          |                       | \$0-\$425           |  | \$12,446.21   |
| 70%         | NA          | INS                      | N                         | \$20/\$65/\$150/\$500                                  |                       |                     |  | \$12,502.06   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/S\$500E                          |                       |                     |  | \$12,535.26   |
| 60%         | 50%         | INS                      | Y                         | \$10/\$55/S\$150/\$100/S\$350/<br>\$350/S\$500         |                       | \$0-\$0             |  | \$12,589.65   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/S\$500E                          |                       |                     |  | \$12,651.63   |
| 80%         | NA          | HMO                      | N                         | \$10/\$60/\$115/\$350/S\$500E                          |                       |                     |  | \$12,661.89   |
| 80%         | 50%         | INS                      | N                         | \$250 DED 15/\$50/S\$150/<br>\$100/S\$350/\$350/S\$500 |                       |                     |  | \$12,866.35   |
| 80%         | NA          | HMO                      | N                         | \$10/\$50/\$115/\$250E                                 |                       |                     |  | \$13,248.24   |
| 90%         | NA          | INS                      | Y                         | \$15/\$50/\$135/\$350/S\$500E                          |                       | \$0-\$300           |  | \$13,295.33   |
| 80%         | NA          | INS                      | N                         | \$15/\$55/\$125/\$350/S\$500E                          |                       |                     |  | \$13,343.13   |
| 80%         | 50%         | INS                      | N                         | \$15/\$55/\$125/\$350/S\$500E                          |                       |                     |  | \$13,439.77   |
| 75%         | NA          | HMO                      | N                         | \$15/\$50/\$135/\$350/S\$500E                          |                       |                     |  | \$13,466.59   |
| 80%         | NA          | HMO                      | N                         | \$10/\$50/\$115/\$250E                                 |                       |                     |  | \$13,525.15   |
| 70%         | NA          | INS                      | N                         | \$250 DED 15/\$50/S\$150/<br>\$100/S\$350/\$350/S\$500 |                       |                     |  | \$13,594.72   |
| 60%         | 50%         | INS                      | N                         | \$250 DED 15/\$50/S\$150/<br>\$100/S\$350/\$350/S\$500 |                       |                     |  | \$13,670.84   |
| 60%         | 50%         | INS                      | N                         | \$250 DED 15/\$50/S\$150/<br>\$100/S\$350/\$350/S\$500 |                       |                     |  | \$13,711.34   |
| 80%         | 50%         | INS                      | N                         | \$10/\$55/S\$150/\$100/S\$350/<br>\$350/S\$500         |                       |                     |  | \$13,731.57   |

# Consider (continued)

| Plan ID                                 | Metallic Level                        | Plan Deductibles Single/Family |                        | Out of Pocket Max Single/Family |                         | Office Copays (PCP/Spec) | Network Name |                    |
|---|---------------------------------------|--------------------------------|------------------------|---------------------------------|-------------------------|--------------------------|--------------|--------------------|
|   |                                       | Network                        | Non-Network            | Network                         | Non-Network             | Network                  |              |                    |
| <b>CO MC PKG 33 / CO033 (continued)</b> |                                       |                                |                        |                                 |                         |                          |              |                    |
| Premier                                 | CM-J8 / RX K24Y <sup>1</sup>          | S                              | \$5,000/\$10,000       | \$7,500/\$15,000                | \$8,550/\$17,100        | \$15,000/\$30,000        | \$50/\$100   | CHOICE PLUS        |
| Balanced                                | BP-8B / RX K19Y <sup>1</sup>          | S                              | \$3,750/\$7,500        | \$7,500/\$15,000                | \$8,150/\$16,300        | \$15,000/\$30,000        | \$35/\$70    | CHOICE PLUS        |
| Advantage                               | CM-CN / RX K16Y <sup>1</sup>          | G                              | \$1,000/\$2,000        | NA/NA                           | \$5,000/\$10,000        | NONE/NONE                | NA/NA        | SELECT             |
| Doctors Plan Traditional w/Ded          | CM-JJ / RX K21Y <sup>1</sup>          | P                              | \$250/\$500            | NA/NA                           | \$4,500/\$9,000         | NONE/NONE                | NA/\$100     | DOCTORS PLAN       |
| Navigate                                | CB-WU / RX K13Y <sup>1</sup>          | G                              | \$2,500/\$5,000        | NA/NA                           | \$8,500/\$17,000        | NONE/NONE                | \$20/\$50    | NAVIGATE           |
| HSA w/Motion                            | CM-JO / RX K14Y <sup>1,2</sup>        | S                              | \$3,500/\$7,000        | \$7,500/\$15,000                | \$6,650/\$13,300        | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS        |
| Navigate Direct                         | CM-J6 / RX K14Y <sup>1</sup>          | G                              | \$1,250/\$2,500        | NA/NA                           | \$6,250/\$12,500        | NONE/NONE                | \$25/\$50    | NAVIGATE           |
| Advantage                               | CM-CM / RX K16Y <sup>1</sup>          | G                              | \$500/\$1,000          | NA/NA                           | \$4,000/\$8,000         | NONE/NONE                | NA/NA        | SELECT             |
| <b>HSA w/Motion</b>                     | <b>CM-JI / RX K14Y <sup>1,2</sup></b> | <b>S</b>                       | <b>\$3,000/\$6,000</b> | <b>\$7,500/\$15,000</b>         | <b>\$6,500/\$13,000</b> | <b>\$15,000/\$30,000</b> | <b>NA/NA</b> | <b>CHOICE PLUS</b> |
| HSA w/Motion                            | CB-WE / RX K15Y <sup>1,2</sup>        | S                              | \$4,000/\$8,000        | \$7,500/\$15,000                | \$5,000/\$10,000        | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS        |
| Balanced                                | CM-JU / RX K17Y <sup>1</sup>          | G                              | \$1,500/\$3,000        | NA/NA                           | \$6,500/\$13,000        | NONE/NONE                | \$30/\$60    | CHOICE             |
| Balanced                                | BG-5Q / RX K22Y <sup>1</sup>          | G                              | \$2,500/\$5,000        | \$7,500/\$15,000                | \$5,000/\$10,000        | \$15,000/\$30,000        | \$25/\$50    | CHOICE PLUS        |
| Premier                                 | CB-W6 / RX K24Y <sup>1</sup>          | G                              | \$2,000/\$4,000        | \$7,500/\$15,000                | \$6,000/\$12,000        | \$15,000/\$30,000        | \$50/\$100   | CHOICE PLUS        |
| Navigate                                | BP-86 / RX K13Y <sup>1</sup>          | P                              | \$500/\$1,000          | NA/NA                           | \$4,500/\$9,000         | NONE/NONE                | \$20/\$40    | NAVIGATE           |
| Balanced                                | CM-JR / RX K17Y <sup>1</sup>          | G                              | \$1,000/\$2,000        | \$7,500/\$15,000                | \$6,750/\$13,500        | \$15,000/\$30,000        | \$30/\$60    | CHOICE PLUS        |
| Choice Direct                           | CM-KB / RX K14Y <sup>1</sup>          | G                              | \$750/\$1,500          | NA/NA                           | \$7,350/\$14,700        | NONE/NONE                | \$30/\$60    | CHOICE             |
| Premier                                 | CB-W3 / RX K14Y <sup>1</sup>          | G                              | \$1,250/\$2,500        | \$7,500/\$15,000                | \$7,500/\$15,000        | \$15,000/\$30,000        | \$50/\$100   | CHOICE PLUS        |
| Balanced                                | CB-WK / RX K13Y <sup>1</sup>          | G                              | \$1,750/\$3,500        | \$7,500/\$15,000                | \$8,150/\$16,300        | \$15,000/\$30,000        | \$25/\$50    | CHOICE PLUS        |
| HSA w/Motion                            | CM-V7 / RX K15Y <sup>1,2</sup>        | G                              | \$1,500/\$3,000        | \$7,500/\$15,000                | \$5,500/\$11,000        | \$15,000/\$30,000        | NA/NA        | CHOICE PLUS        |
| Traditional with Deductible             | BG-53 / RX K13Y <sup>1</sup>          | P                              | \$500/\$1,000          | \$7,500/\$15,000                | \$4,500/\$9,000         | \$15,000/\$30,000        | \$20/\$40    | CHOICE PLUS        |
| Traditional with Deductible             | BG-5E / RX K13Y <sup>1</sup>          | P                              | \$500/\$1,000          | \$7,500/\$15,000                | \$4,000/\$8,000         | \$15,000/\$30,000        | \$10/\$20    | CHOICE PLUS        |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Plans in the state of Colorado using the Select network include tiering, which allows for enhanced benefits when seeing designated providers. Please discuss with your broker or UnitedHealthcare representative.
- SPECIALTY MEDICATION COST SHARE CHANGES:** Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. \$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.

<sup>1</sup> This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

<sup>2</sup> The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

| Coinsurance |             | Legal Entity/<br>License | Med/Rx<br>Ded<br>Combined | Pharmacy<br>(Spec;<br>Non-Spec)                       | Enrolled<br>Employees | HSA/HRA<br>Contrib. | Monthly<br>Medical<br>Premium<br>(Renewal) | Relative Pricing<br>(at 100% Enrollment;<br>for comparison only.<br>Rates available in<br>Appendix A) |
|-------------|-------------|--------------------------|---------------------------|---|-----------------------|---------------------|--|---|
| Network     | Non-Network |                          |                           |   |                       |                     |  |   |
| 70%         | 50%         | INS                      | N                         | \$10/\$60/\$115/\$350/\$500E                          |                       |                     |  | \$13,752.59   |
| 70%         | 50%         | INS                      | N                         | \$250 DED 15/\$50/\$150/<br>\$100/\$350/\$350/\$500   |                       |                     |  | \$13,862.12   |
| 80%         | NA          | HMO                      | N                         | \$10/\$50/\$115/\$250E                                |                       |                     |  | \$13,904.08   |
| 90%         | NA          | HMO                      | N                         | \$250 D ED \$5/\$55/\$105/<br>\$350E                  |                       |                     |  | \$13,910.67   |
| 80%         | NA          | HMO                      | N                         | \$10/\$40/\$150/\$85/\$250/<br>\$250/\$250            |                       |                     |  | \$13,985.12   |
| 80%         | 50%         | INS                      | Y                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500           |                       | \$0-\$230           |  | \$14,042.22   |
| 90%         | NA          | HMO                      | N                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500           |                       |                     |  | \$14,057.82   |
| 80%         | NA          | HMO                      | N                         | \$10/\$50/\$115/\$250E                                |                       |                     |  | \$14,482.38   |
| 80%         | 50%         | INS                      | Y                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500           | 4                     | \$0-\$120           | \$4,071.09                                 | \$14,501.40   |
| 100%        | 50%         | INS                      | Y                         | \$10/\$45/\$150/\$100/\$350/<br>\$350/\$400           |                       | \$0-\$60            |  | \$14,763.96   |
| 80%         | NA          | INS                      | N                         | \$15/\$50/\$135/\$350/\$500E                          |                       |                     |  | \$15,399.57   |
| 80%         | 50%         | INS                      | N                         | \$250 DED \$15/\$55/\$150/<br>\$105/\$350/\$350/\$400 |                       |                     |  | \$15,533.04   |
| 80%         | 50%         | INS                      | N                         | \$10/\$60/\$115/\$350/\$500E                          |                       |                     |  | \$15,622.84   |
| 80%         | NA          | HMO                      | N                         | \$10/\$40/\$150/\$85/\$250/<br>\$250/\$250            |                       |                     |  | \$15,748.01   |
| 80%         | 50%         | INS                      | N                         | \$15/\$50/\$135/\$350/\$500E                          |                       |                     |  | \$15,934.91   |
| 90%         | NA          | INS                      | N                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500           |                       |                     |  | \$16,004.94   |
| 80%         | 50%         | INS                      | N                         | \$10/\$55/\$150/\$100/\$350/<br>\$350/\$500           |                       |                     |  | \$16,014.95   |
| 80%         | 50%         | INS                      | N                         | \$10/\$40/\$150/\$85/\$250/<br>\$250/\$250            |                       |                     |  | \$16,061.29   |
| 90%         | 50%         | INS                      | Y                         | \$10/\$45/\$150/\$100/\$350/<br>\$350/\$400           |                       | \$0-\$90            |  | \$16,940.44   |
| 80%         | 50%         | INS                      | N                         | \$10/\$40/\$150/\$85/\$250/<br>\$250/\$250            |                       |                     |  | \$17,936.67   |
| 90%         | 50%         | INS                      | N                         | \$10/\$40/\$150/\$85/\$250/<br>\$250/\$250            |                       |                     |  | \$18,923.18   |

# Consider (continued)

| Plan ID                                 | Metallic Level               | Plan Deductibles<br>Single/Family |             | Out of Pocket Max<br>Single/Family |                 | Office Copays<br>(PCP/Spec) | Network Name |             |
|---|------------------------------|-----------------------------------|-------------|------------------------------------|-----------------|-----------------------------|--------------|-------------|
|   |                              | Network                           | Non-Network | Network                            | Non-Network     | Network                     |              |             |
| <b>CO MC PKG 33 / CO033 (continued)</b> |                              |                                   |             |                                    |                 |                             |              |             |
| Traditional with Deductible             | BG-5L / RX K13Y <sup>1</sup> | <b>P</b>                          | \$250/\$500 | \$7,500/\$15,000                   | \$3,000/\$6,000 | \$15,000/\$30,000           | \$10/\$20    | CHOICE PLUS |

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Plans in the state of Colorado using the Select network include tiering, which allows for enhanced benefits when seeing designated providers. Please discuss with your broker or UnitedHealthcare representative.
  - SPECIALTY MEDICATION COST SHARE CHANGES: Upon renewal, most pharmacy plan designs have a separate higher cost share for Specialty Medications based on the Pharmacy Tiers. Those cost shares are reflected with an 'S' prior to the cost share amount. E.g. S\$500. Your employees can also review their benefit summary and plan documents for these cost share changes to determine if they will be impacted.
- <sup>1</sup> This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.  
<sup>2</sup> The Metallic Level associated to this plan, listed in the 'Metallic Level' column, is based on the assumed HSA/HRA contribution amount range listed in the 'HSA/HRA Contrib.' column. Any contribution amount outside this range may impact the plan's Metallic Level.

Here are some additional alternatives for you to consider.

| Coinsurance |             | Legal Entity/<br>License | Med/Rx<br>Ded<br>Combined | Pharmacy<br>(Spec;<br>Non-Spec)               | Enrolled<br>Employees | HSA/HRA<br>Contrib. | Monthly<br>Medical<br>Premium<br>(Renewal) | Relative Pricing<br>(at 100% Enrollment;<br>for comparison only.<br>Rates available in<br>Appendix A) |
|-------------|-------------|--------------------------|---------------------------|---|-----------------------|---------------------|--|---|
| Network     | Non-Network |                          |                           |   |                       |                     |  |   |
| 90%         | 50%         | INS                      | N                         | \$10/\$40/S\$150/\$85/S\$250/<br>\$250/S\$250 |                       |                     |  | \$19,440.21   |

# Add Specialty plans for more savings and simplicity.

Balanced benefits packages are becoming increasingly important to compete for new employees and retain top talent. That's why we're offering you additional benefits to help serve and care for one of your most important assets — your employees.

## Enjoy the administrative simplicity and health plan savings you get by bundling.

Talk to your broker about adding dental, vision, life and/or disability insurance. We offer a variety of competitively priced plans, with lower participation requirements, making it easier to qualify. And when you add one or more plans, you can streamline administration and help lower your health plan costs.

## See your savings at [uhc.com/bundle](https://uhc.com/bundle).

You can easily get an estimate of your savings at [uhc.com/bundle](https://uhc.com/bundle). You get one bill for health and specialty plans with one single implementation process and one dedicated account team.



DENTAL



VISION



LIFE<sup>1</sup>

**A group with 25 enrolled medical employees with the bundle above could see up to**

**\$1,800 in savings.<sup>2</sup>**



Questions? Ask your broker for more details.

<sup>1</sup>Requires a minimum of \$25,000 benefit.

<sup>2</sup>Example for illustrative purposes. Savings calculated based on medical plan administration credits of \$3 for dental, \$2 for vision and \$1 for life which are multiplied by the number of employees enrolled in the medical plan over a 12 month period. Savings may vary and are not a guarantee of individual results. Minimum participation requirements may apply. Please consult your broker or UnitedHealthcare representative for terms and conditions.

Benefits and programs may not be available in all states or for all group sizes. Plans may vary and components are subject to change. For costs and complete details of the coverage, contact your broker or UnitedHealthcare sales representative.

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## Ask about our Specialty plan portfolio.

- Dental
- Vision
- Life Insurance (including supplemental and dependent) with Accidental Death and Dismemberment
- Short-term Disability
- Long-term Disability

## Fund it your way.

Our flexible funding options let you choose the right plans and contribution strategies for your needs and budget.

### ✓ Employee-paid (voluntary)

- Vision: requires only 1 employee.
- Dental: requires only 2 employees.
- Disability: requires 10 employees and 25% participation.

### ✓ Employer-paid

### ✓ Shared funding

# Dental renewal

## Dental Benefit Summary

| Current                               |                          |                   |
|---------------------------------------|--------------------------|-------------------|
| Plan: B3308 <sup>1</sup> / Type: VPPO |                          |                   |
|                                       | Benefit                  | In/Out            |
| Plan Maximums                         | Annual In/Out of Network | \$1,500 / \$1,500 |
|                                       | Ortho Lifetime           | NA / NA           |
| Deductible                            | Individual/Family        | \$50 / \$150      |
| Waiting Period                        | Major Services           | 12 mos            |
| Coinsurance                           | Preventive               | 100% / 80%        |
|                                       | Minor Restore            | 80% / 50%         |
|                                       | Endo/Perio/Oral*         | 50% / 50%         |
|                                       | Major Services           | 50% / 50%         |
|                                       | Orthodontia              | NA / NA           |

| Renewal                               |                          |                   |
|---------------------------------------|--------------------------|-------------------|
| Plan: B3308 <sup>1</sup> / Type: VPPO |                          |                   |
|                                       | Benefit                  | In/Out            |
| Plan Maximums                         | Annual In/Out of Network | \$1,500 / \$1,500 |
|                                       | Ortho Lifetime           | NA / NA           |
| Deductible                            | Individual/Family        | \$50 / \$150      |
| Waiting Period                        | Major Services           | 12 mos            |
| Coinsurance                           | Preventive               | 100% / 80%        |
|                                       | Minor Restore            | 80% / 50%         |
|                                       | Endo/Perio/Oral*         | 50% / 50%         |
|                                       | Major Services           | 50% / 50%         |
|                                       | Orthodontia              | NA / NA           |

## Monthly Rates/Premiums

|                 | Enrollment | Rate     |
|-----------------|------------|----------|
| Employee        | 12         | \$30.90  |
| Empl + Spouse   | 1          | \$61.80  |
| Empl + Child    | 1          | \$67.42  |
| Empl + Fam      | 2          | \$103.19 |
| Monthly Premium |            | \$706.40 |

|                 | Enrollment | Rate     |
|-----------------|------------|----------|
| Employee        | 12         | \$30.90  |
| Empl + Spouse   | 1          | \$61.80  |
| Empl + Child    | 1          | \$67.42  |
| Empl + Fam      | 2          | \$103.19 |
| Monthly Premium |            | \$706.40 |

Change from current: 0.0%

• Dental plans have a 12 month rate guarantee. The rates displayed in this package will be effective through 12/31/2022. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.

\* Please refer to your benefit summary or certificate of coverage for a more detailed view of the benefit coverage for services within these categories as some plans may have benefits that differ from what we are able to display here.

<sup>1</sup> Ask about our Consumer Max Multiplier! This consumer driven benefit allows members to carry forward a portion of their unused annual dental maximum into an account for future use.

# Vision renewal

## Vision Benefit Summary

| Current                      |                      |                |
|------------------------------|----------------------|----------------|
| Plan: V1006 Type: VOLUNTARY  |                      |                |
|                              | Services & Materials | Amount         |
| In-Network Copay             | Exam                 | \$10           |
|                              | Materials            | \$25           |
| Frequencies                  | Exam                 | 1 x per 12 mos |
|                              | Lenses               | 1 x per 12 mos |
|                              | Frames               | 1 x per 12 mos |
| Out-of-Network Reimbursement | Exam                 | Up to \$40     |
|                              | Single Lenses        | Up to \$40     |
|                              | Bifocal Lenses       | Up to \$60     |
|                              | Trifocal Lenses      | Up to \$80     |
|                              | Lenticular Lenses    | Up to \$105    |
|                              | Frames               | Up to \$45     |
|                              | Elective Contacts    | Up to \$105    |

| Renewal                      |                      |                |
|------------------------------|----------------------|----------------|
| Plan: S1006 Type: VOLUNTARY  |                      |                |
|                              | Services & Materials | Amount         |
| In-Network Copay             | Exam                 | \$10           |
|                              | Materials            | \$25           |
| Frequencies                  | Exam                 | 1 x per 12 mos |
|                              | Lenses               | 1 x per 12 mos |
|                              | Frames               | 1 x per 12 mos |
| Out-of-Network Reimbursement | Exam                 | Up to \$40     |
|                              | Single Lenses        | Up to \$40     |
|                              | Bifocal Lenses       | Up to \$60     |
|                              | Trifocal Lenses      | Up to \$80     |
|                              | Lenticular Lenses    | Up to \$105    |
|                              | Frames               | Up to \$45     |
|                              | Elective Contacts    | Up to \$105    |

## Monthly Rates/Premiums

|                 | Enrollment | Rate    |
|-----------------|------------|---------|
| Employee        | 13         | \$5.25  |
| Empl + Spouse   | 1          | \$9.97  |
| Empl + Child    | 0          | \$11.70 |
| Empl + Fam      | 1          | \$16.47 |
| Monthly Premium |            | \$94.69 |

|                 | Enrollment | Rate    |
|-----------------|------------|---------|
| Employee        | 13         | \$5.25  |
| Empl + Spouse   | 1          | \$9.97  |
| Empl + Child    | 0          | \$11.70 |
| Empl + Fam      | 1          | \$16.47 |
| Monthly Premium |            | \$94.69 |

Change from current: 0.0%

• Vision plans have a 24 month rate guarantee from contract issuance. The rates displayed within this package will be effective through 12/31/2022. The rate guarantee is subject to change based upon changes to the policy and/or plan structure.



## Basic Life AD&D options

|                | Enrollment | Benefit  | Volume    | Rate per \$1,000 | Total   | Monthly Premium |
|----------------|------------|----------|-----------|------------------|---------|-----------------|
| Life Insurance | 18         | \$25,000 | \$437,500 | \$0.19           | \$83.13 | \$91.88         |
| AD&D Insurance |            |          |           | \$0.02           | \$8.75  |                 |

- Basic Life/AD&D plans have a 24 month guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- All coverage terminates at retirement.
- If you choose to offer \$25,000 or more in base life insurance, the Packaged Savings Program may apply. Packaged Savings may not be available in all states or for all group sizes.
- The benefits will be reduced to 65% of original amount at age 65 and to 50% of the original amount at age 70.

## Supplemental Life AD&D Options

| Offer 1                    |  |
|----------------------------|--|
| Employee Supplemental Life | LI0021SP000500                               |
| Benefit                    | \$10,000 to \$100,000 in \$10,000 increments |
| Guaranteed Issue           | \$30,000.00                                  |
| Enrollment                 | TBD  |
| Employee Supplemental AD&D | LI0021SP0005A0                               |
| Benefit                    | \$10,000 to \$100,000 in \$10,000 increments |
| Guaranteed Issue           | \$30,000.00                                  |
| Enrollment                 | TBD  |
| Spouse Supplemental Life   | LI0021SD00S100                               |
| Benefit                    | Choice of \$10,000 or \$20,000               |
| Guaranteed Issue           | \$20,000.00                                  |
| Enrollment                 | TBD  |
| Spouse Supplemental AD&D   | LI0021SD00S1A0                               |
| Benefit                    | Choice of \$10,000 or \$20,000               |
| Guaranteed Issue           | \$20,000.00                                  |
| Enrollment                 | TBD  |
| Child Supplemental Life    | LI0021SD00C100                               |
| Benefit                    | Choice of \$5,000 or \$10,000                |
| Guaranteed Issue           | \$10,000.00                                  |
| Enrollment                 | TBD  |
| Child Supplemental AD&D    | LI0021SD00C1A0                               |
| Benefit                    | Choice of \$5,000 or \$10,000                |
| Guaranteed Issue           | \$10,000.00                                  |
| Enrollment                 | TBD  |

## Monthly Rates

| Age Range | Monthly Rate / \$1,000 |                  |
|-----------|------------------------|------------------|
|           | Employee Supp Life     | Spouse Supp Life |
| <25       | \$0.04                 | \$0.04           |
| 25-29     | \$0.04                 | \$0.04           |
| 30-34     | \$0.05                 | \$0.05           |
| 35-39     | \$0.08                 | \$0.08           |
| 40-44     | \$0.11                 | \$0.11           |
| 45-49     | \$0.18                 | \$0.18           |
| 50-54     | \$0.29                 | \$0.29           |
| 55-59     | \$0.44                 | \$0.44           |
| 60-64     | \$0.60                 | \$0.60           |
| 65-69     | \$0.94                 | \$0.94           |
| 70-74     | \$1.59                 | \$1.59           |
| 75+       | \$4.73                 | \$4.73           |
| ALL       | Employee Supp AD&D     | Spouse Supp AD&D |
|           | \$0.02                 | \$0.02           |
| ALL       | Child Supp Life        | Child Supp AD&D  |
|           | \$0.10                 | \$0.02           |

- Supplemental Life/AD&D plans have a 24 month rate guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- Supplemental Life/AD&D plans do not include an annual open enrollment
- Total Volume is listed separately for each of the Life and AD&D products.
- Accelerated Death Benefit, Waiver of Premium, Portability and Conversion are included.
- Dependent children are covered to age 26.
- The benefits will be reduced to 65% of original amount at age 65 and to 50% of the original amount at age 70.
- New Hire Evidence of Insurability is required for amounts above the Guaranteed Issue and for late entrants.
- For coverage to remain active minimum group participation requirements must be met. Generally, 100% for coverage entirely paid by the employer, 75% for coverage partially paid by the employer, and 25% for coverage 100% paid by the employee.
- To be eligible for coverage, employees must be actively at work (as defined in the Policy), employed full-time and working a minimum number of hours/week (as stated in the Policy) and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.
- Limitations for AD&D: Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug, driving while intoxicated, engaging in a hazardous activity or travel in private aircraft.
- Continuity of Coverage/No Loss No Gain for previously covered employees is included.
- When there is more than one class, there can be no more than 2½ times difference in benefit amount between classes.
- Group must have been in business for a minimum of two years and no more than 50% of the group can be immediate family members.
- Please refer to your Policy for more details about benefits, limitations, exclusions and other provisions of your coverage. Plans and coverage options will vary by employer group and state.
- All coverage terminates at retirement.

# Short Term Disability Options

|                             | Offer 1                           | Offer 2                           | Offer 3                           | Offer 4                           |
|-----------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Plan Code                   | ST0001SB006500                    | ST0001SB007500                    | ST0001ST0AACIJ                    | ST0001ST0AAESZ                    |
| Contribution Level          | Contributory                      | Contributory                      | Noncontributory                   | Noncontributory                   |
| Enrollment                  | 18                                | 18                                | 18                                | 18                                |
| Elimination Period          | 7 Days Accident / 7 Days Sickness | 7 Days Accident / 7 Days Sickness | 7 Days Accident / 7 Days Sickness | 7 Days Accident / 7 Days Sickness |
| Weekly Benefit Amount       | Flat \$250                        | Flat \$250                        | 66.67% to \$700                   | 66.67% to \$700                   |
| Benefit Duration            | 13 weeks                          | 26 weeks                          | 13 weeks                          | 26 weeks                          |
| Definition of Disability    | Residual                          | Residual                          | Residual                          | Residual                          |
| Pre-Ex Condition Limitation | 12/12                             | 12/12                             | None                              | None                              |

## Monthly Rates

| Rate Structure       | Composite                     | Composite                     | Composite                     | Composite                     |
|----------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Age Range            | Rate / \$10 of Weekly Benefit | Rate / \$10 of Weekly Benefit | Rate / \$10 of Weekly Benefit | Rate / \$10 of Weekly Benefit |
| Composite            | \$0.25                        | \$0.32                        | \$0.20                        | \$0.26                        |
| <b>Total Premium</b> | <b>\$112.50</b>               | <b>\$144.00</b>               | <b>\$230.65</b>               | <b>\$299.85</b>               |

- Short Term Disability plans have a 24 month rate guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- Short Term Disability plans do not include an annual open enrollment.
- Short Term Disability benefits are non-occupational only.
- To be eligible for coverage, employees must be actively at work (as defined in the Policy), employed full-time and working a minimum number of hours/week (as stated in the Policy) and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.
- For coverage to remain active minimum group participation requirements must be met. Generally, 100% for coverage entirely paid by the employer, 50% for coverage partially paid by the employer, and 25% for coverage 100% paid by the employee.
- Premiums and volumes assume an average salary of \$50,000 for all subscribers for salary-based plans. Actual premiums will vary based on actual enrollment.
- Please refer to your Policy for more details about benefits, limitations, exclusions and other provisions of your coverage. Plans and coverage options will vary by employer group and state.

# Long Term Disability Options

|                               | Offer 1          | Offer 2          | Offer 3             | Offer 4             |
|-------------------------------|------------------|------------------|---------------------|---------------------|
| Plan Code                     | LT0001LB072730   | LT0001LB072830   | LT0001LT000027      | LT0001LT000025      |
| Contribution Level            | Noncontributory  | Noncontributory  | Noncontributory     | Noncontributory     |
| Enrollment                    | 18               | 18               | 18                  | 18                  |
| Elimination Period            | 90 Days          | 180 Days         | 90 Days             | 180 Days            |
| Monthly Benefit Amount        | 60% up to \$3000 | 60% up to \$3000 | 66.67% up to \$5000 | 66.67% up to \$5000 |
| Benefit Duration              | 5Yr              | 5Yr              | ADEA I with NRA     | ADEA I with NRA     |
| Definition of Disability      | Residual         | Residual         | Residual            | Residual            |
| Pre-Ex Condition Limitation   | 3/12             | 3/12             | 3/12                | 3/12                |
| Total Monthly Covered Payroll | \$54,000.00      | \$54,000.00      | \$74,988.00         | \$74,988.00         |

## Monthly Rates

| Rate Structure       | Composite                               | Composite                               | Composite                               | Composite                               |
|----------------------|---|---|---|---|
| Age Range            | Rate / \$100 of Monthly Covered Payroll | Rate / \$100 of Monthly Covered Payroll | Rate / \$100 of Monthly Covered Payroll | Rate / \$100 of Monthly Covered Payroll |
| Composite            | \$0.11                                  | \$0.08                                  | \$0.26                                  | \$0.18                                  |
| <b>Total Premium</b> | <b>\$59.40</b>                          | <b>\$43.20</b>                          | <b>\$194.97</b>                         | <b>\$134.98</b>                         |

- Long Term Disability plans have a 24 month rate guarantee from contract issuance. Note that the rate guarantee is subject to change based upon changes to the policy and/or plan structure.
- Long Term Disability plans do not include an annual open enrollment.
- The premium shown is an estimate based on the census provided. This estimate is not valid if the sold census varies by more than 10% of coverage or lives. For group sizes 10-50 which have more than one class indicated on the census, the final premium will be calculated once the sold plan codes have been selected.
- Benefit amounts are based on Total Monthly Covered Payroll. For a group with 10-50 eligible lives, the maximum benefit is the lesser of: \$10,000 or the average of the top three salaries. For a group with 2-9 eligible lives, the maximum benefit is the lesser of: \$5,000 or the average of the top two salaries. Based on the census provided, the LTD benefit requested may be reduced.
- Other provisions included are: Recurrent disability, waiver of premium, continuity of coverage, workplace modification benefit, and care management services.
- Mental Illness and Substance Abuse have a 24 month lifetime limitation.
- There is a full family integration with Social Security.
- There is a 3 months lump sum gross survivor benefit and a 12 month Work Incentive Benefit.
- For coverage to remain active minimum group participation requirements must be met. Generally, 100% for coverage entirely paid by the employer, 50% for coverage partially paid by the employer, and 25% for coverage 100% paid by the employee.
- To be eligible for coverage, employees must be actively at work (as defined in the Policy), employed full-time and working a minimum number of hours/week (as stated in the Policy) and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.
- SSNRA means "Social Security Normal Retirement Age"
- Please refer to your Policy for more details about benefits, limitations, exclusions and other provisions of your coverage. Plans and coverage options will vary by employer group and state.
- Premiums and volumes assume an average salary of \$50,000 for all subscribers for salary-based plans. Actual premiums will vary based on actual enrollment.

# Decide on your renewing coverage

It's time to select your coverage and determine which plan(s) are best for your business.

See the renewal enrollment forms starting on next page of this renewal package.

1. Complete the [Renewal Change Form](#) to identify any changes to your coverage elections.
  - Select the medical plan option(s) that you would like to make available to your employees for the upcoming renewal year. Select an alternate medical plan option, only if you wish to make a change in your coverage. Otherwise you will be renewed to the renewal plan(s) identified on the 'Review' page.  
Note: If you are renewing onto a Doctors Plan, or a Navigate product (including Navigate®, Navigate Balanced® or Navigate Plus®), each subscriber will need to identify a Primary Care Physician (PCP), near the subscriber's permanent residence, for themselves and each of their dependents. Please contact your broker or UnitedHealthcare renewal representative to obtain the PCP election form and submit the completed form along with the renewal change form.
  - Change or add specialty coverages using the Specialty product selection part of the form. You may also keep your current coverage.
2. Complete the [Employee Plan Selection Form](#) to identify any changes to the enrollment elections for your employees.
3. Sign at the bottom of the [Employee Plan Selection Form](#).
4. Contact your broker or return the completed forms by fax or email to the number at the bottom of the forms. Be sure to respond by the due date indicated.

Thank you for choosing UnitedHealthcare to provide health and wellness benefits for you and your employees for another year!

Federal regulation requires that you update your group's COBRA/Medicare status at the beginning of each calendar year, to be effective January 1. Changes are based upon the prior year employee count. If you would like to confirm your current COBRA or Medicare status or make an update for January 1st, please contact us at 1-888-UHC-HLP1 (1-888-842-4571) between 7 a.m. and 6 p.m. Central Time, Monday through Friday.

# Benefits that help employees be healthier and stay healthier.

UnitedHealthcare offers access to programs that can help members take charge of their health and well-being and even reward them for making positive changes. The following are examples of support programs that are part of UnitedHealthcare plans.\*

## 5 programs that may benefit both you and your employees.



### UnitedHealthcare Motion® —the power of a simple walking program.

For employers who choose a high deductible plan that's integrated with a health savings account (HSA), the Motion program helps motivate participants to do more of what they already do—walk. It's convenient, provides immediate feedback and rewards participants with deposits into their individual HSA. Each day, credits of up to \$3 can be earned through walking, which totals \$1,095 per year.



### The Employee Assistance Program (EAP)—guidance navigating mental health, financial and legal concerns.

EAP helps you develop and foster a high-performance work culture by helping your employees become more engaged, more resilient and more productive.

The confidential\* program is designed to offer support for:

- Managing stress.
- Improving relationships at home or work.
- Resolving legal and financial concerns.
- Getting past emotional issues or grief.
- Addressing depression, anxiety or substance use issues.

Here's how it works:

- The EAP team can provide your employees with immediate help 24/7 or direct them to one of their network providers for a no-cost, face-to-face consultation.
- When appropriate, employees may receive a referral for up to 3 face-to-face visits with a network EAP provider.



## Virtual Visits—24/7 access to care.

Virtual Visits offer quick care for minor conditions through [myuhc.com](https://myuhc.com)<sup>®</sup> and the UnitedHealthcare<sup>®</sup> app.\*\* During a short online appointment, employees can obtain a diagnosis and have a prescription sent to their pharmacy, if needed.\*\*\*



## United Behavioral Health—support for mental health and substance disorder services.

This program provides employees with access to a network of mental health and substance disorder counselors who match their needs with the most appropriate physician or health care professionals. Our care advocates are available 24/7 and offer support for:

- Depression, stress and anxiety
- Alcohol and drug abuse
- Marital problems
- Domestic violence
- Grief, loss and anger management
- Eating disorders
- Excessive spending and gambling
- Medication management



## COBRA Administration—simplified benefit and administration services.

This service can reduce your burden and costs while helping employees who no longer qualify under your group plan continue paying for and receiving medical, dental and vision benefits. We can service all COBRA needs with assured compliance and efficient record-keeping, including both employer and employee support.



\* Confidential to the fullest extent permitted by law.

\*\* Data rates may apply.

\*\*\* Certain prescriptions may not be available, and other restrictions may apply.

UnitedHealthcare Motion is a voluntary program. The information provided is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for you. Receiving an activity tracker and/or certain credits and/or purchasing an activity tracker with earnings may have tax implications. You should consult an appropriate tax professional to determine if you have any tax obligations under this program, as applicable. If any fraudulent activity is detected (e.g., misrepresented physical activity), you may be suspended and/or terminated from the program. If you are unable to meet a standard related to health factor to receive a reward under this program, you might qualify for an opportunity to receive the reward by different means. You may call us toll-free at 1-855-256-8669 or at the number on your health plan ID card, and we will work with you (and, if necessary, your doctor) to find another way for you to earn the same reward. Rewards may be limited due to incentive limits under applicable law. Subject to HSA eligibility, as applicable.

Real Appeal is a voluntary weight loss program that is offered to eligible participants as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times or in all locations.

The UnitedHealthcare<sup>®</sup> app is available for download for iPhone<sup>®</sup> or Android<sup>®</sup>. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

This communication is not intended, nor should it be construed, as legal or tax advice. Federal and state laws and regulations are subject to change. The content provided is for informational purposes only and does not constitute medical advice. Decisions about medical care should be made by the doctor and patient. Always refer to the plan documents for specific benefit coverage and limitations.

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# Information about HRA/HSA Contribution Requirements under the Affordable Care Act (ACA)

Our goal is to help you understand how the contributions you make to your employees' HSAs and integrated HRAs can affect the actuarial value of your health plan. Under the Affordable Care Act (ACA), plan sponsors are required to offer health coverage to their employees that falls within one of four metallic levels of coverage. Each metallic level has its own range of permitted actuarial values. UnitedHealthcare, as a health insurance issuer, is also obligated to only offer health coverage that falls within the four metallic levels.

It is important to understand that the amount of the contributions that you make to your employees' HSAs or integrated HRAs have an impact on the actuarial value of every plan design we offer to you. Further, with respect to an integrated HRA, the available contribution ranges shown in this proposal/renewal packet are specific to the particular type of HRA (Standard or Select, see definitions below) we have available in your market. We will gladly work with you to make sure you understand the HRA plans available in your market.

## Why this is important

Making sure that the employer contribution to HSAs or HRAs fall into the designated dollar amount ranges helps ensure that your plan meets the actuarial value for the metallic level of coverage you have elected for your health plan offering and that you maintain compliance with the requirements of the ACA. Failing to make the contributions as indicated may mean that your selected plan falls below the actuarial value for the metallic level while funding at an amount above may mean the actuarial value for the metallic level has been exceeded. In either circumstance your plan will not be compliant with the requirements of the ACA.

We are offering you the plan you have chosen for your employees based on the understanding that your contributions to your employees' HSA or HRA will be made as set forth in the proposal for new customers or, for existing customers, in the renewal plan documents. In addition, contributions must be available to employees on the first day of the plan year.

**If you do not intend to make the contributions or intend to change the amount or timing of the contributions, it may mean that your plans will not fall within the appropriate metallic level and thus may not be compliant with the ACA.** We want to ensure that does not happen so are asking that you please contact your UnitedHealthcare representative to let them know of any changes to your plan or to the amount and/or timing of the HSA/HRA contributions you intend to make.

## Please take these steps to ensure compliance

1. If you are a new customer, please review the contribution amounts for the plan you have selected. These amounts are shown in your final proposal from UnitedHealthcare. If you are an existing customer, please review the contribution amounts that are shown in your renewal plan documents. If you do not have the appropriate document, please contact your UnitedHealthcare representative, who can provide the information to you.
2. Please make the required HSA/HRA contribution so that it is available on the first day of the plan year.
3. For HRA plans, please ensure that your HRA plan design is such that HRA amounts may only be used to reimburse employees for cost sharing amounts under your plan.
4. Please note your HRA must adhere to the UnitedHealthcare HRA Standard or Select product design available in your market. (See description below.)
5. Please inform us at least 30 days in advance of any plan changes to your plan.

We are committed to ensuring the ACA is implemented successfully and that you, as our customer, know the necessary actions to take. We are here to help you throughout this process, so if you have questions please contact your UnitedHealthcare representative.



UnitedHealthcare Standard HRA plans are available in Alabama, Arizona, Arkansas, Connecticut, Delaware, Florida, Georgia, Idaho, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Utah, Virginia, Washington, and West Virginia. Standard HRAs (also known as first dollar HRAs) are designed to pay 100% of the initial claims until the HRA is depleted. The member is then responsible for payment of additional claims until the deductible is satisfied. The maximum HRA contribution amount is equal to 50% of the deductible.

UnitedHealthcare Select HRA plans are available in California, Colorado, Iowa, Illinois, Indiana, Kansas, Kentucky, Michigan, Missouri, New Mexico, Ohio, Oklahoma, Oregon, Texas, Wisconsin and Wyoming, as Shared or Split. Shared HRA plans pay a percentage of first dollar qualifying expenses up to the HRA contribution limit. The employee is responsible for the remaining percentage of first dollar qualifying expenses. Split Deductible HRA (also called second dollar) plans are designed so the employee is responsible for the first 50% of expenses applying to the deductible; then the Employer funded HRA pays for subsequent qualifying expenses up to the HRA contribution limit. The maximum Employer HRA funding for both Shared and Split Deductible is equal to 50% of the deductible.





# Provide employees with a program that encourages lasting weight loss.

Nearly 7 out of 10 adults are considered overweight or obese.<sup>1</sup> Health care costs directly related to excess pounds are estimated at \$190 billion per year and will continue to rise.<sup>2</sup> Real Appeal® is working to reverse this trend, with tools and support to help employees lose weight and prevent weight-related health conditions. **Real Appeal is provided at no additional cost to eligible employees as part of their medical benefit plan.**

## Steps that may help lead to successful transformation.

Real Appeal is designed to help motivate your employees to improve their health and reduce their risk of developing costly, chronic conditions like cardiovascular disease and diabetes. The program combines clinically proven science with engaging content that teaches employees how to eat healthier and be active, without turning their lives upside down, to help them achieve and maintain their weight-loss goals.



**Real Appeal yields real success.**

**620k+**  
registered participants.<sup>3</sup>

**80%**  
of participants lost weight.<sup>4</sup>

**42%**  
lost 5 percent or more in  
body weight.<sup>4</sup>

**10 pounds**  
of weight lost per person  
(on average).<sup>4</sup>

<sup>1</sup> The Journal of the American Medical Association; "Trends in Obesity Among Adults in the United States"; June 2016.

<sup>2</sup> American Heart Association; "Understanding the American Obesity Epidemic"; 2017.

<sup>3</sup> UnitedHealthcare book of business; results through March 2019: Cohort represents participants at risk, in program 26+ weeks, attending 9+ ILIs (N > 50,000).

<sup>4</sup> UnitedHealthcare book of business, 2018 results through December 2018: Cohort represents participants at risk, in program 26+ weeks, attending 9+ ILIs (N > 50,000).

## Real Appeal includes:

### 1 A Success Kit.

After attending their first group coaching session, employees receive a Success Kit with tools to help them kick-start their weight loss. The kit includes:

- Nutrition guide with recipes
- Fitness guide
- Portion plate
- 12 fitness DVDs
- Electronic food scale
- Resistance bands
- Digital weight scale

Employees will also receive a personal blender during week 8 of the program—before the class on healthy smoothie options.



### 2 A personalized Transformation Coach.

Coaches guide employees through the program step-by-step, customizing it to help fit their needs, personal preferences, goals and medical history.

### 3 24/7 online support and mobile app.

Staying accountable to goals may be easier than ever.

- Customizable food, activity, weight and goal trackers.
- Unlimited access to digital content.
- Success group support, which lets employees chat with others who are doing the Real Appeal program.
- An online TV show that is fun, engaging and helps employees learn new ways to be healthier.

## Why Real Appeal works.

Real Appeal is guided by a Clinical Advisory Board of obesity, nutrition and behavior-change experts that create customized content to help keep your employees engaged throughout their weight-loss journey. Your employees will learn steps to help with long-term transformation, which may translate to a happier, healthier workforce.



To learn more, contact your UnitedHealthcare representative.

## How to implement Real Appeal.

We provide resources to promote Real Appeal to your employees. Just follow these 3 steps to get started:



### 1. Create an account.

Go to [engage.realappeal.com](https://engage.realappeal.com). Here, you'll choose a username and password, provide contact information and fill out a company profile to match with your eligibility file from your policyholder number.



### 2. Choose a launch date.

This will be the date of your first email to employees.



### 3. Configure your launch email.

Choose an email sender and upload email addresses.



Real Appeal is a voluntary weight loss program that is offered to eligible UnitedHealthcare members and dependents who are 18 years of age or older as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results will vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

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# Certificate of Coverage summary for UnitedHealthcare

For plans with up to 50 employees renewing Jan. 1, 2022, and after

## Medical benefit coverage overview

The following is a high level summary of the Certificate of Coverage (COC) changes for groups renewing Jan. 1, 2022, and after. The benefit information provided represents UnitedHealthcare national standards. State-specific regulations will generally override these benefit standards.

### Note

This summary applies only to employers who have already implemented Affordable Care Act (ACA)-compliant benefit plans.

| Topic                      | Summary of Benefit Changes for 2022   |
|----------------------------|---|
| <b>New Benefit Changes</b> | <ul style="list-style-type: none"> <li>• Benefits for fertility preservation for medical reasons that cause irreversible infertility such as chemotherapy, radiation treatment, and bilateral oophorectomy due to cancer are covered health care services. Benefits are also provided for Preimplantation Genetic Testing (PGT) performed to identify and to prevent genetic medical conditions from being passed onto offspring. A combined maximum benefit of \$20,000 medical and \$5,000 pharmacy will apply. Fertility preservation benefits are further limited to one cycle per covered person per lifetime.</li> <li>• For designated network benefits for lab services must be received by a designated diagnostic provider. Network benefits are lab services received from a network provider that is not a designated diagnostic provider will be covered at a lower benefit level. This may vary by state.</li> <li>• For designated network benefits, outpatient major diagnostic and imaging services must be received from a designated diagnostic provider. Outpatient major diagnostic and imaging services received from a network provider that is not a designated diagnostic provider will be covered at a lower benefit level. This may vary by state.</li> <li>• Benefits are provided for services delivered via telehealth/telemedicine from network providers to the same extent as an in-person service under any applicable benefit category. Telehealth/telemedicine is defined as live, interactive audio with visual transmissions of a physician-patient encounter from one site to another using telecommunications technology. The site may be a CMS-defined originating facility or another location such as a covered person's home or place of work. Telehealth/telemedicine does not include virtual care services provided by a designated virtual network provider.</li> <li>• Language regarding the notification and availability of prenatal programs was removed. However, programs may still be available.</li> <li>• The definition for "Intensive Outpatient Treatment" has been updated to define the American Society of Addiction Medicine (ASAM) criteria for both Mental Health Care Services and Substance-Related and Addictive Disorders Services.</li> </ul> |
| <b>New Exclusions</b>      | <ul style="list-style-type: none"> <li>• Health care services received outside of the covered person's state of residence from out-of-network providers are excluded for non-emergent, sub-acute inpatient or outpatient services at any of the following non-hospital facilities: alternate facilities, freestanding facilities, residential treatment facilities, inpatient rehabilitation facilities, and skilled nursing facilities.</li> <li>• The orthotic appliance exclusion does not apply to cranial molding helmets and cranial banding that meet clinical criteria.</li> <li>• Animal-assisted therapies are excluded.</li> <li>• The exclusion for self-administered or self-infused medications does not apply to certain hemophilia treatment centers. Those treatment centers are contracted with a specific fee schedule that allows them to dispense medication used to treat bleeding disorders directly to covered persons for self-administration.</li> </ul>  |

## Contact your UnitedHealthcare representative for additional information

Reform requirements for prior authorization, out-of-network reimbursement and Essential Health Benefits (EHB) may vary by state. This document is for illustrative purposes only. Actual terms and plan design features may vary. In the event of a conflict between this document and the terms of an individual member's Certificate of Coverage, the Certificate of Coverage prevails. NOTE: Benefit plan options are based on national standards. State-specific regulations will always override these standards. Contact your UnitedHealthcare representative for more information.

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# Thank you

**for choosing UnitedHealthcare.**

We appreciate your business and look forward to another year of serving you and your employees.

Your business' needs and priorities may have changed since last year. You don't have to change carriers to get a plan that meets your company's or employees' new or changing needs.

All of us here at UnitedHealthcare are committed to delivering the products and services so you can continue to offer coverage to your employees that makes the most sense for your business situation.

**Better information. Better decisions. Better results.**

# Glossary

**Annual Plan Maximum** – The maximum dollar amount that a Dental plan will pay toward the cost of care within a specific period, usually a calendar year.

**Calendar Year Deductible** – A deductible that is calculated based on a calendar year, beginning on January 1 and restarting the following January 1.

**Certification of Coverage** – A written document provided to members that sets forth the terms of the health plan. It explains among other things coverage, member cost share obligations, appeal rights, and important enrollment information.

**Change from Current** – The percentage change between the estimated renewal premium and the current premium, which may include rate increases and subscriber changes.

**COBRA** – Consolidated Omnibus Budget Reconciliation Act of 1985. COBRA applies to employers who general employ 20 or more full-time equivalent employees. It allows employees and dependents who no longer qualify under an employer approved group health plan to continue insurance under the group benefit plan.

**Coinsurance** – The portion of covered costs that UnitedHealthcare will pay after the deductible is met. There are separate amounts for in-network and out-of-network services.

**Contribution Level** – Defines the level of contribution made by the employer toward the premium for the plan.

**Copay** – The fixed dollar amount the member must pay directly to a provider at the time they receive certain services

**Deductible** – The amount of covered expenses that the insured (member) must pay before the insurance starts paying covered expenses, excluding copays, coinsurance, and non-covered expenses.

**Definition of Disability** – Description of the level of disability that is covered under the Short Term or Long Term Disability plan.

**Elimination Period** – also known as the waiting period, defines the amount of time that must pass before the member is eligible to collect benefits.

**Flexible Spending Account (FSA)** – A dedicated savings account to which employees contribute on a pre-tax basis. The money is then used to get reimbursed for eligible health expenses.

**Guaranteed Issue** – The amount of life insurance available to the member without having to provide Evidence of Insurability (EOI).

**HIPAA** – Health Insurance Portability and Accountability Act. This law sets standards for the security and privacy of protected health information. In addition, the law makes it easier for individuals to change jobs without the risk of extended waiting periods due to pre-existing conditions.

**HRA** – Health Reimbursement Account. An account to which an employer can make contributions that are not taxable to the employee, and which the employee can use to pay for certain covered medical expenses.

**HSA** – Health Savings Account. A trust or custodial account that is established with a bank, insurance company, or other IRS approved trustee, to pay for certain covered medical expenses with employee pre-tax or taxable contributions, and/or employer non-taxable contributions.

**Med/Rx Ded Combined** – a plan design in which pharmacy and medical expenses accumulate to the same deductible.

**Metallic Levels** – An identifier of the level of coverage provided by an ACA-qualified plan based on the actuarial value, i.e. the percentage of health care costs that are covered by the plan. The four levels of coverage are Bronze (60%), Silver (70%), Gold (80%), and Platinum (90%).

**Out-of-network** – Employees and their covered dependents receiving non-network services may have additional financial responsibility beyond any applicable plan deductible, coinsurance amount, and co-payment. This additional financial responsibility will not apply to any out-of-pocket maximum.

**Out-of-pocket maximum** – the maximum dollar amount that one pays for covered services in a year under the terms of the health plan.

**PCP** – A primary care physician is a doctor who is usually trained in pediatrics, internal medicine, obstetrics/gynecology, family practice, or general medicine.

**PPACA** – Patient Protection and Affordable Care Act. Also known as the “Affordable Care Act”. A law intended to increase access to health care for more Americans that included many changes impacting the commercial health insurance market, Medicare, and Medicaid.

**Policy Year Deductible** – A deductible that is calculated based on a one year period starting with the effective date of the policy and restarting the follow year on that date.

**Pre-Ex Condition Limitation** – The number of months after coverage begins, that a disability from a pre-existing condition will be covered.

**Subscriber** – The person responsible for payment of premiums or whose employment is the basis of eligibility for membership in a plan.

**Transitional Relief** – Certain states have allowed small employers to retain their Medical plans that do not include the provisions required under PPACA rules.



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Health Plan coverage provided by or through UnitedHealthcare of Colorado, Inc..

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates, or UnitedHealthcare of Kentucky. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and DPOL.12.TX (Rev. 9/16) and associated COC form numbers DCOC.CER.06 and DCERT.IND.12.TX. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA.

Benefits for the UnitedHealthcare dental Select Managed Care plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc., Dental Benefit Providers of Illinois, Inc., and UnitedHealthcare of Georgia. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO.EOC.11.TX. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services HMO in Virginia, Pennsylvania and a Dental Plan Organization in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental Select Managed Care/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.INT.06.TX or VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.INT.06.VA or VCOC.CER.13.VA.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Life and Disability products are provided on policy forms LASD-POL (05/03) et al. and UHCLD-POL 2/2008 et al., in Texas on forms LASD-POL-TX(05/03) and UHCLD-POL 2/2008-TX, and in Virginia on LASD-POL(05/03) and UHCLD-POL 2/2008. UnitedHealthcare Insurance Company is located in Hartford, CT, and Unimerica Life Insurance Company is located in Milwaukee, WI.

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. Some products are not available in all states.

UnitedHealthcare EDGE<sup>®</sup> plans are only available in states that have implemented the 2007 and 2011 Certificates of Coverage and have the UnitedHealth Premium<sup>®</sup> designation program.

UnitedHealth Wellness<sup>®</sup> is a collection of programs and services offered to UnitedHealthcare enrollees to help them stay healthy. It is not an insurance product but is offered to existing enrollees of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to encourage their participation in wellness programs. Health care professional availability for certain services may be dependent on licensure, scope of practice restrictions or other requirements in the state. Some UnitedHealth Wellness programs and services may not be available in all states or for all group sizes.

The UnitedHealthcare Health Savings Account (HSA) high deductible health plan (HDHP) is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account with the bank of their choice or through Optum Bank, Member of FDIC. "UnitedHealthcare HSA" refers generally to the UnitedHealthcare HSA product, which includes a HDHP, although at times "UnitedHealthcare HSA" may refer only and specifically to the UnitedHealthcare Health Savings Account, provided in conjunction with Optum Bank and not to the associated HDHP.

UnitedHealthcare's Health Reimbursement Account, or HRA, combines the flexibility of a medical benefit plan with an employer-funded reimbursement account

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