



Health plans designed to give you more

Discover savings, freedom and
stability with UnitedHealthcare
Level Funded



Contents

3 Get to know UnitedHealthcare Level Funded

A different kind of health plan
How does level funding work?

5 Dozens of plan designs

Traditional, split copay and HSA plans
Tiered benefit plans
Flex Focus plans
National networks

5 Prescription drugs

5 Packaged Savings[®] and uBundle[®] programs

6-8 Interactive wellness programs

UnitedHealthcare Motion[®]
HealthiestYou[™] virtual care
24/7 Virtual Visits
Rally[®] Health and Wellness

9 Robust online tools

Plan participant website—myuhc.com[®]
Plan sponsor website—uhceservices.com

10 Dedicated service

Service excellence model
Customized solutions
Specialized support

11 UnitedHealthcare Level Funded summary of features and options

Get to know UnitedHealthcare Level Funded

One of the biggest challenges facing business owners is the cost of employee health coverage. Managing costs is important, but so is offering a health plan your employees actually like. UnitedHealthcare Level Funded health plans are designed to give you a different way to balance the cost savings you're looking for with benefits plan participants want. They're intended to help you save money and build health ownership so plan participants can get more from their health coverage.

Building health ownership and lowering costs



A different kind of health plan

Level Funded is a type of self-funded health plan that includes 3 parts:

1. Your self-funded medical plan, which pays covered medical expenses of your covered plan participants and their eligible dependents
2. A third-party administration agreement between you and United HealthCare Services, Inc. (UnitedHealthcare Services LLC in NY) for claims processing, billing, customer service and other administrative services
3. A stop loss insurance policy that helps the plan limit risk by absorbing losses due to large catastrophic medical claims by a covered individual, and includes a cap on the overall medical claims payment risk

With a self-funded health plan, you may pay lower premium taxes throughout the year, and your plan potentially has the chance to get a surplus refund¹ at the end of the year where allowed by law.

How does level funding work?

Traditional insurance is a fixed cost

With traditional plans, the business pays a fixed premium to the insurance company, and then the insurance company pays the health care claims as well as the administrative costs, sales commissions and taxes.

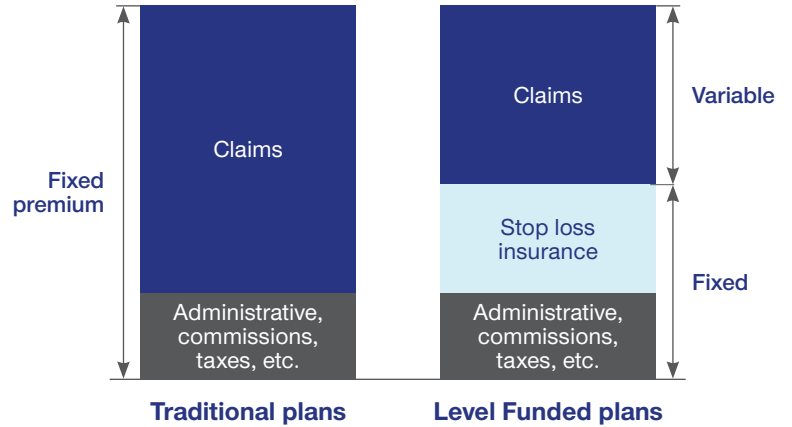
If the actual health care claims are higher than expected, the insurance company covers them. But if the claims are lower than expected, the insurance company keeps the difference. This means your company doesn't get anything back if your plan participants have lower-than-expected claims.

Level Funded plans are different

With Level Funded, if the covered medical claims are lower than expected, your plan shares the savings with a potential surplus refund at the end of the year (where allowed by law). And if the covered medical claims are higher than expected, your stop loss insurance policy covers them.

A couple additional benefits:

- The plan is a “level-funded” plan, so your company will make the same monthly claims funding payment throughout the plan year; you won’t have to pay any more for medical claims at the end of the plan year, even if your medical claims are higher than expected
- Self-funded medical plans are not subject to many Affordable Care Act (ACA) regulations or state premium taxes, which may mean lower costs throughout the year (stop loss coverage is still subject to premium tax)

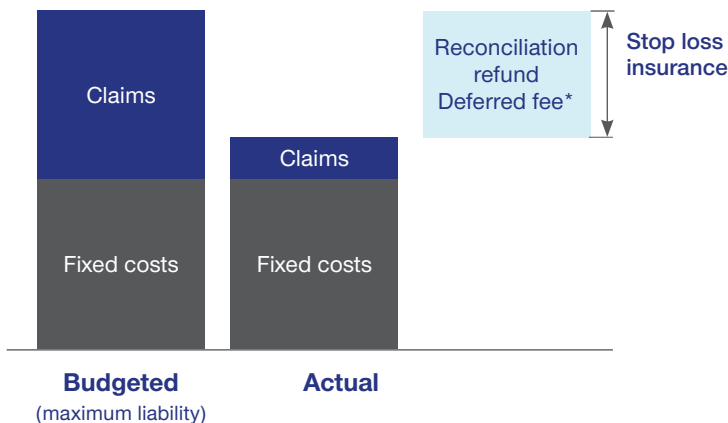


Best case: Low medical claims

Your company’s monthly payments include the estimated health care claims plus fixed-cost items (administrative fees and stop loss insurance premium). This is called your plan’s “maximum liability,” which means you won’t get stuck at the end of the year with unexpected costs.

Part of your monthly payments will go into an account that pays for your covered plan participants’ eligible claims. At the end of the year, the monthly claims funding payments will be compared with the actual claims costs. In the best-case scenario, if actual claims costs for the year are less than what was estimated, your plan has a surplus.

After plan reconciliation, any surplus is refunded to your plan to use for the following year (where allowed by law).



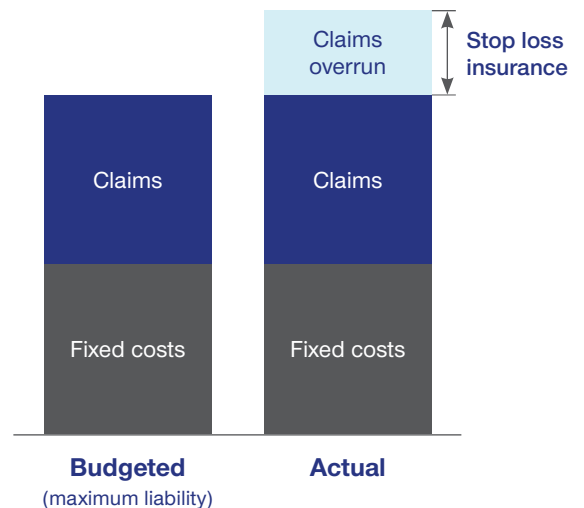
*Where allowed by state law.

Worst case: High medical claims

In the worst-case scenario, the actual claims would be higher than expected. But because your plan would have already paid the maximum liability, you won’t pay more for covered claims at the end of the plan year.

Your plan is protected by the stop loss insurance that is already built into your monthly payments.

Of course, each year could be somewhere in between. But in any case, many businesses may save with a Level Funded plan.



Dozens of plan designs

Choose from a variety of plan designs to get the best fit for your business and plan participants.

Traditional, split copay and HSA plans

- \$0 primary care physician (PCP) network copays for kids (EPO/PPO)
- Deductible range: \$500–\$6,350
- Coinsurance options: 80% or 100%
- Network only (EPO) options
- Embedded/non-embedded deductibles
- Individual stop loss limits: \$15K–\$50K (varies by state)
- Primary care physician (PCP) gated EPO plans with specialist referral required (not available in all markets)
- Virtual-first EPO plan available in select markets
- Real Appeal® online weight loss program available with all benefit plans
- Savings with hearing benefit offering device discounts
- Survivorship Benefit included with all medical plans — continued coverage available for dependents when a plan participant passes away

Tiered benefit plans

- Specialist tiering (not available in all markets)
Advanced—deductible range \$1,000–\$5,000, 50% coinsurance
- Premier PROformance—deductible range \$1,000–\$5,000, 80% coinsurance; \$0 PCP copays for kids, \$10–\$15 PCP copay for adults

Flex Focus plans

- Deductible range: \$1,000–\$3,000, 80% coinsurance
- \$0 copay for the first 3 PCP/specialist combined visits
- \$0 copay for the first 2 urgent care visits

National networks

- Choice Plus (PPO)
- Choice (EPO)
- Select Plus (PPO) – not available in all markets
- Select (EPO) – not available in all markets
- Core Essential (IL, IN, KS, MI, MN, MO, TN and TX only, and varies by county)
- Core (IL, IN, MI and TX only, and varies by county)
- UnitedHealthcare Navigate® EPO (not available in all markets)
- UnitedHealthcare Charter® EPO (not available in all markets)

Prescription drugs

Get anywhere, anytime answers about prescription drugs. Optum Rx® makes it easy to get prescriptions, cost estimates and savings on medications.

- PreCheck MyScript®— real-time plan costs and benefit information
- Dx2Rx— streamlines the Prior Authorization process
- Refill and Save— 30- to 90-day retail or mail-order pharmacy supplies
- Advantage Prescription Drug List (PDL) or Essential PDL (unique benefit designs; not available in all markets)
- Opioid management
- Point-of-sale discounts



Packaged Savings and uBundle programs

See how much you may save when you bundle your UnitedHealthcare Level Funded medical plan with a specialty plan like dental, vision and life through our Packaged Savings® or uBundle® programs.

- The more you bundle, the more you may save
- Per-plan participant per-month savings is given as a monthly administrative credit based on the number of enrolled Level Funded medical subscribers
- Credits remain in place as long as the eligible coverages remain in force for 5–50 plan participants under the Packaged Savings program or 51–300 plan participants under the uBundle program



Interactive wellness programs

As part of your benefit plan, and at no additional cost, we give your plan participants and their covered family members access to programs and tools designed to help manage their care and get healthier.

UnitedHealthcare Motion

With UnitedHealthcare Motion, participants can get rewarded for all kinds of activity—walking, running, cycling, swimming and more. They simply sign up, slip on a wearable activity tracker and get moving, no gym required. Participants get a wearable activity tracker and may earn financial rewards every day—up to \$1,095* a year for meeting certain daily goals.**

FIT Goal	Reward
F Frequency Six 5-minute walks, minimum of 300 steps, 1 hour apart	\$1
I Intensity 3,000 steps in 30 minutes or 30 minutes performing other eligible activities	\$1
T Tenacity 10,000+ total steps in a day (activity devices reset at midnight local time)	\$1
Total Possible per Day	\$3

- Participation goal: Participants earn \$0.25 each day they achieve 2,500+ steps with no FIT rewards
- Participants and eligible spouses may be reimbursed up to \$1,095* or 30% of the employee-only annual payment (or family annual payment if dependents are covered), whichever is less, each calendar year
- Quarterly reimbursements for expenses are applied to the out-of-pocket limit calendar year spend
- 50% plan year rollover of unreimbursed rewards for those on a non-health savings account (HSA) plan
- A \$55 registration credit can be used toward purchase of an activity tracker or saved for quarterly reimbursements

To learn more, visit unitedhealthcaremotion.com.

* Or \$1,150 if not applying registration credit toward an activity tracker.

** Motion is not available in DE, KS, MO, NJ, PA or WI.

HSA contribution limits for 2022: Participants are responsible for ensuring that they do not exceed the 2022 HSA contribution limits imposed by the IRS. For 2022, the maximum contribution is \$3,650 for individual coverage and \$7,300 for family coverage. If you are age 55 or older, you may be eligible for an additional \$1,000 catch-up contribution. Please seek your own tax advice.

HealthiestYou virtual care

With the HealthiestYou™ app, plan participants and their families—even those not covered by UnitedHealthcare Level Funded—get 24/7 access to virtual care right from their mobile device.* Online doctors can diagnose, prescribe** and treat a wide range of nonemergency medical conditions.

Virtual care services include:



General medical

Consult with a doctor 24/7 in all 50 states for minor illnesses (cold, flu, sinus infection, pinkeye, UTI, allergies, etc.)



Dermatology

Communicate with a dermatologist through the HealthiestYou app message center for skin conditions (acne, eczema, shingles, psoriasis, etc.)



Mental health

Connect with a psychiatrist/therapist for support for anxiety, stress, depression, family difficulties, etc. (ages 18+ only)



Back/neck care

Seek relief for back and neck pain through guided videos with a certified health coach

Expert Medical Services

Plan participants can have their medical case reviewed at no additional cost by a leading expert and get a second opinion on conditions like cancer, orthopedic problems, digestive system issues, chronic illnesses and more.

To learn more, visit healthiestyou.com.

* Data rates may apply.

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

24/7 Virtual Visits

With 24/7 Virtual Visits, plan participants and their covered family members can video chat with a doctor wherever, whenever on a computer via myuhc.com or on a mobile device* via the UnitedHealthcare® app. 24/7 Virtual Visits doctors can diagnose a wide range of nonemergency medical conditions—and even prescribe medications, if needed.** Through your UnitedHealthcare Level Funded plan, the cost for a Virtual Visit is \$0.***

Use 24/7 Virtual Visits for common, nonemergency conditions like:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more

To learn more, visit myuhc.com or download the UnitedHealthcare app.



Rally Health and Wellness

Help your plan participants get healthier, one small step at a time. Rally® is built to help them make changes to their daily routine, set smart goals and track their progress. They'll get personalized recommendations designed to help them move more, eat better and improve their health—and have fun doing it.

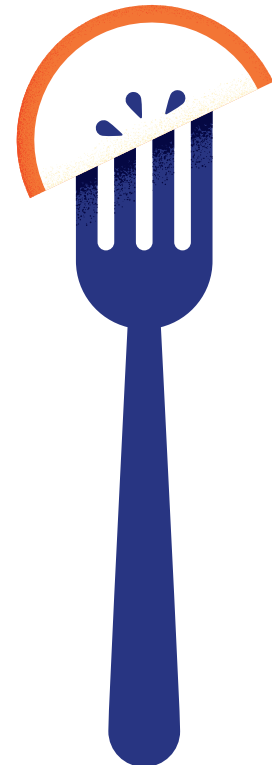
Complete an interactive health survey – Based on their results, plan participants will get personalized recommendations called “missions” to help them reach their health goals.

Accept missions – Missions are custom-picked activities designed to help participants eat better, get active and even improve their mood. Participants can choose the missions they want to work on and level up to more challenging missions when they're ready.

Take on a challenge – Participants can use the Rally app to track their activity and compete with other Rally members to earn extra rewards.

Earn rewards – Participants earn Rally Coins for completing the health survey, missions and challenges—even for logging in once a day. They can use the coins to enter drawings for chances to earn rewards, get discounts or trigger a donation to a charity.

To learn more, visit rallyhealth.com.



* Data rates may apply.

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

*** The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change at any time.



Robust online tools

Take control of your health benefits with resources for your business and your plan participants.

Plan participant website: myuhc.com

- Access plan documents
- View claims and see progress toward deductibles
- Link to wellness resources (where available)
- Find and price care
- Get answers to frequently asked questions
- Manage prescriptions and find a pharmacy

Plan sponsor website: uhceservices.com

- Manage roster or plan participant benefits
- Request health plan ID cards—or if your plan participants misplace their ID cards, verify their mailing address on file and order replacements
- Request plan documents by mail
- View billing statement
- View billing information—payment amounts and posting dates
- Find plan documents
- Access plan sponsor reports, including monthly claims and network utilization report



Dedicated service

Our team of advocates is committed to providing guidance and support with every customer interaction by actively listening, responding with urgency and owning the final outcome.

Service excellence model

Our teams of committed Customer Care Advocates are empowered to own organizational processes resulting in timely resolution of plan participant inquiries. We build trust through our first-contact resolution and compassion service model by walking in the shoes of our customer.

Customized solutions

Our customized solutions help our plan participants live healthier lives through our health and wellness programs. We also encourage cost-effective decisions by educating our customers regarding health savings account (HSA) options in addition to our wellness programs.

Specialized support

Our Customer Care Advocates provide support to manage your plan participants' health care needs. We have access to dedicated technical experts from each business unit to effectively manage all facets of plan administration.

We provide guided website education for our plan participants to assist them with the navigation of their health care. Our goal is to help plan participants become informed and engaged with their health care, providing assistance with claims processes, benefits, wellness programs, online tools and locating a provider.

Hours of operation

8 a.m.–6 p.m. CT

UnitedHealthcare Level Funded summary of features and options

Level Funded consumer-driven health plans are designed to meet the challenges of rising health care costs with savings, flexibility and stability, as well as access to UnitedHealthcare's broad proprietary national network and the Optum Rx® network of pharmacies.



Cost control

- Level funding:
 - Fixed monthly claims funding payment throughout the plan year
 - Not subject to adjusted community rating
- Network and clinical programs focusing on appropriateness and cost-effectiveness
- Potential surplus refund¹ eligibility when medical claims costs are lower than expected
- Automatic stop loss reimbursement in cases where claims are higher than expected



A variety of plan designs

- HSA, PPO and EPO plan portfolios designed to help meet the needs of your plan participants and their families:
 - \$0 primary care physician (PCP) network copays for kids (EPO/PPO)
 - Deductibles that range from \$500–\$6,350
 - Coinsurance options of 80% or 100%
 - Embedded and non-embedded deductibles
- National pharmacy benefit manager with full Optum Rx integration
- Opportunity to save and bundle UnitedHealthcare specialty benefits, taking advantage of combined billing with the Packaged Savings program for groups with 5–50, and the uBundle program for groups with 51–300; eligibility requirements may vary by state
- Real Appeal online weight loss program available to eligible participants as part of their benefit plan
- Savings with hearing benefit offering device discounts
- Survivorship Benefit included with all medical plans—continued coverage available for dependents when a plan participant passes away



Interactive wellness programs

- **UnitedHealthcare Motion** – Use a motion device to track steps, reach goals and earn financial rewards (up to \$1,095 per year*) to help offset plan participant out-of-pocket costs with deposits into their HSA—provided at no additional cost and part of your benefit plan**
- **HealthiestYou virtual care** – Connect with doctors 24/7, shop and price prescriptions, and much more
- **Expert Medical Services** – A second-opinion service committed to helping plan participants make informed medical decisions
- **24/7 Virtual Visits** – With 24/7 Virtual Visits, plan participants can connect with a doctor for help with nonemergency care—anytime, anywhere, right from their mobile device*** or computer
- **Rally** – Complete a health survey, choose missions, join challenges and earn Rally Coins to use for a chance to win rewards

* Or \$1,150 if not applying registration credit toward an activity tracker.

** Motion is not available in DE, KS, MO, NJ, PA or WI.

*** Data rates may apply.



UnitedHealthcare networks and resources

- Nationwide network of quality health care providers, including more than 1.2M physicians and health care professionals and 6,400+ hospitals and other care facilities²
- Provider search and cost transparency tools on myuhc.com that allow plan participants to choose the care at the most competitive price
- Support from UnitedHealthcare resources
- Mayo Clinic available except on UnitedHealthcare Navigate® and UnitedHealthcare Charter® plans



Dedicated service

- Dedicated participant services:
 - First-contact resolution
 - Claim navigation
- Committed wellness team, offering expertise and personalized assistance navigating through the wellness offerings
- Plan sponsor welcome webinar, a live overview to help understand and get the most out of a Level Funded plan



Robust tools

- Detailed claims and network utilization reporting to help manage your benefit plan
- 24/7 website access:
 - Plan participant website with access to benefit and claims information, along with the ability to order and print health plan ID cards
 - Plan sponsor website with the ability to manage plan participant information and enrollment

For more information or a quote, contact your broker or UnitedHealthcare representative

United Healthcare

¹ Please consult a tax and/or legal advisor to determine if by receiving this surplus refund, there are any restrictions or obligations. Surplus refund available only where allowed by law.

² UnitedHealthcare internal analysis, Dec. 31, 2021.

HealthiestYou is not health insurance. HealthiestYou is designed to complement, and not replace, the care you receive from your primary care physician. HealthiestYou physicians are an independent network of doctors who advise, diagnose, and prescribe at their own discretion. HealthiestYou physicians provide cross coverage and operate subject to state regulations. Physicians in the independent network do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. HealthiestYou does not guarantee that a prescription will be written. Services may vary by state. HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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

The UnitedHealthcare plan with Health Savings Account (HSA) is a qualifying high-deductible health plan (HDHP) that is designed to comply with IRS requirements so eligible enrollees may open a Health Savings Account (HSA) with a bank of their choice or through Optum Bank, Member of FDIC. The HSA refers only and specifically to the Health Savings Account that is provided in conjunction with a particular bank, such as Optum Bank, and not to the associated HDHP.

Real Appeal is a voluntary weight loss program that is offered to eligible members at no additional cost as part of their benefit plan. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. Results, if any, may vary. Any items/tools that are provided may be taxable and participants should consult an appropriate tax professional to determine any tax obligations they may have from receiving items/tools under the program.

UnitedHealthcare Hearing is provided through UnitedHealthcare, offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

Packaged Savings: Minimum participation requirements may apply. Packaged Savings Program may not be available in all states or for all group sizes. Please consult your UnitedHealthcare representative for more details.

uBundle: Minimum participation requirements may apply for bundling programs. Benefits and programs may not be available in all states or for all group sizes. Components subject to change.

This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

Members can access average cost data online or on the mobile app. None of the average costs are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing average cost data, please refer to the Website or Mobile application terms of use under Find Care & Costs section.

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

Rally Health provides health and well-being information and support as part of your health plan. It does not provide medical advice or other health services, and is not a substitute for your doctor's care. If you have specific health care needs, consult an appropriate health care professional. Participation in the Health Survey is voluntary. Your responses will be kept confidential in accordance with the law and will only be used to provide health and wellness recommendations or conduct other plan activities.

All trademarks are the property of their respective owners.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA.