UnitedHealthcare's COVID-19

Frequently Asked Questions

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UnitedHealthcare®

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KEY RESOURCES – COVID-19

- UnitedHealthcare Summary of COVID-19 dates on uhc.provider.com New 6/5
- CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again New 5/22
- CDC COVID-19 Site - what you should know, situation updates, community impacts and resources
- Families First Act and CARES Act FAQ New 5/13
- FDA Fact Sheet Serological Test for Antibodies and FDA Diagnostic Testing FAQs **New 4/21**
- Health and Human Services Coronavirus Resources
- CDC Travel recommendations
- UnitedHealthcare COVID-19 FAQ
- IRS Notice on High Deductible Plans with HSA
- Family First Coronavirus Response Act (H.R. 6201)
- Test Locator Tool New 5/7
- Emotional Support line 866-342-6892 available 24/**7 New 5/7**
- Sanvello press release
- External ASO Options Guide
- UnitedHealthcare/OptumRx Community Circle Fighting COVID-19 Together New 4/13
- DOJ Reporting COVID-19 suspected scams: Fraud Hotline call **1-866-720-5721** or email disaster@leo.gov
- FDA Approved Tests **New 5/1**
- Back to Worksite Toolkit – Employer eServices (EeS), United eServices (UeS) or other secure platform (UMR, All Savers, Sierra) **New 5/5**

FEDERAL GUIDANCE

What information can you provide on the Federal Legislation that passed on March 18, 2020?

The Families First Coronavirus Response Act (HR 6201) (“Act”) requires group health plans and health insurance issuers offering group or individual health insurance coverage (including grandfathered plans) to cover COVID-19 diagnostic testing and certain COVID-19 diagnostic testing related items and services without cost sharing (deductibles, copayments and coinsurance), prior authorization or other medical management requirements.

- This coverage includes the COVID-19 diagnostic test and a COVID testing-related visit to order or administer the test. A testing related visit may occur in a health care provider’s office, an urgent care center, an emergency department or through a telehealth visit.
- For plans with in- network and out- of- network benefits cost sharing (copayments, coinsurance and deductibles) will not apply.
- For plans with in-network benefits only, cost sharing (copayments, coinsurance, deductibles) will not apply for out-of-network emergency services or when an in- network provider is not available.
- Telehealth services apply both in and out-of-network.
- The Act is effective March 18, 2020 to apply retroactively. Currently our approach will be to have these guidelines in place on April 1 and then re-adjust the claims to meet the March 18 effective date.

BACK TO WORKSITE

Does UnitedHealthcare have some information related to employer groups returning to their worksites? New 5/5

As employers across the country prepare to return to worksite, careful and deliberate planning can help make it a successful transition.

UnitedHealthcare dedicated telephonic support will provide responses and access to information regarding return to worksite guidelines pertinent to a customer's business and employees. UnitedHealthcare small groups may call their existing toll-free number, larger groups may contact their dedicated client service manager or strategic client executive. UMR, All Savers, Oxford, Sierra and Specialty should contact their normal support channels.

A broker or UnitedHealthcare customer may authenticate and access the Return to Worksite Toolkit through Employer eServices (EeS), United eServices (UeS) or appropriate portals or contact UnitedHealthcare. The toolkit features helpful resources, information on COVID testing, state-specific websites, and return-to-worksite considerations – from approaches to social distancing and facility access to managing business travel and more.

A few ideas include:

1. Confirm Your Region is Ready
2. Prepare for worksite return, by establishing policies and preparing buildings.
3. Prepare employees prior to return.
4. Begin the return to worksite process.
5. Once back at work employees with symptoms should understand the importance to stay home and get tested and have a plan if an outbreak occurs again.

Has the CDC published back to work guidelines? New 5/22/20

Yes. The CDC has website and a booklet called CDC Activities and Initiatives Supporting the COVID-19 Response and the President's Plan for Opening America Up Again.

CLINICAL

THE INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE CORONAVIRUS.GOV AND CDC WEBSITE FOR THE MOST CURRENT INFORMATION.

What is it?

COVID-19 is a respiratory infection. It is caused by an RNA virus called nCoV19 that is part of the SARS lineage of coronaviruses.

What are the symptoms?

The symptoms of COVID-19 are fever, cough and shortness of breath. Those who develop serious illness generally are found to have pneumonia.

How does it spread?

COVID-19 can spread from person to person, primarily between people who are in close contact – within about 6 feet – of one another, through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then by touching their mucous membranes (mouth, nose, eyes). It is believed it can live on surfaces in the range of hours to days. Some early studies indicate that it may also be passed through stool/feces.

Is there a vaccine?

There is currently NO vaccine to protect against COVID-19. While there are numerous efforts underway to develop a vaccine, (in fact you may have heard the first human trial began on 3/17/2020) historical experience would suggest it will be at least a year before one is commercially available to the general public. Please refer to www.coronavirus.gov

Who is most at risk?

Most cases of COVID-19 worldwide have been mild and >80%[i] of infected individuals have been able to fully recover at home. However, some people are at higher risk of getting very sick from this illness and should take additional precautions. Those people include:

- People over the age of 60, particularly people those over the age of 80;
- People who have chronic medical conditions like heart disease, diabetes, chronic lung disease, chronic renal disease[ii], cancer and obesity; and

- **People** who have a suppressed immune system from medications or those that have a compromised immune system.

Early indication is that the cause of death in individuals with COVID-19 is sepsis, ARDS and/or cardiac arrest[iii]. Please refer to www.coronavirus.gov

What should I do if I have symptoms?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first **CALL** a health care professional for medical advice. Please refer to www.coronavirus.gov

If an employee is immune suppressed due to medication or prior organ transplant, should they be quarantined if they have no other conditions or symptoms (fever, SOB, cough, travel or exposure)?

CDC guidance is for those people at high risk to self-quarantine or socially isolate and take other precautions as outlined on the CDC site. Please refer to www.coronavirus.gov

Is it true that people can infect others before they themselves show any symptoms?

Yes. It is believed a person can be contagious several days before symptoms appear and up to 14 days after symptoms have ended. Please refer to www.coronavirus.gov

Is COVID-19 more dangerous to the autoimmune compromised than the common flu?

Individuals, who are immunocompromised or on immunosuppressive medications, may be at higher risk for getting very sick from the virus. For now, there is limited information in comparative data compared to other illnesses. Please refer to www.coronavirus.gov

Why are diabetics considered a higher risk category?

The CDC outlined areas where individuals may be higher risk and should take more precautions. Some people may have no or relatively mild symptoms, but the CDC considers those people with heart, lung, blood pressure, diabetes, and immune compromised at more at risk[1]. Please refer to www.coronavirus.gov

Are people with asthma at a greater risk?

Yes, adults with chronic medical conditions such as chronic lung diseases may put them at higher risk. Please refer to www.coronavirus.gov

How dangerous is this virus to pregnant women?

Information at this time is very limited on COVID-19 in pregnancy. It is believed that pregnant women may be at a greater risk of getting sick from COVID-19 than the general population. Pregnant women in general may be at increased risk for some infections as they experience changes in their immune systems as a result of pregnancy. It is advisable that all pregnant women practice social distancing. Please refer to www.coronavirus.gov

Will someone who has had the virus and been on isolation at home need to be retested?

People with COVID-19 who have stayed home (home isolated) can stop home isolation and move to 14 days of home quarantine under the direction of their treating physician, state/local health department and government regulations. Generally, home isolation is lifted under the following conditions:

- You received two negative tests in a row, 24 hours apart. AND
- You no longer have a fever (without the use medicine that reduces fevers). AND
- Other symptoms have improved (for example, when your cough or shortness of breath have improved)

Please refer to www.coronavirus.gov

If someone is near another person with COVID, but the person doesn't cough or sneeze, are you at risk of contracting this disease? NEW 3/27

Yes. The virus that causes COVID-19 is spread from person to person. The CDC continues to recommend that actively sick patients be isolated until they are better and no longer pose a risk of infecting others Please refer to www.coronavirus.gov

If a person has self-quarantined for 14 days after exposure, but has not developed symptoms, may they return to work on the 15th day without any fear of an occurrence? NEW 3/27

A person who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to others if they have not developed the illness during the 14-day incubation period.

14 days is the longest incubation period seen with other similar corona viruses. Therefore, the period of quarantine is 14 days, starting with the last day of exposure if no symptoms develop. Please refer to www.coronavirus.gov

What is the likelihood of COVID-19 reinfection? Can antibody tests be used to determine if someone has recovered from COVID? New 4/13

The likelihood that someone is going to get re-infected is small. Like other coronaviruses and viruses in general, there is a period of time at which people remain protected because the way one gets rid of virus is through an antibody response. This is called an amnestic response, meaning it has memory. The body “remembers” an invading substance and produces antibodies against it. The antibody tests available now show antibodies, but there is no proof that these antibodies are amnestic.

In the four months that COVID-19 has existed, we have not seen evidence of reinfection. One of the limitations of antibody testing is that people do not make antibodies until the 7th to 12th day of illness. As a result, a negative test may still indicate a person who has COVID but has not made antibodies yet.

Once you get the virus and recover are you immune or can you get it again?

Human immune response to COVID-19 is still being studied. For other coronavirus infections such as SARS reinfection is unlikely to occur after recovery. It is unlikely that a person with a healthy immune system would get re-infected from a virus as long as there has been no viral mutation[iv]. However, it is unknown at this time if similar protection will occur with COVID-19. Please refer to www.coronavirus.gov

Sources

1. China Centre for Disease Control & Prevention, Statistica
2. China Centre for Disease Control & Prevention, Italian Portal of Epidemiology for Public Health
3. medRxiv 2020.02.26.20028191
4. CDC, WHO, Laure, et.al, 2020
5. https://www.cdc.gov/safewater/effectiveness-on-pathogens.html
6. National Institute of Allergy and Infectious Diseases
7. CDC, WHO, Laure, et.al, 2020
8. National Institute of Allergy and Infectious Diseases

If a member has a valid prior authorization for a surgery that has been postponed, will the member be required to go through the prior authorization process again?

Prior Authorization will remain in effect for 90 days from the date it was initially approved.

Has UnitedHealthcare reduced prior authorization requirements to reduce the administrative burden for physicians and facilities? Update 4/2

UnitedHealthcare continues to adopt measures that will reduce administrative burden for physicians and facilities to help members more easily access the care they need.
This includes:

- Suspension of prior authorization requirements to a post-acute care setting through
  May 31, 2020; and
- Suspension of prior authorization requirements when a member transfers to a new provider through May 31, 2020.

Has UnitedHealthcare extended prior authorizations for those that are open and approved? New 4/15

The following prior authorization provisions apply to all Individual and Group Market health plans, and Medicaid and Medicare Advantage plans.

UnitedHealthcare has issued a 90-day extension, based on original authorization date, of open and approved prior authorizations with an end date or date of service between March 24, 2020, and May 31, 2020, for services at any care provider setting. For example, for a prior authorization with an original end date or date of service of April 30, 2020, the prior authorization would extend through July 29, 2020.

- Applies to existing prior authorizations for medical, behavioral health and dental services. This includes existing prior authorizations for many provide-administered drugs.
- Authorizations issued on or after April 10, 2020, will not be subject to extension.
- Applies to in-network and out-of-network existing prior authorizations.

- Prior authorizations for inpatient procedures will extend 90 days from the expected admission date.
- Providers should re-confirm member eligibility before providing services when authorized dates of service are extended to ensure accurate coverage and benefits are applied.
- If a prior authorization approves numbers of visits or services, then providers must obtain a new prior authorization for additional units, visits, or services beyond what was approved in the original authorization.
    - For example, if the original authorization approved 10 sessions of physical therapy, any sessions beyond 10 would require a new authorization.
- UnitedHealthcare will also follow related state mandates where applicable. However, when UnitedHealthcare provisions exceed those required by states, UnitedHealthcare provisions will apply.
    - For example, if a state has mandated an extension of prior authorizations by 60 days and UnitedHealthcare has extended prior authorizations by 90 days, we will apply the 90-day timeframe to the extension.
- Providers can check the status of authorizations by using either the Prior Authorization and Notification tool on Link, or the website on the back of the member's ID card.

Site of Service was about to launch for self-funded clients on April 1, 2020. Will that program be delayed? New 3/29

UnitedHealth Group is focusing its efforts on being responsive to the needs of the health care ecosystem. With that goal in mind, a decision has been made to:

1) Suspend all Site of Service (SOS) Prior Authorization codes for 30 days starting March 23, 2020 for *fully insured and 47 self-funded (ASO) customers that have purchased SOS as an optional program.*

2) Place the SOS ASO program launch, originally scheduled for April 1, 2020, on hold.

UnitedHealthcare is strategically redeploying resources (e.g., clinical, IT, administrative, etc.) to the areas with the highest need so the company can remain responsive to this rapidly evolving situation, focusing on members, customers and the provider network.

In addition, multiple states have asked that all carriers suspend Utilization Management/Prior Authorization programs during this time,

which would limit UnitedHealthcare's ability to launch this program nationally.

UnitedHealthcare does not want to add extra administrative burden for health care professionals by adding additional codes to Prior Authorization.

Has UnitedHealthcare modified prior authorization requirements for certain Durable Medical Equipment? New 4/7

To help our members access the critical supplies they need and streamline operations for providers during this national emergency, UnitedHealthcare is making changes to several durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) processes and provisions.

The following provisions for prior authorization, reimbursement of disposable supplies and proof of delivery are effective for Medicare Advantage, Medicaid and Individual and Group Market health plan members, with dates of delivery from March 31, 2020, until May 31, 2020.

Coverage and payment are subject to member's benefit plan and the provider's contracts.

Prior Authorization

- For all COVID-19 discharges to home-based care requiring a respiratory assist device or a ventilator, the vendor can deliver on notification only to UnitedHealthcare for codes E0471, E0465, E0466 and E0467 for up to three months from time of delivery. Notification is requested and the claim must be submitted with the appropriate modifiers and diagnosis code (ICD-10). After the three-month period, a prior authorization will be required.
- For orders involving COVID-19-related oxygen requests, oxygen can be delivered without prior authorization and does not need to meet current clinical criteria.
- Where possible, we're eliminating Face-To-Face evaluation requirements for the ordering provider for DMEPOS:
    - For prior authorizations for services that were completed before Oct. 1, 2019, a new prior authorization is required. Provider may complete a Face-To-Face assessment via telehealth.
    - For prior authorizations for services that were completed on Oct. 1, 2019, or later, UnitedHealthcare is extending prior authorizations through Sept. 30, 2020.

    - For new DMEPOS prior authorizations, providers may complete a Face-To-Face assessment via telehealth.
- DMEPOS evaluation requirements remain in effect for complex rehab technology (CRT) and orthotics and prosthetics. However, vendors may use their own technology, if available, to minimize in-person contact.
- Prior authorization is not required for a DMEPOS repair when the claim uses the repair modifier.
- Consistent with existing policy, prior authorization is not required for breast pumps.

The following changes to disposable supply processes for these disposable supply codes will help maintain member supplies:

- For **initial orders,** we'll reimburse beyond 30 days to cover a 30- to 45-day supply depending on packaging.
- For **second orders**, we'll reimburse an additional 15-day supply to allow for overlap.
- For remaining orders, the DME vendors may manage frequency and duration to help members maintain sufficient product on hand, not to exceed 45 days on hand. Supply limits still apply.

To document delivery the vendor must note the time and date of delivery and relationship to member and maintain required documentation for follow-up requests. A physical signature from the patient is not required.

MEMBER SUPPORT

What is UnitedHealth Group doing to help members concerned with COVID-19?

UnitedHealthcare has a team closely monitoring COVID-19, formerly known as the Novel Coronavirus or 2019-nCoV. Our top priority is the health and well-being of the people we serve.

As with any public health issue, UnitedHealthcare will work with and follow all guidance and protocols issued by the U.S. Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and state and local public health departments.

Does UnitedHealthcare provide any support services for those people who have been affected by the virus? Updated 4/19

The CDC website is the best place to go to stay up to date on the developing COVID-19 virus.

- Optum is offering a free emotional support help line for all people impacted. This help line will provide those affected access to trained mental health specialists. The company's public toll-free help line number, **866-342-6892**, will be open 24 hours a day, seven days a week for as long as necessary.

  This service is free of charge and open to anyone. Mental health specialists help people manage their stress and anxiety so they can continue to address their everyday needs. Callers may also receive referrals to community resources to help them with specific concerns, including financial and legal matters.

- UnitedHealthcare and Optum members with EAP and behavioral health benefits can access ongoing resources through their account-specific support numbers. Emotional-support resources and information are also available online at www.liveandworkwell.com.

- The Travel Assistance Program, provided by UnitedHealthcare Global (UHCG), provides 24/7 assistance with pre-travel information, non-medical emergency services and medical emergency assistance when a member is traveling 100 miles or more away from home. This program is included at no extra cost for members enrolled in any UnitedHealthcare Life insurance plan (except in NY).

  For more information about these services, visit the Intelligence Center at www.members.uhcglobal.com.

What is UnitedHealthcare doing to help members with behavioral health needs during the Covid-19 emergency and what tele-mental health solutions are available? Update 5/28

In order to make it easier for our members to receive appropriate treatment during this challenging time, Optum Behavioral Health is enabling providers to use popular applications for video chat or telephonic care immediately to effectively support the behavioral health needs of our members.

This means that for members or providers who do not have access to approved technology typically required to conduct a virtual visit, alternative technologies like telephone visits or video chat services -- like Apple FaceTime, Facebook Messenger, Zoom, Google Hangouts or Skype -- can be used immediately. This also applies to health care providers who are qualified and licensed in accordance with applicable regulations to provide ABA services. Standard cost-sharing and benefits policies will still apply.

In addition, Sanvello is offering free premium access to its digital care delivery platform through June 30, 2020. This offer, available globally, makes Sanvello's clinically validated techniques, coping tools and peer support free to anyone impacted by COVID-19 immediately for the duration of the crisis. Sanvello Health is a UnitedHealth Group company.

How can people access Sanvello free if they are impacted by COVID-19? Update 6/2

Sanvello Health, Inc., a leading provider of digital and telephonic mental health solutions to individuals, businesses and payers will be providing free premium access to its digital care delivery platform.

This offer makes Sanvello's clinically validated techniques, coping tools and peer support free for the duration of the crisis to anyone impacted by COVID-19.

To activate free premium access, anyone can download Sanvello for free from the App Store or Google Play and create an account to begin using the strategies, tools, and peer support. Services are free through June 30, 2020.

In order to maintain free access to Sanvello premium after June 30, 2020, eligible UnitedHealthcare members must register using their UnitedHealthcare medical insurance card. Eligible members who have not registered using their insurance information will need to adjust their account appropriately to maintain free access to Sanvello.

Are there tools to help people understand their symptoms or find a testing site near them? **New 4/6**

Yes, UnitedHealthcare is committed to helping people protect their health by expanding access to care, support and resources during this unprecedented time. By going to the myuhc.com pre login website people may use the online symptom checker to assess their risk for COVID-19 and get treatment options.

The Test Location tool helps individuals find a COVID-19 diagnostic test location in their area. In most test locations they will ask for a script from a provider. Use the telehealth option to contact a provider for a script.

For members, by signing in to myuhc.com there are additional resources and care information access to member benefits.

Are there any plans to enhance the support materials available on liveandworkwell related to this crisis?

Yes - a COVID-19 portal went live on the liveandworkwell website on March 18.

If an individual is tested and the provider rules out COVID-19, does the employee need any documentation that they can provide their employer for return to work clearance?

This is a policy determined between the employer and employee.

Considering the current situation, is UnitedHealthcare delaying member communications related to preventive campaigns?

Yes. UnitedHealthcare will temporarily delay certain preventive care reminders.

Certain *HealtheNotes* and *HealtheNote Reminders* to members have been paused for April since many of these messages direct members to seek care for services that would be considered non-emergent in this COVID-19 era.

COBRA

Is UnitedHealthcare able to offer help to employees who are losing their health insurance coverage after being laid off? New 4/4

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested individuals may contact **(800) 827-9990** to speak with an advisor who can assist.

They can also visit https://www.healthmarkets.com to apply directly.

If a person does not qualify for COBRA, what are their alternatives? New 6/6

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested individuals may contact (800) 827-9990 to speak with an advisor who can assist. Or, they can also visit https://www.healthmarkets.com to apply directly.

Individuals may be able to get health care coverage through the **Health Insurance Marketplace**. It may also cost less than COBRA continuation coverage. There are special enrollment periods available if their job situation has resulted in lost your coverage.

An individual may compare costs to see if a short-term insurance plan would work for their needs. Standard **short term health insurance plans** may help fill a gap in coverage from 1 month to just under a year.

Through the Health Insurance Marketplace you can also check if you may qualify for free or low-cost health care coverage from **Medicaid** or the **Children's Health Insurance Program (CHIP)**

How does COBRA coverage work? New 4/4

COBRA is a short-term insurance that's usually available for up to 18 months after a person's job situation has changed. (In some situations, COBRA coverage may extend beyond 18 months).

Generally, a person can get COBRA coverage if they worked for a business that employs 20 people or more. There are exceptions to this, so the person should confirm with the employer.

With COBRA, persons can continue the same coverage they had when they were employed. That includes medical, dental and vision plans. They cannot choose new coverage or change plans to a different one. For example, if a person had a medical plan and a dental plan, they can keep one or both. But they wouldn't be able to add a vision plan if it wasn't part of the plan they had before COBRA.

When a job situation has changed, can the impacted member get health insurance through COBRA? Update 5/14

A person may qualify for COBRA coverage if their job situation has changed in one of these ways:

- They lost their job, either voluntarily or by the decision of the company (for any reason except gross misconduct) and they lost your health coverage
- They had the number of hours per week they worked reduced, so they no longer were eligible for benefits and lost their health coverage

Currently, a covered employee must be given at least 60 days to give notice to a Plan that a qualifying event has happened. Employers have 30 days to give notice of a qualifying event to the Plan.

Under recent final rule guidance this timetable has changed.

- the timeframe for the employee to give notice to the Plan has been extended to at least 60 days after the end of the outbreak period
- the timeframe for the employer to give notice to the plan has been extended to 30 days after the end of the outbreak period.

if participant does not make payments during outbreak period claims may be pended until the payments begin. COBRA participants will be required to pay for months covered, even though payment may be deferred during the Emergency/Outbreak period. Premium would be due 30 days at end of Outbreak Period.

Once this extension is over, the standard timeline would be:

- Within 30 days the employer notifies the plan of the change.
- Within 14 days after the employer's notice is received, the individual will receive a letter from the COBRA administrator about the COBRA[1] continuation coverage that's available to them.
- Within 60 days, the individual needs to decide whether to sign up for coverage.

What's covered under COBRA? New 5/29

With COBRA, a person can continue the same coverage they had when they were employed. That includes medical, dental and vision plans. They cannot choose new coverage or change their plan to a different one. For example, if they had a medical plan and a dental plan, they can keep one or both of them. But they wouldn't be able to add a vision plan if it wasn't part of their plan before COBRA

How does the revised COBRA timeline work during the COVID-19 national emergency/outbreak period? New 5/29

- With the changed timelines, the 60-day election period is extended until 60 days following the end of the Outbreak Period. The participant may elect coverage and enroll any time during the Outbreak Period and must do this if they want active coverage.
- If the participant decides to elect coverage, their coverage will be in effect during the Outbreak Period, even if they don't make a premium payment. Keep in mind, however, that claims may not be paid if the participant is not current on their premium payment. Coverage will be with their employer's group health plan.
- A statement for premiums is due each month. However, a grace period is in effect, so the participant is not required to make a payment until 30 days after the end of the Outbreak Period (this date is not yet set and will be determined by a government decision). The participant may still make their monthly payments each month during the Outbreak Period.
- Payment in full for each month of coverage during the Outbreak Period will be due 30 days after the end of the Outbreak Period (this date is not yet set and will be determined by a government decision). If payment is not made, coverage will end, and the participant may be responsible for claims paid during that time period.

How can a person get health insurance if they don't qualify for COBRA? Update 5/29

They may be able to get coverage through the Health Insurance Marketplace. It may also cost less than COBRA continuation coverage. There are special enrollment periods available if when the job situation, such as loss of job or fewer hours resulting in no benefits, has caused the person to lose coverage. The COBRA participant may also have special HIPAA enrollment rights under their spouse's plan if they had coverage under their employer's plan at the time their spouse enrolled in their other coverage.

You can also compare costs to see if a short-term insurance plan would work for your needs. Standard **short term health insurance plans** may help you fill a gap in coverage from 1 month to just under a year.[1]

Through the Marketplace they may qualify for free or low-cost coverage from Medicaid or the Children's Health Insurance Program (CHIP).

Does UnitedHealthcare offer individual health coverage options for members who have been laid off or terminated by their employers? New 5/1

Yes. Members in this situation may have individual coverage options available besides COBRA, including ACA Exchange plans, Medicare plans for those over 65, Medicaid plans for those that qualify based on income level, short term limited duration insurance plans and more.

Broker information and resources to help customers connect laid off/terminated employees to individual coverage options.

The employer or member may contact their broker or call the **toll-free hotline at 1-844-316-8479 and** speak to a licensed insurance agent who can conduct a comprehensive needs analysis and help an them find the coverage solutions that may be right for them based on their specific needs.

Customizable information and support:

Individual Coverage Options Email – Send to employees following layoff or termination.

Employee Letter: Introduces Individual Coverage Options – Attach to email (above) or send via mail to employees following layoff or termination.

Individual Coverage Options Flier – Attach to email or include with letter.

If an employee declined COBRA coverage in the last 30 days, does this re-open their ability to elect? New 4/5

If a COBRA eligible member declined COBRA coverage, they will no longer be eligible. They would need to consider one of the options available for individuals, such as the Health Insurance Marketplace or a short-term duration policy.

How do I pay for COBRA? New 4/4

The COBRA Administrator should communicate to the person within 14 days about the COBRA[1] continuation coverage that's available. The person then has 60 days to decide whether to sign up.

Under COBRA individual are required to pay the full premium for coverage, plus an administrative fee. When employed, the employer generally pays for some of the cost of your health insurance. That means individuals are likely to pay more for COBRA coverage.

Learn more about COBRA coverage

A member is stuck in France due to Covid-19. Can they stop their cobra coverage, then pick it up in 2 months when they return? COGRA guidelines would not allow this. Will this rule be waived due to the situation? Therefore, if they terminate coverage would they no longer be eligible as a beneficiary? New 4/27

There are currently no exceptions to this process, and the member would need to continue the coverage without lapse.

If a member is laid off, they can elect COBRA due to termination. If a member is furloughed, can they elect COBRA? New 4/27

No, they should not be eligible for COBRA if they are furloughed as they could still be able to leverage group benefits through their employer. The member to check with their employer. If the employer decided to discontinue offering medical benefits to their furloughed employees, then COBRA may be an option for furloughed as well as laid off employees.

In other words, if benefits are offered during furlough, COBRA is not an option. However, if the employer does not offer benefits to the furloughed employees, COBRA would be an option.

What does the recent guidance state on extension of COBRA coverage? Update 5/21

Due to the COVID-19 National Emergency, timelines used by group health plans for continuation coverage (COBRA) will disregard the period from March 1, 2020 until sixty (60) days after the end of the COVID-19 National Emergency (the “Outbreak Period”). This is being done in based on a final rule issued by the federal health care agencies and impacts ERISA fully insured plans and self-funded plans. The law does not apply to small groups with 1 to 19 employees (mini COBRA/state continuation). There is no ability to opt out of the requirements.

Final rule timeline impacts:

1) Covered employee, beneficiary or employer to give notice to a Plan that a qualifying event has happened;
2) Covered employee to elect continuation coverage under COBRA; and
3) Covered employee to make the required premium payments.

Notice of Qualifying Event to Employer or Plan:

Currently, a covered employee must be given at least 60 days to give notice to a Plan that a qualifying event has happened. Employers have 30 days to give notice of a qualifying event to the Plan.

Under the final rule:

- the timeframe for the employee to give notice to the Plan has been extended to at least 60 days after the end of the outbreak period
- the timeframe for the employer to give notice to the plan has been extended to 30 days after the end of the outbreak period.

if participant does not make payments during outbreak period claims may be pended until the payments begin. COBRA participants will be required to pay for months covered, even though payment may be deferred during the Emergency/Outbreak period. All premium would be due 30 days at end of Outbreak Period.

How are COBRA participants notified of the temporary extension? New 5/14

A COBRA reinstatement notice will be mailed In May to the 700 individuals who fall into this period and were terminated before the rule came out. Those will be mailed the week of May 18. In addition, a message will be inserted in the Qualifying Election Notice (QEN) and invoice/billing statements beginning the week of May 18.

Does the notice apply to Mini COBRA and State continuation? New 5/14

The notice does not apply to Mini COBRA or State Continuation.

Is the 18 month COBRA coverage period impacted by this order? Does the National Emergency (Outbreak Period) extend the 18 months? New 5/14

The COBRA coverage period is not impacted by this notice.

Does the notice apply to Ancillary products? New 5/14

All products under COBRA would be included.

Does the Notice apply to both fully insured and self-funded products? New 5/14

Yes. The changes apply to both fully insured and self-funded products.

This rule applies to ERISA Plans and Church Plans; State and Local Governments Plans are being urged by CMS to comply.

If I elect COBRA coverage, will my policy be effective even if I don’t make a payment? Update 5/21

If COBRA coverage was elected after March 1, 2020, coverage will be active even if the COBRA participant does not make payment. The rule applies to both fully Insured and self- funded plans.

if participant does not make payments during outbreak period claims may be pended until the payments begin. Any payments deferred during the Outbreak Period, will need to be paid in full within 30 days of the end of the outbreak period as outlined in the notice.

How will we officially know when the National Emergency (Outbreak Period) ends? New 5/14

The National Emergency ends when the President revokes the order. The UnitedHealth Group Regulatory Affairs team will communicate the date based on this.

Will we need to notify COBRA participants of the date the Outbreak Period ends? New 5/14

This is not covered in the order and is not a requirement.

How will UnitedHealthcare communicate the new timeframes to COBRA participants? New 5/14

Brokers and employers will have an article on this topic on UHC.com.

COBRA participants that were canceled but should not have been based on the new guidance, will be sent a reinstatement notice.

New participants will receive a notice regarding the extension in the QEN and in the invoice/billing statement.

What is UnitedHealthcare's normal grace period for Cobra payments Updated 5/21

The normal grace period is 30 days after the due date.

if participant does not make payments during outbreak period claims may be pended until the payments begin. Under the final rule, the timeframe for the employee (or qualified beneficiary) to make their payments for the months they were covered under the plan has been extended to 30 days after the end of the outbreak period.

What is UnitedHealthcare's normal policy for individuals to give notice of a qualifying event? New 5/14

Currently, a covered employee (or one of the qualified beneficiaries) must be allowed at least 60 days to give notice to a Plan that certain qualifying events have occurred. These events include divorce, legal separation or loss of child dependent status. Employers, on the other hand, have 30 days to give notice of a qualifying event that includes termination or reduction in hours of employment, death of the employee, entitlement to Medicare or an employer bankruptcy. Once notice of a qualifying event is given, the Plan has 14 days to issue the COBRA election notice.

Under the final rule, the timeframe for the employee (or qualified beneficiary) to give notice to the Plan has been extended to at least 60 days after the end of the outbreak period. The timeframe for the employer to give notice to the plan has been extended to 30 days after the end of the outbreak period.

Footnote:

1. Read more about COBRA health coverage from the United States Department of Labor at COBRA Continuation Coverage. Personal or individual insurance is not the same as COBRA, so review your health insurance information carefully. Your time to elect COBRA is limited by law. Failure to elect and exhaust COBRA may eliminate your eligibility to enroll under HIPAA portability. You may have additional rights under state law.
2. Product design and availability vary by state. Term lengths available vary by state.

TESTING

DIAGNOSIC TESTING

Does UnitedHealthcare cover the diagnostic test for COVID-19? Update 6/3

UnitedHealthcare and its self-funded customers will waive cost sharing (copayment, coinsurance, and deductible) for COVID-19 diagnostic testing during this national emergency. We are also waiving cost sharing for COVID-19 diagnostic testing related visits during this same time, whether the testing related visit is received in a health care provider's office, an urgent care center, an emergency department or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans.

Testing must be provided at approved locations in accordance with U.S. Centers for Disease Control and Prevention (CDC) guidelines including FDA approved testing at designated labs around the country.

Cost share will be waived for testing and testing-related services during the national public health emergency from February 4, 2020 through July 24, 2020. The Secretary of HHS renewed the National Public Health Emergency for 90 days from the earlier date, which extended the National Emergency through July 24, 2020.

Is the COVID-19 diagnostic test and test-related visits covered for self-funded clients? Update 4/22

Self-funded customers including HDHP/HSA must waive member cost sharing, including copayments, coinsurance and deductibles, for COVID-19 diagnostic test and test-related visits including related items and services at physician office, urgent care, emergency room, or through a telehealth visit that are covered under the member's plan.

Who qualifies as "appropriately licensed" to order a covered diagnostic or antibody test? New 6/8

Licensure requirements vary by state. In some states, a pharmacist or other health care professional, such as a nurse practitioner, would have the appropriate licensure to order a test. Please refer to state-specific licensure requirements for appropriate guidance on who would qualify in your state.

Can an administrative services-only (ASO) customer choose to only cover in-network testing? New 6/8

During the national public health emergency period, cost share is required to be waived for testing, both in and out of network.

Will UnitedHealthcare cover public surveillance screening? New 6/8

Testing conducted through a federal, state or local entity for public surveillance will be paid for by that coordinating entity.

Would mileage expenses be reimbursable for concierge services or other items related to obtaining COVID-19 testing? New 4/22

No, Items or services not covered under a member's plan would not be covered for COVID-19 testing or testing related services. For example, mileage expense, transportation, meals, etc. are not covered.

Do high-deductible plans with a Health Savings Account (HSA) cover the COVID-19 diagnostic test prior to reaching a deductible? Update 4/10

Yes. Such plans must cover the COVID-19 diagnostic test and test-related visit at no cost share prior to the member meeting their deductible. If the member has already reached their deductible there is no additional deductible.

Will diagnostic testing for COVID-19 be covered as a preventive service under the Affordable Care Act (ACA)?

The cost of COVID-19 diagnostic testing is considered an essential health benefit but is not classified as an ACA preventative health benefit.

Does the provider or lab need to use a specific HCPCS code to have the COVID-19 diagnostic test covered? Update 5/31

For a complete list of testing and related COVID-19 codes, go to uhcprovider.com.

Yes. The new HCPCS and CPT codes to cover the diagnostic test are:

- U0001- to be used for the tests developed by the Centers for Disease Control and Prevention (CDC).
- U0002 – Used by laboratories performing non-CDC laboratory tests for SARS-CoV-2/2019-nCoV (COVID-19).

- CPT Code 87635 –Pathology and Laboratory code for severe acute respiratory syndrome coronavirus 2 (SARS-2-Co-2). Most national laboratories will use this code.
- CPT Code 99001 –If specimen is collected somewhere other than physician's office.

Codes apply to fully insured and self-funded plans in- and out-of-network.

There will be diagnosis codes specific to the virus that will be billed for testing related visits. They are as follows:

- Z03.818 - Used for cases where there is a concern about a possible exposure to COVID -19.
- Z20.828 - Used for cases where there is an actual exposure to someone who is confirmed to have COVID-19.
- Z11.59 - For asymptomatic individuals who are being screened for COVID-19 and have no known exposure to the virus, and the test results are either unknown or negative.

For specific codes related to COVID-19 related to testing, treatment, coding and reimbursement visit uhcprovider.com.

Are there tools to help people understand their symptoms or find a testing site near them? New 4/6

Yes, UnitedHealthcare is committed to helping people protect their health by expanding access to care, support and resources during this unprecedented time. By going to the myuhc.com pre login website people may use the online symptom checker to assess their risk for COVID-19 and get treatment options.

The Test Locator tool helps individuals find a COVID-19 diagnostic test location in their area. In most test locations they will ask for a script from a provider. Use the telehealth option to contact a provider for a script.

For members, by signing in to myuhc.com there are additional resources and care information access to member benefits.

Where can a member go to get a COVID-19 diagnostic test?

If someone thinks they have been exposed to COVID-19 and develops symptoms such as fever, cough and/or difficulty breathing, they should first **CALL** a health care professional for medical advice. The provider will use their judgment to determine if a patient should be tested.

The provider may collect a respiratory specimen or in certain situations the provider may refer a member to one of the approved testing locations and UnitedHealthcare will cover the COVID-19 diagnostic test and test-related visit with no cost sharing (copayment, coinsurance, and deductible).

Will UnitedHealthcare cover the "rapid" point of care testing for COVID-19? New 3/30

UnitedHealthcare will cover COVID-19 diagnostic testing for members enrolled in Commercial, Medicare Advantage, and Medicaid plans. Coverage includes the recently announced "rapid" point of care" COVID-19 diagnostic test that has been authorized under the FDA Emergency Use Act (EUA). This testing will be available to patients tested in clinical settings who are equipped to run the test, such as urgent care and emergency departments. The "rapid" point of care diagnostic test will be billed under the same CPT code (87635) as the other COVID-19 diagnostic tests.

This test has been authorized only for the COVID-19 diagnostic test and not for any other viruses or pathogens.

Are diagnostic tests readily available from physicians? Update 4/19

The COVIID-19 diagnostic tests are being made available now but check with your physician to see if they have the test or where you can you can go in your area for a test. A member may also check test site locations using the Test Locator Tool on myuhc.com.

If the physician requests a second test for COVID-19 to determine if the member is positive, would the second test be covered? New 4/20

Our claim payment is dependent upon accurate coding. If coded as a test, we will pay multiple COVID-19 tests at zero cost share.

What is the process if client requests to opt out of covering the diagnostic test or test related expenses?

Based on federal legislation passed on March 18, 2020, all plans are required to cover these services without cost sharing (copayment, coinsurance, and deductible) during the emergency period.

Will drive-up diagnostic testing be an option?

Yes. If your health care provider determines you should be tested for COVID-19 and orders the diagnostic test, they should work with local and state health departments to coordinate testing. As long as the

testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Does UnitedHealthcare cover COVID-19 Home Tests?

At this time, the FDA has not authorized any test that is available to purchase for individuals to test at home for COVID-19. Call your health care provider right away if you believe you might have been exposed to COVID-19 or have symptoms such as fever, cough or difficulty breathing. If your health care provider determines you should be tested for COVID-19 and orders a test, they should continue to work with local and state health departments to coordinate testing, or use COVID-19 diagnostic testing authorized by the Food and Drug Administration under an Emergency use Authorization through clinical laboratories.

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 diagnostic test is indicated, the provider will collect a respiratory specimen. In certain situations, the provider may refer a member to an approved testing location and UnitedHealthcare will cover the test at without cost sharing.

If the test comes back positive for COVID-19 will my treatment be covered? Update 4/1

UnitedHealthcare is waiving member cost share for the applicable treatment of COVID-19 through May 31, 2020, for fully insured commercial, Medicare Advantage and Medicaid plans. We will work with self-funded customers who want to implement a similar approach on their behalf.

Are more labs, such as LabCorp and Quest, available for testing?

Yes, per the CDC as of March 23, the total number of public health laboratories (PHL) that have completed verification and are offering testing is 91. This includes one or more PHL in 50 states plus DC, Guam and Puerto Rico. CDC is updating this information regularly.

https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/testing-in-us.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Ftesting-in-us.html

Should children exhibiting symptoms be tested?

UnitedHealthcare encourages members with children to contact their child’s pediatrician, who will review the symptoms and determine if a test is recommended.

How long before test results are known?

Test results were taking three to four days early on; however, that is speeding up with the incorporation of more labs. A 24-48-hour turnaround now is more common.

Can telehealth providers evaluate symptoms and send the individual for a COVID-19 diagnostic test?

A telehealth provider may determine whether the individual should be sent to a CDC approved location for a COVID-19 diagnostic test. The COVID-19 diagnostic test and test-related telehealth visit is paid at no cost share.

Will zero cost share be available for an employee that is required to remain outside of the country due to COVID-19? New 4/4

Coverage for the test and test related visits will be paid at zero cost share. The claim is processed by transaction accommodating the foreign exchange rate according to the terms in the member’s plan.

ANTIBODY TESTING

Will UnitedHealthcare waive cost share for COVID-19 antibody testing? New 6/8

During the national public health emergency period, UnitedHealthcare will cover medically necessary COVID-19 testing at no cost share when ordered by a physician or appropriately licensed health care professional for the purpose of the diagnosis or treatment of an individual member.

Tests must be FDA authorized to be covered without cost sharing (copayment, coinsurance or deductible). FDA-authorized tests include tests approved for patient use through pre-market approval or emergency use pathways, as well as tests that are developed and administered in accordance with FDA specifications or through state regulatory approval.

This coverage applies to members enrolled in Medicare Advantage, Medicaid and Individual and Group Market health plans.

Benefits will be otherwise adjudicated in accordance with the member's health plan.

Who qualifies as "appropriately licensed" to order a covered diagnostic or antibody test? New 6/8

Licensure requirements vary by state. In some states, a pharmacist or other health care professional, such as a nurse practitioner, would have the appropriate licensure to order a test. Please refer to state-specific licensure requirements for appropriate guidance on who would qualify in your state.

What is UnitedHealthcare's position on antibody (serology) testing? New 6/8

Per FDA guidelines, antibody tests should not be used to diagnose a current infection. An antibody test detects antibodies in the blood when the body is responding to a specific infection and may determine if a person has been exposed to the virus SARS-CoV2 that causes COVID-19. A positive result for the antibody test has not been determined to confer immunity, as the strength and duration of the antibodies are still being researched.

The AMA "cautions physicians and the general public about use of these tests to determine individual immunity and warns that public health decisions, such as discontinuation of physical distancing, should not be made on the basis of results."

Can an administrative services-only (ASO) customer choose to only cover in-network testing? New 6/8

During the national public health emergency period, cost share is required to be waived for testing, both in and out of network.

Will UnitedHealthcare cover public surveillance screening? New 6/8

Testing conducted through a federal, state or local entity for public surveillance will be paid for by that coordinating entity.

Has CMS published rates for antibody tests? Update 5/31

Yes. The published rates for antibody tests are:

- **CPT Code 86789 – $ 42.13**

  Antibody; severe acute respiratory syndrome coronavirus2 (SARS-CoV-2)

- **CPT Code 86328 – $ 45.23**

  Immunoassay for infectious agent antibody or antibodies, qualitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus2 (SARS-CoV-2)

Codes for COVID-19 services are on uhc.provider.com.

Does UHC cover antibody detection tests (Serology - IGG/IGM/IGA for SARS-nCOV2 (COVID19)? Update 5/10

During the national public health emergency period, UnitedHealthcare will cover FDA-authorized COVID-19 antibody tests ordered by a physician or appropriately licensed health care professional without cost sharing (copayment, co-insurance or deductible). This coverage applies to members enrolled in Medicare Advantage, Medicaid, and Individual and Group Market health plans. Benefits will be otherwise adjudicated in accordance with the member's health plan.

An antibody test may determine if a person has been exposed to COVID-19, while a COVID-19 diagnostic test determines if a person is currently infected. FDA-authorized tests include FDA-approved tests, and tests used in an office or lab that are developed and administered in accordance with FDA specifications or through state regulatory approval. According to the FDA, an antibody test should not be used as the sole basis for diagnosis. UnitedHealthcare strongly supports

the need for reliable testing and encourages health care providers to use reliable FDA-approved tests.

UnitedHealthcare is requesting all physicians and health care professionals who perform and bill for COVID-19 antibody tests to register the tests you will use for our members. UnitedHealthcare will use the registration information to assist health care professionals in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used. Additional instructions on test registration will be provided on UHCprovider.com/covid19 on May 8, 2020.

In the coming weeks, UnitedHealthcare will use the registration information to assist providers in choosing tests that are FDA-approved and to better understand the clinical reliability of the tests being used.

The national public health emergency as renewed will end on July 24, 2020. COVID-19 testing is rapidly evolving and UnitedHealthcare will continue to provide updates as they become available. Be sure to check back often for the latest information.

During the national emergency period is a self-funded customer required to cover an antibody test? New 6/6

Yes. Self-funded clients are automatically opted in to covering the antibody tests with medical professional order at no cost share during the national emergency period.

VIRTUAL VISITS AND TELEHEALTH

What is the role of Telehealth/Virtual Visits? Update 6/10

With the help of communication technologies, many members can now interface with health care providers from the comfort of their own home. This may be especially helpful during a pandemic. It can help individuals know if they should get a COVID-19 diagnostic test while practicing social distancing.

UnitedHealthcare offers two models of digital access to providers:

- **Virtual Visits**, which are included in many commercial plans, allow members to contact one of three national providers that provide access to physicians, and offer a range of services for acute non-emergent needs. To start a Virtual Visit, the member may login to myuhc.com. Where necessary, the Virtual Visit provider may refer the patient to be seen by their own provider or specialist.

- **Telehealth services** provide the member with the ability to contact their own choice of physician in the rather than going through a Virtual Visit provider. The visit may be audio (telephone) or audio-visual communication with the patient.

If persons are experiencing symptoms or think they might have been exposed to COVID-19, they should contact their health care provider right away and ask what telehealth options may be available. The telehealth expansion applies to all plans that have a telehealth benefit.

Members should consult their plan and/or their provider for information about and access to either Virtual Visit or Telehealth options.

When available, either telehealth services or the Virtual Visit benefit may be a preferred option to an in-person visit, allowing faster support and reducing exposure to the virus or exposing others to the virus. Telehealth and Virtual Visits both help reduce demand on the health care system as it addresses the needs created by the virus.

Has UnitedHealthcare changed Telehealth guidelines? Updated 6/10

To increase system access and flexibility when it is needed most, we are expanding

our telehealth policies to make it easier for people to connect with their health care provider. People will have access to telehealth services in two ways – through a Virtual Visit national provider or through a medical provider, such as the members physician.

- **Designated Telehealth and Virtual Visit Providers for COVID-19 visits –** Through September 30, 2020, members can access telehealth services through their own choice of network physician or through a Virtual Visit offered through one of UnitedHealthcare's designated providers without any cost share (copayment, deductible or coinsurance). UnitedHealthcare Virtual Visit Providers include Teladoc, Doctor on Demand and AmWell. This includes HDHP/HSA plans.

- **Designated Virtual Visit Providers for non COVID-19 visits –** Through September 30, 2020, members can access the Virtual Visit benefit offered through one of UnitedHealthcare's designated providers without any cost share (copayment, deductible or coinsurance). UnitedHealthcare Virtual Visit Providers include Teladoc, Doctor on Demand and AmWell. This includes HDHP/HSA plans

- **Expanded Provider telehealth Access for COVID-19 –** Effective March 18, and through September 30, 2020, all eligible network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video conferencing) or audio-only (telephone) can do so at no cost share for the member. Effective dates may vary based on state laws. The following applies to all fully insured clients and self- insured clients that are following the fully insured guidelines.

- **For all other (non-COVID) telehealth visits –** member cost sharing (copayment, deductibles or coinsurance) will be waived from March 31 through September 30, 2020 for network telehealth visits. This applies for all FI and for ASO customers that elected to opt in to the standard FI approach. This includes HDHP/HSA plans. Coverage for groups with out-of-network benefits are reimbursed for out-of-network telehealth based on plan benefits.

What is UnitedHealthcare policy on telehealth services? Update 6/8

COVID-19 Related Telehealth Support – UnitedHealthcare is waiving cost-sharing for in-network and out-of-network telehealth testing-related visits for COVID-19. This applies to fully insured individual and group market health plan customers and self-funded customers until the emergency period ends. We will also recognize these covered expenses under UnitedHealthcare stop loss policies, including for All Savers customers. Claims will be processed at no cost share for COVID-19-related visits for dates of service March 18, 2020 to July 24, 2020.

After July 24, telehealth services are available at no cost share through September 30, 2020, for fully insured and self-funded customers that elected to follow the standard coverage.

Non-COVID Telehealth Support – Effective March 31, 2020, until June 18, 2020, for fully insured individual and group market health plan customers, UnitedHealthcare will waive cost-sharing for all in-network telehealth visits for medical, outpatient behavioral and PT/OT/ST. Beginning June 19, 2020, through September 30, 2020, network telehealth services will be covered at no cost share for fully insured plans. UnitedHealthcare will support our self-funded customers who request expansion of coverage at no cost share through September 2020.

Expanded telehealth for non COVID-19 diagnoses and treatment will be covered out-of-network based on plan benefits, not at no cost share.

For medical and outpatient behavioral telehealth visits, eligible providers can utilize both interactive audio/video and audio-only. For PT/OT/ST provider visits, interactive audio/video technology must be used. Visit limits may apply.

What is the member coverage and cost share for telehealth? New 6/10

- For COVID-19 in- and out-of-network telehealth services, UnitedHealthcare will waive cost sharing from Feb. 4, 2020 through July 24, 2020.
- For COVID-19 in-network only telehealth services, UnitedHealthcare will waive cost sharing from July 25, 2020 through Sept. 30, 2020.
- For non-COVID-19 in-network only telehealth services, UnitedHealthcare will waive cost sharing from March 31, 2020 through Sept. 30, 2020.
- This applies to related visits for medical, outpatient behavioral and PT/OT/ST, chiropractic therapy, home health, and remote patient monitoring services, with opt-in available for self-funded employers.
- For COVID-19 testing-related visits, including telehealth, cost sharing will be waived through the national public health emergency period for all members.

Is there a Virtual Visit option for members? Update 6/8

Virtual Visit options are available to members in many plans. Where available, and if covered under their plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers Teladoc®, Doctor

On Demand™ and AmWell® have developed guidelines for members who think they may have been infected by COVID-19.

- Teladoc offers telehealth solutions in the USA and 175 countries.
- Doctor on Demand and AmWell solutions serve all 50 states in the USA, and AmWell offers telehealth solutions in Israel.

A member's Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to their physician.

HealthiestYou provides Virtual Visit support for All Savers plan members. In addition, HealthiestYou providers Virtual Visit support small group (PRIME) fully insured grandfathered plans on a COC earlier than 2016 and transitional relief plans.

Will UnitedHealthcare waive cost share for Virtual Visits through Teladoc®, Doctor On Demand™ and AmWell®? Update 6/3

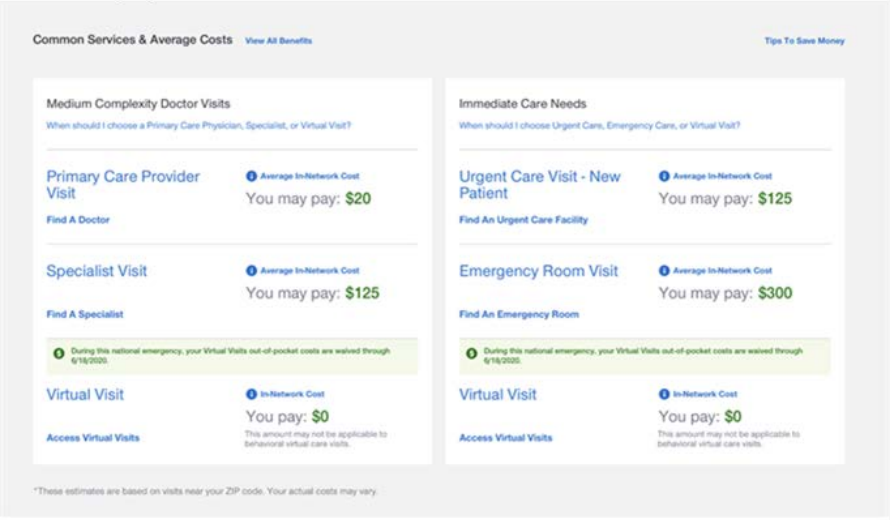
UnitedHealthcare will waive the upfront collection of cost-share (copayment, deductible, and coinsurance) for all Virtual Visits. Waiver of cost share for all Virtual Visits benefits will be in place through June 18, 2020. COVID-19 related visits will be covered at no cost share until July 24. The Secretary of HHS renewed the National Public Health Emergency for 90 days from the earlier date, which extended the National Emergency through July 24, 2020.

This change will only apply to customers who have Virtual Visits through UnitedHealthcare. Myuhc.com will reference $0 cost share for virtual visits.

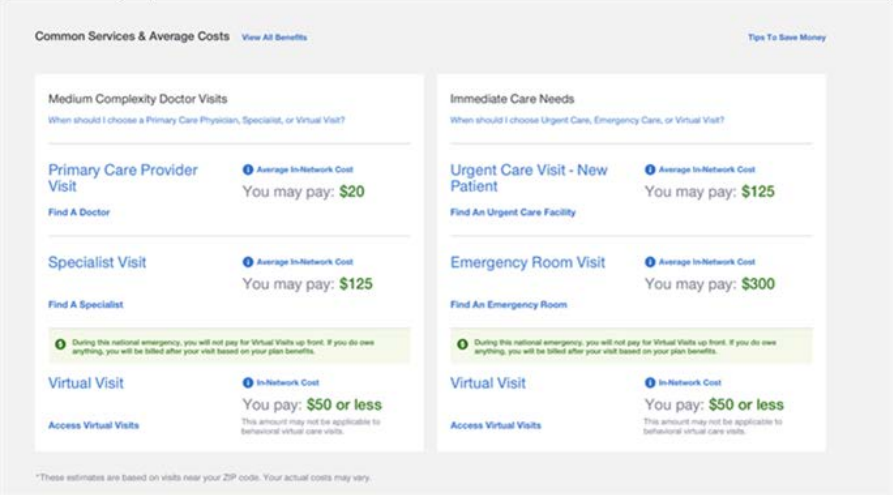
For all Virtual Visits during this period, we waive the upfront collection of the virtual visit copay for all services and if cost share applies, we will subsequently bill the member for services that do not require a cost share waiver under federal requirements. Myuhc.com will reference the applicable copay the member will pay for virtual visits.

Example of what members would see on myuhc.com when they sign in:

When Co-pay 0 or blank



When Co-pay 49



How does the telehealth change apply to UnitedHealthcare's Virtual Visit program? Update 6/8

For fully insured customers and self-funded customers following UnitedHealthcare fully insured standard benefits, we waive cost share for all Virtual Visits, not limited to COVID-19, until September 30, 2020.

For self-funded clients, the plan waives cost share for COVID-19 visits through July 24, 2020. This change applies to customers who offer Virtual Visits through UnitedHealthcare Virtual Visit providers—- Teladoc, Doctor on Demand, and AmWell.

All Savers including members that currently do not have access to this benefit, grandfathered plans and transitional relief plans access Virtual Visits through HealthiestYou.

Can a Virtual Visit provider order the COVID-19 diagnostic test? New 4/2

At this time, the Virtual Visit provider follows the CDC guidance. When a Virtual Visit doctor identifies a COVID suspected case, they advise individuals to call their local doctor or their state's public health hotline to verify test availability and to "let them know before you go" so that the in-person care facility can direct them appropriately and minimize potential exposure for others.

Additionally, they contact the appropriate public health department in accordance with local reporting requirements. Each public health department defines its own parameters regarding what notifications are required and how they contact patients to initiate diagnostic testing, conduct contact tracing and/or implement at-home self-monitoring, at-home supervised isolation, or quarantine requirements.

Can a member use both audio-visual and audio only for a Telehealth visit? Update 6/8

Through September 30, 2020, UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for UnitedHealthcare members. UnitedHealthcare members may have a telehealth visit with a health care provider using either audio-video or audio-only while a patient is at home.

Which groups do the Telehealth and Virtual Visit benefits apply to? Update 3/29

The telehealth expansion applies to all plans that have a telehealth benefit. Members may continue to receive telehealth services from UnitedHealthcare Virtual Visits providers and can now also receive telehealth services from their care provider from home through interactive audio/video or audio visits. This also includes urgent care providers. Any state or federal requirements regarding licensing or establishment of a doctor-patient relationship apply.

How will UnitedHealthcare reimburse providers for a Telehealth encounter? Update 6/8

For fully insured plans and self-funded plans that provide standard fully insured benefits, UnitedHealthcare will reimburse providers who

submit appropriate telehealth claims for all diagnoses according to its telehealth reimbursement policies and terms of applicable member benefit plans through September 30, 2020.

COVID-19 diagnostic test-related visit and applicable treatment will be reimbursed at no cost share (copayment, deductible or coinsurance) through July 24, 2020 for self-funded customers that cover COVID-19 telehealth services through the national emergency.

Members experiencing symptoms or think they might have been exposed to COVID-19 should call their health care provider right away and ask what telehealth options may be available.

Which types of care providers do the policy changes apply to? New 3/29

UnitedHealthcare generally follows CMS' policies on the types of care providers eligible to deliver telehealth services, although individual states may define eligible care providers differently. These include:

- Physician
- Nurse practitioner
- Physician assistant
- Nurse-midwife
- Clinical nurse specialist
- Registered dietitian or nutrition professional
- Clinical psychologist
- Clinical social worker
- Certified registered nurse anesthetists

Can a member receive care from a psychiatrist, psychologist, therapist, ABA, or other behavioral health specialists from their home? New 4/7

Yes. Immediate telehealth care options are available to all Behavioral Health providers during the national COVID-19 health crisis – these can be done telephonically or via video technology.

Telephonic Care

For providers who do not have access to HIPAA-approved technology typically required to conduct a video-enabled virtual session, or video chat platforms as listed below, telephonic services can begin immediately.

Video-enabled Technology Care

HIPAA-approved technology can continue to be used by providers to deliver telehealth care to members. For providers who do not have access to HIPAA-approved technology to conduct a virtual video-enabled session, providers may conduct these sessions immediately using any nonpublic-facing remote communications product that is available to communicate with members as listed below in accordance with OCR's Notice. Providers are responsible to provide telehealth services in accordance with OCR's Notice and may use:

- HIPAA-approved telehealth technologies
  - o Popular applications that allow for video chats may be used during the current nationwide public health emergency – including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, or Skype – to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency.
  - o Providers are encouraged to notify patients that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.
- Platforms NOT approved: Facebook Live, Twitch, Snapchat, TikTok, and similar video communication applications are public facing, and should not be used in the provision of telehealth to Behavioral Health plan members by covered health care providers.

What is UnitedHealthcare's member cost share policy for telehealth visits with a therapist, psychiatrist and ABA therapist during the crisis? Update 6/8

Fully Insured

- UnitedHealthcare is waiving the member cost-share for in-network behavioral telehealth visits. The behavioral telehealth video and telephonic support is available through qualified network behavioral providers for all diagnoses at no cost share through September 30, 2020. This also applies to health care providers who are qualified and licensed in accordance with applicable regulations to provide ABA services.

Self-Funded

- Upon request UnitedHealthcare will support our self-funded customers who request waiving member cost share for behavioral telehealth services during the COVID-19 crisis.

Can members use Sanvello at no cost share? Update 5/28

Yes, in addition, Sanvello is offering free premium access to its digital care delivery platform through June 30, 2020. This offer, available globally, makes Sanvello's clinically validated techniques, coping tools and peer support free to anyone impacted by COVID-19 immediately for the duration of the crisis. Sanvello Health is a UnitedHealth Group company.

Can telehealth services be used for Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)? Update 6/8

From March 18 through September 30, 2020, UnitedHealthcare will allow members of fully insured plans to use telehealth interactive audio-video technology with their physical, occupational and speech therapists while a patient is at home. Cost sharing (copayment, deductible, and coinsurance) is waived for network PT/OT/ST services with an in-network provider.

Out-of-network visits would be paid based on the members benefit plan.

Upon request UnitedHealthcare will support our self-funded customers who request waiving member cost share for behavioral telehealth services during the COVID-19 crisis.

How will PT, OT, and ST be reimbursed under the telehealth benefit? Update 5/28

According to the terms in the members benefit plan, UnitedHealthcare will cover certain physical (PT), occupational (OT) and speech (ST) therapies telehealth services provided by qualified health care professionals when rendered using interactive audio/video technology. State laws and regulations apply. This change is effective immediately for dates of service March 18, 2020 - June 18, 2020. Then between June 19 and July 24, 2020, UnitedHealthcare will reimburse telehealth visits at plan benefit level.

UnitedHealthcare will reimburse eligible codes when submitted with a place of service code 02 and modifier 95.

Can you clarify whether Telehealth can be offered and paid before the deductible has been met on a HDHP plan and not disqualify them from making HSA contributions? Update 5/29

Yes, the Coronavirus Aid, Relief, and Economic Security (CARES) Act allows HSA qualified high deductible health plans to cover telehealth services for any condition before the deductible is met. Change is effective for plan years on or before 12/31/2021.

Separately, in Notice 2020-15, posted to IRS.gov, the IRS notes that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met, including but not limited to telehealth visits. The IRS also advised that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP. This notice applies only to HSA-eligible HDHPs.

In Notice 2020-15, posted to IRS.gov, the IRS notes that health plans that otherwise qualify as HDHPs will not lose that status merely because they cover the cost of testing for or treatment of COVID-19 before plan deductibles have been met. The IRS also advised that, as in the past, any vaccination costs continue to count as preventive care and can be paid for by an HDHP. This notice applies only to HSA-eligible HDHPs.

The COVID-19 diagnostic test, test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit and treatment will be covered at no cost share.

We will also cover these expenses under UnitedHealthcare stop loss policies for All Savers customers. We are advising customers to contact their UnitedHealthcare account representative to discuss options for coverage beyond our standard.

Employees and other taxpayers in any other type of health plan with specific questions about their benefits and what is covered should contact UnitedHealthcare by calling the number on the back of their ID Card.

Are telehealth visits covered for behavioral health as well as medical? Update 4/16

Due to recent and temporary rule changes made in response to COVID-19, more doctors and therapists are allowed to conduct phone or video sessions than the liveandworkwell.com directory may indicate. Make

sure to ask all doctors and therapists if they can support telehealth visits when discussing your care. For FI clients, UnitedHealthcare has removed the cost-share (copayment, deductible, coinsurance) when provided by an in-network provider for mental health telehealth. ASO clients need to opt-in to allow mental health telehealth at no cost-share (copayment, deductive, coinsurance) when provided by an in-network provider.

Since we are covering the medical diagnosis and treatment at 100% *if related to COVID-19*, is an employer required to also cover mental health services at 100% in order to be aligned with the Mental Health Parity and Addiction Equity Act? New 5/6 Response provided by Groom Law Group

While there has been no federal guidance regarding COVID-19 and the Mental Health Parity and Addiction Equity Act, we do not think that a group health plan is required to cover non-COVID-19 related services at 100% (including mental health) if the plan can show that the COVID-19 related coverage at 100% is only temporary, due to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, and for the cost-share waiver for COVID-19 testing, due to a federal mandate.

Will employer groups with grandfathered plans and transitional relief plans be allowed to get virtual visits at no cost share? Update 5/28

Transitional Relief and fully insured Grandfathered groups on a COC earlier than 2016 will be eligible for virtual care at no cost through Healthiest You, a Teladoc Health company. Since these clients do not currently have Virtual Visits as part of their medical benefit plan, we have worked with Healthiest You, who currently provides virtual care to these Transitional Relief and most of the Grandfathered clients, to offer virtual care services at no cost share until September 30, 2020. HealthiestYou™ has send communications directly to brokers who have customers in these plans.

Will a customer lose grandfathered status if they adopt COVID plan changes? New 5/5

COVID plan changes to provide greater coverage related to the diagnosis and/or treatment of COVID-19 such as waiving cost share for COVID-19 testing and related office visit, treatment, and telehealth will not cause a plan to cease to be a grandfathered health plan, provided that no other changes are made that would cause a loss of grandfather status.

Are Virtual Visits covered for UnitedHealthcare Preventive Plan members? Update 3/27

Preventive Plan members do not have access to UnitedHealthcare's Virtual Visits program. However, if their personal physician offers telehealth services, they may utilize those services. Coverage is effective for claims as of March 18, 2020 and will remain in place through June 18, 2020, and then be re-evaluated.

How does this Virtual Visit change apply to Oxford?

We implemented a Virtual Visit solution for our Oxford Fully Insured and self-funded members at $0 cost share that not previously had this benefit available to them. The benefit is available via our member portal.

TREATMENT AND COVERAGE

COVID-19 TREATMENT

How will UnitedHealthcare cover COVID-19 treatment? Update 5/24

The health of our members and supporting those who deliver care are our top priorities, and UnitedHealthcare is taking additional steps to provide support during this challenging time. This builds on UnitedHealthcare's previously announced efforts to waive cost share for COVID-19 diagnostic testing and test-related visits and related items and services that are covered by the member's health plan.

UnitedHealthcare is waiving member cost sharing for the applicable treatment of COVID-19 until July 24, 2020 for its Medicare Advantage, Medicaid, and Individual and Group Market fully insured health plans. We will also work with self-funded customers who want us to implement a similar approach on their behalf.

If a member receives treatment under a COVID-19 admission or diagnosis code between Feb. 4, 2020 and July 24, 2020, we will waive cost sharing (co-pays, coinsurance and deductibles) for the following:

- Office/telehealth visits
- Urgent care visits
- Emergency department visits
- Observations stays
- Inpatient hospital episodes
- Acute inpatient rehab
- Long-term acute care
- Skilled nursing facilities

This includes in-network and out-of-network providers.

When available, we will also waive cost-share for medications which are FDA-approved for COVID-19 treatment.

How is transportation covered? New 4/24

We will waive cost sharing (copays, coinsurance and deductibles) for ground emergency and medically necessary nonemergency ambulance transportation for COVID-19-related services. We will cover cost sharing for ground transportation from facility to facility (i.e., acute to acute OR acute to post-acute) for patients with a positive

COVID-19 diagnosis. This does not include transportation to a residence; coverage and benefits will vary based on product, plan and / or state requirements.

What is the starting date for the policy? Update 5/22

Any applicable member cost sharing incurred post February 4th through July 24, 2020 related to COVID-19 diagnosis and applicable treatment, will be covered. Claims already incurred will be reprocessed for adjustment.

What was behind UHC's decision to cover COVID-19 treatment for fully insured customers? New 4/6

We are focused on supporting our customers and their employees during this difficult time. Consumer research indicates Americans are concerned whether COVID-19 treatment will be covered, and apprehension about coverage and cost can prevent symptomatic members from seeking treatment. Additionally, we considered recent Federal legislation and diverse state mandates across the U.S. Ultimately, we decided enacting a single, consistent standard nationwide would best support our customers and members. COVID-19 presents unique circumstances, and UnitedHealthcare wants to reduce barriers for our customers and their employees who need care.

If a person is admitted to the hospital for COVID-19 treatment on July 24, 2020 or a patient is in the hospital but has not been discharged by end of day July 24, 2020, what would be covered? Update 5/22

For inpatient care underway on or prior to July 24, 2020, the patient would be covered until the date of discharge if that is after July 24, 2020.

Does this apply to All Savers? NEW 4/2

Yes, we are extending the policy to our All Savers plans. For All Savers clients who have questions, they should call the All Savers Customer Call Center at (800) 291-2634.

If interested, how would a self-funded client execute this change? NEW 4/2

Please speak with your UnitedHealthcare account representative.

If an ASO client has agreed to waive member cost-share for the treatment of COVID-19 and a member with an underlying co-morbidity (i.e. such as diabetes, heart disease etc.) has an inpatient stay for treatment of the virus, will hospitals be able to split the inpatient bill so that member cost-share will not apply to the COVID-19 treatment but will apply to services related to the co-morbidity? New 4/17

Our hospital contracts are structured such that the majority of hospitals are reimbursed based on all-inclusive diagnosis-related group (DRG) or per diem payments. In either case, the reimbursement rate covers all charges associated with an inpatient stay from the time of admission to discharge so it isn't feasible for hospitals to split inpatient claims.

Will a customer lose grandfathered status if they adopt COVID plan changes? New 5/5

COVID plan changes to provide greater coverage related to the diagnosis and/or treatment of COVID-19 such as waiving cost share for COVID-19 testing and related office visit, treatment, and telehealth will not cause a plan to cease to be a grandfathered health plan, provided that no other changes are made that would cause a loss of grandfather status.

EMBRYO CRYOPRESERVATION

For members currently going through fertility treatments will UnitedHealthcare allow for the eggs or sperm to be frozen so the members do not have to begin the process all over when the temporary hiatus on nonessential surgical procedures are available again? New 3/30

For Fully Insured members with infertility benefits, UnitedHealthcare will include coverage for cryopreservation of embryos starting dates of service March 17, 2020 to April 30, 2020.

ASO clients may offer infertility benefits to include coverage for cryopreservation of embryos from March 17, 2020 to April 30, 2020 if not currently included.

Is cryopreservation of embryos and storage currently covered for UnitedHealthcare members? New 4/3

For Fully Insured members (UNET), cryopreservation of embryos is not currently covered. Storage up to one year is already included when plan design includes benefits for infertility treatment.

Self-funded benefit plans (UNET) elect to cover infertility benefits and may be including cryopreservation and storage. Not all self-funded plans, however, cover cryopreservation and storage.

Why is UnitedHealthcare proposing a temporary change in protocol? New 4/3

American Society of Reproductive Medicine (3/17/2020) provided guidance to the members of the society (providers) during the coronavirus (COVID-19) pandemic. The recommendations guided by the impact of the virus on patient health and fertility care providers, and the known and unknown impact of coronavirus on fertility, pregnancy and transmission patterns, strongly asked providers to consider, for members in active IVF cycle, cancellation of all embryo transfers whether fresh or frozen.

In lieu of this guidance, providers are recommending freezing the embryos during the pandemic crisis. Knowing that our members may/may not have coverage for cryopreservation of embryos and have a difficult & emotional situation in front of them if they are in the midst of an active IVF cycle, UnitedHealthcare stepped in to expand coverage in this unprecedented time.

How is UnitedHealthcare supporting its members in this unprecedented time of COVID 19 pandemic? New 4/3

For Fully insured members with infertility benefits, UnitedHealthcare is temporarily changing the approach for embryo cryopreservation. This change only applies to infertility treatment care plans for members ready for retrieval and embryo transfer, which is interrupted mid-cycle. The change and important steps for health care providers apply to dates of service which began March 17, 2020 and extend through April 30, 2020. The cost of cryopreservation coverage will not apply to infertility benefits lifetime max. Member cost share will apply per the benefit plan design.

For members in self-funded benefit plans with infertility benefits who do not currently have coverage for embryo cryopreservation and storage, coverage will be provided if their plan sponsor opts-in. The plan benefit will define the member cost share. This change only applies to infertility treatment care plans for members ready for retrieval and embryo transfer. It is recommended that the change and important steps for health care providers apply to dates of service which began March 17, 2020 and extend through April 30, 2020. The

cost of cryopreservation coverage will not apply to infertility benefits lifetime max.

NON COVID-19 SURGERIES AND PROCEDURES

Since we are covering the medical diagnosis and treatment at 100% *if related to COVID-19*, is an employer required to also cover mental health services at 100% in order to be aligned with the Mental Health Parity and Addiction Equity Act? New 5/6 Response provided by Groom Law Group

While there has been no federal guidance regarding COVID-19 and the Mental Health Parity and Addiction Equity Act, we do not think that a group health plan is required to cover non-COVID-19 related services at 100% (including mental health) if the plan can show that the COVID-19 related coverage at 100% is only temporary, due to the COVID-19 public health emergency declared by the Secretary of Health and Human Services, and for the cost-share waiver for COVID-19 testing, due to a federal mandate.

Is home birth covered under UnitedHealthcare plans? Update 4/4

When billed with place of service home, these claims will be processed in or out of network according to plan benefits.

Has UnitedHealthcare made any changes in response to CMS and CDC guidance on elective surgeries? New 4/4

In response to the CMS, ASC, and CDC guidelines on elective surgeries, Medical Benefits Management (MBM) intake and clinical teams associated with elective procedures, including bariatric surgery and certain procedures with Orthopedic Health Support, are canceling appointments so that their time can be allocated to higher-risk members.

The program changes are being made to allow UnitedHealthcare’s Medical Benefits Management intake and clinical teams to best support and meet the increased needs of the highest risk and most vulnerable populations. Medical Benefits Management will keep most of the active cases open and, as circumstances allow, attempt to connect with actively enrolled members. Post-operation calls are being prioritized first.

Do UnitedHealthcare standard plans allow coverage for licensed midwives? New 4/13

Yes. UnitedHealthcare standard plans allow coverage for licensed midwives. To receive network benefits a network midwife must be used. The lack of a network midwife is not considered to be network gap since maternity services are available through other maternity providers.

Some states may require network level coverage for out-of-Network midwives for home delivery, and deliveries at non-contracted facilities.

Services for doulas are not eligible. A doula does not meet the definition of a physician in the standard Certificate of Coverage language.

Do you credential midwives as part of your provider network credentialing process? New 4/13

UnitedHealthcare credentials certified nurse midwives when they are permitted by law to practice independently within the scope of the individual’s license or certification.

SPECIAL ENROLLMENT

Note: *This section applies to fully insured customers. Self-funded customers may choose to amend their eligibility requirements to align with this special enrollment period for fully insured customers, at their discretion. Self-funded customers should also contact their stop loss carrier.*

Is there a special open enrollment period in response to the COVID-19 National Emergency? Updated 4/16

To assist members in accessing care in light of COVID-19, UnitedHealthcare is providing its fully insured small and large employer customers with a *Special COVID-19 Enrollment Opportunity* to enroll employees who previously did not to enroll in coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves (spouses or children) or waived coverage. See **Notice of Special COVID-19 Enrollment Opportunity (English)** and **Notice of Special COVID-19 Enrollment Opportunity (Spanish)** document for details.

- The enrollment opportunity will extend from **March 23, 2020, to April 13, 2020**. Effective date is April 1.
- Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee. (Includes domestic partners in states where covered).
- Standard waiting periods will be waived including new hires; however, existing eligibility and state guidelines will apply.
- EDI files must be received by April 17, 2020.

Which products are in scope for the SEP? Updated March 28

The SEP is limited to medical, pharmacy, dental and vision. All other products are not part of the special enrollment program.

What are the next steps if brokers, consultants and/or customers want to take advantage of the SEP period?

- Review the *Notice of COVID 19 Special Open Enrollment Period.* English and Spanish versions are available.
- Enrollment updates can be submitted via Employer eServices with a 4/1/20 effective date. *Note: For customers on All Savers, NICE, SIERRA or PULSE platforms, who do not use Employer eServices, regular employer portals can be utilized.
- Member enrollments can also be made via your regular channels if eServices is not used, which may include the Client Services Operations (CSO) team, GA Service Inbox, Electronic Data Interchange (EDI) feed, maintenance eligibility file via a Third-Party Administrator (TPA), all with a 4/1 effective date.
- For brokers, consultants and employers who wish to use enrollment forms, please use the following process steps:
    - Make sure the enrollment form indicates "**Special Enrollment COVID-19**" for the qualifying event reason anywhere on the form.
    - Make sure the enrollment form has a signature date on it. As long as that signature date is there and it's within the time period of the SEP it will be accepted.
    - Be sure to use the 4/1/2020 effective date.

What can the employer offer during the special open enrollment? New 4/3

UnitedHealthcare has extended the COVID-19 Special Enrollment Period (SEP) to April 13, and employers* with multiple plan options also can buy down to a leaner plan. Options include:

Add a special open enrollment for members who previously waived coverage, including dependents, to provide additional access to care. Employers can do this without introducing any new plans from March 23 – April 13 (extended from April 6). Employers will continue to contribute to the cost of the coverage, and coverage will be effective April 1.

1. **Buy down to a leaner plan:**
    - Employers with a single benefit offering that wish to buy down to a leaner plan may do so between now and May 31. They also can re-enroll their population to the leaner plan design.
    - Employers with multi-option plan designs can temporarily buy down to a leaner plan. If employers decide to conduct a SEP when adding the plan, *new enrollees* who previously waived coverage can select from any of the plans offered by the employer provided they are eligible, and the employer

contributes to the cost of coverage. *Existing members* can also move to the new lean plan design, but no other benefit changes are permitted.

2. **Add a lean plan design but no SEP:** Consistent with the buy-down approach, employers will have until May 31 to add a lean benefit. In that instance, *existing members* can move to the new lean plan design. No other benefit changes are permitted. New enrollees previously waiving coverage are excluded beyond the April 13 cutoff for SEP.

Is the Special Enrollment Period (SEP) compliant with Section 125 Premium Only Plans? Update 5/29

The UnitedHealthcare SEP for fully insured plans ended April 20, 2020.

Do the COVID-19 mandated options provide an option for those in Cafeteria plans to make a change to another plan option? Update 5/29

We have advised our customers to speak with their tax and benefits counsel to discuss their particular circumstances.

26 CFR **§ 1.125-4**(f)(3)(iii)

> **(iii) Addition or improvement of a benefit package option.** If a plan adds a new benefit package option or other coverage option, or if coverage under an existing benefit package option or other coverage option is significantly improved during a period of coverage, the cafeteria plan may permit eligible employees (whether or not they have previously made an election under the cafeteria plan or have previously elected the benefit package option) to revoke their election under the cafeteria plan and, in lieu thereof, to make an election on a prospective basis for coverage under the new or improved benefit package option.

Are Small Business Customers subject to material modification rules?

No, employers are allowed to pass on the 60-day rule for material modification, through the COVID emergency order during this time of need.

Can self-funded customer set their own dates on a special enrollment?

ASO has no retroactivity limitations, so if the customer wanted to open their own SEP during a different time frame, or submit the enrollment late, UnitedHealthcare will be able to process the enrollment based on the dates determined by the self-funded customer.

Can an ASO group have a special enrollment and, if so, are their limitations to what may be offered? New 4/14

ASO client can hold a SEP; however, any current member must stay with existing plan, unless

- If the client chooses to add a leaner plan design (higher deductible, lower coinsurance or otherwise actuarial value less than existing plans) then existing members can elect to buy down, but only to that plan.
- New members can pick from any of the plan designs offered, however new members added will not be covered under stop loss (if stop loss is offered)
-

If an insured employer has only a single benefit plan, but wants to change the plan mid-year to a leaner plan design to save money will UnitedHealthcare allow it? Update 4/6

Yes. Between March 23rd and May 31st, employers have one chance to buy down their benefit plan. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request. Follow standard off-cycle plan change process.

Can a multi-option employer add an additional lean plan design and conduct a Special Open Enrollment? Update 4/6

Yes, between March 23rd and May 31st, we will not impose any fully insured policy limitations on employer/plan sponsors who want to:

1. allow new enrollees (i.e. eligible individuals that previously declined group coverage during open enrollment) the opportunity to enroll in any plan option available under the employer/plan sponsor's benefit offerings, and/or
2. allow existing enrollees (i.e. those who are currently enrolled in a benefit offering) the opportunity to change their prior election and enroll in a newly added leaner plan design.

As always, we encourage plan sponsors to review any changes to their plan with their employee benefit plan counsel and/or tax advisor. The group's effective date will not change, and the new plan will become effective between April 1 – June 1, depending on timing of plan change request. Follow standard off-cycle plan change process.

If an ASO customer has stop loss associated with all current plans, does the employer have to set up a separate plan without stop loss to allow employees to enroll via the Special Enrollment Period (SEP)? New 4/20

Yes, if an employer has stop loss associated with all current plans, the employer would have to set up a separate plan value reporting code (PVRC) without stop loss to allow members to enroll via SEP given that members that enroll during SEP are not eligible for stop loss.

What about employers who wish to add a lean plan design but do not want a SEP?

Consistent with the buy down approach, employers will have until May 31st to decide if they wish to add a lean benefit. In that instance, existing members may move to the new lean plan design. No other benefit changes will be allowed. New enrollees previously waiving coverage are excluded beyond the 4/13 cut off for SEP.

What are the key effective dates for groups deciding to move to a leaner plan? New 4/6

Plan Change Effective Date	Group Buy-down Decision Date	Enroll by Date
4/1 effective date	Through 4/13	4/13
5/1 effective date	4/14 to 5/14	5/14
6/1 effective date	5/15 to 5/31	6/8

Do the employer contributions for the members enrolling in the Special Enrollment Period have to match contributions the employer currently offers to existing members? New 4/17

Yes, UnitedHealthcare requires the employer contribution level for those enrolling under the special enrollment to match the employer contribution for the existing members.

What are the opportunities for fully insured clients to hold a dental and vision special enrollment? New 5/12

Special COVID-19 Dental and Vision Enrollment Opportunity for fully insured customers applies to all business where UnitedHealthcare Dental and/or Vision are fully insured.

UnitedHealthcare is providing its fully insured customers with a Special *COVID-19 Enrollment Opportunity* to enroll employees who previously did not enroll in Dental and/or Vision coverage. The opportunity will be limited to those employees who previously did not

elect coverage for themselves, spouses, and/or children or who waived coverage:

- The enrollment opportunity will extend from May 18 through May 29 with a June 1 effective date.
- Customers are not required to adopt the *Special Enrollment Opportunity*. Because of this, **no opt-out action is required** on their behalf. UnitedHealthcare realizes each situation is unique, and each customer should make its own decisions.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Existing eligibility, underwriting and state guidelines apply.
- UnitedHealthcare recommends that customers speak with their benefits counsel or tax advisors for more information as to any customer impacts.

DENTAL & VISION SPECIAL ENROLLMENT

Note: *This section applies to fully insured customers. Self-funded customers may choose to amend their eligibility requirements to align with this special enrollment period for fully insured customers, at their discretion. Customer should contact their stop loss carrier.*

Is there a special open enrollment period for Dental & Vision coverage? Update 5/13

UnitedHealthcare is providing its fully insured employer customers with a Special COVID-19 dental and vision enrollment opportunity ("Special Enrollment Opportunity") to enroll employees who previously did not enroll in dental and/or vision coverage. The one-time opportunity will be limited to those employees who previously waived coverage or did not elect coverage for themselves or their dependents (e.g., spouses or children). See *Notice of Special COVID-19 Dental and Vision Enrollment Opportunity* document for details; Notice for New York; Notice for Non-New York.

- The enrollment opportunity will extend from May 18, 2020, through May 29, 2020. Effective date is June 1.
- Customers are not required to adopt the Special Enrollment Opportunity. Because of this, no opt-out action is required on their behalf. UnitedHealthcare recognizes each situation is unique, and customers should make enrollment opportunity decisions based on what's best for their business and employees.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Existing eligibility, underwriting and state guidelines apply.
- We recommend that customers speak with their benefits counsel or tax advisor for more information regarding customer impacts.

Can self-funded customers set their own dates on a special enrollment? New 5/12

ASO has no retroactivity limitations, so if a customer wants to open their own Special Enrollment Opportunity during a different time frame, or submit the enrollment late, UnitedHealthcare will process the enrollment based on the dates determined by the self-funded customer.

If an insured customer has multiple plan options and opts into the Special Enrollment Opportunity, can current members change plans? New 5/12

No. The Special Enrollment Opportunity is NOT intended to allow members to change plan options.

The Special Enrollment Opportunity is merely waiving policy restrictions on adding new enrollees outside of open enrollment or normal special enrollment period. The employer sponsored group health plan will decide if they want to offer the option for new entrants to the plan.

Which products are in scope for the Special Enrollment Opportunity? New 5/15

The Special Enrollment Opportunity is limited to dental and vision. No other products are part of the Special Enrollment Opportunity.

What are the next steps if brokers, consultants and/or customers want to take advantage of the Special Enrollment Opportunity? New 5/15

- Review the Notice of Special COVID-19 Dental and Vision Enrollment Opportunity.
- Enrollment updates can be submitted via Employer eServices with a June 1, 2020, effective date.
- Member enrollments can also be made via regular channels if eServices is not used, which may include the Client Services Operations (CSO) team, GA Service Inbox, Electronic Data Interchange (EDI) feed, maintenance eligibility file via a Third Party Administrator (TPA), all with a June 1, 2020, effective date.
- For brokers, consultants and employers who wish to use enrollment forms:
    - Ensure the enrollment form indicates “Special Enrollment COVID-19” for the qualifying event reason on the form.
    - Include a signature date on the enrollment form that is within the time period of the Special Enrollment Opportunity.
    - Be sure to use the June 1, 2020, effective date.

Is the Special Enrollment Opportunity compliant with Section 125 Premium Only Plans? New 5/12

The UnitedHealthcare special enrollment opportunity for fully insured plans ended April, 16, 2020.

Are small business customers subject to material modification rules? New 5/12

No. Employers are allowed to pass on the 60-day rule for material modification due to the COVID-19 emergency order during this time of need.

For section 125 cafeteria plans, can they hold open enrollments to allow members to make mid-year election changes? New 5/28

Although the IRS in Notice 2020-29 allows the employer to provide for these enrollments and changes in enrollment during 2020, UnitedHealthcare, as the medical carrier, already offered a UnitedHealthcare Notice of Special COVID-19 Enrollment Opportunity in April. UnitedHealthcare will not provide coverage for new medical enrollments or changes of enrollment other than those related to (1) annual open enrollment, (2) UnitedHealthcare's Notice of Special COVID-19 Enrollment Opportunity, which is now closed, or (3) a HIPAA qualifying life event.

UnitedHealthcare's special open enrollment for fully insured plans was over April 16, 2020.

PROGRAMS AND PRODUCTS

Will wellness credits roll over due to COVID-19? New 4/13

There are no plans to carry over Wellness Credits at this time. This will be evaluated again later in the summer.

Are fully insured or self-funded customers able to use their Wellness Credits to pay for premium? New 4/21

Customers are able to use their wellness dollars towards their premium as long as:

- Wellness amount is limited only to any dollars that UHC is administering.
- Only dollars that are earmarked for the groups use toward wellness initiatives will be in play.
- if the Wellness dollars are already committed to purchase a service from Optum, they cannot be reallocated to cover UnitedHealthcare premium.

Can wellness credits be used for supplies like hand sanitizers and thermometers that are part of return to work or return to office programs? New 4/25

Yes, UnitedHealthcare wellness credits may be used to purchase hand sanitizers, thermometers or other supplies use to provide a healthy and a safe workplace as employees are returning to the workplace.

Are there specific items that UnitedHealthcare will allow wellness credits to be used for through June 18, 2020? New 5/4

- **Employer Premiums for Health Insurance – ASO / FI c**ustomers can use through their wellness funds to pay for their medical premium.
- **Personal protective equipment (PPE) to prevent worker exposure –** Face masks, face covering, face shields, gloves.
- **Employee Screening –** Thermometers, Thermometer Gun, disposable Thermometers.
- **Personal Use & Cleaning Products –** Tissue and no-touch disposal receptacles; hand sanitizer products and no-touch dispensers; disinfectants: and products that meet EPA's criteria for use

against SARS-Cov-2 and are appropriate for the surface. https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

- **COVID-19 testing** –in the employer's office for employees returning to work
- **Fees for vendor –** to conduct testing or collect test samples

Can a UnitedHealthcare Preventive Plan or other MEC-only plan that does not have stop loss add stop loss insurance? NEW 3/26

MEC plans are subject to the new legislation. However, many of these plans do not have stop loss insurance. It would be up to the plan sponsor, who is the fiduciary to speak with their consultant or broker to assess market solutions best for their respective plan situation.

Are testing and testing related visit claims covered for UnitedHealthcare Preventive Plan members? New 4/14

The Preventive Plan does include waiver of cost sharing including co-payments, coinsurance and deductibles for approved COVID-19 testing and testing related visits at physician offices, urgent care centers and emergency departments in and out of network. Inpatient testing is out of scope. Testing must be provided at approved locations in accordance with CDC guidelines. Coverage is effective for claims as of March 18, 2020 and will remain in place through June 18, 2020.

Can members who have the Gym Check-in programs still earn their rewards without going to the gym under the national epidemic? New 4/13

Yes, members whose employers offer **Gym Check-In** rewards can now earn their reward without

going to the gym. Due to the widespread gym closures as a result of COVID-19, Rally Health has introduced a new way for users to earn Gym Check-In rewards without going to the gym.

The Activity Check-In *reward now appears in lieu of the* ***Gym Check-In*** *reward. The* ***Physical Activity Check-In*** card appears on the Program Overview page, prompting users to do something active 12 times per month and indicate that activity in a one-question mini survey to earn a reward. Users can see the **Start Date** and **End Date** of the activity as well as the potential reward they can earn for completing the activity. Just like the **Gym Check-In** reward, these dates are based on the calendar month.

To help address member questions UnitedHealthcare has a new member FAQ. The FAQ includes information on how members can continue to get their rewards during this this time and provides both a support email and phone number for members to call for support. You may request it from your UnitedHealthcare representative.

Have changes been made to Rally to help members during the COVID-19 national emergency? Update 5/8

Yes.

- To provide UnitedHealthcare Employer & Individual (E&I) members with additional support related to COVID-19, specific campaigns now appear as the first three tiles on the Home View carousel.
- Also, the COVID-19 Resources page for E&I members now contains a **Your Primary Care Provider** section to direct members to reach out to their primary care provider (PCP) if they, or a family member, has symptoms.
- E&I members whose employers offer **Gym Check-In** rewards can now earn their reward without going to the gym.
- A new banner now appears across the top of the Rally Health app reminding users to follow local, state, and national guidelines if they choose to engage in Missions.
- To help address member questions UnitedHealthcare has a new member FAQ. The FAQ includes information on how members can continue to get their rewards during this this time and provides both a support email and phone number for members to call for support. You may request it from your UnitedHealthcare representative.

Can eligible UnitedHealthcare (New York, New Jersey) and Oxford (New York, New Jersey, Connecticut) members still earn rewards for the Sweat Equity program? Update 4/19

Accommodations have also been made for eligible members participating in the Sweat Equity program, which requires facility/instructor attestation as a qualification for reimbursement of eligible exercise-related expenses. During the closure of gyms and cancelation of organized fitness classes and events, members may record their home-based exercise activities (one per day: virtual fitness (app, video), walk, run, bike ride, home workout equipment, etc.) on their Sweat Equity claim form. Also, during the COVID-19 health issue, we are waiving the requirement for submission of documentation supporting the cardio benefits of the equipment, class, facility or event used by the member, as well as receipts for fitness-related expenses incurred. All other program requirements will continue to apply.

PHARMACY COVERAGE

UnitedHealth Group is better together. We'd like to share a quick video clip from Optum and UnitedHealth Group collectively working together to make a difference in the COVID-19 crisis: https://www.optum.com/content/dam/optum3/optum/en/resources/videos-podcasts/optum-grateful-cv19web.mp4

Will pharmacy coverage or treatment be impacted by COVID-19? Update 6/2

Eligible fully insured and self-funded UnitedHealthcare and OptumRx members who need an early prescription refill to ensure they have sufficient medication on hand may request one through their current pharmacy. We encourage members to consider their current supply as well as their near=term medication needs prior to refilling prescriptions early.

The refill too soon edit allows members with active eligibility to obtain an early refill of their prescription medications if they have refills remaining on file at a participating retail, specialty or mail-order pharmacy.

The refill obtained will stay consistent with the standard days' supply previously filled by the member as allowed by their plan (e.g., 30- or 90-day supply).

Delivery options are available through Optum home delivery, which has no deliver fees and through select retail pharmacies including Walgreens and CVS, who have waived delivery fees.

The refill-to-soon policy, which was originally scheduled to end in May, will be extended through June 15, 2020.

Can you comment further on the pharmacy supply chain and availability of medications? Can our employees still rely on mail order? Update 4/17

We do not anticipate delays in dispensing prescriptions related to COVID-19. This includes Optum. We do not anticipate COVID-19-related delays in dispensing prescriptions from Optum-owned pharmacies. This includes Optum Home Delivery, Optum Specialty, Optum Infusion Services, Avella, Genoa and Diplomat. We stay closely connected to our other network partners and at this time do not anticipate any delays or supply issues related to prescriptions dispensed through retail pharmacy network.

Have any changes been made to the prior authorization program for medications covered through the pharmacy benefit? Are you extending authorizations? Update 4/29

Yes, we initially identified prior authorizations expiring for **select** medications between 3/16 and 4/30 and extended them for 90 days. We have now identified prior authorizations expiring between 5/1 and 5/31 and have also extended them for 90 days. Medications excluded from the automatic extensions include opioids, medications with defined treatment durations, such as treatment for hepatitis C, infertility, as well as other medications with upcoming coverage changes.

How is UnitedHealthcare handling the 5/1/2020 PDL changes due to COVID-19-related travel and quarantine restrictions? Update 5/18

We are extending the deadline on some May 1 changes to July 1, 2020 to allow our members additional time to access care, support and resources to transition onto new medications.

The effective date of the exclusion of these medications is being extended from 5/1 to 7/1 for the following:

- Diabetes – Insulin: Basaglar KwikPen, Levemir, Levemir FlexTouch, Tresiba (will remain in current tier)

  Medications that will remain excluded until 7/1: Lantus, Lantus SoloSTAR, Toujeo Max SoloSTAR, and Toujeo SoloSTAR
- Diabetes – Non-Insulin: Janumet, Janumet XR, Januvia
- Neuromuscular Disorders: Firdapse

In addition, the effective date is being updated from 5/1/20 to 7/1/20 for New Step Therapy for Zomig.

Update via 4/13 ePharmacy News: A recent decision was made to not exclude the following asthma/respiratory medications at this time. These medications will be continued to be covered:

- Arnuity Ellipta®
- Flovent® Diskus®, Flovent® HFA
- Pulmicort Flexhaler®

Refer to the 9/1 PDL Updates by watching the via recorded client presentation for changes being made to the asthma category of medications. Since the supply chain appears to have stabilized, we will be making changes to the inhaled steroid category of medications and excluding Alvesco®, Asmanex® products and QVAR® and moving Arnuity Ellipta, Flovent products and Pulmicort Flexhaler to Tier 1.

Will any changes continue as originally scheduled? New 3/27

Yes, a small number of changes with minimal or no member impact, such as a drug moving from exclude at launch to permanent exclusion will continue as planned. Several member positive changes will also be implemented as scheduled.

What is UnitedHealthcare approach to the medications hydroxychloroquine and chloroquine for lupus and rheumatoid arthritis and for use for COVID-19? Update 5/18

In order to preserve a continued supply for the use of hydroxychloroquine for chronic indications such as systemic lupus and rheumatoid arthritis, UnitedHealthcare implemented quantity limits effective Mar. 28. Based on our ongoing monitoring of utilization, we continue to see a decrease in the number of prescriptions and will be removing the supply limit effective 5/22. Some network pharmacies and individual states have implemented their own dispensing policies. Members with a prescription for one of these products should consult with their pharmacist.

When will members receive communications regarding the upcoming PDL changes? New 3/27

Members will receive communication at least 30 days prior to the exclusions taking effect

Will updated impact reports be produced to reflect the most current member disruption? New 3/27

No, updated impact reports will not be produced. However, the member mailing file will be updated with the latest available information on impacted members.

Is there a chance this date will be pushed out even further? Updated 4/17

The situation continues to evolve rapidly. Our teams are monitoring the situation closely and will communicate any additional changes as soon as possible including the change in direction for the asthma/respiratory exclusions. Our goal is to continue to serve our members and customers during this difficult time.

Are additional actions needed, or will my decisions carry forward? New 3/27

Any customer decisions (e.g. exclusion opt-outs) will carry forward to 7/1, no additional action is required.

If I would like to change my decisions from 5/1, am I able to do that? New 3/27

No, at this time coverage will follow decisions made as part of the original 5/1 roll-out.

Have any changes been made to the launch date for the Medication Sourcing Expansion program? New 3/27

In response to the COVID-19 public health emergency, UnitedHealthcare is delaying the launch of Medication Sourcing Expansion (formerly Limited Supplier). This specialty pharmacy requirement directs hospitals to obtain certain specialty medications from a designated specialty pharmacy. The requirement will not take effect on April 1, 2020, as was previously communicated. This delay applies to both commercial plans and UnitedHealthcare Community Plan.

Providers will be notified in advance when a new effective date for specialty pharmacy requirements is known.

Please share this update with your clients. Medication Sourcing Expansion program slides are available here.

How can members sign up for home delivery for their maintenance medications so they can stay at home? New 3/30

The Centers for Disease Control and Prevention (CDC) encourages people to stay at home as much as possible. For UnitedHealthcare Optum Rx members that have pharmacy benefits, maintenance medications (medications taken regularly) can be received directly to their home through the home delivery benefit. Members can enroll online when logged onto myuhc.com and sign up for home delivery. Optum home delivery has no delivery fees.

Delivery options are also available through select retail pharmacies including Walgreens and CVS, who have waived delivery fees. Contact your pharmacy to determine if this is a service they provide.

Will UnitedHealthcare and OptumRx take steps to help members and prescribers adjust to supply chain distribution and find equivalent medications in case supply challenges do occur? New 4/17

Yes, similar to when we experience ordinary course supply challenges, such as out-of-stock or recall situations, we partner with our

members, prescribers and supply chain partners to identify alternatives and streamline the process to drive a faster turnaround and ensure our members have the therapy they need when they need it. We are also closely monitoring the supply chain to determine if we need to make any PDL coverage changes.

FULLY INSURED –BUSINESS DISRUPTION SUPPORT

The following questions and answers apply to medical coverage unless otherwise noted. For financial protection programs refer to the Specialty section.

Does the recent IRS Rule and Notices on FSAs, DCAP, and 2020 enrollments mean that the employer may allow their employees to make any calendar year 2020 election changes to their current medical plan? New 5/29

In Notice 2020-29, the notice indicates that plans may, but are not required, to allow employees to make the following election changes:

1) Employees may make a new election to enroll in employer-sponsored health coverage on a prospective basis if the employee initially declined health coverage.
2) Employees make revoke existing election for employer-sponsored health coverage and make a new election, to enroll in different coverage.
3) Employees my revoke an election, make a new election, or decrease or increase an existing Health FSA election on a prospective basis.

Although the IRS in Notice 2020-29 allows the employer to provide for these enrollments and changes in enrollment during 2020, UnitedHealthcare, as the medical carrier, already offered a UnitedHealthcare Notice of Special COVID-19 Enrollment Opportunity in April. UnitedHealthcare will not provide coverage for new medical enrollments or changes of enrollment other than those related to (1) annual open enrollment, (2) UnitedHealthcare's Notice of Special COVID-19 Enrollment Opportunity, which is now closed, or (3) a HIPAA qualifying life event.

With respect to IRS Notice 2020-29 allowing 2020 calendar year election changes, as the stop loss carrier for self-funded plans, UnitedHealthcare will not cover claim payments of any plan members enrolled outside of annual open enrollment or a HIPAA qualifying life event.

For FSA or HRA/HIA accounts, employers may allow employees to allow prospective changes. In addition, based on the Notice, changes to the dependent care FSA (DCAP) are also permitted.

If a fully insured employer reduces hours for part or their entire workforce in response to the COVID-19 national emergency can the company continue to cover those employees? Update 5/12

For health plan products: UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, as long as you pay the monthly premium. If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the absence/furlough, the coverage will remain in force for no longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. Coverage may be extended, if required by local, state or federal rules. Please note that you must offer this coverage on a uniform, non-discriminatory basis.

For Life, Accidental Death & Dismemberment (AD&D), Critical Illness Protection (CIPP), Accident Protection (APP), Hospital Indemnity Protection (HIPP) products: As long as the employer continues to pay the monthly premium, coverage due to an approved layoff, is outlined in the Termination of Covered Person Insurance or Termination of Covered Employee Insurance section of these policies. It may vary by customer. Refer to your actual Certificate(s) of Coverage for specifics on your plan(s).

By way of reference, UnitedHealthcare's standard language (which applies to most customers) for all of these products allows for coverage to continue due to an approved layoff for up to 3 months from the date he/she stopped active work.

For Short Term Disability (STD), Long Term Disability (LTD) products: As long as the employer continues to pay the monthly premium, coverage due to an approved layoff is outlined in the Termination of Covered Person Insurance section of these policies. It may vary by customer. By way of reference, UnitedHealthcare's standard language allows for coverage to continue due to a temporary layoff until the end of the month following the month in which the layoff began.

Is UnitedHealthcare considering off-renewal premium changes for small businesses that may be financially impacted?

UnitedHealthcare is not changing premium rates off renewal for small business.

Can employers use credit cards to pay premiums?

No, UnitedHealthcare is unable to accept credit card payments for group premium this time.

Will renewal rate actions be delayed as a result of the COVID-19 national emergency?

Renewals and all necessary information will be released on a timely basis.

Will UnitedHealthcare allow fully insured clients to continue to offer medical benefits to furloughed or with reduced hours due to COVID-19?

Yes, we will temporarily allow it if the plan sponsor continues to pay the premiums and offers the option to all furloughed employees on an equal basis.

Are furloughed employees eligible for fully insured plans? Update 5/12

UnitedHealthcare is extending allowed non-medical leave/furlough to 20 weeks. There is no change to medical leave.

UnitedHealthcare is temporarily allowing employees that were eligible for and enrolled in coverage before an absence or furlough to remain eligible for coverage during periods of temporary layoffs and/or reduction in hours. UnitedHealthcare is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then you would not notify us of a coverage change and furloughed employees would remain on the plan temporarily.

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force for:

- No longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off)
- No longer than 26 consecutive weeks for a medical leave

Note coverage may be extended, if required by local, state or federal rules.

Can an employer reduce its employer contributions to premium during a furlough? New 4/17

No, the same employer contribution level has to apply to all members enrolled in the same benefit plan.

Are customers able to continue employee health benefits if *part of* the workforce is laid-off in response to the COVID-19 crisis? Update 5/12

UnitedHealthcare is extending allowed non-medical leave/furlough to 20 weeks. There is no change to medical leave.

Temporarily we will allow employers to continue coverage for employees who were eligible for and enrolled in coverage prior to the reduction in workforce, if the plan sponsor continues to pay its premiums and offers the option to all employees on an equal basis. However, it is important to make a distinction between individuals whose employment is terminated (often “laid-off” means terminated) versus individuals still employed but experiencing a temporary reduction of hours but remains employed. In those situations where the individual continues to be employed but may have seen a reduction in work or been put on furlough as a result of COVID-19 crisis, we will temporarily not enforce insurance contractual requirements that mandate active at work status or minimum hours where we continue to receive full premium and the employer applies this approach to all such employees on an equal basis.

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force for:

- No longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off)
- No longer than 26 consecutive weeks for a medical leave

Note coverage may be extended, if required by local, state or federal rules.

However, if an employee is terminated, the normal termination rules apply.

Note: ASO clients can set their own timeline for continuation for furloughed employees.

If a fully insured employer *reduces hours for part or their entire workforce* in response to the COVID-19 national emergency can the company continue to cover those employees? Update 4/16

UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for health coverage and will allow you to cover your reduced hour employees, if the employers pay the monthly premium. The employer must offer this coverage on a uniform, non-discriminatory basis.

Coverage may be extended, if required by local, state or federal rules.

Note: ASO clients can set their own timeline for continuation for furloughed employees.

Do the days on furlough count toward the waiting period and would the member be eligible to enroll while on furlough. If not, do the days

they are on a waiting period prior to the furlough count and they just need to meet the remainder once they return to work? New 4/27

Yes, the furloughed or LOA days do count towards the waiting period, so long as the employee is not laid off/terminated.

If a member is collecting unemployment benefits does that effect their ability to stay on the coverage as an active employee through the Oxford plan? Update 5/13

No, some employers are paying for health care for their furloughed employees. This should not impact unemployment benefits.

Are customers able to continue employee health benefits if *the entire* workforce is laid off in response to the COVID-19 crisis? New 3/25

There needs to be one active employee for a group health plan to continue to exist. Normal termination rules apply.

If the group terminates employees in the middle of the month as a result of COVID-19, will fully insured coverage extend for the terminated employees until the end of the month? New 4/5

If premiums have been remitted for the month, coverage will continue through the end of that month or the date of event depending on the eligibility rules under your policy.

If the group terminates employees in the middle of the month as a result of COVID-19, will fully insured coverage extend for the terminated employees until the end of the month? New 4/5

If premiums have been remitted for the month, coverage will continue through the end of that month or the date of event depending on the eligibility rules under your policy.

Will you waive any rehire waiting period for re-hired employees who were terminated due to COVID-19? Update 5/14

Yes. UnitedHealthcare does not set or administer any waiting periods. As the employer, you have the option to waive your own eligibility rules to allow the employee to receive coverage on the day they are rehired.

Can UnitedHealthcare waive participation requirements during this time for new groups that need insurance? For example: if 2 out of 5 employees that are enrolling, so under 50% on participation. New 4/5

No. New groups will be subject to normal rules for acceptance - binder checks, participation requirements, etc.

What continuation of coverage applies if my plan is fully insured and one or more employees are terminated as a result of COVID-19?

Standard COBRA and state continuation protocols apply.

If I terminate employees in the middle of the month as a result of COVID-19, will my fully insured coverage extend for the terminated employees until the end of the month?

If premiums have been remitted for the month, coverage will continue through the end of that month.

What if employees are terminated and either they do not elect COBRA or there is no COBRA available because the group health plan has been discontinued?

If employees are terminated and either they do not elect COBRA or there is no COBRA available, the employee has the opportunity to enroll in the Exchange in their state. Both small employers and individuals must elect Exchange Market Place Coverage within 60 days of the termination, or they will have to wait until the next open enrollment period.

UnitedHealthcare offers individuals a range of individual health insurance plans. Interested people may contact (800) 827-9990 to speak with an advisor who can assist. They can also visit https://www.healthmarkets.com to apply directly.

If my group's enrollment drops by more than 10% as a result of the COVID-19 National Emergency, will my rates and premiums on my fully insured plan be subject to change? NEW 4/3

Small group ACR rates will not be adjusted **at the time of new group coverage or** off renewal.

For large group, for the present time, if the loss of enrollment is a result of the COVID-19 situation, rates and premiums will not be adjusted **at the time of new group coverage or** off renewal.

If a group gets a premium extension approved, would UnitedHealthcare continue to pay for any medical claims in those extension periods and not seek recoupment of paid claims should the group be termed for non-payment of premiums at some point? New 4/16

UnitedHealthcare will continue to pay claims during the grace period extension. Recoupment of the claims will depend on the termination date and the termination provisions in the group contract. If the group has termination as of the paid through date vs. end of grace – those claims will be recouped.

Will UHC continue to pay commissions on those groups in a premium extension? New 4/16

Commissions will be paid when the premium is paid.

- If a customer uses an extended "grace period", the commissions or service fees will be paid when the customer makes the delayed payment.
- Base commissions and service fees will be reduced commensurate with the reductions in membership experienced by the employer groups.
    - If premiums decrease, compensation based as a percent of premium will decrease.
    - If employment decreases, compensation based on a per-employee-per-month basis will decrease.

ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT

PLEASE REFER TO OTHER SECTIONS FOR ADDITIONAL INFORMATION.

Does the recent IRS Rule and Notices on FSAs, DCAP, and 2020 enrollments mean that the employer may allow their employees to make any calendar year 2020 election changes to their current medical plan? New 5/28

In Notice 2020-29, the notice indicates that plans may, but are not required, to allow employees to make the following election changes:

1) Employees may make a new election to enroll in employer-sponsored health coverage on a prospective basis if the employee initially declined health coverage.
2) Employees make revoke existing election for employer-sponsored health coverage and make a new election, to enroll in different coverage.
3) Employees my revoke an election, make a new election, or decrease or increase an existing Health FSA election on a prospective basis.

For self-funded customers, eligibility and enrollment decisions under their Plans are the customers to make. As the third-party administrator, UnitedHealthcare will perform its administrative services in accordance with these eligibility determinations. With respect to IRS Notice 2020-29 allowing 2020 calendar year election changes, as the stop loss carrier for self-funded plans, UnitedHealthcare will not cover claim payments of any plan members enrolled outside of annual open enrollment or a HIPAA qualifying life event.

For FSA or HRA/HIA accounts, for employers may allow employees to allow prospective changes. In addition, based on the Notice, changes to the dependent care FSA (DCAP) are also permitted.

From a stop loss perspective, will UnitedHealthcare stop loss support calendar year changes to health plans that are mentioned in the recent Notice 2020-29 or Notice 2020-33? New 5/29

With respect to IRS Notice 2020-29 allowing 2020 calendar year election changes, as the stop loss carrier for self-funded Plans, UnitedHealthcare will not cover claim payments of any Plan members enrolled outside of annual open enrollment or a HIPAA qualifying life event.

Are self-funded clients required to follow the different rules on COVID-19?

Self-Funded clients are generally not impacted by state laws and regulations but instead are required to follow federal standards under ERISA and other federal legislation such as The Families First Coronavirus Response Act (HR 6201). If a self-funded client chooses to follow the state regulations, please contact your Account Executive to work through UnitedHealthcare's ability to support the request.

What should a self-funded employer consider relative to stop loss risk, plan documents, cost projections or other implications concerning COVID-19?

Self-funded clients are considered the plan fiduciary. As such, they are the final authority on plan design provisions and should consult with their professional advisors.

What is the impact to UHC stop loss for changes to Virtual Visits or telehealth including telehealth OT, PT and ST? New 4/11

No impact to stop loss.

Will UnitedHealthcare Insurance Company (UHIC) and UHIC-BP stop loss policies follow the underlying plan document to determine eligible, or not covered, stop loss insurance claims? Update 4/5

Plans that automatically include coverage for services required by federal legislation (e.g., Family First Coronavirus Response Act) and follow UnitedHealthcare's recommended-standard option will automatically have eligible claims considered eligible charges under our stop loss policy.

For customers that choose to "opt-In" for treatment to be covered at 100% in line with our fully insured policy, we will cover the services under our stop loss. We will not adjust the premiums (ISL and/or ASL), the ISL deductible or aggregate claim pick.

Eligibility guidelines under our stop loss policy will follow the underlying plan design eligibility guidelines. This includes Leave of Absence, Temporary Layoffs, Active at Work Provisions and COBRA. Our stop loss will also accommodate the Plan's waiver of rehire waiting periods should the Plan choose to change its eligibility rules to do so. The one exception to this provision is that we will NOT agree to coverage for newly enrolled individuals due to any "Special Open Enrollments".

For ASO groups that experience a change in lives greater than 10% driven by COVID, what will the impact be to re-rating during the event? New 4/14

For ASO customers that temporarily experience a reduction in force due to COVID-19, UnitedHealthcare will not adjust the administrative fees. We will evaluate the enrollment level upon renewal to determine if any change in administrative fees is required. Fees will not be adjusted mid-contract period due to layoffs.

For ASO groups that experience a change in lives greater than 10% driven by COVID 10, what will the impact be UHC/UHC-BP's stop loss premium rates, individual stop loss deductibles and aggregate claim picks? New 4/14

Our decision for this time is that we will not adjust premium rates, stop loss deductibles or claim picks until the next plan anniversary. However, we are reserving the right to modify that position after further review on or after June 30, 2020.

In all circumstances, we will rerate policies at their normal anniversary dates.

Will UnitedHealthcare allow continuation coverage for self-insured plans on UNET and UMR even if they go under 100 lives? New 4/5

Yes, UnitedHealthcare will not enforce minimum participation (FTE count) provisions for customers during periods of furlough.

If a client reduces the hours of part of their workforce in response to the COVID-19 National Emergency, can a self-funded company continue to cover those employees?

Yes. If UnitedHealthcare is your stop loss carrier, as long as you continue to pay administrative fees and claims costs, along with your stop loss premium, you may continue to cover reduced-hour employees even though they are not actively at work during the emergency. Please note that you must administer the plan on a uniform, nondiscriminatory basis. You may not choose only certain people for whom you continue to pay claims.

All clients with a third party stop loss carrier are responsible for confirming with their stop loss insurer that their stop loss coverage aligns with their plan coverage decision as well as any questions about covering reduced hour employees who are not actively at work for some period.

Although we are communicating our intentions with Optum Stop Loss, **we still require clients to confirm their stop loss coverage directly with Optum Stop Loss.**

How will your stop loss handle timely filing for stop loss claims? NEW 3/27

UHIC and UHIC-BP will ensure coverage for any eligible stop loss claims if the underlying plan covers the claims

Clients with third party stop loss should contact their stop loss insurer for a response.

What about continuation of coverage for self-funded plans?

If your group is subject to COBRA, as long as one person remains actively employed, terminated employees may elect to continue coverage under COBRA under the normal notice and election procedure. If UnitedHealthcare is not your stop loss carrier, be sure to check with your stop loss carrier about any rules it may have regarding minimum enrollment of active employees for stop loss coverage. If the plan has no active employees, the plan is terminated, and COBRA is not an option. In that case, employees would have a special enrollment period to enroll in individual coverage. You may contact Health Market (800) 827-9990 or https://www.healthmarkets.com for individual market coverage options.

Although we are communicating our intentions with Optum Stop Loss, **we still require clients to confirm their stop loss coverage direct with Optum Stop Loss.**

What is the process for a self-funded client who declines to cover the test and test-related expenses at no cost share?

Based on federal legislation passed on March 18, all plans are required to cover these services.

How will your stop loss handle timely filing for stop loss claims?

UHIC and UHIC-BP will ensure coverage for any eligible stop loss claims if the underlying plan covers the claims. Clients with third party stop loss should contact their stop loss insurer for a response.

Is there a requirement for the SPD to be updated prior to making plan changes to support COVID-19? Update 5/31

Generally, the changes we are making to support zero cost share for the diagnosis and testing associated with COVID-19 offer a better benefit. As a general rule, if the changes are plan enrichments and not reductions then such changes do not need to be made immediately, there is 210 days from the end of the plan year to issue the changes.

Self-funded customers should continue to monitor their SPDs for required changes including stop loss language and, as always, validate their approach with legal counsel.

Recent guidance requested that a notice be sent for employers to inform their employees of any temporary changes to their plans due to the national emergency. Therefore, UnitedHealthcare has created a notice for employers to inform members of changes to benefits due to the COVID-19 national emergency as required by law. This alternative notice is allowed in place of changes to plan documents or material modifications.

Are you offering fee holidays?

No, we are not waiving administrative fees nor stop loss premium. Our contracts include standard provisions for late payment.

Are furloughed employees eligible for fully insured plans? Update 5/12

UnitedHealthcare is extending allowed non-medical leave/furlough to 20 weeks. There is no change to medical leave.

UnitedHealthcare is temporarily allowing employees that were eligible for and enrolled in coverage before an absence or furlough to remain eligible for coverage during periods of temporary layoffs and/or reduction in hours. UnitedHealthcare is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then you would not notify us of a coverage change and furloughed employees would remain on the plan temporarily.

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force for:

- No longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off)
- No longer than 26 consecutive weeks for a medical leave

Note coverage may be extended, if required by local, state or federal rules.

As a self-funded plan administrator, if I want to cover COVID-19 at 100% how should I proceed? Update 3/24

UnitedHealthcare is committed to supporting its customers by honoring the following actions that our stop loss policyholders may take in light of the COVID-19 crisis. If UnitedHealthcare is your stop loss carrier:

- **Deductibles, Copays, and Cost-Sharing:** Policyholders who decide to waive the cost of deductibles, copays, and cost-sharing for COVID-19 diagnostic testing, and the office visit, ER visit, or urgent care visit associated with the test, for covered participants will be allowed to apply these costs as eligible expenses under their stop loss policy.

- **Telemedicine and Virtual Visits:** Policyholders who decide to waive cost-sharing for telemedicine and Virtual Visits for covered participants will be allowed to apply these costs as eligible expenses under their stop loss policy, without any prior notification.

- **Early Rx Refills:** Policyholders who decide to allow covered participants to receive early prescription refills to ensure they have a 30-day supply will be allowed to apply these costs as eligible expenses under their stop loss policy, without any prior notification.

These changes are effective immediately. We hope these actions make it easier for our policyholders to provide for the health and safety of their plan participants. If a self-funded customer wishes to expand benefit coverage beyond the bullets above, adjustments to rate may be required.

If UnitedHealthcare or UMR is your administrator, but your stop loss policy is with an alternative carrier, check with the carrier for guidance.

Can an ASO group have a special enrollment and, if so, are their limitations to what may be offered? New 4/14

ASO client can hold a SEP; however, any current member must stay with existing plan, unless

- If the client chooses to add a leaner plan design (higher deductible, lower coinsurance or otherwise actuarial value less than existing plans) then existing members can elect to buy down, but only to that plan.
- New members can pick from any of the plan designs offered, however new members added will not be covered under stop loss (if stop loss is offered)

What is call center response to members of self-funded groups that call in and asking about benefits? New 4/28

All plans are federally mandated to waive costs for COVID-19 testing and the testing-related visit, which includes but not limited to office visits and Virtual Visits specific to COVID-19 testing. Individual plans and states have different requirements specific to COVID-19-related treatments and other telehealth services. With careful consideration, UHC partnered with employer groups to review changes in coverage. We are in a rapidly changing environment and updates to plan benefits are still occurring.

FINANCIAL, BUSINESS CONTINUITY AND REPORTING

Will renewal rate actions be delayed as a result of the COVID-19 national emergency?

Renewals and all necessary information will be released on a timely basis.

If a self-funded customer has tiered administrative fees based on enrollment, and they experience a change in covered lives due to layoffs or furloughs related to COVID-19, will their administrative fees change?

No, for the next 60 days, we will not change any administrative fees based on a change in enrollment.

If a new customer, effective April 1 or May 1 has a change in enrolled census due to layoffs associated with COVID-19, will their quoted rate change? Updated 4/7

Small group ACR rates will not be adjusted **at the time of new group coverage or** off renewal.

For large group, for the present time, if the loss of enrollment is a result of the COVID-19 situation, rates and premiums will not be adjusted **at the time of new group coverage or** off renewal.

Can fully insured groups that are scheduled to have open enrollments in March or April during business shutdowns and/ or have effective dates during these shutdowns, push open enrollment out past effective date when employees are back to work?

In order to ensure no disruption in benefits to members at this critical time, UnitedHealthcare will automatically enroll members to their existing 2019 plan option updated for 2020 rates and benefits. UnitedHealthcare will allow the group policyholder up to thirty (30) days post renewal to advise us of changes. In some limited instances, the 2019 plan option may no longer exist (e.g. plan discontinuance). In such instances we will map groups and enrollees to the closest equivalent plan options.

If a fully insured employer reduces hours for part or their entire workforce in response to the COVID-19 national emergency can the company continue to health benefits for those employees? Update 4/16

For health plan products, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for

coverage and will allow you to cover your reduced hour employees, if you pay the monthly premium. Please note that you must offer this coverage on a uniform, non-discriminatory basis. However, if an employee is terminated, the normal termination rules apply.

Coverage may be extended, if required by local, state or federal rules.

Note: ASO clients can set their own timeline for continuation for furloughed employees.

Are customers able to continue employee health benefits if *part of* the workforce is laid-off in response to the COVID-19 crisis? Update 5/12

UnitedHealthcare is extending allowed non-medical leave/furlough to 20 weeks. There is no change to medical leave.

Temporarily will allow employers to continue coverage for employees who were eligible for and enrolled in coverage prior to the reduction in workforce, if the plan sponsor continues to pay its premiums and offers the option to all employees on an equal basis. However, it is important to make a distinction between individuals whose employment is terminated (often "laid-off" means terminated) versus individuals still employed but experiencing a temporary reduction of hours but remains employed. In those situations where the individual continues to be employed but may have seen a reduction in work or been put on furlough as a result of COVID-19 crisis, we will temporarily not enforce insurance contractual requirements that mandate active at work status or minimum hours where we continue to receive full premium and the employer applies this approach to all such employees on an equal basis.

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force for:

- No longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off)
- No longer than 26 consecutive weeks for a medical leave

Note coverage may be extended, if required by local, state or federal rules.

However, if an employee is terminated, the normal termination rules apply.

Note: ASO clients can set their own timeline for continuation for furloughed employees.

Are customers able to continue employee health benefits if *the entire* workforce is laid off in response to the COVID-19 crisis? New 3/25

There needs to be one active employee for a group health plan to continue to exist. Normal termination rules apply.

Does UnitedHealth Group have a business preparedness (continuity) plan?

Yes. The plan addresses business continuity strategies for all forms of events natural and man-made including pandemics. The strategies focus on our critical business functions and planning for the worst-case scenarios so that we can react quickly and efficiently adding value to our business and customers, members and other stakeholders through effective risk reduction, compliance with industry, contractual and regulatory standards, and safeguarding our operations and assets.

How is UnitedHealth Group supporting clinical personnel to help on the front line? New 4/13

Our first priority is to make sure that your members have access to medications, treatments, office time and testing as appropriate. The second priority is making sure that we have people on the phone lines, working from home, so that they can help members navigate system. The final and most important thing is that we have 100,000 physicians across the company, across the world, who are seeing more than 30 million patients. We need to make sure that these physicians, as well as the 1.2 million providers in our U.S. network, are healthy and capable to serve. So, we are making sure there is a pipeline of personal protective equipment (PPE) available and protocols in place so that clinicians can safely see patients.

Beyond roles that are directly involved in care, we have also redirected cafeteria staff to serve meals in some communities to people with the greatest need and in other communities to the families of the heroes we have on front line taking care of people on a regular basis.

REPORTING

Can UnitedHealthcare provide COVID-19 claims reporting?

UnitedHealthcare is working on reports related to COVID-19 and will make those available as appropriate.

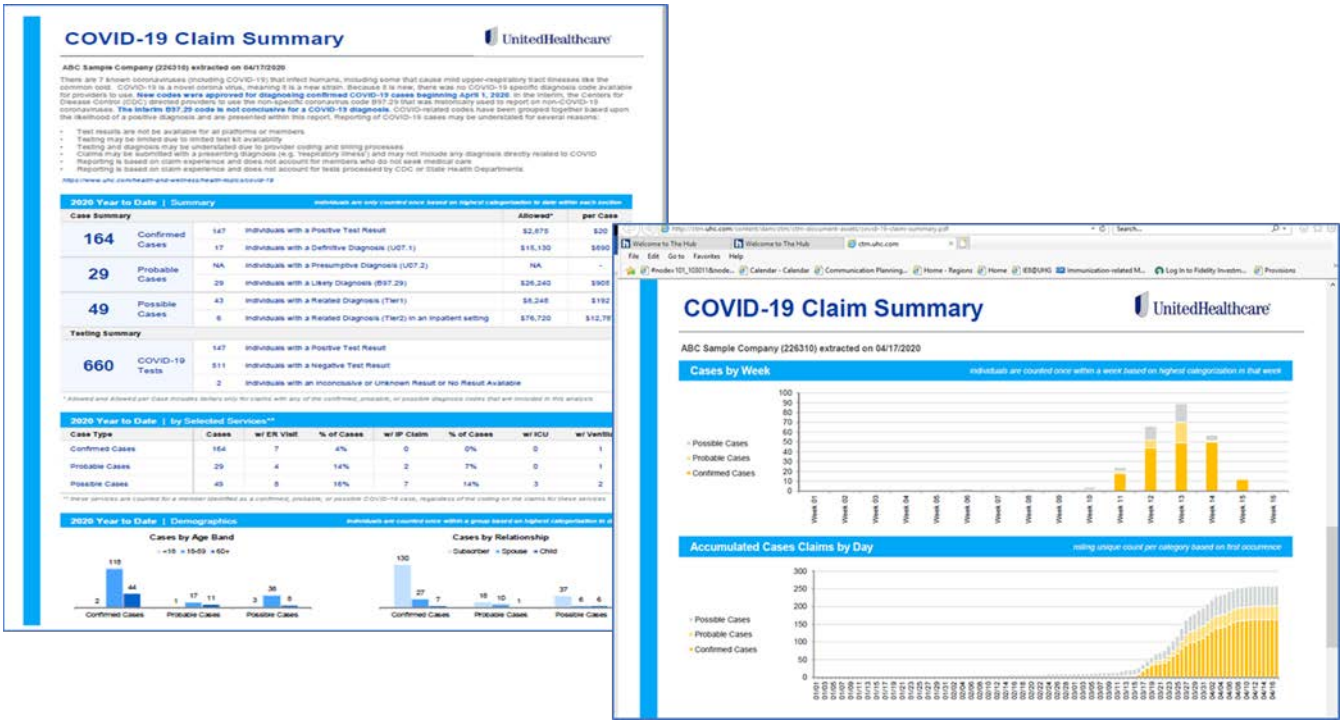
How do customers get COVID-19 reports? Update 4/29

UnitedHealthcare account executives are in the process of sending out the first client specific reports to clients with 100+ employees. The customer can request future reports by working with their SCE/SAE based on how frequently they would like their report. Additional data will be added as more claims are processed.

UnitedHealthcare COVID-19 Prevalence and Cost Report includes:

- Claims Reporting – prevalence, testing, costs
- Expanded coding categories, which shows a more complete view of the disease
- Key utilization metrics (admissions, emergency room, ICU, ventilators)
- Interactions – Advocacy events related to COVID
- Virtual Visits – Utilization and wait times
- Member Call Data – All conversations related to COVID

Sample Report Below



Why are no costs shown in the testing section of the report? New 5/2

The testing data are lab results and not claims data.

Can we share specific member PHI? New 5/2

Per UnitedHealthcare privacy office guidance, UnitedHealthcare is unable to share COVID personal health information (PHI) externally.

Can an employer ask for a customize the report? New 5/2

At this time, we cannot customize the report.

CLAIMS AND APPEALS

If a plan does not have out-of-network (OON) benefits, will the plan pay for COVID-19 OON care? New 5/12

Yes, for a plan that doesn't have OON benefits but related to the COVID treatment during this COVID emergency period, we would pay at the network (INN) level including inpatient care.

If a member is not feeling well and has some symptoms but is not tested for COVID-19 (for example they receive a flu test) and the visit and test are not coded as COVID-19, how will the care be paid? New 4/20

The provider should bill for the services conducted. In this case there is no COVID-19 testing diagnosis or test codes billed or COVID-19 diagnosis code associated with the care, then it would be paid based on the members normal benefit plan and standard cost share applies.

Are items like Pedialyte and Gatorade covered as a COVID-19 test-related expense? New 4/20

No. These are not covered under medical benefits.

Do UnitedHealthcare commercial out of network programs satisfy the requirement in the CARES Act that states "the plan may negotiate a rate with a provider for less than the cash price"? New 4/20

Yes. CARES Act provision (3202) requires plans to reimburse providers for COVID-19 tests at the contract rate negotiated before the COVID-19 emergency, or, if there is no contract, a cash price posted by the provider as listed on a public internet website, or the plan may negotiate a rate with the provider for less than the cash price.

Where UnitedHealthcare has an out-of-network program in place, the price may be negotiated based on the rule.

Will standard programs apply to OON claim processing, e.g., R&C cutbacks, MNRP, shared savings etc.? New 4/29

Yes, standard OON programs apply. Any plan that has R&C would be managed on the back end and we would negotiate paying up to billed charges with no member balance billing.

Does UnitedHealthcare require a COVID-19 test claim to be present in order for a testing-related office visit claim to pay at no member cost share? Update 5/12

A COVID-19 diagnosis code or COVID-19 test code is required on the claim to waive cost share.

If the presence of a COVID-19 test claim is not required, then will only a COVID-19 diagnosis code on the claim pay at no member cost share? Update 5/12

A COVID-19 diagnosis code or COVID-19 test code is required on the claim to waive cost share.

If there is a COVID-19 test claim, but the testing-related office visit does not have a COVID-19 diagnosis code, would the office visit claim be paid at no member cost share? Update 5/12

To waive member cost share, a COVID diagnosis code or COVID-19 procedure code must be on the claim.

If a COVID-19 testing or treatment diagnosis code is required for a testing-related office visit claim and there is not one present on the claim, will the provided need to submit a revised claim with a COVID-19 diagnosis for the claim to pay at no cost share for the member? Update 5/12

Yes

How are appeals team handling claims that do not have appropriate COVID-19 codes on the claim? Update 5/20

If there is no indication of COVID in the diagnosis or procedure codes, and no admission for COVID or subsequent COVID test within a reasonable time frame – the claim would appear to have been paid correctly according to plan benefits. Providers have been sent information and coding and process information is posted on uhcprovider.com.

The member may contact the provider to correct the billing, where appropriate.

Any appeals are being reviewed through an exception process on a case by case basis for those claims.

Can members submit claims if they have to pay upfront for a test or test-related visit? New 5/15

Care providers are responsible for submitting accurate claims in accordance with state laws, federal laws and UnitedHealthcare's reimbursement policies. Regardless of upfront payment, the provider's office should be submitting the claims. Therefore, members would not submit receipts for UnitedHealthcare to process.

How does the Final Rule change timing for claim submission? New 6/6

The Final Rule mandates that plans disregard the Outbreak Period for purpose of applying certain plan deadlines, including the timeline for submitting a claim for benefits.

Prior to the Final Rule, the timeframe for submitting a claim to a group health plan was set by the terms of the plan and each day from the date of service to the date the claim was submitted was counted. Many plans gave participants 365 days to submit a claim. Under the final rule, time between March 1, 2020 and the end of the Outbreak Period is not counted. Assume that a member received services on March 1, 2020 (the effective date of the Final Rule) but did not file the claim until more than a year later, April 1, 2021. Under the final rule, the claim is valid even though it was not filed until April 1, 2021. The claim is timely because time from March 1 through the end of the outbreak period, is not counted for purposes of determining whether a claim is timely.

How does the Final Rule change timing for FSA or HRA claim submission? New 6/6

Since they are ERISA-governed plans, the Final Rule requires that the time period to submit Health Flexible Spending Arrangements (FSAs) and Health Reimbursement Arrangements (HRAs) claims be extended in accordance with the Final Rule. This Final Rule affects the deadline to submit reimbursement requests under a Health FSA or HRA which are generally a few months after the end of the plan year. For example, if a calendar year Health FSA plan had a runout period that ended on April 30, 2020, this means the plan could not require that participants forfeit any remaining balance during the Outbreak Period. Plans may need to flag claims that were previously denied for failure to timely file claims or appeals. Dependent Care FSAs are not ERISA plans and are not subject to the Final Rule.

APPEALS

How does the final rule affect appeals for adverse determinations and filing a request for external review? New 6/6

Prior to the rule, a member must be given at least 180 days within which to appeal an adverse benefit determination. The Final Rule mandates that plans disregard the Outbreak Period for purpose of applying certain plan deadlines including the date on which a claimant must file an appeal of an adverse benefit determination under the plan and the timeline for filing a request for external review and for perfecting such a request.

PAYMENT INTEGRITY

The health of our members and the safety of those who deliver care are our top priorities. COVID-19 is a rapidly evolving national health emergency, and UnitedHealthcare is working closely with national, state and local health organizations. As an organization we are taking action and providing resources to support providers during this challenging time.

UnitedHealthcare will reimburse all COVID-19 testing and treatment in accordance with applicable law, including the CARES Act.

How are we are enhancing our fraud, waste and abuse programs to address specific actions related to COVID? New 4/14

Our Payment Integrity fraud, waste, abuse and error (FWAE) processes are based on historical knowledge and factors that have been identified as associated with or indicative of a higher risk for FWAE. Leveraging this process, Payment Integrity has designed and deployed additional analytics based on anticipated aberrant behavior related to COVID.

As the COVID claim and billing history matures, these analytics will continue to be edited or enhanced, reflecting the traditional model focused on historical knowledge. In addition, we are coordinating with national and state agencies and regulators to address emerging COVID fraud schemes.

How are we helping to control balance billing for out-of-network (OON) office visits associated with the COVID-19 TESTING and testing-related visits at Physician Offices? New 4/14

Payment Integrity standard process includes monitoring for aberrant and / or egregious billing for both in and out of network providers.

The potential for Member balance billing will be monitored and addressed through our standard process, which includes, but is not limited to, member communication, and provider and member notifications around balance billing rules.

How are we protecting members from egregious OON billing associated with COVID testing? New 4/14

Member balance billing is be monitored and addressed through UnitedHealthcare standard process, which includes member communication, and provider and member notifications around balance billing rules.

What, if anything is UnitedHealthcare doing from a health plan and/or policy perspective to protect employers from "unreasonable" costs related to COVID-19 testing/treatments given self-funded employers are paying 100% of costs for related in-network tests/treatments? New 4/14

UnitedHealthcare has implemented several processes to validate that claims paid for COVID tests strictly adhere to regulatory guidance and pricing. Claims can be reviewed both pre- and post-payment, and any providers with aberrant billing practices will be subject to our Fraud, Waste and Abuse processes.

FSA, HRA, HSA ACCOUNTS

What did the final rule, which came out on May 4, 2020, require for FSA and HRA/HRI plans? New 5/20

The DOL and IRIS final rule extended timely filing for HRA and FSA until 60 days past the declared end of the Presidents federal Covid-19 Emergency period. The final rule calls this the outbreak period (Covid-19 emergency period plus 60 days).

This is a mandatory change for fully insured and self-funded ERISA plans that will allow members to continue to submit expenses incurred in 2019 through the end of the outbreak period. This applies to HRA/HIA and health FSA's. This applies to runout in effect on or after March 1, 2020.

This does not apply to dependent care FSAs since a dependent care FSA is not an ERISA plan.

Will the Joint Rule apply to only those customers with timely filing ending on or after 3/1/2020? New 5/24

Yes. The Final Rule prohibits plans from counting the time between March 1, 2020 (the date of the COVID-19 National Emergency announcement) and sixty (60) days following the end of the Emergency ("the Outbreak Period").

Examples:

- **Plan year ending 12/31/2019 and 90-day timely filing in place (ending 3/31/2020) – what is the expected action?** Extend timely filing.
- **Plan year ending 12/31/2019 and 30-day timely filing (ending Jan 30th, 2020) – what is the expected action?** Do not extend timely filing.
- **Plan year ending 11/30/2019 and 90-day timely filing in place (ending Feb 29) – what is the expected action?** Do not extend timely filing.
- **Plan year ending 10/30/2019 and 90-day timely filing in place (ending Jan 30) –what is the expected action?** Do not extend timely filing.
- **Plan year ending 6/30/2020 and 90-day timely filing (ending Sept 30th, 2020) – what is the expected outcome?** If emergency is not over, extend timely filing.

If a customer TERMED on 12/31/2019 or after and did not renew for 2020, what is the expected outcome for timely filing when UHC maintained runout period? Update 6/3

UnitedHealthcare will not extend timely filing for termed UnitedHealthcare cases. Final balance reports were provided after their existing timely filing ended, and customers should check with their current administrator on their approach to this mandate or contact their UnitedHealthcare representative with questions.

What types of financial accounts are covered under the Joint Statement? New 5/24

FSA, HRA and HIA (HRA incentive only funding). RRA's typically do not have a runout.

What recent notice changes were relaxed for employers with section 125 cafeteria plans? Update 6/3

- In IRS Notice 2020-29 and 2020-33) the IRS allows employers to make temporary changes to section 125 cafeteria plans. These are choices an employer may opt-in to, it is not mandated. The temporary changes may extend the claims period for health FSAs and for dependent care FSA (DCAP) accounts to make mid-year changes. Employers may limit decreases up to amounts already paid out.

- By opening up options, it will help members who wish to modify their early elections to address unanticipated changes in expenses due to COVID-19. This temporary relief may be applied retroactively to January 1, 2020.

- Beginning with January 1, 2020, for plans with a health FSA carryover, the amount permitted has been increased to $550 for use in 2021.

- An options where the claim period for taxpayers to incur claims apply unused amounts remaining in a 2019 health FSA or dependent FSA has been extended to December 31, 2020.

Employers who choose to follow the recent guidance should modify their existing plan documents to accommodate these changes.

If a person has a flexible spending account to cover day care expenses this year but with the national emergency has had their children home and will not need as much in the dependent care account, can they adjust the amount they are contributing to the DCAP? New 6/2

The IRS guidance permits an employer to allow employees to increase or decrease contributions to their dependent care account based on whether they no longer need childcare or whether they now need childcare because they are working from home. The money in the dependent care account may be used for childcare or to pay for preschool, after school or summer camps. What's more if the person did not need a DCAP, but now does they can set one up now. Employers may limit decreases up to amounts already paid out.

This is not mandatory. It is the employer's decision if they wish to implement this change.

Can a person who did not use all their dollars in their 2019 FSA continue to use them throughout 2020? New 6/2

Yes. Under the recent IRS guidance, an employer may extend the grace period allowing the person to continue using any unused 2019 FSA contributions without losing the money.

An employer may also choose to allow their employees to increase, decrease or rescind their 2020 election. The employee is not allowed to cash out their FSA account. Whatever money is already in their FSA they would have to use through the end of 2020 or their grace period in 2021. If they have a carryover provision with their FSA, they can carryover up to $550 of the money in their 2020 FSA into their 2021 FSA account.

Does the increase amount for FSA carryover mean I could move some money from my 2020 FSA to my 2019 FSA to pay for more 2019 expenses? New 5/20

No. The additional $50 applies to the contribution to the 2020 health FSA carryover for use in 2021. It does not apply retroactively.

What options do employees have for their UnitedHealthcare FSA? Update 5/28

Based on current regulations and subject to any restrictions or limitations that may exist specific to individual plan documents and design, employees may have existing options to modify their pre-tax elections for a Dependent Care FSA (DCFSA) to support their needs at this time. Employees may be able to change their elections back to their current election if

circumstances change again, such as the daycare center reopening or the employee going back to work in the office). Several examples include:

- Decrease or suspend election:
  - If the daycare has closed and is not billing for services. They may choose to re-elect the DCFSA once daycare services resume.
  - Due to quarantine or illness, the employee is unable to use the daycare.
  - The daycare provider has adjusted its fee schedule during this time.
  - An employee and/or his/her spouse is working from home and needs the daycare services for less hours per day.
- Modify, increase or add election:
  - The daycare provider has adjusted its fee schedule during this time.
  - A child is switched from a paid provider to "free care" (i.e. neighbor or relative) or no care.
  - An employee and/or his/her spouse is working from home and needs the daycare services for less hours per day.
  - An employee and his/her spouse is working from home and needs to hire a babysitter to care for children while they are working in their home. This will qualify so long as the babysitter is over the age of 19 and is **not** the spouse, the parent of the child, or anyone claimed as a dependent on the employee's tax returns.

Customers should consult with their own legal counsel and review their plan language.

Can UnitedHealthcare extend timely filing deadlines for FSA? Update 5/29

A customer may change that today. All plan documents would need to be updated. Recent guidance does expand this for the emergency period/outbreak period as noted below. Effective March 1, 2020 and through the end of a yet-to-be determined "outbreak period" (generally 60 days after the end of the COVID-19 national emergency), any deadlines for filing health care FSA claims and appeals are suspended

This is a mandatory change for fully insured and self-funded ERISA plans that will allow members to continue to submit expenses incurred in 2019 through the end of the outbreak period. This applies to HRA/HIA and health FSA's. This applies to runout in effect on or after March 1, 2020.

This does not apply to dependent care FSAs since a dependent care FSA is not an ERISA plan.

Will Grace Period (to pay claims incurred this year for an extra 2.5 months from prior year balances) get extended due the current situation? Update 6/3

Yes. An option exists where the claim period for taxpayers to incur claims and apply unused amounts remaining in a 2019 health FSA or dependent FSA has been extended to December 31, 2020.

Employers who choose to follow the recent guidance should modify their existing plan documents to accommodate these changes.

Will the IRS allow any unused DCFSA balances to the carryover so members do not lose them? Update 6/3

Under current rules, a DCFSA may include a 2.5-month grace period following the end of the plan year in which participants may continue to incur expenses that are reimbursable from the account balance, if any, remaining at the end of the plan year.

IRS Notice 2020-29 allows employers, but does not mandate, to make temporary changes to section 125 cafeteria plans.

The claim period for taxpayers to apply unused amounts remaining in a 2019 health FSA or dependent FSA has been extended to December 31, 2020.

If a customer elected carryover originally, does the notice allow them to change to grace period during 2020? Update 6/3

Yes. An option exists where the claim period for taxpayers to incur claims and apply unused amounts remaining in a 2019 health FSA or dependent FSA has been extended to December 31, 2020.

Employers who choose to follow the recent guidance should modify their existing plan documents to accommodate these changes.

Customers may choose either carryover or grace period on the next renewal.

Can a member with a DCFSA account submit claims even if they have stopped contributing to the account? New 4/13

The customer may allow employees to change their elections and to spend down their DCFSA.

As long as the customer doesn't term that member, then the member may submit a claim for any applicable date of service in order to be reimbursed from the remaining DCFSA balance.

Where can people get information on their UnitedHealthcare FSA or other account-based plans – FSA, HRA, and HSA? New 4/1

People may visit myuhc.com or optumbank.com for the latest developments and up-to-date information on regulation changes related to health care spending and savings accounts.

We are prepared to partner with you as changes occur to ensure you have necessary information and know what steps to take.

Can members who have to stay home with children stop contributions to a Dependent Child (DC) FSA? New 4/1

The current IRS regulations allow a participant to discontinue contributions to their DCAPs when they are not actively at work or on an approved leave of absence. The employee may be considered not eligible to participate since the daycare is not needed for the employee to maintain gainful employment. This may also be viewed as a change in status allowing the employee to request a change in their current election.

Therefore the employee may be permitted to discontinue their election to contribute or change their election to stop contributing. Once the employee need daycare services, they could re-enroll in the DCAP and begin contributing again. The customer's plan language should address this.

Customers should consult with their own legal counsel and review their plan language.

If an employee is furloughed but not terminated can a customer continue to keep them on 'active' FSA coverage to spend down balances? Update 5/29

If the employee is not terminated the leave of absence provisions that would otherwise apply under the plan would determine the employee's options during furlough. For example, the plan may apply rules similar to those that are required under FMLA and allow the employee to continue coverage if he/she makes payments during the leave or makes catch up payments following the leave. It is up to the employer how they want to handle. The employer may need to amend its plan language.

Did the CARES Act change the requirement for prescriptions for over-the-counter (OTC) medications? Update 5/29

Yes. The CARES ACT (COVID Stimulus Bill) that was recently passed by Congress permanently reinstates coverage of over the counter (OTC) drugs and medicines as eligible for reimbursement from FSAs, HRAs, HSAs, and Archer MSAs without need for a prescription.

It further expands the definition of qualified reimbursable items to include menstrual care products. This will apply automatically to any account type that currently covers OTC. UnitedHealthcare will not change eligible expenses to those accounts not currently covering OTC, such as an HRA that only pays expenses that a medical plan would cover.

This change is effective for expenses incurred on or after January 1, 2020.

Healthcare Spending Card may be used to pay for OTC without a prescription.

What happens of the spending card does not work on the OTC purchases? Update 5/20

A member may use the accounts to purchase the products. Members should first try to use the card as they normally would to make the purchase. If the sale does not process, the person may pay out of pocket and then reimburse themselves with their account funds. Keep the itemized receipts, which are needed to verify the purchases so they can be reimbursed.

To search for qualified medical expenses, go to FSAstore.com.

Reminder for HSAs, the debit card may be used as it normally is since no claim reimbursement process is required. As always, the receipts should be kept for tax purposes.

Since the tax deadline was moved to July 15, 2020, can individuals continue to contribute to 2019 HSA? Update 5/29

Yes, the federal income tax payment and filing deadlines have been extended from April 15, 2020 to July 15, 2020 (Refer to IRS announcement IR-2020-58, Notice 2020-17 and Notice 2020-18).

In addition, the IRS issued FAQs on Notice 2020-18. Notice 2020-18: https://www.irs.gov/newsroom/filing-and-payment-deadlines-questions-and-answers. Q&A 21 states, “Contributions may be made to your HSA or Archer MSA, for a particular year, at any time during the year or by the due date for filing your return for that year. Because the due date for filing Federal income tax returns is now July 15, 2020, under

this relief, you may make contributions to your HSA or Archer MSA for 2019 at any time up to July 15, 2020."

individuals may continue to make 2019 health savings account (HSA) contributions to July 15, 2020.

Can High-deductible health plans (HDHPs) with an HSA provide pre-deducible coverage for telehealth or Virtual Visits? Update 5/29

The Coronavirus Aid, Relief, and Economic Security (CARES) Act allows HSA qualified high deductible health plans to cover telehealth services **for any condition** before the deductible is met. Change is effective for plan years on or before 12/31/2021. This relief should also apply to Virtual Visits.

Therefore, pursuant to this law, High Deductible Health Plans (HDHPs) may provide pre-deductible coverage for telehealth and other remote care services without impacting an individual's ability to contribute to his/her HSA. This provision will last until December 31, 2021. The plan year must begin prior to this date.

Can a member close or make an adjustment to their Commuter Expense Reimbursement Adjustment Account (CERA)? New 4/1

Yes. Individuals may adjust or discontinue their payment to the account. Go to myuhc.com and under Plan Balance select Manage CERA. Funds in the account may be used for future commuter expenses within plan guidelines.

SPECIALTY

FINANCIAL PROTECTION

How will UnitedHealthcare address employees' Group Financial Protection coverage if, as a result of the COVID-19 national emergency, an employer makes the decision to reduce hours or implement (a) unpaid non-medical leaves of absence, (b) temporary layoffs or (c) furloughs? Update 5/24

UnitedHealthcare understands our customers may unexpectedly need to make employment staffing decisions as a result of the COVID-19 national emergency including reducing hours or through implementing (a) unpaid non-medical leaves of absence, (b) temporary layoffs or (c) furloughs. To support our customers during this difficult time, for staffing changes occurring on or after March 1, 2020, we will continue coverage for your employees who fall below the minimum hours required by the applicable Financial Protection policy (Life, Short Term Disability, Long Term Disability, Critical Illness, Accident Protection, Hospital Indemnity) to the earlier of 120 days, or to August 31, 2020, **subject to the continued payment of premium based on hours worked prior to the staffing change related to COVID-19.**

If your group policy allows for continued coverage beyond the earlier of 120 days or August 31, 2020, as a result of any of the circumstances outlined above, we will honor the longer period of time.

For employees who are impacted by a reduction in hours or the implementation of (a) unpaid non-medical leaves of absence, (b) temporary layoffs or (c) furloughs, what happens to their UnitedHealthcare Financial Protection coverage if they are not able to resume active employment as defined by the applicable policy within the earlier of 120 days or by August 31, 2020? Update 5/24

If impacted employees do not resume active employment on or before the earlier of 120 days or August 31, 2020, and their coverage is not extended further under the terms of the applicable Group Financial Protection policy, their coverage will lapse. However, if any of these impacted employees are rehired and return to active work within the greater of six months, or the time specified in the rehire provision of the existing policy, following their lapse in coverage, they will:

- not have to satisfy a new employee waiting period or waiting period for the pre-existing provision if these were satisfied before the COVID-19 staffing reductions; and

- not have to provide evidence of insurability to reinstate the coverage they had in effect before the COVID-19 staffing reductions were implemented.

If an impacted employee had not satisfied the necessary waiting period to be eligible for coverage under the policy prior to the COVID-19 staffing reductions, credit will be given for the time previously worked, but the time spent without insurance will not be applied to this waiting period.

We will continue to review the situation and will provide additional guidance as it becomes available.

When UnitedHealthcare is assuming coverage from another carrier, will the employees who, as a result of the COVID-19 national emergency, experience a reduction in hours, are temporarily laid off, are on an unpaid medical leave of absence or are furloughed at the time of takeover, be eligible for coverage? Update 5/24

We have decided to temporarily extend continuity of coverage for employees who have reduced hours, are temporality laid off or are on an unpaid non-medical leave of absence or are furloughed due to COVID-19 to the earlier of 120 days, or to August 31, 2020. This applies to staffing changes occurring on or after March 1, 2020 and applies to plan effective dates through August 31, 2020. Premiums must be paid based on wages and benefits prior to the COVID-19 staffing changes.

Will you accept something other than a Certified Death Certificate as proof of death when administering life insurance claims? New 4/6

In order to consider a life insurance claim complete, we require claim forms from the employer and beneficiary as well as a Certified Death Certificate. We do appreciate, however, that in this current pandemic the ability to obtain a Certified Death Certificate may be significantly delayed. In consideration of this, for the administration of basic and supplemental life insurance claims only, we may accept other forms of documentation from beneficiaries; this will be assessed on a case by case basis.

Please note, the administration of Accidental Death and Dismemberment claims will require a Certified Death Certificate with a final cause of death. If appropriate, based on the circumstances surrounding the death, autopsy and toxicology reports may be required as well.

What is the date of disability if a claimant has symptoms or tests positive for COVID-19? New 4/13

The date of disability will depend on the onset of symptoms and the date the attending physician certifies disability.

If I am hospitalized due to COVID-19, will it be treated like any other hospitalization under our Hospital Indemnity plans?

Yes, hospitalizations due to COVID-19 will be treated like any other hospitalization under the terms our Hospital Indemnity plans.

Are members who are medically quarantined due to either potential or known exposure to COVID-19 considered disabled under a UnitedHealthcare Short Term Disability plan? New 4/13

Short term disability plans insure against lost income when a medical condition restricts or limits a member's ability to perform their job and meets the policy definition of a disability.

UnitedHealthcare will review and consider short term disability claims for possible benefits for individuals who are medically quarantined for the recommended 14-day incubation period following a potential or known exposure to COVID-19, as long as they are unable to work or telework and experience a loss of income. If there is no evidence of manifestation of COVID-19 symptoms and/or confirmation of disease at the end of the incubation period, further benefits will not be considered.

For those plan participants who have restrictions and limitations as a result of symptoms associated with, or a diagnosis of, COVID-19, short term disability claims will be administered according to normal claim processing guidelines.

If a member is quarantined because s/he is considered high risk due to underlying medical conditions, is the plan participant considered disabled under a UnitedHealthcare Short Term Disability plan? New 4/13

Short term disability plans insure against lost income when a medical condition restricts or limits a member's ability to perform their job and meets the policy definition of a disability. They do not cover the risk of becoming disabled.

Do you count quarantine periods towards any elimination periods that apply before benefits are paid under your disability plans?

Yes.

Is documentation required in order to substantiate a medically supported period of isolation or quarantine?

Yes, proof of the medical quarantine or isolation is required from the treating provider. If a customer is having difficulty obtaining the

necessary documentation to substantiate their claim, UnitedHealthcare will work with that individual based on their unique situation.

Does your standard group disability plan contain exclusions for pandemics like COVID-19?

No.

Is contracting COVID-19 considered an Accident as defined under our Accident Plans?

No, contracting COVID-19 is not considered an Accident as defined under our Accident plans.

Is COVID-19 a covered condition under our Critical Illness plans?

No, COVID-19 is not a covered Critical Illness under our Critical Illness plans.

Do our basic or supplemental life policies have any exclusions for death from a pandemic?

There are no exclusions for pandemics in our basic or supplemental life policies.

Are employees who self-quarantine or isolate due to underlying medical conditions or risk of exposure to COVID-19 covered under FMLA?

The Family Medical Leave Act (FMLA) provides job protection for leave related to one's own serious health condition or to care for a family member. At this time, job protection is not provided to those who self-quarantine or isolate due to underlying medical conditions or risk of exposure to COVID-19.

If an employer has elected Accommodation Services, these services are limited to people with disabilities as defined in the Americans with Disabilities Act (ADA) and the ADA Amendments Act (ADAAA). At this time, the protections offered under the ADA and ADAAA do not extend to individuals who self-quarantine or isolate due to underlying medical conditions or risk of exposure to COVID-19.

How did The Families First Coronavirus Response Act (HR 6201) passed by the federal government expand employee job protections under the FMLA?

The Families First Coronavirus Response Act created, on a temporary basis, one new protected leave category. Effective April 2, 2020,

through December 31, 2020, if an employee is unable to work or telework because s/he needs to care for a child under the age of 18 whose school or daycare has closed as a result of COVID-19, the leave will be protected under the FMLA. The employer must provide up to 12 weeks of leave. The first 10-days of the leave will be unpaid, and the remaining leave will be paid by the employer at a rate of 2/3 the employee's regular rate of pay. This payment shall not exceed $200/day or $10,000 for the total duration of the leave. To be eligible for this leave, the employer must have fewer than 500 employees, and the employee needing leave must have been employed for at least 30 days.

For employers who have purchased our FMLA and Leave Accommodation Services, we are prepared to administer and track any leave requests received under this new law. However, we will not, consistent with our administrative agreements, issue benefit payments to employees.

The federal government recently passed the Families First Coronavirus Response Act (HR 6201). How does this new legislation impact our Financial Protection Short Term Disability benefits? Update 4/13

The Families First Coronavirus Response Act provides, in part, up to two weeks of paid sick leave for employees who are unable to work or telework as a result of COVID-19. This law is effective April 1, 2020, through December 31, 2020, and applies to private employers with fewer than 500 employees and public employers of any size.

- With the requirement for applicable employers to provide up to two weeks of paid sick leave for COVID-19 related quarantines, absent the presence of symptoms or a diagnosis, ***there will be no income loss during the recommended 14-day incubation period and no reason to file a short-term disability claim***.
- For those covered persons who have restrictions and limitations as a result of symptoms associated with, or a diagnosis of, COVID-19, short term disability claims will be administered according to normal claim processing guidelines, including offsetting any mandatory paid sick leave the employee receives under this law.

I understand how UnitedHealthcare approaches COVID-19 relative to their insured Financial Protection plans, but what about self-insured plans where UnitedHealthcare is administering disability claims on behalf of our company?

A. Generally speaking, we approach claim administration for our self-insured disability customers similar to that of our fully insured customers. That said, we recognize that each self-insured policyholder (employer) has discretion as to how benefits are paid,

and we work with customers to administer benefits according to their company-specific needs. We would suggest, however, that the employer consult with its benefits advisor or legal counsel regarding such decisions.

Does coverage continue during a medically supported period of isolation or quarantine?

Many of our insurance plans allow for a continuation of coverage for approved leaves of absence. We will consider an employee to be actively employed during their medically supported isolation or quarantine if the employee is isolated or quarantined at the recommendation of their treating provider, the Centers for Disease Control and Prevention (CDC) or similar government order. The length of continuation is dependent upon how the leave of absence provision and/or termination provision is defined under the applicable coverage/plan*.

*Continuation of coverage presumes applicable premiums are paid.

What happens to my UnitedHealthcare Financial Protection coverage if my employer closes for quarantine based on a Federal or State Emergency Order?

Your continued coverage under a UnitedHealthcare Financial Protection plan is governed by the specific policy documents between UnitedHealthcare and your employer. These policy documents typically include provisions that define active at work requirements as a prerequisite to enroll in and to retain coverage as well as continuation of coverage provisions based on either a leave of absence or layoff. The specific duration for continued coverage may vary as some customers have purchased enhanced coverage. In all cases, premiums must continue to be paid. Any claims which arise during the temporary closure will be reviewed according to the terms of the specific policy issued to your employer.

Will you be extending your Portability for Supplemental Health Plans and Long-Term Disability as well as extend Conversion timeframes for Life Insurance due to the COVID-19 pandemic? New 5/10

No, the timelines will not be extended, but will be honored per the contract language. If an employee's coverage ends due to COVID-19, the employer must provide employees with the opportunity to exercise their Portability or Conversion privilege(s). If an employee chooses to Port or Convert their coverage the employee needs to submit a Portability or Conversion application and pay the first month of premium within the timeframe noted in the employee's Certificate of

Coverage (which is typically within 31 days from when their coverage ends).

If my company reduces their hours of operation or furloughs certain employees as a result of COVID-19, will my employees be able to retain their Financial Protection coverages even though their current work hours are below the minimum required by the policy?

A. Effective from March 1, 2020, through April 30, 2020, when our customers' business operations are impacted due ***solely*** to the COVID-19 pandemic, our Financial Protection policies will be administered as follows:

- If an employee who is normally within an eligible class as defined in the policy remains working, but his/her working hours fall below the minimum required, we will consider the employee to remain in an eligible class of insurance, provided that premiums continue to be paid.

- If an employee who is normally within an eligible class as defined in the policy is temporarily furloughed and furloughs are not specifically addressed in the Certificate, we will consider the employee to be on a temporary layoff and coverage will continue as outlined in the Termination of Covered Person Insurance or Termination of Covered Employee Insurance section(s) of the employer's applicable policies, provided premiums continue to be paid.

DENTAL AND VISION

What is UnitedHealthcare doing to support members in accessing dental or vision coverage? Update 4/17

For our dental and vision coverage we will be supporting our members in accessing the care that they need by relaxing certain frequency limitations, when appropriate, as well as addressing in-network coverage gaps that may arise in the short-term given provider office closures. If you have an urgent care need, you can call your dental or vision provider to set up a virtual visit. If you need assistance finding a provider, call the phone number on your member ID card and we will help find a provider near you.

As long as dental and vision premiums are being paid for employees, can the dental and vision coverage be continued as long as the furlough continues? New 4/15

Yes, so long as they continue to pay premium on those furloughed employees.

How will dental and vision support the service to members and providers? Update 4/5

For our dental and vision coverage we will be supporting our members in accessing the care that they need by relaxing certain frequency limitations, when appropriate.

We are also addressing in-network coverage gaps that may arise in the short-term given provider office closures.

Can members access their dental provider via teledentistry technology? New 4/17

UnitedHealthcare Dental recognizes teledentistry as a flexible and cost-effective modality that enables our members' access to their dentist, and for providers to continue caring for their patients.

If a member's dental need is urgent, they should call their dental provider. Many are set up to provide a virtual visit. If they need assistance finding a dentist, they should call the phone number on their member ID card, and a customer service rep will help them find a provider.

UnitedHealthcare Dental will waive frequency limits, and any benefit provided for teledentistry services will NOT count towards the patient's annual maximum benefit, if any, for dates of service prior to May 31, 2020. UnitedHealthcare Dental will continue to evaluate and update this guidance as appropriate.

Can I use my smart-phone or a video conferencing service such as Skype? New 4/17

During the COVID-19 public health emergency, Office for Civil Rights (OCR) at the U.S Department of Health and Human Services will not impose penalties for HIPAA noncompliance against health care providers that serve patients in good faith through certain everyday communications technologies. Telephones that have audio and video capabilities are appropriate for such evaluations. Providers are encouraged to notify members that these third-party applications potentially introduce privacy risks, and providers should enable all available encryption and privacy modes when using such applications.

How are we determining what does an urgent vision need? New 4/17

We will follow the member's lead on determining urgency to ensure they can receive care when needed. Examples of care considered urgent include:

- A member broke his / her glasses and needs another pair quickly
- A member or their covered child is having trouble with vision and needs to visit an office for an updated/new Rx to prevent additional issues
- A member needs an updated prescription for a contact lens refill (i.e., the old prescription expired).

What is telehealth as it relates to vision care? New 4/17

UnitedHealthcare Vision recognizes telehealth as a flexible and cost-effective modality that enables our members to conduct a virtual check-in for a problem-focused evaluation over the phone or video to triage care. The vision provider can then determine if the patient should visit the office for care. This consultation can include provider discretion on prescriptions which may have expired (contact lenses – 1 year; glasses – 2 years)

Is the vision telehealth solution limited to the COVID-19 period? New 4/17

Yes, the expansion of telehealth specific to vision is limited to the COVID-19 emergency period and removes frequency limits and accumulations to patient annual maximums to encourage telehealth options for care.

If I have an urgent need and there are no in-network vision or dental providers open for service, can I receive an exception to see an OON provider? New 4/17

We are taking action to assist members across the country who are affected by the recent COVID-19 emergency. Members who are unable to visit an in-network dental or vision provider due to office closures will be allowed to use out of network providers. These services will be paid at the in-network benefit level due to access issues created by the current COVID-19 emergency. This benefit is being extended to all members for dates of service prior to May 31, 2020 and will re-evaluated at that time.

Will UnitedHealthcare allow fully insured clients to continue to offer dental and vision benefits to furloughed employees or those whose hours have been reduced due to COVID-19? Update 5/16

UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees or furloughed employees, as long as you pay the monthly premium. If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, and the employee was eligible for and enrolled in coverage before the reduced hours or absence/furlough, the coverage will remain in force for no longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. Coverage may be extended, if required by local, state or federal rules. Please note that you must offer this coverage on a uniform, non-discriminatory basis

Are furloughed employees eligible for fully insured dental and vision coverage? New 4/17

Employees remain eligible for dental and vision coverage if they remain an active employee during periods of temporary layoffs and/or reduction in hours. UnitedHealthcare is reliant on employers to notify us of employment status of their employees. If the employer chooses to pay for their coverage, then it would not need to notify us of a coverage change for furloughed employees to remain on the plan.

What are the opportunities for fully insured clients to hold a dental and vision special enrollment? New 5/12

Special COVID-19 Dental and Vision Enrollment Opportunity for fully insured customers applies to all business where UnitedHealthcare Dental and/or Vision are fully insured.

For more information on Dental and Vision Special Enrollment, go to the Special Enrollment FAQ section.

UnitedHealthcare is providing its fully insured customers with a Special *COVID-19 Enrollment Opportunity* to enroll employees who previously did not enroll in Dental and/or Vision coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves, spouses, and/or children or who waived coverage:

- The enrollment opportunity will extend from May 18 through May 29 with a June 1 effective date.
- Customers are not required to adopt the *Special Enrollment Opportunity*. Because of this, **no opt-out action is required** on their behalf. UnitedHealthcare realizes each situation is unique, and each customer should make its own decisions.

- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Existing eligibility, underwriting and state guidelines apply.
- UnitedHealthcare recommends that customers speak with their benefits counsel or tax advisors for more information as to any customer impacts.

ALL SAVERS

INFORMATION IN THIS SECTION IS SPECIFIC TO ALL SAVERS.

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under the member's plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers **Teladoc®, HealthiestYou**, **AmWell®** and **Doctor On Demand™** have developed guidelines for members who think they may have been infected by COVID-19.

A member's Virtual Visit is a good place to discuss concerns and symptoms. Where indicated, the Virtual Visit provider may refer the member to their physician.

When a COVID-19 diagnostic test is done, the test and test-related virtual visit will be covered at no cost share when billed with the appropriate codes.

How does this change apply to All Savers? Update 6/8

All Savers level-funded members already have access to $0 Virtual Visits through our partnership with HealthiestYou. For the All Savers fully insured membership that does not currently have access to this benefit, this service will be available to them until September 30, 2020.

Has UnitedHealthcare changed Telehealth guidelines for All Savers? Update 5/28

To increase system access and flexibility when it is needed most, we are expanding our telehealth policies to make it easier for people to connect with their health care provider. People will have access to telehealth services in through Virtual Visits or through telehealth with their health care provider:

- **Designated Telehealth and Virtual Visit Providers for COVID-19 visits —** Through September 30, 2020, members can access telehealth services through their own choice of network physician or through a Virtual Visit offered through one of UnitedHealthcare's designated providers without any cost share (copayment, deductible or coinsurance). UnitedHealthcare Virtual Visit Providers include Teladoc, Doctor on Demand and AmWell. This includes HDHP/HSA plans.

- **Designated Virtual Visit Providers for non COVID-19 visits –** Through September 30, 2020, members can access the Virtual Visit benefit offered through one of UnitedHealthcare's designated providers without any cost share (copayment, deductible or coinsurance). UnitedHealthcare Virtual Visit Providers include Teladoc, Doctor on Demand and AmWell. This includes HDHP/HSA plans

- **Expanded Provider telehealth Access for COVID-19 –** Effective March 18, and through September 30, 2020, all eligible medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video conferencing) or audio-only (telephone) can do so at no cost share for the member. Effective dates may vary based on state laws. The following applies to all fully insured clients and self- insured clients that are following the fully insured guidelines.

- **For all other (non-COVID) telehealth visits –** member cost sharing (copayment, deductibles or coinsurance) will be waived from March 31 through September 30, 2020. This includes HDHP/HSA plans.

Do we send All Savers subscribers to UHC.com also? Are all the same practices being done by both UHC and All Savers? New 3/30

For general information on COVID-19, All Savers members can utilize UHC.com; benefit specific information is on the All Savers member portal myallsaversconnect.com. All Savers is following the same practices that are in place as with Fully Insured, including the Special Enrollment Opportunity, coverage during reduction of work hours, and Virtual Visit and telehealth coverage.

Will All Savers consider relaxing current eligibility rules requiring employees to work 30 or more hours per week to be eligible for benefits so employees whose hours are reduced, or employees are furloughed due to reduced work from COVID-19 situation can still be covered? Update 5/12

For health plan products: UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, who were eligible for and enrolled in coverage prior to the reduction in hours, if you pay the monthly premium. Please note that you must offer this coverage on a uniform, non-discriminatory basis.

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force for:

- No longer than 20 consecutive weeks for non-medical leaves (i.e., temporarily laid off).
- No longer than 26 consecutive weeks for a medical leave.

Note coverage may be extended, if required by local, state or federal rules.

How does this Special Enrollment work with clients who pre-tax their deductions and their Section 125 plans don't include this language? New 3/30

All Savers does not administer the section 125 benefit that an employer may offer. These are Flexible Savings Account type benefits.

Is the special enrollment opportunity going to be available to All Savers? Update 4/1

To assist members in accessing care in light of the COVID-19 National Emergency, UnitedHealthcare is providing its fully insured small and large employer customers, along with All Savers, with a *Special COVID-19 Enrollment Opportunity* to enroll employees who previously failed to enroll in coverage. The opportunity will be limited to those employees who previously did not elect coverage for themselves (spouses or children) or waived coverage. See **Notice of Special COVID-19 Enrollment Opportunity** (English) and **Notice of Special COVID-19 Enrollment Opportunity (Spanish)** document for details.
The enrollment opportunity will extend from March 23, 2020, to April 13, 2020. The effective date for this special enrollment is 4/1/20.

- Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
- For small employers (2-50), a wage and tax statement will be needed to validate the employee's eligibility.

Does the recent IRS Rule and Notices on FSAs, DCAP, and 2020 enrollments mean that the employer may allow their employees to make any calendar year 2020 election changes to their current medical plan? New 6/2

In Notice 2020-29, the notice indicates that plans may, but are not required, to allow employees to make the following election changes:

1) Employees may make a new election to enroll in employer-sponsored health coverage on a prospective basis if the employee initially declined health coverage.
2) Employees make revoke existing election for employer-sponsored health coverage and make a new election, to enroll in different coverage.
3) Employees my revoke an election, make a new election, or decrease or increase an existing Health FSA election on a prospective basis.

Although the IRS in Notice 2020-29 allows the employer to provide for these enrollments and changes in enrollment during 2020, UnitedHealthcare, as the medical carrier, already offered a UnitedHealthcare Notice of Special COVID-19 Enrollment Opportunity in April. UnitedHealthcare will not provide coverage for new medical enrollments or changes of enrollment other than those related to (1) annual open enrollment, (2) UnitedHealthcare's Notice of Special COVID-19 Enrollment Opportunity, which is now closed, or (3) a HIPAA qualifying life event.

With respect to IRS Notice 2020-29 allowing 2020 calendar year election changes, as the stop loss carrier for self-funded plans, UnitedHealthcare will not cover claim payments of any plan members enrolled outside of annual open enrollment or a HIPAA qualifying life event.

For FSA or HRA/HIA accounts, employers may allow employees to allow prospective changes. In addition, based on the Notice, changes to the dependent care FSA (DCAP) are also permitted.

Will Risk Management allow a grace period for employers to respond, post group termination, due to the COVID-19 national emergency? Update 5/25

For groups who have renewal dates in May and June, we allowed 60- or 30-day extensions, respectively. Note that no further extensions for groups renewing in July or later will occur. July and later renewal date groups are required to respond to renewal audits as stated in the audit notification letter.

Will renewal rate actions be delayed as a result of the COVID-19 National Emergency? New 3/30

Renewals and all necessary information will be released on a timely basis.

If my group's enrollment drops by more than 10% as a result of the COVID-19 National Emergency, will my rates and premiums on my All Savers plan be subject to change? NEW 4/8

Small group rates and premiums will not be adjusted at the time of new group coverage or off renewal.

For large group, for the present time, if the loss of enrollment is a result of the COVID-19 situation, rates and premiums will not be adjusted at the time of new group coverage or off renewal.

Will UnitedHealthcare waive any rehire waiting period for employees terminated due to COVID-19 whom I hire back? New 3/30

Yes.

Will United waive the waiting period for insured customers' newly hired employees? New 4/22

No.

What continuation of coverage applies to my All Savers plan and one or more employees are terminated as a result of COVID-19? New 3/30

Standard COBRA continuation protocols apply.

If I terminate employees in the middle of the month as a result of COVID-19, will my All Savers coverage extend for the terminated employees until the end of the month? New 3/30

If premiums have been remitted for the month, coverage will continue through the end of that month.

What if employees are terminated and either they do not elect COBRA or there is no COBRA available because the group health plan has been discontinued or group is not eligible for COBRA? New 3/30

If employees are terminated and either they do not elect COBRA or there is no COBRA available, the employee has the opportunity to enroll in the Exchange in their state. Both Small employers and Individuals must elect Exchange Market Place Coverage within 60 days of the termination, or they will have to wait until the next open enrollment period.

UnitedHealthcare offers people a range of individual health insurance plans. Interested individuals may contact (800) 827-9990 to speak with an advisor who can assist.

They can also visit https://www.healthmarkets.com to apply directly.

Are telehealth visits covered for behavioral health as well as medical for All Savers? Update 6/88

All Savers members will have access to behavioral health services through our Virtual Visit partnership with HealthiestYou. Members will have the ability to schedule a behavioral health appointment in the HealthiestYou mobile app.

UNITEDHEALTHCARE COMBATING COVID-19

How will the UnitedHealth Group initial commitment of $50 million help combat COVID-19? New 4/3

UnitedHealth Group is committing an initial $50 million investment to assist those most directly impacted, including health care workers, seniors, and people experiencing food insecurity and homelessness. Through several national and local partnerships that will be announced in the coming weeks, UnitedHealth Group and the United Health Foundation will invest approximately:

- $30 million in efforts to protect and support health care workers.
- $10 million to support states where COVID-19 is having an outsized impact, starting with New York, New Jersey, Washington, California and Florida.
- $5 million to address social isolation among seniors.
- $5 million to provide care and support for people experiencing food insecurity or homelessness.

UnitedHealth Group is also organizing and matching employee donations dollar for dollar to support the COVID-19 response efforts. To learn more, read the news release.

What is UnitedHealthcare doing to help employers with symptom screening as they have their employees come back to work? New 5/15

UnitedHealth Group and Microsoft have collaborated to launch ProtectWell protocol and app to support return-to-workplace planning and COVID-19 symptom screening. Refer to press release for more information.

ProtectWell™ provides employers a return-to-workplace framework backed by CDC guidelines and the latest clinical science. ProtectWell™ will be offered free of charge to employers in the United States. The solution powered by Microsoft technologies to enable scalability, security, privacy and compliance.

Are you also relaxing your managed care protocols? New 4/7

We have announced several actions including:

- Suspension of prior authorization requirements to a post-acute care setting through May 31, 2020.

- Suspension of prior authorization requirements when a member transfers to a new provider through May 31, 2020.
- Extension of timely filing deadlines for claims during the COVID-19 public health emergency period for Medicare Advantage, Medicaid, and Individual and Group Market health plans through June 30, 2020.
- Implementation of provisional credentialing to make it easier for out-of-network care providers who are licensed independent practitioners to participate in one or more of our networks.

What is happening with the 100 billion emergency relief fund under the CARES Act? New 4/10

Department of Health and Human Services (HHS) announced that they have called on UnitedHealth Group to administer the initial $30 billion of the $100 billion emergency relief fund for public health and social services providers that is a part of the recently enacted CARES Act. HHS is partnering with UnitedHealth Group (UHG) to deliver the initial $30 billion distribution to providers as quickly as possible. Providers will be paid via Automated Clearing House account information on file with UnitedHealth Group, UnitedHealthcare, or Optum Bank, or used for reimbursements from the Centers for Medicare & Medicaid Services (CMS).

UnitedHealthcare will not accept any CARES funding and will donate the fee for administering this fund to develop a memorial to and help the families of the teammates we have lost to COVID-19

What will the $5 million donation for the Mayo Clinic research project include? New 4/21

The UnitedHealth Group donation is to support a federally sponsored program led by the Mayo Clinic aimed at accelerating and expanding the availability of investigational convalescent plasma treatments for COVID-19 patients nationwide. The program will speed collection and increase availability of treatments derived from antibodies collected from recovered COVID19 patients that may help others fight the virus.

This $5 million donation brings UnitedHealth Group's total donations to nearly $70 million to fight COVID-19 and support communities impacted by the virus.

There were a number of actions mentioned on the earnings call on April 15 in addition to UnitedHealth Groups financial donations to fight the virus. Can you outline a few of them again for our employees? New 4/16

- We have **100,000** clinical team members heroically working on the front lines of this crisis – caring for patients across our more than **1,500** facilities.
- We're operating **400** Optum COVID-19 testing sites.
- UnitedHealthcare is waiving cost sharing for COVID-19 testing and treatment, making our U.S. members' out-of-pocket cost **zero**.
- We continue to redeploy our skilled workforce to ensure people continue to get the care they need. Today, **700** Advance Practice Clinicians are serving members and patients on telehealth lines and more than **5,000** OptumCare physicians can now see their patients using telehealth solutions, five times as many as just a few weeks ago and half as many as the **10,000** we will offer by the end of this month.
- We've made **7.7 million** outbound calls to seniors and our most vulnerable members to combat social isolation and coordinate access to medications, supplies, food, care and support programs.
- We offered free access to Sanvello, our mental health mobile app, and **24/7** emotional support phone lines, to help **all** Americans cope with mental health impacts of COVID-19.
- Nearly 90% of our **200,000** non-clinical team members are now safely working from home, and our cafeteria teams are cooking more than **75,000** meals each week for those in need from our communities.
