UnitedHealthcare's COVID-19

Frequently Asked Questions

April 17, 2021

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VACCINES

Keeping you up to date on the latest developments for a COVID-19 vaccine is our top priority. It will be an important way to slow the spread of the disease. That's why we are committed to helping you find vaccine information and get the vaccine. Your health care provider can help you understand more about the vaccine and your health.

Update 4/16/2021
On April 13, 2021, the CDC and FDA recommended a pause in the use of Johnson & Johnson's Janssen COVID-19 Vaccine. Per the CDC, of the nearly 7 million doses administered so far in the United States, 6 cases of a rare and severe type of blood clot have been reported in people after receiving Johnson & Johnson's Janssen COVID-19 vaccine. All reports occurred among women between the ages of 18 and 48, and symptoms occurred 6 to 13 days after vaccination. As of April 13, 2021, no cases have been reported among the more than 180 million people who received the Pfizer or Moderna vaccines.

For those who received the Johnson & Johnson vaccine, the potential concern does not impact effectiveness. If you have questions or think you may be experiencing an adverse reaction, call your primary care provider or other health care professional.

Should members pay to get their name on a COVID-19 vaccination list? New 2/10/2021

No. Be on alert for fraud. If someone calls, texts, or emails you promising access to the vaccine for a fee, don't share your personal or financial information.

- No one should ask you to pay to put your name on a list to get the vaccine.
- No one should ask you to pay to get early access to a vaccine

You can report suspected fraud to UnitedHealthcare, and we'll help you file a report, which could help you and others. Members can learn more about how to protect themselves from fraud on uhc.com.

What are the main things to know about COVID-19 vaccines? Update 3/1/2021

- COVID-19 vaccines are an important step in slowing the spread of the disease, and UnitedHealthcare encourages people to get a vaccine as soon as it's available to them. We are helping members stay informed on COVID-19 vaccines through our digital tools and our customer service advocates. We also encourage people to stay informed on COVID-19 vaccines and to discuss vaccination with their health care providers.
- COVID-19 vaccine availability is changing quickly. UnitedHealthcare is actively monitoring updates from the federal government, Centers for Disease Control and Prevention (CDC), U.S. Food & Drug Administration (FDA) and Centers for Medicare & Medicaid Services (CMS), as well as state and local public health departments.
- We're committed to working with federal, state and local organizations to help our members access vaccines and help end the pandemic.
- UnitedHealthcare encourages people to get vaccinated for COVID-19 as soon as a vaccine becomes available to them. COVID-19 vaccines are an important step in slowing the spread of the disease, and key to helping protect members, their families and friends. We encourage

people to stay informed on COVID-19 vaccines and to discuss vaccination with their health care providers.

- To help members access public resources for their area, they can use our COVID-19 vaccine resource locator. UnitedHealthcare has gathered links to public resources to help people stay informed. This zip-code based tool finds online vaccine resources available through health departments and national retail pharmacies near you. These public resources may include information on who is eligible to get the vaccine, where vaccines may be available, how to sign up for alerts and in some places, scheduling an appointment.
- Our top priorities in helping members, customers and providers at this point in the vaccine roll-out are 1) making sure members know there is $0 cost-share on vaccines through the national public health emergency period, 2) providing resources to help them find COVID-19 vaccine information and 3) providing tools to help them navigate when and where to receive a vaccine.
- There are currently 3 COVID-19 vaccines authorized for emergency use by the FDA. These vaccines are as safe and as effective as possible at preventing COVID-19, according to the CDC. There is 1 one-dose vaccine (Johnson and Johnson) and 2 two-dose vaccines (Pfizer and Moderna). The two-dose vaccines require the second dose within 3-4 weeks of the first dose. Follow vaccination instructions from the manufacturer, which will be provided to members by their vaccination provider.
- Due to limited supply, the federal government, CDC and state and local health departments are working to prioritize distribution and availability locally. Vaccination is occurring in phases, with those at highest risk getting access to vaccines first. The availability of vaccines varies locally.
- COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines may be FDA-authorized, produced and distributed. As these vaccines may become more widely available, we're committed to helping members get the COVID-19 vaccine easily and conveniently.
- UnitedHealthcare is committed to providing helpful information to our members digitally and through our call centers. However, members should monitor updates from their local news, health departments, pharmacies and health care providers, who may have more specific information and resources on local vaccine availability. We have compiled website links to state and local health departments' COVID-19 vaccine resources for customer and member convenience.
- Members may use our COVID-19 vaccine resource locator, which is a zip-code based tool locating online vaccine resources available through health departments and national retail pharmacies near you. These public resources may include information on who is eligible to get the vaccine, where vaccines may be available, how to sign up for alerts and in some places, scheduling an appointment.
- COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines may be FDA-authorized, produced and distributed. As these vaccines may become more widely available, we're committed to helping members get the COVID-19 vaccine easily and conveniently.
- To help people access COVID-19 vaccine resources in their area, we created the COVID-19 Vaccine Resource Locator. This zip-code based tool finds online vaccine resources and scheduling tools available through health departments and large retail pharmacies. It is available

at uhc.com/vaccinelocator. Members should also look to their local news, health care providers and local pharmacies for vaccine availability.

- Members should continue to follow public health safety guidelines to slow the spread of the disease: wear a face mask, continue to physically distance and wash hands regularly. Members should also make sure they are up to date on their doctor appointments, such as annual checkups and receive care they may need for anxiety, depression and loneliness. Most providers also offer telehealth visits to help members get the care they need.
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- Members will have $0 cost-share (copayment, coinsurance or deductible) on FDA-authorized COVID-19 vaccines, no matter where they get the vaccine and including when 2 doses are required, as outlined below:
- Plans through Employers and Individual health plans, including Student Resources, Short Term Limited Liability and Exchange plans**,** members will have $0 cost-share for the vaccine at both in- and out-of-network providers through the national public health emergency period.
- For Medicare health plans, members will have $0 cost-share for the vaccine at both in- and out-of-network providers through Dec. 31, 2021. Providers should not ask Medicare members for vaccine payment upfront or after the vaccine is received.
- For Medicaid individuals in UnitedHealthcare Community Plans, members will have $0 cost-share for the vaccine for both in- and out-of-network providers through the national public health emergency period. State variations and regulations may apply during this time. Please review the UnitedHealthcare Community Plan website and the state's site for the latest information. If no state-specific guidance is available, UnitedHealthcare plan guidelines will apply.
- If a member gets a vaccine during a regular office visit, the office visit will be covered according to plan benefits and the member may have a cost-share for the office visit.
- Members should not receive any bills for COVID-19 vaccines from their vaccination provider or UnitedHealthcare during the national public health emergency period. If a member receives a bill, they should call the number on their UnitedHealthcare card and we can help them determine what to do.
- Be aware of fraud. If someone calls, texts, or emails a member promising access to the vaccine for a fee, the member should not share their personal or financial information. No one should ask a member to pay to put their name on a list to get the vaccine. No one should ask a member to pay to get early access to a vaccine.
- Once members get their COVID-19 vaccinations, they should keep their COVID-19 vaccination card with them. Members should also keep their health care provider informed of the COVID-19 vaccines they get.

Frequently asked questions

The CDC remains the best source for COVID-19 vaccine education. UnitedHealthcare will provide helpful information to our members digitally and through our call centers. Members should monitor updates

from the local news, health departments, pharmacies and health care providers, who may have more specific information and resources on local vaccine availability.

There are multiple sections of frequently asked questions (FAQs) to help guide people to the right content:

1. General commonly asked questions
2. Protection and safety
3. Distribution and availability
4. First dose appointment preparation
5. Getting the second dose
6. Cost and coverage
7. Additional resources

General Commonly Asked Questions

Coverage of authorized vaccines applies to which UnitedHealthcare Commercial plans? New 1/14
Individual, Exchanges, group health plans including Student Resources, grandfathered plans. It does not apply to excepted benefit plans. We strongly encouraged alignment for self-funded groups, who have an opt-out option.

What should members know about COVID-19 vaccines? Update 12/21

COVID-19 vaccines are an important step in slowing the spread of the disease. We are committed to helping you stay informed on COVID-19 vaccines and encourage you to discuss the vaccine with your health care provider.

1. There is a COVID-19 vaccine authorized by the FDA

The U.S. Food & Drug Administration (FDA) has authorized three COVID-19 vaccines for emergency use. These vaccines were developed to protect people from COVID-19, and two require two doses (Pfizer and Moderna) and one requires a single dose (Johnson and Johnson). Be sure to follow the vaccination instructions from the manufacturer. You should also continue to follow public health safety guidelines to help slow the spread of the disease.

Several trials from multiple companies are continuing, with promising results that you may have read about. It's also helpful to know that the FDA has a review process that it completes before it will authorize vaccines for emergency use by the general public. The CDC is your best resource for the latest information on FDA-authorized COVID-19 vaccines.

2. The COVID-19 vaccine will have limited availability at first

Vaccine distribution is being coordinated by the Centers for Disease Control and Prevention (CDC) and state health departments. Since supplies are limited at this time, health care workers and residents of long-term care facilities will be the first to be vaccinated.
COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines are FDA-authorized, produced and distributed. The goal will be for you to have the information you need about vaccines and to get the COVID-19 vaccine easily and conveniently. UnitedHealthcare's

COVID-19 consumer site and the member's online UnitedHealthcare account will have the latest information for members.

To find state health department resources in Spanish and other languages, visit uhccommunityplan.com.

- The UnitedHealthcare Vaccine Resource Locator tool and the state health department are good resources for information on COVID-19 vaccine availability in an area. At this time, the Vaccine Resource Locator will not include information available from specific health care providers or physician offices.

3. Members will be able to get the vaccine at no charge

Members will be able to get the vaccine at $0 cost-share (copayments, deductibles and co-insurance) as noted below, no matter where they get the vaccine and including when 2 doses are required. In fact, members shouldn't receive a bill for the COVID-19 vaccine.

- **Employer and Individual* health plans**: Members will have $0 cost-share for COVID-19 vaccines for both in- and out-of-network providers through the national public health emergency period.
- **Medicare health plans**: Members will have $0 cost-share for COVID-19 vaccines at both in- and out-of-network providers through Dec. 31, 2021.
- **Medicaid** members in UnitedHealthcare Community Plans: Members will have $0 cost-share for COVID-19 vaccines both in- and out-of-network providers through the national public health emergency period. State variations and regulations may apply during this time. Please review the UnitedHealthcare Community Plan website and your state's site for the latest information.
- **Members should not receive any bills for COVID-19 vaccines from their vaccination provider or UnitedHealthcare during the public health emergency period.** If a member receives a bill, they should call the number on their UnitedHealthcare card and we can help them determine what to do.
- **Be aware of fraud.** If someone calls, tests, or emails a member promising access to the vaccine for a fee, the member should not share their personal or financial information. No one should ask a member to pay to put their name on a list to get the vaccine. No one should ask a member to pay to get early access to a vaccine.
- Be sure to follow the vaccination instructions, which you will receive when you get the vaccine. Most FDA-authorized COVID-19 vaccines will require a second dose. You will need to get both doses in the required time frame to have protection from COVID-19. To help slow the spread of the disease, it's important you continue to wear a face mask, physically distancing and wash your hands regularly.
- Members who have questions about the COVID-19 vaccine should speak with their primary care provider or a health care professional regarding vaccine recommendations given their specific health conditions.
- Members should plan on bringing specific documents with them to get their COVID-19 vaccine, including their insurance card or Medicare insurance card as well as their health status information.
- Once a member gets the COVID-19 vaccine, members should keep their COVID-19

vaccination documentation with them. Members should also keep their primary care provider informed of the COVID-19 vaccines they get.

- Members should not receive any bills for COVID-19 vaccines from their vaccination provider or UnitedHealthcare during the national public health emergency period. If a member receives a bill, they should call the number on their UnitedHealthcare card and we can help them determine what to do.

We will help keep you informed on the groups of people prioritized by the CDC to get the COVID-19 vaccine and where to find vaccination providers. Continue to check this page for the latest information.

Protection and safety

Will the COVID-19 vaccines provide protection from COVID-19? Update 3/1/2021

The FDA has authorized 3 COVID-19 vaccines for emergency use. These vaccines are as safe and as effective as possible at preventing COVID-19, according to the CDC. There is 1 one-dose vaccine and 2 two-dose vaccines. Like other vaccines, COVID-19 vaccines can take several weeks after vaccination completion for full effectiveness.

FDA-authorized COVID-19 vaccines

Vaccine manufacturer	Doses[1]	Ages for EAU[2]	FDA Fact Sheets
Pfizer-BioNTech	2 doses, 21 days apart	16 and older	• Pfizer for health care providers • Pfizer for patients and caregivers
Moderna	2-doses, 1 month apart	18 and older	• Moderna for health care providers • Moderna for patients and caregivers
Janssen	1 dose	18 and older	• Janssen for health care providers • Janssen for patients and caregivers

1 Always follow vaccination instructions from the manufacturer.
2 Emergency Use Authorization (EUA) for use among people these ages.

Like the flu vaccine, vaccination providers will administer the COVID-19 vaccine based on availability. Vaccination providers may not have all FDA-authorized COVID-19 vaccines at their location.

Important reminders on the protection COVID-19 vaccines provide:

- While COVID-19 vaccines may help protect the individual from the virus, it is not yet known if vaccinated people can still give the COVID-19 virus to others.
- The duration of protection against COVID-19 is currently unknown.

Because of this, members should follow public health safety guidelines to help protect themselves and others. Wear a face mask, practice physical distancing and wash hands regularly.

Are COVID-19 vaccines safe? Update 3/1/2021

All FDA-authorized COVID-19 vaccines are as safe and as effective as possible at preventing COVID-19, according to the CDC. They are key to slowing the pandemic. The U.S. vaccine safety system makes sure all vaccines go through an extensive process to confirm levels of safety, including the recently FDA-authorized COVID-19 vaccines. Even after emergency use authorization (EUA), the FDA continues to review clinical data about the vaccines. The CDC website has additional COVID-19 vaccine safety information.

Are there side effects associated with COVID-19 vaccines? Update 3/1/2021

As with other vaccines, and according to the CDC, people report some side effects with the FDA-authorized COVID-19 vaccines. The most common side effect is a sore arm. Some other side effects may feel like flu and might even affect members' ability to do daily activities, but they should go away in a few days.

In the event of an emergency, call 911 or go to the nearest hospital.

If members have side effects that bother them or do not go away, they should report them to their vaccination provider or primary care provider. They should also notify the CDC at 1-800-822-7967, as the CDC and FDA continue to monitor the safety of the FDA-authorized COVID-19 vaccines. Members can also use the CDC's v-safe mobile app, which will help them monitor side effects and get second dose reminders.

What is an emergency use authorization? Update 3/1/2021

The FDA has a review process for safety and effectiveness that it completes before granting emergency use authorization (EUA) for the general public. Once the FDA authorizes a vaccine for emergency use, the Advisory Committee of Immunization Practices (ACIP) will meet to vote on recommending the vaccine.

When evaluating an EUA, the FDA carefully balances the potential risks and benefits of the products based on the data currently available. During the national public health emergency period, the FDA continues to monitor both the safety and effectiveness of the vaccine.

As more COVID-19 vaccines are authorized for emergency use by the FDA, ACIP will quickly hold public meetings to review all available data about each vaccine and make recommendations for their use in the United States. Learn more about how CDC is making COVID-19 vaccine recommendations.

Are there people who should not get the COVID-19 vaccine? Update 3/1/2021

The current FDA-authorized COVID-19 vaccines are not recommended for people with certain conditions or people of certain ages. The current vaccines are authorized for use among the following ages:

- Pfizer is not authorized for people under the age of 16.
- Moderna is not authorized for people under the age of 18.
- Janssen is not authorized for people under the age of 18.

There are other special considerations for when it might not be a good time to get the vaccine:

- If a person has recently been exposed to COVID-19, see the CDC guidelines for getting the vaccine.
- If a person had monoclonal antibody treatment or received convalescent plasma, the CDC states vaccination should not occur for at least 90 days.

Members should talk to their health care provider if they have questions about getting vaccinated for COVID-19.

According to the CDC, if people have ever had a severe allergic reaction to a vaccine or an injected medicine, they should ask their doctor if they should get the COVID-19 vaccine. A severe reaction is one that requires treatment at a hospital or with medications like an EpiPen (epinephrine). According to the CDC, the likelihood of severe reaction to the FDA-authorized COVID-19 vaccines is very low.

The CDC recommends people who have seasonal allergies or allergies to food, pets or oral medications, can still be vaccinated. If members have questions, they should check with their health care provider. For more information, read the FDA's Pfizer Patient Fact Sheet, Moderna Patient Fact Sheet and Janssen Patient Fact Sheet. Health care professionals can also look to the FDA's health care provider fact sheets available for Pfizer, Moderna and Janssen.

If a member has had COVID-19, can they get vaccinated? Update 3/1/2021

According to the CDC, COVID-19 vaccination should be offered to people regardless of whether they've already had COVID-19 infection. And members do not need an antibody or diagnostic test before or after they are vaccinated to learn if the vaccine worked.

Anyone currently infected with COVID-19 should wait to get vaccinated until after their illness has resolved and after they have met the criteria to discontinue isolation. Additionally, current evidence suggests that reinfection with the virus that causes COVID-19 is uncommon in the 90 days after initial infection. People with a recent infection may delay vaccination until the end of that 90-day period.

What is known about the virus variants and vaccine protection? Update 3/1/2021

According to the CDC, experts are continuing to study the variants of the virus that causes COVID-19. Viruses constantly change through mutation, and new variants of a virus are expected to occur over time. There are multiple variants of the virus that causes COVID-19, and these variants seem to spread more easily than other variants. Currently, there is no evidence that these variants cause more severe illness or increased risk of death.

FDA-authorized COVID-19 vaccines play an essential role in limiting the spread of COVID-19 and protecting people's health. To help protect the member's health, they need to follow public health safety practices: wear face masks, physically distance, wash hands regularly and isolate or quarantine when sick. Visit the CDC website to learn more about the virus variants.

What is known about masks and protecting health? Update 3/1/2021

The CDC recommends wearing a mask to protect others as well as oneself, along with other public health safety practices: washing hands regularly, physically distancing and avoiding crowds.

Important reminders to make sure masks work as well as they can, according to the CDC:

1. Make sure the mask fits snugly against your face. Gaps can let air with respiratory droplets in and out around the edges of the mask.
2. Pick a mask with layers to keep your respiratory droplets in and others' out.
3. Two masks used together, such as a surgical mask with a cloth mask offers better protection to you and those around you.

Learn more about mask fit on the CDC website.

According to the CDC, masks should be worn:

- By people 2 years of age and older
- Any time you are in a public setting
- When you are with people who do not live with you, including inside your home or someone else's home
- Inside your home if someone you live with is sick with symptoms of COVID-19 or has tested positive for COVID-19

Learn more on the CDC site.

When do members need to quarantine? Update 3/1/2021

Local public health agencies determine quarantine recommendations. According to the CDC, quarantine is used to keep someone who might have been exposed to COVID-19 away from others. Exposure is defined as 15 minutes or more of being within 6 feet of an individual who tested positive or had symptoms within 2 days of exposure. By not going in public or staying home, quarantine helps prevent disease spread before a person knows if they have it.

The CDC has identified 2 groups of people who **do not** need to quarantine when exposed:

- People who are fully vaccinated will no longer be required to quarantine following a direct exposure to someone with COVID-19. Fully vaccinated people are considered those who have had a dose of the one-dose vaccine or both doses of a two-dose vaccine, and 2 weeks have passed to allow for the vaccine to work. There are additional considerations for people who are fully vaccinated and in health care settings.
- People who have recovered from COVID-19 in the past 3 months do not need to quarantine.

Learn more on the CDC website.

When do members need to isolate?

According to the CDC, isolation is used to separate people infected with COVID-19 from those who are not infected. People who are in isolation should stay home until it's safe for them to be around others. At home, anyone sick or infected should separate from others, staying in a specific "sick room" and using a separate bathroom if possible. The length of isolation period depends on several factors. Review the CDC's recommendations for when isolation can end based on the situation.

FDA-emergency authorized vaccine distribution and availability

What other COVID-19 vaccines are in process? Update 12/19

There are several COVID-19 vaccines in late stage clinical development in the U.S. and globally. The following is a high-level status of approvals and timing for the current leading vaccine candidates. As of Dec. 18, 2020, here is what we know:

Vaccine type	Manufacturer	Status	Doses required
Messenger RNA	Pfizer-BioNTech	Authorized for emergency use	2
Messenger RNA	Moderna	Authorized for emergency use	2
Viral vector	Astra Zeneca	Phase 3 in process	2
Viral vector	Jannsen (J&J)	Authorized for emergency use	1
Protein sub-unit	Novavax	Phase 3 in process	2
Protein sub-unit	Sanofi/GSK	Phase 1/2 results expected Dec. late 2021 or early 2022	2

FDA-authorization is pending the status of trials and submission of data for emergency use. For the latest information, visit the FDA website.

Current vaccine information can be found at the FDA emergency preparedness and response site for COVID-19. Additional vaccine information can be found at: CDC COVID-19 Vaccines, CDC COVID-19 Things You Need to Know

What's the process for FDA emergency-authorized vaccines, and then ultimately, members getting the vaccine? Update 12/19

The FDA has a review process that it completes before it will authorize vaccines for emergency use by the general public. Once the FDA authorizes a COVID-19 vaccine, the Advisory Committee of Immunization Practices (ACIP) will meet to vote on recommending the vaccine. If recommended, the CDC Director will review and approve who should receive the vaccine. The CDC has information on the process here. It is likely the vaccine will first be made available to health care professionals, essential workers and people at high risk, such as those over 65 years old or with an underlying health condition. At first, we expect the vaccine to be at limited health care sites because of storage needs and availability. As COVID-19 vaccines are approved, we encourage members to look to the FDA and CDC for guidance.

Members may look to the CDC and their state health department to find vaccine providers as different phases are announced. Members can also speak to their primary care provider or other health care professional to better understand what they should do given their specific health conditions.

COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines are FDA-authorized, produced and distributed. The goal will be for people to get the COVID-19 vaccine easily and conveniently as recommended by their health care provider.

Does UnitedHealthcare have a tool to help members find resources in their area? New 2/1/2021

- COVID-19 vaccines are an important step in slowing the spread of the disease, and it will take time to make enough vaccines for everyone. Due to the initial limited supply, the Centers for Disease Control and Prevention and state and local health departments are coordinating who should get vaccinated first and where vaccines are available. This information is developing and varies locally.
- The launch of the UnitedHealthcare COVID-19 Vaccine Resource Locator will help members navigate local vaccination planning and find resources for their area to help them take steps toward vaccination. This zip-code based tool finds online, public vaccine resources available through state and local health departments as well as national retail pharmacies.

- These public resources may include information on who is eligible to get the vaccine, where vaccines may be available, how to sign up for alerts and in some places, scheduling an appointment.
- To find state health department resources in Spanish and other languages, visit uhccommunityplan.com
- We are updating resources as more information becomes available. Resources vary based on location and time.
- At this time, the resource locator will not include information available from specific health care providers or physician offices.

How are FDA-authorized COVID-19 vaccines being distributed? Update 3/1/2021

Due to limited supply, FDA-authorized COVID-19 vaccine distribution is being coordinated by the CDC with state and local health departments. The federal government is also working to help accelerate vaccination and provide resources to help end the pandemic.

Vaccination is occurring in phases, with those at highest risk getting vaccines first. The CDC recommendations for vaccination prioritization are below. State and local health departments may have different criteria locally. To understand the vaccination plan and eligibility in their local area, members should look to their state and local health department's website, as well as local pharmacies and health care providers. Availability and eligibility vary locally.

Find resources about vaccine availability for the member's area →

CDC COVID-19 vaccine distribution framework

Phase 1A	Phase 1B	Phase 1C	Phase 2	Phase 3
Health care workers Long-term care residents	Frontline essential workers in these industries: • Fire and police departments • Corrections • Food and agriculture • U.S. Postal Service • Manufacturing • Grocery stores • Public transit • Education, including teachers, support staff and daycares People age 75 and older	People ages 65 to 74 years old People ages 16 to 64 years old with high-risk, underlying medical conditions* Other essential workers: • Transportation and logistics • Water and wastewater • Food service • Shelter and housing • Finance • Information technology and communications • Energy, legal, media	People ages 16 and older not already recommended in Phase 1	Children and young adults, pending recommendations for vaccination

		• Public safety and public health workers		

*List of high-risk, underlying medical conditions can be found here.

The framework continues to evolve as the vaccine authorization and distribution process continues.

COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines are FDA-authorized, produced and distributed. The goal will be for people to get the COVID-19 vaccine easily and conveniently as recommended by their health care provider.

The FDA is reporting that it is also likely that there will be a period where COVID-19 vaccines will not be recommended for children or women who are pregnant. However, clinical trials continue to expand participants.

When should vaccines be more widely available? Update 3/1/2021

COVID-19 vaccines may be more available in the spring to mid-year time frame as additional vaccines may be FDA-authorized, produced and distributed. As vaccines may become more available, the CDC's goal is for everyone to be able to easily get the COVID-19 vaccination.

What proactive steps can members take to get access to vaccines? Update 3/1/2021

COVID-19 vaccine availability changes quickly. If a member is eligible to get the vaccine, we encourage them to take proactive steps to secure an appointment or get their name on a local vaccination list.

Here are a few ways members can to stay on top of the latest news and vaccine availability:

- Stay informed on the latest vaccine information from the CDC
- Visit their state or local health department websites to see when it's their turn to get the COVID-19 vaccine and find information on vaccination providers
- Sign up for e-alerts from their state to get regular updates
- Keep up with their local news for information on where vaccines may be available in their area
- Ask their doctor or local pharmacy about vaccine availability

And remember, members should not pay to be put on a vaccination list.

How will members know when to get the COVID-19 vaccination? Update 12/21

Members can check with their state health departments on which groups are currently prioritized to get the COVID-19 vaccine. Members can also speak with their primary care provider or other health care professional about vaccine recommendations given their specific health conditions.

As vaccines become more widely available, we are committed to helping members get the COVID-19 vaccine easily and conveniently. Members can visit uhc.com and their online UnitedHealthcare accounts for additional information.

Will UnitedHealthcare help my "essential" employer group secure an approved vaccine provider? New 1/6/2021

Until vaccines are more widely available, UnitedHealthcare does not have access to securing participating vaccine providers. While we do not have a direct role in vaccine distribution or population prioritization, which is being coordinated by the Centers for Disease Control and Prevention (CDC) and state and local health departments, we are preparing to help our customers and members with vaccine education, access and ongoing support.

Where will members get the COVID-19 vaccine? Update 12/21

Initially, FDA-authorized COVID-19 vaccines will only be available at certain locations. We encourage people to look to their state health department for where they can get the vaccine.

Once vaccines become more widely available, people will be able to get the COVID-19 vaccination at participating retail pharmacies, as well as doctors' offices, hospitals and federally qualified health centers. Members will also be able to visit uhc.com and their online UnitedHealthcare accounts for additional information.

Will members have a choice in COVID-19 vaccine? Update 12/21

Like the flu vaccine, vaccination providers will administer the COVID-19 based on availability. Vaccination providers may not have all FDA-authorized COVID-19 vaccines at their location. If members have questions, we encourage them to talk to their health care provider.

When should members plan on getting the second dose of the COVID-19 vaccine? Update 12/21

Members will need to get both doses in the required time frame to have protection from COVID-19. We encourage members to schedule appointments for both doses at the same time. Their vaccination provider will help them know when to get the second dose. The CDC's v-safe mobile app can also help with second dose reminders.

Follow the vaccination instructions from the manufacturer, which includes making sure both doses are from the same manufacturer. The Pfizer-BioNTech COVID-19 vaccine will require 2 doses, given 3 weeks apart. The Moderna COVID-19 vaccine will require 2 doses, given 1 month apart. We strongly encourage members to schedule both doses at the same time to meet these time frames and get protection from COVID-19. When members schedule an appointment to receive the vaccine, the provider should assist them with scheduling both doses.

First Dose Appointment preparation

What do members need to bring to their vaccine appointment? Update 3/1/2021

Here's what is understood today:

- Members should be prepared to show their photo ID, such as a driver's license, to show proof of age. They might also need proof of residency. The member's health department website or vaccination provider may also have a list of required documents.

- Medicare plan members:
    - They will need their red, white and blue Medicare card because Medicare is paying for the member's vaccine in 2021. If the member doesn't have their Medicare card, they can find it by logging into their Social Security account. More information on their Medicare card can be found on the CMS site.
    - If the member receives their vaccine at a regular provider visit, they will also need their UnitedHealthcare member ID card.
    - For people with non-Medicare health plans, they will need to show their UnitedHealthcare member ID card.

Member should wear their face mask and physically distance at their appointment.

Additional information on preparing for their vaccination appointment can be found on the CDC website.

What should members expect at their appointment? Update 3/1/2021

Here are 3 key points from the CDC for members to keep in mind as they prepare for their vaccination appointment:

1. Members' vaccination providers will likely monitor them after receiving the vaccine. This is in case of a rare allergic reaction. So, members should plan on the vaccination appointment taking some extra time.
2. Members should plan ahead for their second dose by scheduling their second vaccine appointment if possible. Members can also sign up for free text messaging through the CDC's VaxText to a get a reminder about their second dose of the COVID-19 vaccine.
3. Members should receive a vaccination card during their appointment that says which vaccine they received, the date it was received and where it was received. We suggest they keep it in a safe place.

For those receiving a two-dose vaccine, the vaccination card will be updated at the member's second dose appointment. We encourage members to keep their vaccination card with them.

Can members stop wearing a mask after they get a COVID-19 vaccine? New 1/31/2021

No. The CDC continues to recommend people wear face masks and physically distancing.

After a person's immune system builds a response, the vaccine will prevent them from getting sick. Still, viral particles may colonize in their nose. At this point, experts believe that a vaccinated person could breathe those particles onto the people nearby, putting them at risk for infection.

Visit the CDC website for more information on public health safety guidelines.

Do members need a COVID-19 test after they get vaccinated to make sure it's working? New 1/31/2021

No, the CDC does not recommend people get COVID-19 antibody or diagnostic testing to understand whether a vaccine worked.

What should members do with their vaccination card? New 1/31/2021

We encourage members to carry their vaccination cards with them.

Second vaccine dose

When should a member plan on getting a second dose of the COVID-19 vaccine? Update 3/1/2021

People will need to get both doses within 3 to 4 weeks to get the protection from COVID-19 indicated by the manufacturer. They should make sure both doses received are from the same manufacturer and that the second dose is as close to the recommended timing as possible. Follow the vaccination instructions from the manufacturer:

- Pfizer-BioNTech COVID-19 vaccine: Requires 2 doses, given 3 weeks apart
- Moderna COVID-19 vaccine: Requires 2 doses, given 1 month apart
- Janssen (Johnson and Johnson) COVID-19 vaccine: Requires no second dose

We strongly encourage members to schedule both doses at the same time to meet these time frames and get protection from COVID-19. The vaccination provider should assist the member with scheduling the second dose when they receive their first dose and help them know when to get the second dose.

They can also sign up for free text messaging through the CDC's VaxText to a get a reminder about their second dose of the COVID-19 vaccine.

What if the member misses getting the second dose of the COVID-19 vaccine? Update 3/1/2021

The CDC recommends getting the second dose as close to the recommended timing of 3-4 weeks as possible. Follow the vaccination instructions from the manufacturer. If a member misses their second vaccination appointment or are outside the 3- to 4-week timing, they can still get the second dose and they won't need to start over with a first dose. And even if the second dose is late, the second dose will still help them get protection from COVID-19. They should schedule their next appointment with their vaccination provider as soon as they can.

What if the member doesn't remember which COVID-19 vaccine they received? Update 3/1/2021

They should have received a vaccination card at their first appointment with information on the COVID-19 vaccine manufacturer, date of their first vaccination and when their second dose is due. If they cannot find that, their vaccination provider can help them know which vaccine they received.

What if the vaccine the member received isn't available for their second dose? New 1/31/2021

The member should talk to their health care provider or COVID-19 vaccination provider. They will help the member determine the best next step to completing the COVID-19 vaccination series.

POST VACCINATION

What if the member has side effects? Update 3/1/2021

Side effects from vaccines are normal signs that your body is building protection. As with other vaccines and according to the CDC, people report some side effects with the FDA-authorized COVID-19 vaccines. The most common side effect is a sore arm. Some other side effects may feel like flu and might even affect a person's ability to do daily activities, but they should go away in a few days. Members can learn more on the CDC website.

In the event of an emergency, call 911 or go to the nearest hospital.

If a member has side effects that bother them or do not go away, they should report them to their vaccination provider or primary care provider. They should also notify the CDC at 1-800-822-7967, because the CDC and FDA continue to monitor the safety of FDA-authorized COVID-19 vaccines. Members can also use the CDC's v-safe mobile app, which will help them monitor side effects and get second dose reminders.

What should members do with their vaccination card? New 3/1/2021

We encourage members to carry their vaccination cards with them.

Can members stop wearing a mask after they get a COVID-19 vaccine? New 3/1/2021

No. The CDC continues to recommend people wear face masks and physically distancing at this time. The CDC recommends wearing a face mask that fits tightly to the face and has multiple layers. This helps keep the member's respiratory droplets in, while keeping droplets from others out.

After a person's immune system builds a response, the vaccine will help prevent them from getting sick. Still, viral particles may colonize in their nose. At this point, experts believe that a vaccinated person could breathe those particles onto the people nearby, putting them at risk for infection. Visit the CDC website for more information on public health safety guidelines.

Do members need a COVID-19 test after they get vaccinated to make sure it's working? New 3/1/2021

No, the CDC does not recommend people get COVID-19 antibody or diagnostic testing to understand whether a vaccine worked.

If exposed to COVID-19 post-vaccination, do members need to quarantine? New 3/1/2021

According to the CDC, people who are fully vaccinated are not required to quarantine following a direct exposure to someone with COVID-19. Fully vaccinated people are considered those who have had the one-dose vaccine or both doses of a two-dose vaccine, and a period of 2 weeks has passed to allow for the vaccine to work. There are additional considerations for fully-vaccinated patients and residents in health care facility settings.

COVERAGE AND REIMBURSEMENT

How are COVID-19 vaccines covered? Update 1/31/2021

The COVID-19 vaccine serum will initially be paid by the government.

Once FDA-authorized COVID-19 vaccines are publicly available, members will have $0 cost-share (copayment, coinsurance or deductible), no matter where they get the vaccine and including when two doses are required, as outlined below:

- **For Employer and Individual* health plans:** members will have $0 cost-share for COVID-19 vaccines at both in- and out-of-network providers through the national public health emergency period.
- **For Medicare health plans:** members will have $0 cost-share for COVID-19 vaccines at both in- and out-of-network providers through the national public health emergency. Providers should not ask Medicare members for vaccine payment, upfront or after they receive the vaccine
- **For Medicaid individuals in UnitedHealthcare Community Plans:** Members will have $0 cost-share for COVID-19 vaccines at both in- and out-of-network providers through the national public health emergency period. State variations and regulations may apply during this time. Please review the UnitedHealthcare Community Plan website and state's site for the latest information. If no state-specific guidance is available, UnitedHealthcare plan guidelines will apply.
- If the vaccine is received during a regular office visit, the office visit will be covered according to plan benefits, so the member may have a cost-share for the office visit.
- Members should not receive any bills for COVID-19 vaccines* from their provider or UnitedHealthcare during the national emergency health period. Members who have questions about their coverage or bills can go to their online UnitedHealthcare account or call the number on their health insurance card.

How will vaccines be adjudicated if administered during an office visit? New 12/10

UnitedHealthcare will reimburse for office visits along with the vaccine and administration when the primary purpose of the visit is the delivery of the COVID-19 immunization. We will adjudicate claims according to a member's benefit plan for preventive care.

What is the current CMS published rate for administering the vaccine? Update 12/12

CMS published rates for administration of the vaccine: For single dose, $28.39. For 2 doses, $16.94 for initial dose and $28.39 for second dose.)

For COVID-19 vaccine administration billing and reimbursement information, go to the uhcprovider.com.

Should members pay to get their name on a COVID-19 vaccination list? New 3/1/2021

No. Be on alert for fraud. If someone calls, texts, or emails promising access to the vaccine for a fee, personal or financial information should not be shared. Members should not give their credit card, social security number, PayPal® account, Venmo® account or any other payment information to anyone to get access to a COVID-19 vaccine.

- No one should ask a member to pay to put their name on a list to get the vaccine
- No one should ask a member to pay to get early access to a vaccine

UnitedHealthcare will only request secure information from members through their password-protected member account.

If a member suspects fraud or is unsure, they have several ways to report it. Visit uhc.com/fraud, to start an online report. Or call one of the following numbers.

- Call the number on the health insurance member ID card
- Call 1-844-359-7736 if they're a UnitedHealthcare member
- Call 1-800-MEDICARE if they're a Medicare member

Members can learn more about how to protect themselves from fraud on uhc.com.

Do you know if UHC is developing capability as COVID-19 vaccine eligibility expands to identify those eligible and then outreach to them to let them know and or possibly facilitate where they can go to get a vaccine? New 2/25/2021

As FDA-authorized COVID-19 vaccines become more available, UnitedHealthcare will help notify members when and where to get vaccines.

This will largely be digital outreach, based on member and customer preferences for communication. Today, we have resources available on uhc.com and myuhc.com to help members stay informed.

This includes a COVID-19 Vaccine Resource Locator with links to state and local health departments and even retail pharmacies with scheduling capabilities. Resource availability may vary by day and time.

In addition, in February OptumRx kicked off a Missed Dose Reminder program which involves a single phone call to members who have missed their 2nd dose.

Regarding the new vaccine reminder program to get the 2nd dose, will that continue throughout 2021? New 2/25/2021

Yes, the COVID-19 vaccine adherence program will be available as needed to support COVID-19 vaccination and second dose adherence. The program will continue through 2021 and may be extended if boosters are required.

VACCINE CLAIM, BILLING AND REPORTING

How will providers be reimbursed for COVID-19 vaccines? New 3/1/2021

For COVID-19 vaccine administration billing and reimbursement information, go to uhcprovider.com.

How will participating providers and pharmacist bill vaccine administration? New 12/10

Participating providers may bill the UnitedHealthcare medical benefit through our standard claims process. Pharmacist should submit to their claims pharmacy platform. Rates will be paid at the CMS defined reimbursement levels. State Medicaid may provide different guidance.

If an out-of-network provider bills above the CMS published rates for the administration of the vaccine, the member will not be held liable for payment of the administration service. Per federal provisions, a health care provider may not balance bill or impose cost share on a member for the cost of a vaccine or the administration. This applies for both in- and out-of-network providers.

What is the COVID-19 vaccine cost to customers? Update 2/25/2021

The COVID-19 vaccine serum will initially be paid by the government. For Employer and Individual* health plans, UnitedHealthcare and self-funded customers will be required to cover the administration of COVID-19 vaccines with no cost-share for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

- Administration fees for in-network providers will be based on contract rates. Like CMS admin published rates with some variance higher or lower due to contracted rates. (CMS admin rates: For single dose, $28.39. For 2 doses, $16.94 for initial dose and $28.39 for second dose.)
- Administration fees for out-of-network providers will be based on CMS published rates (CMS administration rates: For single dose, $28.39. For 2 doses, $16.94 for initial dose and $28.39 for second dose.)

For COVID-19 vaccine administration billing and reimbursement information, go to uhcprovider.com.

What is the member and plan sponsor cost share? New 12/10

The COVID-19 vaccine serum will initially be paid by the government. Eligible members receiving the vaccine will not have any out-of-pocket costs.

For Employer and Individual health plans, UnitedHealthcare and self-funded customers will be required to cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

What is UnitedHealthcare approach for medical claims? Update 2/26/2021

UnitedHealthcare aligns with America Medical Association (AMA) CPT coding for medical claims. Health care professionals should use published AMA CPT codes when submitting COVID-19 vaccine and vaccine administration claims to UnitedHealthcare under the medical benefit.

Currently approved AMA CPT Codes:

Manufacturer	Vaccine Dose CPT	National Drug Code	1st Administration CPT	2nd Administration CPT

Pfizer	91300	59267-1000-1	0001A	0002A
Moderna	91301	80777-273-10	0011A	0012A
Johnson and Johnson*	91303		0031A	N/A
AstraZeneca*	91302	00310-1222-10	0021A	0022A

- Not yet approved or available

Additional codes will be added as they become available.

Codes will be added to all applicable provider fee schedules as part of the standard quarterly code update and any negotiated discounts and premiums will apply to these codes. Codes will be added using the CMS published effective date for the codes and payment allowance as the primary fees source.

Modifiers

Modifiers are not required when submitting administration COVID-19 vaccine or vaccine claims through medical.

What is UnitedHealthcare approach for pharmacy claims and administrative costs? New 12/10

Pharmacies will be allowed to bill UnitedHealthcare directly for the costs associated with the administration of COVID-19 vaccines. Pharmacists administering the COVID-19 vaccine serum provided by the federal government should submit claims through their pharmacy claims platform. Claims for Medicare Advantage members should be billed to the applicable CMS Medicare Administrative Contractor (MAC).

National Council for Prescription Drug Programs (NCPDP) has designated two submission clarification codes (SCC) for pharmacy billing as the differentiating value for the dose currently being administered. OptumRx® is updating its claims system to allow different reimbursement rates based on the submitted SCC and professional service code value from the pharmacy:

SCC/PSC Value	Description
SCC 2	Indicates initial dose
SCC 6	Indicates that the previous medication was a starter dose and additional medication is needed to continue treatment
"MA" (Medication Administered)	Indicates that pharmacies can submit claims with a DUR PPS code = MA to trigger an administration fee

Additional information on billing pharmacy claims can be found in the NCPDP Emergency Preparedness Guidance –COVID-19 Vaccines guide.

What is UnitedHealthcare reporting for COVID-19 vaccines? New 1/15/2021

COVID-19 vaccine analytics for UnitedHealthcare customers is available on the current self-service COVID-19 Claim Summary Report. This report site is expanding to include a section reflecting the number of members who are partially and fully vaccinated. For questions contact your UnitedHealthcare representative.

Will UnitedHealthcare cover services for the treatment of side effects from the COVID-19 vaccine? New 2/25/2021

Although mild to moderate adverse effects are relatively common following vaccine administration, side effects requiring medical treatment are rare. In the event a vaccine side effect does require a patient to seek medical care, those services will be covered according to their benefit plan. Standard member cost sharing will apply.

Are there diagnosis codes used to indicated that services are related to an adverse reaction to the COVID-19 vaccine? New 2/25/2021

There are not specific codes to use for treatment claims for patients with COVID-19 side effects. Claims should be billed to reflect the appropriate symptoms and services provided.

ADDITIONAL RESOURCES

Where can we get additional information? Update 3/1/2021

- CDC Vaccine Finder: https://vaccinefinder.org/search/
- 8 things to know about COVID-19 vaccines from the CDC
- Authorized COVID-19 vaccines from the FDA
- COVID-19 vaccine myths debunked
- FDA COVID-19 Vaccines

- UnitedHealthcare COVID-19 Member Resource Center - Health care professionals, partners, customers and members can expect timely UnitedHealthcare communications on uhc.com, members' online UnitedHealthcare accounts and uhcprovider.com regarding COVID-19 vaccine access, coverage and cost.
- 8 things to know about COVID-19 vaccines from the CDC
- Authorized COVID-19 vaccines from the FDA
- COVID-19 vaccine myths debunked
- CDC COVID-19 Vaccines
- FDA COVID-19 Vaccines
- COVID-19 vaccine myths debunked from the Mayo Clinic: https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked?fbclid=IwAR3z-ddtLMoRDJIFVJrVjdiA1qGNMvZaouIvBjaTjZFLce8KzfjVaM3bux4
- Pharmacies participating in the COVID-19 vaccination program: https://www.cdc.gov/vaccines/covid-19/long-term-care/pharmacy-partnerships.html

Vaccine Billing Resources for providers

- CMS Enrollment for Administering COVID-19 Vaccine Shots
- CMS Medicare Billing for COVID-19 Vaccine Shot Administration

- CMS Coding for COVID-19 Vaccine Shots
- CMS COVID-19 Vaccine Shot Payment
- Roster Billing Guidance
- UnitedHealthcare COVID-19 Vaccine Guidance

FEDERAL GUIDANCE

What information can you provide on the Federal Legislation that passed on March 18, 2020? Update 10/8

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 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.

What determines the end of the Public Health Emergency? Updated 4/17/21

The guidance in the link explains that on 4/26/2020, the emergency was extended for 90 days, which would be July 24, 2020 and then extended again for 90 days, which would be October 22, 2020 and was extended a third time through July 19, 2021.

https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

ADDITIONAL RESOURCES

Where can we get additional information? Update 3/1/2021

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- FDA COVID-19 Vaccines

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- Authorized COVID-19 vaccines from the FDA
- COVID-19 vaccine myths debunked
- CDC COVID-19 Vaccines
- FDA COVID-19 Vaccines
- COVID-19 vaccine myths debunked from the Mayo Clinic: https://www.mayoclinichealthsystem.org/hometown-health/featured-topic/covid-19-vaccine-myths-debunked?fbclid=IwAR3z-ddtLMoRDJIFVJrVjdiA1qGNMvZaouIvBjaTjZFLce8KzfjVaM3bux4
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- CMS Coding for COVID-19 Vaccine Shots
- CMS COVID-19 Vaccine Shot Payment
- Roster Billing Guidance
- UnitedHealthcare COVID-19 Vaccine Guidance

BACK TO WORKSITE

Has the EEOC developed information to help employers understand requirements under EEOC or ACD or other regulations as a result of COVID-19? New 6/13

EEOC has developed FAQs, FAQ: What You Should Know About COVID-19 and the ADA, the Rehabilitation Act, and Other EEO Laws, over several years in response to outbreaks such as H1N1, but the EEOC emphasizes that it is still relevant today and, importantly, the FAQ has been updated three times since March in response to COVID-19.

According to the EEOC, the document provides approaches employers may adopt as they plan for employees returning to the workplace, including providing information to all employees about who to contact with requests for disability accommodation or other flexibilities, and inviting employees to make any requests in advance that the employer will consider on an individualized basis.

The updates also address requests for accommodation in the employer's process for workplace screening, as well as frequently asked questions about COVID-19 and age discrimination, pregnancy discrimination, and sex discrimination involving employees with caretaking or family responsibilities.

Finally, there are new questions about steps employers may take to prevent workplace harassment.

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 currently 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 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 if 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

PRIOR AUTHORIZATION AND UTILIZATION MANAGEMENT

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 enough 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.

Does the CDC recommend getting a flu shot? New 9/14

It's more important than ever this year with COVID-19. COVID-19 and the flu will both be spreading this season, according to the Centers for Disease Control and Prevention (CDC).

Protecting yourself from the flu helps reduce your risk of hospitalization. Many hospitals and ICUs may have reduced availability due to COVID-19.

It is recommended for most people including everyone 6 months and older, even healthy people. It is especially important for adults 65 and older, pregnant women, young children under 2 years old, and people with certain health conditions. Many high-risk people would also benefit from a pneumonia vaccine.

The flu vaccine can help weaken or prevent the flu and the vaccine is covered a 100% for UnitedHealthcare members. Generally, it is recommended to get the flu shot by the end of October according to the CDC, especially with the ongoing spread of COVID-19. Discuss the flu and other vaccines and the best timing with your provider. Plan ahead to get a flu shot. Talk to your health care provider or find a flu shot location here.

Are there other precautions as flu and COVID-19 spread this fall and winter? New 9/14

Careful actions, like handwashing, mask-wearing and keeping a safe distance in public spaces, can help protect you and your community.

Actions that people should take:

- If you're feeling sick, stay home
- Wash your hands throughout the day, especially after you've been in a public place or if you sneeze or cough
- Avoid close contact with others and maintain a physical distance from others when you're in public spaces.
- Wear a cloth mask to cover your mouth and nose when you're around others. This helps protect others in case you may be infected.
- Clean and disinfect frequently touched surfaces daily
- For more healthy habits, visit the CDC

COBRA

Is UnitedHealthcare able to offer help to employees who are losing their health insurance coverage after being laid off? Update 3/8/2021

In general, under COBRA, an individual who was covered under a group health plan on the day before a qualifying event, such as being laid off or a reduction in hours leading to a loss of coverage, may be able to elect continue coverage. UnitedHealthcare administers COBRA on behalf of customers with group health plans, which includes providing covered employees and their families with certain notices explaining their COBRA rights. UnitedHealthcare also 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 3/8/2021

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 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
- Individuals who have the right to elect to continue coverage are known as Qualified Beneficiaries (QBs)

Currently, a QB (must be given at least 60 days to elect to continue coverage after job loss or a reduction in hours of employment that leads to a loss in coverage. The QB must pay their first COBRA premium with 45 days of making the election. After that, monthly payments must be made within 30 days of the start of the coverage month.

Under Disaster Relief Notice 2021 01 issued in response to the COVID National Emergency, the timeframe has changed. Timeframes are determined by referring to the end of Outbreak Period (the end of the National Emergency plus 60 days) or one year. This means:

- the timeframe for the election of coverage is suspended until the earlier of 60 days from the end of the Outbreak Period or one year from the COBRA qualifying event, plus any remaining time from the normal election period.
- the timeframe for making the initial COBRA premium payment is suspended until the earlier of 45 days from the end of the Outbreak Period or one year from the due date for the initial payment, plus any time remaining from the normal initial payment deadline.
- the timeframe for making a monthly COBRA payment is suspended until the earlier of 30 days from the end of the Outbreak Period or one year from the payment due date, plus any time remaining from the monthly payment deadline.

The QB must elect COBRA coverage and make the required premium payment as outlined in their Qualifying Event Notice communication for coverage to be activated and claims to be paid. It is important the QBs understand that coverage will not be activated, and claims will not be processed, until the required premium is paid. If a QB does not make required premium payments timely, claims will not be paid until the premium payments are made.

Once the suspension of timeframes is over, the standard timeline will be:

- COBRA elections must be made with 60 days.
- Initial COBRA payments must be made within 45 days of the COBRA election, and
- Monthly COBRA payments must be made within 30 days of the monthly payment deadline.

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. But they wouldn't be able to add a vision plan if it wasn't part of their plan before COBRA

How can a person get health insurance if they don't qualify for COBRA? Update 3/8/2021

They may be able to get coverage through the Health Insurance Marketplace, which may cost less than COBRA continuation coverage, particularly when subsidies are available through the Marketplace. There are also special enrollment periods available when job loss or a reduction in hours results in a loss of 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. Individuals over age 65 may find that they do not have to pay for COBRA because they are eligible for Medicare.

You can 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.

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 deactivated 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/termed 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? Update 3/8/2021

Under COBRA individual are required to pay the full premium for coverage, plus a 2% 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

Are members able to just pay for those months of COBRA continuation that they need as opposed to making all the required payments? How about if the member is stuck overseas due to COVID? Update 3/8/2021

No. While nothing would require an individual to pay the entire year's COBRA premium, members are not allowed to select the months of COBRA they want to pay for.

If a member is laid off, they can elect COBRA due to termination? If a member is furloughed, can they elect COBRA? Update 3/8/2021

They might not be eligible for COBRA if they lose their job or are furloughed if they are still able to obtain group health plan benefits through their employer. If the employer decided to discontinue offering medical benefits to their laid off or furloughed employees, then COBRA may be a coverage option.

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 notices and elections? Update 3/8/2021

Under Disaster Relief Notice 2021 01 issued in response to the COVID National Emergency, the timeframe for electing COBRA has changed. Timeframes are determined by referring to the end of Outbreak Period (the end of the National Emergency plus 60 days) or one year. This means:

- the timeframe for the election of coverage is suspended until the earlier of 60 days from the end of the Outbreak Period or one year from the COBRA qualifying event, plus any remaining time from the normal election period.
- the timeframe for making the initial COBRA premium payment is suspended until the earlier of 45 days from the end of the Outbreak Period or one year from the due date for the initial payment, plus any time remaining from the normal initial payment deadline.
- the timeframe for making a monthly COBRA payment is suspended until the earlier of 30 days from the end of the Outbreak Period or one year from the payment due date, plus any time remaining from the monthly payment deadline.

The QB must elect COBRA coverage and make the required premium payment as outlined in their Qualifying Event Notice communication for coverage to be activated and claims to be paid. It is important that QBs understand that coverage will not be activated, and claims will not be processed, until the required premium is paid. If a QB does not make required premium payments timely, claims will not be paid until the premium payments are made.

Once the suspension of timeframes is over, the standard timeline will be:

- COBRA elections must be made with 60 days.
- Initial COBRA payments must be made within 45 days of the COBRA election, and
- Monthly COBRA payments must be made within 30 days of the monthly payment deadline.

How are COBRA participants notified of the temporary extension? Update 8/12

A COBRA Reinstatement notice was mailed In May to the 700 individuals whose coverage was deactivated for nonpayment before the rule came out.

How does the revised COBRA timeline work during the COVID-19 Outbreak Period? Update 3/8/2021

- With the changed timelines, the election period is extended the earlier or 60 days following the end of the Outbreak Period or a maximum of one year after the COBRA qualifying event, plus any time remaining on the normal election period. The participant may elect to continue coverage any time during the Outbreak Period and must pay their premium for coverage to be activated and claims to be processed.
- A statement for premiums is mailed each month. For claims to be processed, the participant must make the initial and monthly required payments.
- the timeframe for making the initial COBRA premium payment is suspended until the earlier of 45 days from the end of the Outbreak Period or one year from the due date for the initial payment, plus any time remaining from the normal initial payment deadline.
- the timeframe for making a monthly COBRA payment is suspended until the earlier of 30 days from the end of the Outbreak Period or one year from the payment due date, plus any time remaining from the monthly payment deadline.

Does the Disaster Relief Notice 2021-01 apply to Mini COBRA and State continuation coverage? Update 3/8/2021

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

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

The COBRA coverage period is not impacted by this notice.

Does Disaster Relief Notice 2021-01 apply to Ancillary products? Update 3/8/2021

All products subject to COBRA, such as medical, dental and vision benefits would have timeframes for elections and payment suspended.

Does Disaster Relief Notice 2021 01 apply to both fully insured and self-funded plans? Update 3/8/2021

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

If I elect COBRA coverage, will my policy be effective even if I don't make a payment? Update 3/8/2021

A participant may activate COBRA coverage by making the required payment in full by the earlier of 30 days after the end of the outbreak period or a maximum of one year from the COBRA qualifying event, plus any time remining under the premium payment deadline. Otherwise, claims will be the responsibility of the individual.

How will we officially know when the Outbreak Period ends? Update 3/8/2021

The National Emergency ends when the President revokes or does not extend the order. The president extended the National Emergency on February 24, 2021 for up to one year. We are monitoring the situation and will communicate the change.

Will we need to notify COBRA participants of the date the Outbreak Period ends? Update 3/8/2021

COBRA requires that administrators notify QBs when continuation coverage is no longer available. We do expect that COBRA will no longer be available to QBs after the National Emergency ends, 60 days expire and additional time remaining on applicable timeframes is exhausted.

How will UnitedHealthcare communicate the new timeframes to employers? Update 3/8/2021

We will leverage the FAQ information on uhc.com/employer and through article posted on uhc.com customer news section.

What is UnitedHealthcare's normal grace period for Cobra payments Update 3/8/2021

Once the initial payment has been made within 45 days of the election, the normal grace period for premium payment is 30 days after the monthly due date.

If a participant does not make required payments during Outbreak Period, coverage will not be activated. Under the Notice, the timeframe for the employee (or qualified beneficiary) to make their required payments has been extended. However, if premiums remain unpaid, claims will be the responsibility of the individual.

What is UnitedHealthcare's normal policy for individuals to give notice of a qualifying event? Update 3/8/2021

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 the earlier of at least 60 days after the end of the Outbreak Period or a maximum of one year from the employee becoming eligible for COBRA, plus any time remaining to give notice under the normal rules.

Can you confirm what will happen from a claim standpoint if a COBRA member has not paid premium, are we still required to pay claims? Update 3/8/2021

If a COBRA member has not paid premium, coverage will not be activated, and claims will not be processed. The individual has until the earlier of 30 days after the end of the Outbreak Period or one year of their premium due date, plus any time remaining under the payment rules to make the payment.

Can a COBRA member be reinstated if the individual makes the required payments to their employer after being deactivated? New 9/18

Yes. The member will be reinstated, and claims processed back to the last paid through date beginning on or after 3/1/2020. Once the President announces an end date to the Outbreak Period, the member has until 30 days after the Outbreak Period ends to make the required COBRA premium payment.

With the new regulations allowing COBRA participants to miss making payments and still be able to stay on the plan, if a customer provides a report, can UnitedHealthcare not activate those beneficiaries whose accounts are in arrears, but not terminate them? Update 3/8/2021

Yes. Our approach is to deactivate coverage when the required premium is not paid. However, coverage may be reactivated if the premium is paid prior to the earlier of 30 days after the end of the Outbreak Period or within one year of the individual's eligibility plus any remaining time under the normal rules. When required premiums are made timely, UnitedHealthcare will process claims.

Are employer groups required to continue to make COBRA premium payments they are billed for, even if COBRA beneficiaries have not paid the group for their COBRA premium? Update 3/8/2021

No. Groups are not responsible for the COBRA premium. Under the Notice, the plan can require that all the premium be paid the earlier of 30 days of the end of the Outbreak Period or within one year from the COBRA qualifying event plus any remaining time to make payment under the normal rules.

If an employer group paid UnitedHealthcare on behalf of a COBRA member without receiving the required payment from the COBRA member, can the employer group recoup that payment upon deactivation of that COBRA member? Update 10/1

The Department of Labor COVID19 Payment Extension Final Rule, has been updated based on interpretation from the IRS that allows for deactivation with re-instatement if premiums are paid.

Our policy is that we would retroactively deactivate the member's coverage back to the date of the COBRA qualifying event. The customer would receive a credit on its invoice.

How would UnitedHealthcare handle the situation for an employer who has been paying COBRA premium, but the former employee has not paid their premium or stopped paying premiums? Update 2/15/2015

The Department of Labor COVID19 Payment Extension Final Rule allows for deactivation of coverage with re-instatement if premiums are paid. Based on this guidance, Groups/COBRA Administrators are permitted to deactivate coverage for non-payment. A revised process to handle these retro deactivations is being implemented, which will allow customers to retroactively deactivate COBRA members back to the last pay thru date (back to 3/1/2020) without going through the RMS process.

- If payment has been made by the employer for the COBRA participant without receiving payment by the participant, the employer can deactivate the member and would receive a credit for any months paid on behalf of the participant, on their next invoice.
- If no payment has been made, the deactivation would be processed with no credit.

How does the plan recover claim dollars if claims are paid and premiums are not collected? Update 8/12

If a COBRA member has not paid premium, claims would not be paid until premiums are paid.

COBRA SUBSIDY - RESCUE ACT

On March 11, 2021, the **American Rescue Plan Act of 2021** (ARPA) was signed by President Biden and includes a provision for a COBRA continuation coverage premium subsidy of 100% for individuals and families who experienced involuntary job loss or a reduction in hours of work leading to a loss in coverage.

This subsidy will be available for assistance eligible individuals (AEIs), as defined under the Act, from April 1, 2021 through September 30, 2021.

COBRA participants must meet the below criteria in order to be an assistance eligible individual (AEI):

- Coverage was lost due to involuntary job loss or a reduction in hours of work.
- The COBRA participant is still within the COBRA eligibility period as of April 1, 2021 or elected COBRA and discontinued it prior to April 1, 2021.
- Eligible COBRA participants who do not have an election in place will have the opportunity to elect coverage during an Extended Election Period and will be able to take advantage of the subsidy effective April 1, 2021. This will be referred to as the "lookback period" in determining member eligibility.
- COBRA elected under the APRA will start April 1, 2021 and may go through September 30, 2021.
- The APRA will not extend the normal 18-month period of COBRA continuation coverage in the case of job loss or a reduction in hours.
- Eligible COBRA participants who have an election in place as of April 1, 2021 will be able to take advantage of the subsidy effective April 1, 2021.
- Eligible COBRA participants who become eligible for COBRA continuation coverage on or after April 1, 2021 will be eligible for the subsidy while it is in effect.

We continue to navigate the requirements and impact to COBRA eligible members and will provide updates as they are available.

Who can apply for assistance? New 3/17/2021

The subsidy applies to an “assistance eligible individual,” which may include an employee and their dependents who had elected or will elect COBRA.

What amount is covered and who pays for the premium? New 3/17/2021

The 100% subsidy covers the COBRA premium including the 2% administrative fee that health plans are permitted to charge for COBRA.

For COBRA, the premium is advanced by the employer for fully insured or self-funded groups of 20 or more employees. The eligible individual does not pay the COBRA premium. For state continuation of

coverage laws for groups 1 to 19, the insurer handles the premium. This is sometimes called mini COBRA.

In both cases, either the employer for large group or the insurer for small groups 1 to 19 would then be reimbursed by the government for the premium through a refundable tax credit against the Medicare hospital insurance tax.

How does the tax credit work for insured or self-funded plans or multiemployer plans? Update 3/26/2021

The American Rescue Plan specifically states that the *employer* is the entity that claims the tax credit for both insured and self-funded coverage where the employer's group health plan is subject to COBRA under the Code, ERISA, or the PHSA. This is like the ARRA COBRA subsidy provisions were implemented from 2009.

- For an insured or self-funded plan, the employer advances the premium and gets the tax credit.
- For a multiemployer plan, the plan advances the premium and gets the tax credit.
- For state continuation of coverage, the insurer would cover the premium and gets the tax credit.

In other words, what Congress states is that if the plan is fully insured and subject to federal COBRA (via ERISA, the Code, or the PHSA), then the employer pays the premium and gets the tax credit. But, if the plan is fully insured not subject to federal COBRA, but subject to another COBRA provision such as state continuation or mini COBRA, then the insurer gets the tax credit. For self-funded plans the employer pays the premium and gets the credit.

For what time period are the subsidies covered at 100%? New 3/17/2021

The subsidy will begin for coverage periods beginning on April 1, 2021 and ending on September 30, 2021. The subsidy would end sooner if the qualified beneficiary's maximum COBRA coverage period ends or if the individual is eligible for another group health plan or Medicare.

How would subsidies work if the individual was terminated or their hours resulted in loss of health benefits prior to April 1, 2021? New 3/17/2021

The Act also provides additional enrollment options for individuals who already had an involuntary termination of employment or reduction in hours within the last 18 months and did not timely elect COBRA or dropped COBRA. These individuals have a new 60-day election period following the date that they receive a new required COBRA notice.

Additionally, employers are permitted but not required to allow assistance-eligible individuals to change elections to other plan options that have the same or lower cost premiums.

Are new notices or other communications required to be sent to eligible individuals? New 3/17/2021

Employers are required to update COBRA notices sent to assistance eligible individuals to describe the subsidy and to issue extended COBRA election notices within 60 days of the date of applicability.

Failure to update and send a new COBRA notice to an eligible individual would be treated as a failure of the COBRA notice requirements. Employers also must provide a notice of expiration before the premium subsidy expires.

The legislation describes content for these notices and the Secretary of Labor has been directed to publish Model Notices.

TESTING

Overview — Update 4/17/2021

Testing is important to slowing the spread of COVID-19. We encourage our members and health care providers to use **FDA-authorized tests**. There are two types of COVID-19 tests:

- **Diagnostic tests** determine if you are currently infected with COVID-19.
- **Antibody tests** may determine if you might have been infected with the virus. **According to the FDA**, antibody tests should not be used to diagnose a current infection.

For UnitedHealthcare members there is $0 cost-share (copayment, coinsurance or deductible) on medically appropriate COVID-19 testing during the national public health emergency period, currently scheduled to end July 19, 2021.

- Medically appropriate testing is ordered by a physician or health care professional for the purposes of diagnosis or treatment.
- Tests must be FDA-authorized to be covered without cost-sharing.
- This coverage applies to in-network and out-of-of-network tests for Medicare Advantage, Exchange, Individual and Employer-sponsored health plans through the national public health emergency period. For individuals enrolled in **UnitedHealthcare Community Plans**, state variations and regulations may apply during this time.

UnitedHealthcare benefit plans generally do not cover testing for employment, education, travel, public health or surveillance purposes, unless required by law. Benefits will be processed according to your health benefit plan.

Members who think they need a COVID-19 test, should talk to their health care provider.

What is meant by diagnostic and antibody tests for COVID-19? Update 12/29

Diagnostic tests for COVID-19 include virus and antigen detection test that determine if a person is currently infected with COVID-19. An antibody (serology) COVID-19 test may determine if a person has been exposed to COVID-19.

During the national public health emergency period, Individual and Employer Sponsored health plans, Exchange plans and Medicare Advantage plans will cover medically appropriate COVID-19 testing at no cost-share (copayment, coinsurance or deductible) when ordered by a physician or health care professional for purposes of diagnosis or treatment of an individual member.

Can pharmacists order and administer COVID-19 diagnostic and antibody tests? New 7/7

Yes. HHS authorized licensed pharmacists to order and administer COVID-19 tests that the FDA has approved through the emergency authorization. The guidance was issued on April 8, 2020 under the PREP Act. Pharmacists, in partnership with other health care providers, are well positioned to aid COVID-19 testing expansion. Pharmacists are health care professionals with established relationships with their patients. The vast majority of Americans live close to a retail or independent community-based pharmacy. Pharmacists also have strong relationships with medical providers and hospitals to appropriately refer patients when necessary.

DIAGNOSIC TESTING

Does UnitedHealthcare cover the diagnostic test for COVID-19? Update 4/17/21

UnitedHealthcare and its self-funded customers will waive cost sharing (copayment, coinsurance, and deductible) for medically appropriate 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 or through a telehealth visit. This coverage applies to Medicare Advantage, Medicaid and fully insured and self-funded employer-sponsored plans.

Testing must be ordered by a physician or appropriately licensed health care professional and 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 beginning on February 4, 2020. The Secretary of HHS renewed the National Public Health Emergency through July 19, 2021.

What constitutes an FDA-approved test mean? New 6/16

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, and tests that are developed and administered in accordance with FDA specifications or through state regulatory approval.

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.

Does UnitedHealthcare cover back to work or back to school testing? New 10/1

UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.

Does UnitedHealthcare cover surveillance testing? New 10/1

UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.

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).

Does UnitedHealthcare cover antigen tests? Update 7/24

Yes, antigen tests are diagnostic tests and covered through the national public health emergency, when approved by the FDA or FDA emergency approval and are ordered by a provider.

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.

Will UnitedHealthcare cover COVID-19 testing at Walgreens' drive up test sites? Update 8/14

The Walgreens' drive up test sites includes the physician network (PWNHealth) that will be screening and ordering the test as deemed appropriate. The test is FDA-authorized. When a claim is submitted with the proper physician coding, UnitedHealthcare will reimburse at no cost share.

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

Does UnitedHealthcare cover COVID-19 Home Tests? Update 12/8

The testing must be ordered by a physician or licensed health care professional and processed 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. Claims must be coded appropriately for COVID-19 diagnostic testing including home tests.

At this time home tests including saliva tests that have FDA approval or emergency use authorization (EUA) are covered for diagnosis.

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.

Does UnitedHealthcare cover saliva tests? Update 12/8

Saliva test that have either FDA approval or emergency use authorization are covered for diagnosis.

The testing must be ordered by a physician or licensed health care professional and processed 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. Claims must be coded appropriately for COVID-19 diagnostic testing including home tests.

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 10/5

UnitedHealthcare is waiving member cost share for the applicable network treatment of COVID-19 through December 31, 2020 and for applicable out of network treatment of COVID-19 through October 22, 2020, for fully insured commercial plans. We 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? Update 4/17, 2021

During the national public health emergency period, UnitedHealthcare will cover medically appropriate 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 are provided on UHCprovider.com/covid19.

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.

Coverage is effective for dates of service April 10, 2020 which aligns with the date coding was made available, through the public health emergency, currently July 19, 2021.

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.

Does UnitedHealthcare cover back to work or back to school testing? New 10/1

UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.

Does UnitedHealthcare cover surveillance testing? New 10/1

UnitedHealthcare will cover testing for employment, education, public health or surveillance purposes when required by applicable law. Benefits will be adjudicated in accordance with a member's benefit plan and health benefit plans generally do not cover testing for surveillance or public health purposes. We continue to monitor regulatory developments during emergency periods.

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 4/17/21

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 after July 19, 2021. 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

Note: The Public Health Emergency was extended by HHS through April 20, 2021.

What is the role of Telehealth/Virtual Visits? Update 9/28

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 and ask what telehealth options may be available.

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

When available through the members benefit plan, 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.

What is changing for telehealth services? Update 4/19/21

Individual and fully insured Group Market health plans:

- **COVID-19 and non-COVID-19 in-network telehealth visits:** The expansion of telehealth access is extended through Dec. 31, 2020. This means members may access care through health care professionals who can temporarily provide telehealth services by a live interactive audio-video or audio-only communications system for members at home or another location.
- **For COVID-**19 in and out-of-network COVID-19 diagnostic test-related telehealth visit, cost share is waived through the national public health emergency, currently July 19, 2021.
- **For COVID-**19 in network telehealth treatment, cost share is waived through Dec. 31, 2020. As of Jan. 1, 2021, coverage for in- and out-of-network telehealth services related to COVID-19 treatment will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.
- **COVID-19 out-of-network telehealth visits:** The expansion of OON telehealth access ends Oct. 22, 2020. As of Oct. 23, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare's telehealth reimbursement policy.
- **Non-COVID-19 out-of-network telehealth visits:** The expansion of telehealth access ended July 24, 2020. As of July 25, 2020, out-of-network telehealth services are covered according to the member's benefit plan and UnitedHealthcare's telehealth reimbursement policy.

- **January 1, 2021 coverage for telehealth visits not related to COVID-19:** Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.

Some states have established state-specific rules, regulations and emergency periods that apply to Individual and fully insured Group Market health plans. These may vary from federal regulations. **COVID-19 Related**

Expanded Telehealth. 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 are UnitedHealthcare Telehealth and Virtual Visit guidelines? Update 12/29

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 expanded telehealth services in two ways – through a Virtual Visit national provider or through a medical provider, such as the members physician.

- **Expanded Provider telehealth Access for COVID-19 —** Effective March 18, and through December 31, 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. Effective dates may vary based on state laws. This applies to all fully insured clients and self- insured clients that are following the fully insured guidelines.

COVID-19 Coverage

- **COVID-19 Telehealth:** Through the public health emergency, cost share is waived (copayment, deductible, coinsurance) for in-network and out-of-network telehealth coverage for COVID-19-related test-related visit and services.
- **COVID-19 Telehealth in-network treatment:** From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare is waiving cost sharing for in-network telehealth treatment visits.
- **Non COVID in-network telehealth services:** Through September 30, 2020, cost share is waived for in-network non-COVID covered telehealth services, for individual and fully insured group market health plans, and for self-funded employers that opted in.
- **Non COVID out-of-network telehealth services:** Out-of-network telehealth services do not include the cost-share waiver and is processed in accordance with the group's health benefits plan if the service is eligible. Expanded telehealth non-COVID-19 services ended July 24, 2020.
- **January 1, 2021 coverage for telehealth visits not related to COVID-19:** Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.

Virtual Visit Coverage

- **COVID-19 Virtual Visits**: For individual and group market health plan members in plans that include Virtual Visits, many members can access their Virtual Visits benefits through one of UnitedHealthcare's national designated providers without any cost share (copayment, deductible or coinsurance) through the public health emergency — Doctor on Demand, AmWell,

Teladoc. Beginning October 1, the member will pay the copay upfront and will be reimbursed for the copay for COVID-19 diagnosis claims once the claim has been reprocessed.

- **Non-COVID Virtual Visits:** For individual and group market health plan members, many members can access their Virtual Visits non-COVID-19 benefits through one of UnitedHealthcare's national designated providers without any cost share (copayment, deductible or coinsurance) through September 30, 2020 — Doctor on Demand, AmWell, Teladoc.

Is there a Virtual Visit option for members? Update 10/13

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.

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.

Through October 22, 2020, HealthiestYou provides Virtual Visit support small group (PRIME) fully insured grandfathered plans on a COC earlier than 2016 and transitional relief (TR) plans. After October 22, 2020, members in grandfathered or transitional relief plans may continue to have telehealth visit coverage with their own physician. The HealthiestYou pilot markets for grandfathered plans and TR plans will still be able to use HealthiestYou as they did prior to the pandemic.

What is the member coverage and cost share for telehealth? Update 4/17/21

For COVID-19 in- and out-of-network test related telehealth visits, UnitedHealthcare will waive cost sharing from Feb. 4, 2020 through the national public health emergency, currently July 19, 2021. This applies to telehealth test related visits for all fully insured clients and self- insured clients that are following the fully insured guidelines.

- From Feb. 4, 2020, through Dec. 31, 2020, UnitedHealthcare is waiving cost sharing for in-network telehealth treatment visits.
- 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 all fully insured clients and self- insured clients that are following the fully insured guidelines.
- Expanded telehealth 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 telehealth visits cost sharing will be waived through the national public health emergency period for all members.
- **January 1, 2021 coverage for telehealth visits not related to COVID-19:** Members may have telehealth visits from their home with their network providers. Coverage for in- and out-of-network telehealth visits not related to COVID-19 will be determined by your benefit plan. You will be responsible for any copay, coinsurance or deductible.
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Will UnitedHealthcare waive cost share for Virtual Visits through Teladoc®, Doctor On Demand™ and AmWell®? Update 4/17,21

UnitedHealthcare will waive cost-share (copayment, deductible, and coinsurance) for all COVID- 19 Virtual Visits through the public health emergency, currently July 19, 2021. Non-COVID-19 coverage at no cost share ends September 30, 2020.

Beginning October 1, 2020 members will pay the copay for both COVID-19 and non-COVID-19 services. The copay COVID-19 services with a COVID diagnosis will be reimbursed to the member.

This change will only apply to customers who have Virtual Visits through UnitedHealthcare.

How does the telehealth change apply to UnitedHealthcare's Virtual Visit program? Update 10/13

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.

This change applies to customers who offer Virtual Visits through UnitedHealthcare Virtual Visit providers–- Teladoc, Doctor on Demand, and AmWell. For All Savers, grandfathered plans and transitional relief plans, HealthiestYou is the Virtual Visit approve provider. After October 22, Grandfathered plans and transitional relief plans will no longer have Virtual Visits but will continue to have telehealth through December 31, 2020, when the new UnitedHealthcare telehealth program will begin.

- COVID-19 claims will be processed at zero cost share (copayment, deductible, and coinsurance) for COVID related virtual visits for dates of service February 4, 2020, forward. For individual and group market health plan members in plans that include Virtual Visits, many members can access their Virtual Visits benefits through the public health emergency. Beginning October 1, the member will pay the copay upfront and will be reimbursed for the copay for COVID-19 diagnosis claims once the claim has been reprocessed.
- Non COVID-19 Virtual Visits for fully insured plans with Virtual Visits or for ASO plans that followed UnitedHealthcare fully insured began March 18, 2020. Non-COVID Virtual Visit coverage at no cost share ends September 30.

Virtual Visits are available to group plans with the Virtual Visit benefit. A plan change is required to add **new** Virtual Visits coverage through UnitedHealthcare's arrangement with AmWell, Doctor on Demand, and Teledoc and HealthiestYou (All Savers). Adding Virtual Visit coverage cannot be done retroactively.

For All Savers level-funded members already have access to Virtual Visits through our partnership with HealthiestYou at no cost share. However, for the All Savers fully insured membership that does not currently have access to this benefit, this service will be available to them through the public health emergency at no cost to the group or member.

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 9/28

Through the national public health emergency, UnitedHealthcare will waive the Centers for Medicare and Medicaid's (CMS) originating site restriction and audio-video requirement for UnitedHealthcare group 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.

How will UnitedHealthcare reimburse providers for a Telehealth encounter? Update 11/3

For fully insured plans and self-funded plans that provide standard fully insured benefits, UnitedHealthcare will reimburse providers who submit appropriate telehealth test related claims for COVID-19 diagnoses according to its telehealth reimbursement policies and terms of applicable member benefit plans through the national public health emergency. UnitedHealthcare is waiving cost sharing for in-network telehealth treatment visits through Dec. 31, 2020.

Telehealth services for non-COVID-19 diagnosis will be reimbursed at no cost share through September 30, 2020.

COVID-19 test-related visit and applicable treatment will be reimbursed at no cost share (copayment, deductible or coinsurance) 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
    - 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.
    - 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 9/28

Sanvello offered free premium access to its digital care delivery platform through June 30, 2020. For more information on Sanvello services, contact your UnitedHealthcare representative. Sanvello's provides clinically validated techniques, coping tools and peer support.

Can telehealth services be used for Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)? Update 7/27

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.

Through July 24, 2020, 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.

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. After September 30, the plan will pay according to plan benefits.

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 10/13

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 through October 22, 2020.

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.

How does this Virtual Visit change apply to Oxford?

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

TREATMENT AND COVERAGE

How will UnitedHealthcare cover COVID-19 treatment? Update 2/26/2021

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.

If a member gets sick with COVID-19, their health care provider may prescribe treatments. A summary of coverage is below. If you have questions about your benefits, sign in to your health plan account or call the number on your member ID card.

- **Exchange, individual and fully insured Employer-sponsored plans:** For COVID-19 treatment, cost-sharing will be according to the member's benefit plan. Members will responsible for any copay, coinsurance or deductible. Coverage for out-of-network services will be determined by the individual's benefit plan. State variations may apply.
- **Medicare Advantage health plans:** You will have $0 cost-share for in-network and out-of-network COVID-19 treatment, including inpatient and outpatient treatment, through March 31, 2021.
- **For Members Enrolled in** UnitedHealthcare Community Plans**:** State provisions and regulations may apply during this time.

Does UnitedHealthcare cover treatment for COVID-19 members who are still sick months after a COVID-19 diagnosis? New 3/18/2021

UnitedHealthcare covers treatment for COVID-19 according to the member's health benefit plan. We do not limit ongoing health care coverage based on the time of a member's COVID-19 diagnosis.

Did UnitedHealthcare cover COVID-19 treatment at no cost share? New 2/1/2021

UnitedHealthcare waived member cost sharing for the applicable treatment of COVID-19 in network treatment through December 31, 2020, and out of network until October 22, 2020 for Individual and Group Market fully insured health plans. We worked with self-funded customers who wanted us to implement a similar approach on their behalf.

UnitedHealthcare had made the decision to extend medically necessary network inpatient COVID-19 treatment at no cost share for medical expenses for covered services. This extension applied for fully insured groups and for All Savers and ASO groups that follow UnitedHealthcare COVID-19 standard fully insured coverage between Jan. 1, 2021 and Jan. 31, 2021. This extension applied to inpatient COVID-19 treatment for members admitted with a COVID-19 diagnosis. We will also waive cost-share for COVID related FDA approved medications administered in these locations

If a member received network treatment under a COVID-19 admission or diagnosis code between Feb. 4, 2020 and December 31, 2020 or out of network COVID-19 treatment through October 22, 2020, we

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

Does UnitedHealthcare cover outpatient monoclonal antibody treatment? Update 3/31/2021

The FDA has issued emergency use authorization for 2 monoclonal antibody treatments. According to the CDC, monoclonal antibody treatments may be recommended by a member's provider if they test positive for COVID-19, and are at risk to get very sick or to be admitted to the hospital. This treatment can help the body respond more effectively to the virus.

A summary of coverage for monoclonal antibody treatment is below. Sign in to your online UnitedHealthcare member account for more details.

- **Exchange, Individual and Fully Insured Employer-sponsored plans:** For monoclonal antibody treatments, you will have $ 0 cost-share with network providers in outpatient settings through Mar. 31, 2021. Beginning April 1, 2021, the monoclonal antibody treatment will pay according to plan benefits. Other COVID-19 outpatient treatments will be according to the member's benefit plan.
  Some self-insured health plans have different coverage benefits; if you have questions, please check with your human resources benefits team. Coverage for out-of-network services will be determined by your benefit plan.

- **Medicare Advantage plans: For monoclonal antibody treatments,** you will have $0 cost-share with in-network and out-of-network providers in outpatient settings through 2021. Medicare is paying for this treatment in 2021.

If a person was admitted to the hospital for COVID-19 treatment on January 31, 2021 or a patient is in the hospital but was not discharged by end of day January 31, 2021, what would be covered? Update 1/27/2021

For network patient care underway prior to January 31, 2021, the patient would be covered until the date of discharge if that is after January 31, 2021

Beginning February 1, 2021 coverage is at plan benefits.

States may mandate additional or differing requirements.

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 most 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.

SPECIAL ENROLLMENT

Note: *This section updates UnitedHealthcare's voluntary special enrollment opportunity that was offered in response to COVID-19. The opportunity took place starting on March 23, 2020, was extended to April 13, 2020, and expired on Nov. 15, 2020.*

The United voluntary special enrollment opportunity applied to fully insured group health plans but not self-funded group health plans. In the case of self-funded customers that did offer a special enrollment opportunity, UnitedHealthcare stop loss policies do not cover claims paid for members enrolled during a customer's voluntary special enrollment period. Self-funded customers with other stop loss vendors should discuss coverage for any changes with their stop loss vendor before adopting any changes.

May a fully insured group that missed UnitedHealthcare's special enrollment period in response to the COVID-19 National Emergency still offer a voluntary special enrollment? Update 11/16

- No. UnitedHealthcare sponsored a voluntary Special Enrollment Period (SEP) for our fully insured customers with employees seeking to change their benefit election in response to COVID-19. The SEP, however, is no longer available.
- The SEP took place March 23, 2020, was extended to April 13, 2020, and expired on Nov. 15, 2020. It created the opportunity for many individuals that previously waived coverage to enroll, and for others to revoke their existing election and/or make a new health coverage decision.
- UnitedHealthcare stopped offering its voluntary SEP effective Nov. 15, 2020. The SEP has sunset because it had been in place for several months, which allowed ample time for individuals who had previously waived coverage prior to COVID-19 to enroll in coverage. In addition, many of our fully insured customers are now engaged in their annual open enrollment periods. Thus, the voluntary period is no longer needed.

Does the expiration of the UnitedHealthcare voluntary SEP affect the rights of individuals to enroll under HIPAA when certain life events take place or other group health plan coverage is lost? Updated 11/12

No. The expiration of the UnitedHealthcare Voluntary SEP does not affect rights an individual has to enroll under the HIPAA portability special enrollment provisions. Individuals are provided with special enrollment rights when certain family, job or other events take place so long as they meet applicable portability requirements.

- Under HIPAA portability, an individual is provided with special enrollment rights when one of the following special life events occurs.
    - A member is allowed special enrollment when there is a:
    - Birth of newborn
    - Legal Adoption
    - Placement for Adoption
    - Marriage
- Special enrollment is also available when there is a:
    - Loss of coverage due to:

        - Job Change
        - Reduction of hours
        - Loss of employment (not due to gross misconduct or failure to pay premiums)
        - Loss of Spouse coverage
        - Dropping of coverage due to stop of employer contributions to coverage

    - Loss of Medicaid, CHIP eligibility or when an individual becomes eligible for state premium assistance.

Did the DOL/IRS Extensions of Certain Timeframes regulation expand special enrollment opportunities? NEW 11/12

No. The "Extensions of Certain Timeframes" regulation (85 Fed Reg 26351, May 4, 2020) gave members additional time within which to request special enrollment under the HIPAA portability provisions. For example, the 30-day time frame for requesting special enrollment in the case of a marriage, birth, adoption or placement for adoption does not apply until 60 days after the Outbreak Period announced by the President expires. Thus, the Extensions give members more time to request special enrollment for certain life events but does not create additional opportunities to special enrollment. Those opportunities can be found at: https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/hipaa

Importantly, members seeking special enrollment are still required to demonstrate that a life event or loss of other coverage, for example, took place in order to enroll.

Does the expiration of the UnitedHealthcare voluntary SEP affect the rights of employees may have to change their section 125 cafeteria plan election under IRS Notice 2020-29? NEW 11/16

No. Under IRS Notice 2020-29, employers may amend their cafeteria plans to permit employees to make new elections under the plan, revoke existing elections and make certain other changes.

The IRS Notice, however, is permissive and only permits employers to adopt those changes as part of their cafeteria plans. Employers are not required to permit those changes. In addition, the IRS notice only addresses an employee's ability to make choices between electing cash and tax qualified benefits under the cafeteria plan. The Notice does not require that a group health plan or insurer allow for these mid-year changes. The Notice only governs cafeteria plan elections when an employer wishes to permit mid-year changes.

Was there a voluntary special enrollment period in response to the COVID-19 National Emergency? Updated 11/16

Yes. The SEP opportunity took place starting on March 23, 2020, was extended to April 13, 2020, and expired on Nov. 15, 2020.

- UnitedHealthcare stopped offering its voluntary SEP effective Nov. 15, 2020. The SEP has sunset because it had been in place for several months, which allowed ample time for individuals who had previously waived coverage prior to COVID-19 to enroll in coverage.
- In addition, most of our fully insured customers are now engaged in their annual open enrollment periods. Thus, the voluntary period is no longer needed.

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?

If the self-funded 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.

United stop loss policies do not cover claims paid for members enrolled during a customer's voluntary special enrollment period. Self-funded customers with other stop loss vendors should discuss coverage for any changes with their stop loss vendor before adopting any changes.

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 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? Update 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? Update 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? Update 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? Update 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? Update 5/12

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

Are small business customers subject to material modification rules? Update 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 associated with UnitedHealth Group medical policies, can they hold open enrollments to allow members to make mid-year election changes? Update 7/21

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.

- Although we had a favorable response to this SEP, we are aware that not everybody who was eligible was able to take advantage of that opportunity.

- Accordingly, we have continued to honor valid enrollment requests received from our customers that amended their cafeteria plans to permit these changes.
- In the case of mid-year election requests received during calendar year 2020, we will continue to honor such requests from customers with employees who previously waived coverage to enroll, to revoke an existing election and/or to make a new health coverage decision.

As always, UnitedHealthcare will provide coverage for new medical enrollments or changes of enrollment for a HIPAA qualifying life event.

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

Does UnitedHealthcare cover outpatient monoclonal antibody treatment? Update 4/1/2021

The FDA has issued emergency use authorization for 2 monoclonal antibody treatments. According to the CDC, monoclonal antibody treatments may be recommended by a member's provider if they test positive for COVID-19, and are at risk to get very sick or to be admitted to the hospital. This treatment can help the body respond more effectively to the virus.

A summary of coverage for monoclonal antibody treatment is below. Sign in to your online UnitedHealthcare member account for more details.

- **Exchange, Individual and Fully Insured Employer-sponsored plans:** For monoclonal antibody treatments, you will have $ 0 cost-share with network providers in outpatient settings through Mar. 31, 2021 and then will pay at plan benefits beginning April 1, 2021. Other COVID-19 outpatient treatments will be according to the member's benefit plan.
  Some self-insured health plans have different coverage benefits; if you have questions, please check with your human resources benefits team. Coverage for out-of-network services will be determined by your benefit plan.

- **Medicare Advantage plans: For monoclonal antibody treatments,** you will have $0 cost-share with in-network and out-of-network providers in outpatient settings through 2021. Medicare is paying for this treatment in 2021.

Will pharmacy coverage or treatment be impacted by COVID-19? Update 1/8/21

The Refill Too Soon edit was reimplemented on July 1 with one exception for Florida which requires the edit to be lifted through February 27, 2021. With COVID-19 restrictions being lifted, members now have the ability to work with their providers and pharmacies for medication updates as necessary. If there is a reason a member needs an early refill, requests can be made through our call centers.

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).

We continue to monitor and will adjust our policies as appropriate.

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

Can you comment further on the pharmacy supply chain and availability of medications? Can our employees still rely on mail order? Update 6/29

We have not seen delays in dispensing prescriptions related to COVID-19. This includes Optum-owned pharmacies, Optum Home Delivery, Optum Specialty, Optum Infusion Services, Avella, Genoa and Diplomat. We continue to 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 6/29

Yes, we initially identified prior authorizations expiring for **select** medications between 3/16 and 4/30 and extended them for 90 days. We have also 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.

What is UnitedHealthcare approach to the medications Hydroxychloroquine and chloroquine for lupus and rheumatoid arthritis and for use for COVID-19? Update 6/29

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 continued to see a decrease in the number of prescriptions and removed 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.

Have any changes been made to the launch date for the Medication Sourcing Expansion program? Update 1/8/21

In response to the COVID-19 public health emergency, UnitedHealthcare delayed the April 1 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 was implemented on October 1, 2020.

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? Update 6/29

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 for standard delivery.

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.

PRODUCTS AND PROGRAMS

Will wellness credits roll over due to COVID-19? Update 5/15

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

What specific items may wellness credits may be used for? Update 4/17/21

An employer can use their wellness credits for purchase of COVID related safety items (outlined below) provided those credits are spent by the end of the national public health emergency, currently July 19, 2021.

- **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: use 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
- **Cleaning Services of facilities**
- **Materials to COVID-proof Facility including signage**
- **COVID-19 testing** —in the employer's office for employees returning to work
- **Fees for vendor —** to conduct testing or collect test samples

Can fully insured or self-funded customers able to use their Wellness Credits to pay for premium? Update 11/18

This must be discussed and approved with your UnitedHealthcare representative. Customers may be able to use their wellness dollars towards their premium if:

- 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.

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? Update 4/17/21

The Preventive Plan does include waiver of cost sharing including co-payments, coinsurance and deductibles for medically appropriate COVID-19 testing and testing related visits at physician offices or telehealth in and out of network. Inpatient testing is out of scope. Testing must be ordered by a physician or appropriately licensed health care professional for purposes of the diagnosis or treatment of an individual member and 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 the public health emergency period, now July 19, 2021.

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.

Note: the public health emergency was extended through 7/19/2021.

May a fully insured group that missed UnitedHealthcare's special enrollment period in response to the COVID-19 National Emergency still offer a voluntary special enrollment? Update 11/16

- No. UnitedHealthcare sponsored a voluntary Special Enrollment Period (SEP) for our fully insured customers with employees seeking to change their benefit election in response to COVID-19. The SEP, however, is no longer available.
- The SEP took place March 23, 2020, was extended to April 13, 2020, and expired on Nov. 15, 2020. It created the opportunity for many individuals that previously waived coverage to enroll, and for others to revoke their existing election and/or make a new health coverage decision.
- UnitedHealthcare stopped offering its voluntary SEP effective Nov. 15, 2020. The SEP has sunset because it had been in place for several months, which allowed ample time for individuals who had previously waived coverage prior to COVID-19 to enroll in coverage. In addition, many of our fully insured customers are now engaged in their annual open enrollment periods. Thus, the voluntary period is no longer needed.

Does the expiration of the UnitedHealthcare voluntary SEP affect the rights of individuals to enroll under HIPAA when certain life events take place or other group health plan coverage is lost? Updated 11/12

No. The expiration of the UnitedHealthcare Voluntary SEP does not affect rights an individual has to enroll under the HIPAA portability special enrollment provisions. Individuals are provided with special enrollment rights when certain family, job or other events take place so long as they meet applicable portability requirements.

Under HIPAA portability, an individual is provided with special enrollment rights when one of the following special life events occurs. A member is allowed special enrollment when there is a:

- Birth of newborn
- Legal Adoption
- Placement for Adoption
- Marriage

Special enrollment is also available when there is a:

- Loss of coverage due to:
  - Job Change
  - Reduction of hours
  - Loss of employment (not due to gross misconduct or failure to pay premiums)
  - Loss of Spouse coverage
  - Dropping of coverage due to stop of employer contributions to coverage
  - Loss of Medicaid, CHIP eligibility or when an individual becomes eligible for state premium assistance.

If a fully insured employer reduces hours for part or their entire workforce in response to the COVID-19 public health emergency can the company continue to cover those employees? Update 2/1/2021

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 the later of the end of the public health emergency, or no longer than 20 consecutive weeks after the public health emergency for non-medical leaves (i.e., temporarily laid off) or no longer than 26 consecutive weeks for a medical leave. This applies to Oxford and Level Funded (All Savers) customers. Dental and vision follow the same furlough approach as medical. 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 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? Update 10/5

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.

in order to stay consistent with the end of the emergency period– UnitedHealthcare offers customers the ability to extend furloughed non-medical leave employees to the end of the emergency period OR 20 weeks whichever is later. There is no change to medical leave.

Are furloughed employees eligible for fully insured plans? Update 7/31

UnitedHealthcare will allow employers to extend coverage for furloughed employees (employees whose hours have been reduced or eliminated but whose employment has not been deactivated) for 20 weeks.

This coverage extension only applies if:

- Premiums are paid to UnitedHealthcare for the continued coverage; and
- The employee was eligible and enrolled for coverage before the furlough began; and
- The furlough starts prior to the end of the Public Health Emergency; and
- The continuation is offered to furloughed employees on a uniform, non-discriminatory basis.

There is no change to UnitedHealthcare's policy on continued coverage for an employee on an employer-approved medical leave.

Note coverage may be extended longer, 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 must 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 2/1/2021

in order to stay consistent with the end of the emergency period– UnitedHealthcare offers customers including Oxford customers the ability to extend furloughed non-medical leave employees to the end of the emergency period OR 20 weeks whichever is later. 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 the later of the end of the emergency period, or:

- 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 laid off/terminated, 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 whose job was ended due to COVID-19? Update 11/23

Yes. UnitedHealthcare does not set or administer any waiting periods. As the employer, you have the option to waive the waiting period and follow existing eligibility rules with respect to date of event or first of month.

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 their 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? Update 11/20

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 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 10/5

in order to stay consistent with the end of the emergency period– UnitedHealthcare offers customers the ability to extend furloughed non-medical leave employees to the end of the emergency period OR 20 weeks whichever is later. 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 the later of the emergency period, or:

- 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 considering 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.

What is UnitedHealthcare's intent to comply with all requirements of the CARES Act? New 6/26

The CARES Act and the related guidance create both permissive, as well as mandatory, requirements.

UnitedHealthcare's administration of self-insured plans is aligned with the requirements of the CARES Act including supplementary guidance provided from time to time by applicable regulatory agencies.

However, self-funded plans have some discretion in what is implemented/administered.

What language should we to use in a SMM regarding the COVID vaccine coverage? New 12/11

Since there is not a material modification to a customer's plan based on the addition of the COVID-19 vaccine, no SMM is required. The vaccine falls under the ACA preventive services category.

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 4/17/21

in order to stay consistent with the end of the emergency period– UnitedHealthcare offers customers the ability to extend furloughed non-medical leave employees to through the public health emergency period OR 20 weeks whichever is later. 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 the later of July 19, 2021, or:

- 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 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.

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.? Update 7/24

Yes, standard OON programs apply. Any plan that has R&C would be managed on the back end and we would negotiate up to posted cash price. If that is not available, the standard OON reimbursement would apply.

Does UnitedHealthcare require a COVID-19 test claim to be present 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 6/15

UnitedHealth Group has waived member cost-sharing for COVID-19 testing and treatment from the onset of the pandemic. Some members received bills early on when there were not yet specific COVID-19 billing codes and during a period in which code adoption was first taking place. We are waiving those charges and have been proactively evaluating claims from early February and March to ensure claims were paid correctly and cost-sharing was appropriately waived. We urge members who may have concerns about charges to call us to resolve any issues.

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 will pay according to plan benefits and member cost share may apply.

We are proactively reviewing claims using specific clinical guidance and 3 CDC identified COVID symptoms as a guide for handling upfront for claims with dates of service 2/4 to 3/31.

Any appeals are being reviewed through an exception process on a case by case basis for those claims. Providers have been sent information and coding and process information is posted on uhcprovider.com

Can members submit claims if they must 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? Update 7/13

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.

UnitedHealthcare is updating EOBs and appeal letters for claims and appeal decisions we issue during the Outbreak Period identified in the DOL's final rule issued May 4, 2020. The EOB and appeal letters will advise claimants that the deadline for subsequent reviews are extended until further notice and encourage members to seek additional information and guidance from their plan/employer. When claims and appeals are submitted during the Outbreak Period —even though members are not obligated to do so — UnitedHealthcare will continue to render a claim or appeal decision within normal timeframes. UnitedHealthcare is using that opportunity to advise members about the extensions. Our systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

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? Update 7/13

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.

UnitedHealthcare is currently in the process of updating our EOBs and appeal letters for claims and appeal decisions we issue during the Outbreak Period identified in the DOL's final rule issued May 4, 2020. The EOB and appeal letters will advise claimants that the deadline for subsequent reviews are extended until further notice and encourage members to seek additional information and guidance from their plan/employer. When claims and appeals are submitted during the Outbreak Period —even though members are not obligated to do so — UnitedHealthcare will continue to render a claim or appeal decision within normal timeframes. UnitedHealthcare is using that opportunity to advise members about the extensions. Our systems are operationalized to compute and apply the correct tolling period to determine timely filing for claims, appeals and reviews when submitted.

REPORTING

Can UnitedHealthcare provide COVID-19 claims reporting?

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

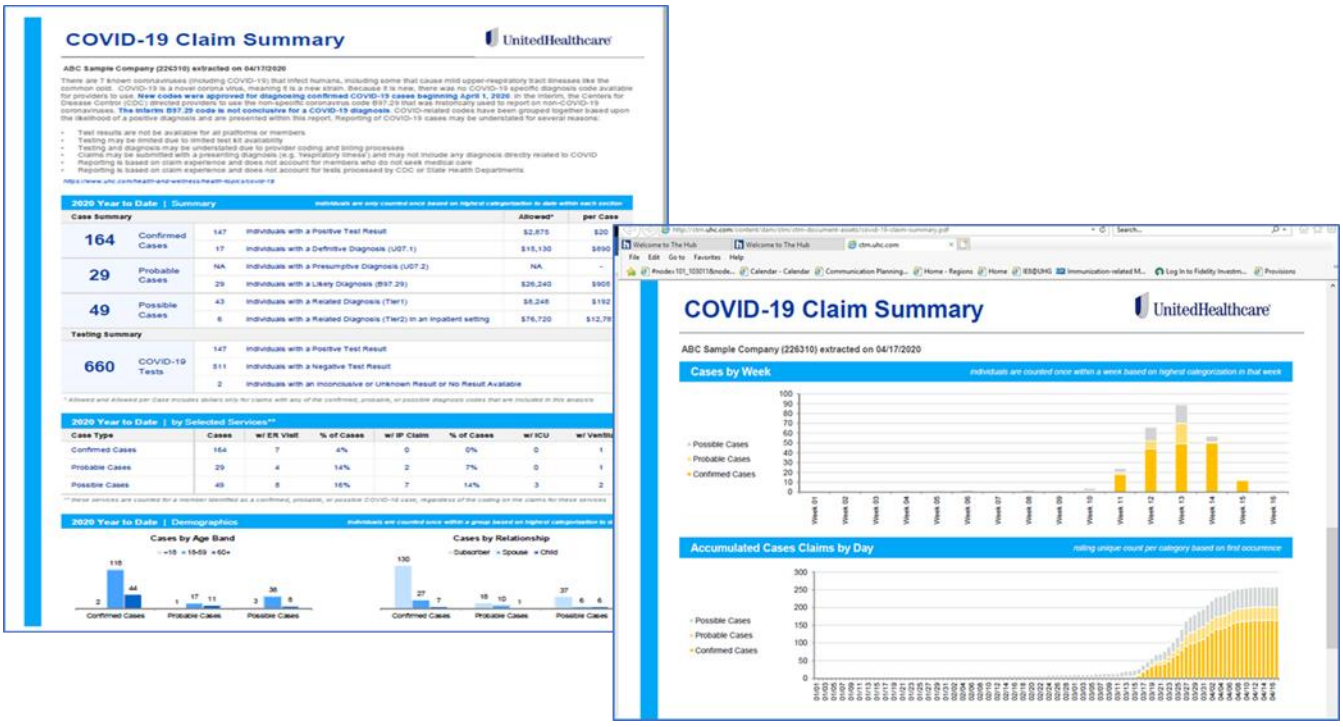
How do customers get COVID-19 reports? Update 4/29

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.

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

Were tax filing deadlines changed in 2021? New 4/7/2021

Yes, the 2020 tax filing & payment and HSA contribution deadlines have been extended.

The federal income tax filing deadline has been extended from April 15, 2021 to May 17, 2021 (IRS-2021-59). Taxpayers can also defer federal income tax payments from April 15, 2021 to May 17, 2021 without normal penalties and interest regardless of the amount owed. This deadline extension only applies to federal taxes; individuals should check their state's tax filing deadline as it may vary by state.

The amount of time that individuals have to make 2020 health savings account (HSA) contributions has also been extended to May 17 (IRS 2021-21). This notice also extends the due date for Form 5498-SA to June 30, 2021.

- The HSA contributions deadline extension will not impact any 2020 IRS 1099-SA forms necessary for filing taxes, which show 2020 HSA distributions.
- 2020 IRS form 5498-SA (which is informational only and not required for filing taxes) will be updated for any 2020 HSA contributions made through the May 17 contribution and filing deadline.
- If you have already filed your 2020 taxes or have additional questions regarding tax impact, please consult a tax professional.

We advise you to speak with your tax or benefits counsel regarding interpretation of the legislation.

How did the DOL Notice 2021-01 change timely filing requirements for HRA, HIA and FSA's? New 3/26/2021

The DOL notice extended timely filing for HRA, FSA and HIA to the earlier of; (i) 1 year from the end of the plan year plus their existing timely filing limit, or (ii) 60 days after the announced end of the National Emergency (the end of the Outbreak Period), plus any remaining time under their plan.

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

No action needed —-Active HRA & HCFSA impacted plans to reflect a timely filing of 455 days (365 days plus 90-day timely filing).

What did the American Rescue Plan Act allow for Dependent Care FSA's? New 3/26/2021

Dependent Care FSA family maximum elections are temporarily changed to $10,500 (up from $5000) for the 2021 calendar year. This is an option and is not mandated. Customers should notify their UHC representative of their intent and UHC will process as a standard plan change.

Customers should always consult their legal team as they make any decisions related to plan changes, in particular those customers with non-calendar plan years should refer to their legal team to determine how this may impact their employees.

What temporary changes for FSA did the Appropriations Act, signed on 12/27/2020, allow customer to opt-in to? Update 2/2/2021

These temporary changes for both health and dependent care are optional for all employers. Employers may select to implement one or a combination of any they choose. None are mandates.

- **FSA Rollovers.** The Act allows health and dependent care FSA participants to carry over unused balances from a plan year ending in 2020 to a plan year ending in 2021 and from a plan year ending in 2021 to plan year ending in 2022.
- **FSA Grace Period Extension.** The Act allows a health and dependent care FSA grace period for a plan year ending in 2020 or 2021 to be extended 12 months after the end of such plan year.
- **Health FSA Reimbursements.** The Act permits a health FSA to allow an employee who ceases participation in the plan during 2020 or 2021 (for example, due to termination of employment) to continue to receive reimbursements from unused balances through the end of the plan year in which such participation ceased (including any grace period).
- **Dependent Care FSA Participation.** The Act permits dependent care FSA participants whose qualifying child turned age 13 during the pandemic to continue to receive reimbursements for such child's dependent care expenses for (1) the remainder of the plan year and, (2) to the extent a balance remains at the end of the plan year, the following plan year until the child turns age 14 (but only with respect to the unused amount). The plan year described in (1) must have had a regular enrollment period that was on or before January 31, 2020.
- **FSA Election Changes.** The Act permits health and dependent care FSA election changes for plan years ending in 2021, regardless of whether the employee has a permitted election change event. This extends the election change relief for FSAs provided in IRS Notice 2020-29 by one year.
- Amendments need to be adopted by the last day of the year after the plan year in which the amendment is effective. 2020 carryover amendments need to be made by December 31, 2021.

How will UHC administer the options available? New 1/14/2021

- Amounts that are unused in 2020 may be carried over to 2021 and amounts that are unused in 2021 may be carried over into 2022: UHC will allow all unused amounts remaining in the 2020 (or 2021) plan year for carryover, regardless of how it was applied. Unused amounts from any plan year prior to 2020 will not be included. Any other request will require internal review.
- Health and dependent care FSA grace periods for plan years ending in 2020 and/or 2021 may be extended until 12 months after the end of the plan year: UHC will extend the Grace Period for the customer.
- Plan participants who cease participation in the plan during 2020 and/or 2021 (terminated participants) may continue to be reimbursed if they have unused amounts in their health and/or dependent care FSA: Like dependent care FSA, termed members could incur claims after termination and spend remaining balances down.

- Plan participants will be permitted to make prospective changes to their health and/or dependent care FSAs during 2021 (without regard to change in status): We will manage those choices via our standard eligibility process.
- Reimbursement of expenses under a dependent care FSA for dependents who aged out during the COVID-19 pandemic. This will allow reimbursement for children who turned 13 on or after March 1, 2020 (which is the start of the pandemic) until the end of the pandemic.

If a customer were to implement the carryover rule for 2020 or 2020 & 2021, what are the implications when a participant moved to a qualified high deductible health plan (HSA plan)? 1/14/2021

If a customer allows the full carryover of unused 2020 funds (or 2021 funds) or elects the full 12-month Grace Period, then any member who may have moved to a qualified HDHP will be impacted. Both options allow members to incur claims and use their FSA funds. This is considered 1st dollar coverage under the HDHP. If a member already elected a limited FSA, we can move remaining balances to that limited FSA upon request. A decision will need to be made to communicate the impact to HSA members who did not already elect a limited FSA for 2021 or in 2022.

Will plan documents needs to be updated to allow for these changes? New 1/14/21

Yes. Amendments need to be adopted by the last day of the year after the plan year in which the amendment is effective. 2020 carryover amendments need to be made by December 31, 2021

How do I notify UnitedHealthcare which options we are electing? Update 2/2/2021

UnitedHealthcare is requesting that you notify your UHC Representative by February 15th, 2021.

UnitedHealthcare will manage the changes as a plan change. Therefore, all plan documents will need to be updated.

What did the final rule, which came out on May 4, 2020, require for FSA and HRA/HIA plans? Update 1/13/21

The DOL and IRS 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 President's declared 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 or 2020 through the end of the Outbreak Period. This applies to HRA/HIA and health FSA's. This applies to all plans with runout in effect on or after March 1, 2020. If the end of the pandemic is declared **by the president**, the timely filing deadline will be 60 days from that date for any plan year impacted by the final rule. Reminder, this also includes plans ending 12/31/20 who renewed for 1/1/21.

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

No action needed —-Active HRA & HCFSA impacted plans to be updated by 6/12/20.

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 1/13/21

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 6/16

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.

- 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 this option, 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.
    - Customers should define their process to ensure decreases do not cause negative balances and send any election changes through the existing eligibility file process.

- 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 option where the claim period for taxpayers to incur claims in 2020 and apply unused amounts remaining in a 2019 health FSA or dependent FSA has been extended to December 31, 2020.
- This will be processed as a standard plan change. Please be aware that if there are members who opened an HSA after their existing grace period was complete, extending it at this time has impacts to a member's eligibility to open an HSA. Grace period is also other 1st dollar coverage. A member is eligible to open an HSA the 1st of the month following the end of their grace period. Please consider this impact as you make your decision on this option.

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.

Will Dependent Care now allow for reimbursement of online or virtual camps? New 8/11

No. There has been no change to the definition of dependent care or related eligible expenses that would allow online or virtual camps to be reimbursed.

Can a person who did not use all their dollars in their 2019 FSA continue to use them throughout 2020? Update 6/16

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.

- This will be processed as a standard plan change.
- Please be aware that if there are members who opened an HSA after their existing grace period was complete, extending it at this time has impacts to a member's eligibility to open an HSA.

- Grace period is also other 1st dollar coverage. A member is eligible to open an HSA the 1st of the month following the end of their grace period. Please consider this impact as you make your decision on this option.

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 are 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 6/16

A customer may change that today. All plan documents would need to be updated. Recent guidance does expand this for the 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.

No action needed — Active HRA & HCFSA impacted plans to be updated by 6/12/20.

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 6/16

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.

- This will be processed as a standard plan change. Please be aware that if there are members who opened an HSA after their existing grace period was complete, extending it at this time has impacts to a member's eligibility to open an HSA.
- Grace period is also other 1st dollar coverage. A member is eligible to open an HSA the 1st of the month following the end of their grace period. Please consider this impact as you make your decision on this option.

Will the IRS allow any unused DCFSA balances to the carryover, so members do not lose them? Update 6/16

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.

- This will be processed as a standard plan change. Please be aware that if there are members who opened an HSA after their existing grace period was complete, extending it at this time has impacts to a member's eligibility to open an HSA.
- Grace period is also other 1st dollar coverage. A member is eligible to open an HSA the 1st of the month following the end of their grace period. Please consider this impact as you make your decision on this option.

If a customer elected carryover originally, does the notice allow them to change to grace period during 2020? Update 6/16

Yes, if the customer's plan year is not a calendar year plan and it ends during 2020, they can change to grace period. Groups with calendar plans that began Jan. 1,2020, may not retroactively switch from carryover to a grace period.

- 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 — DENTAL, VISION, FINANCIAL PROTECTION

Will Specialty Benefits be providing any renewal adjustments for small business and key accounts customers? Update 6/17

Extension of COVID-19 Renewal Adjustments for groups of 2-499 eligible employees.

In order to make it easier for Small Business and Key Account customers to retain valuable employee benefit offerings for fully insured Dental, Vision, Life, and Disability and Supplemental Health*, UnitedHealthcare is providing renewal adjustments for customers renewing from May 1 until December 31, 2020. *(This was originally for groups renewing May through September 2020).*

COVID-19 Renewal Details for groups of 2-499 eligible employees:

- Groups renewing from May 1 until December 31, 2020 will renew at existing rates or better without rate increases.
- Products in-scope for this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity). *
- This Includes the UnitedHealthcare and All Savers businesses.
- State regulatory guidelines may apply. *

* *WA groups in the 2-50 space will be subject to standard renewal rate strategy for Dental & Vision*
* *FL groups in the 2-100 space will be subject to standard renewal rate strategy for STD and LTD*
* *Supplemental Health (Critical Illness, Accident, Hospital Indemnity) available for groups of 51+ employees*

COVID-19 Renewal Details for groups of 500-3000 eligible employees:

- Groups renewing from May 1 through September 30, 2020 will be deferred until October.
    - Original renewal rate will be applied on October 1st for the remaining contract period
- Products in-scope for this short term COVID-19 renewal adjustment are fully insured Dental, Vision, Basic Life, Supplemental Life, STD and LTD, and Supplemental Health (Critical Illness, Accident, Hospital Indemnity).
- This Includes the UnitedHealthcare businesses and fully insured products listed above tied to UMR medical ASO business.

As always, please reach out to your Sales or Renewal Representative for any clarification on our short-term renewal adjustment offerings or other COVID-19 related items.

The benefits described on this website describe federal requirements and UnitedHealthcare national policy, additional benefits may be available in some states and under some plans.

Administrative services may be provided by United HealthCare Services, Inc. and its affiliates for insurance products underwritten by All Savers Insurance Company. 3100 AMS Blvd., Green Bay, WI 54313, (800) 291-2634.

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.

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? Update 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? Update 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? Update 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? Update 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?

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? Update 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? Update 9/14

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 the later of the public health emergency or 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

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? Update 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? Update 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? Update 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? Update 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? Update 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? Update 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 8/26

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, if 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 through the public health emergency or 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? Update 8/28

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.

UnitedHealthcare has temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your furloughed employees, if 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 through the public health emergency or 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.

ALL SAVERS

Note: The public health emergency was extended through 4/19/2021.

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 10/24

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.

- **COVID-19 Telehealth:** Cost share waiver (copayment, deductible, coinsurance) for in-network and out-of-network telehealth coverage for COVID-19-related services.
- **Non COVID in-network telehealth services:** Through September 30, 2020, cost share is waived for in-network non-COVID covered telehealth services, for individual and fully insured group market health plans, and for self-funded employers that opted in.
- **Non COVID out-of-network telehealth services:** Out-of-network telehealth services do not include the cost-share waiver and is processed in accordance with the group's health benefits plan if the service is eligible. Expanded telehealth non-COVID-19 services ended July 24, 2020.
- **Virtual Visits**: For individual and group market health plan members, many members can access their Virtual Visits benefits through one of UnitedHealthcare's national designated providers (HealthiestYou) without any cost share (copayment, deductible or coinsurance) through the public health emergency. COVID-19 diagnosis will be reimbursed based on zero cost share. After September 30, the member pays copay upfront and be reimbursed for COVID diagnostic service. Non-COVID-19 Virtual Visits end September 30, 2020.

- **Expanded Provider telehealth Access for COVID-19 —** Effective March 18, and through December 31, 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. Effective dates may vary based on state laws. This applies to all fully insured clients and self- insured clients that are following the fully insured guidelines.

Do we send All Savers subscribers to UHC.com also? Are all the same practices being done by both UHC and All Savers? Update 11/19

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 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 7/31

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 the later of the public health emergency, or:

- 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.

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? Update 11/23

Yes. As the employer, you have the option to waive the waiting period and follow existing eligibility rules with respect to date of event or first of month.

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.

All Savers® fully insured product
Administrative services may be provided by United HealthCare Services, Inc. and its affiliates for insurance products underwritten by All Savers Insurance Company. 3100 AMS Blvd., Green Bay, WI 54313, (800) 291-2634.

All Savers® Alternate Funding

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except MA, MN, and NJ), UnitedHealthcare Insurance Company in MA and MN, and UnitedHealthcare Life Insurance Company in NJ. 3100 AMS Blvd., Green Bay, WI 54313 (800) 291-2634.

What has been extended for COVID-19 treatment? New 12/29

Between Jan. 1, 2021 and Jan. 31, 2021, UnitedHealthcare has extended medically necessary network inpatient COVID-19 treatment at no cost share for fully insured groups and for All Savers and ASO groups that follow UnitedHealthcare standard COVID-19 coverage.

This extension applies only to inpatient COVID-19 treatment with a COVID-19 diagnosis.

Does this treatment extension apply to All Savers? Update 12/29

Yes, we are extending the policy to our All Savers plans. All Savers groups will have medically necessary inpatient COVID-19 treatment at no cost share extended through January 31/2021. For All Savers clients who have questions, they should call the All Savers Customer Call Center at (800) 291-2634.

COVID-19 VACCINES

Where will COVID-19 vaccines be available? New 12/22

Initially, COVID-19 vaccines will be available at certain locations. The state health department is a resource for learning about local availability.

As vaccines become more widely available, people will be able to get the COVID-19 vaccination at participating retail pharmacies, such as CVS and Walgreens, as well as doctor's offices, hospitals and federally qualified health centers.

What documentation will be required to get the vaccine? Update 12/22

- For All Savers plans, show the All Savers medical ID card.
- At the vaccination appointment, health care professionals will likely want to understand the member's health status. Members should be prepared to share current medical conditions and medications. The member's All Savers online account is also a resource where members can find a snapshot of their health status, including medical conditions and medications.

As more is known, this information will be updated.

When should people get the second dose of the COVID-19 vaccine? New 12/22

The first COVID-19 vaccine from Pfizer-BioNTech will require 2 doses, given 3 weeks apart. We encourage members to schedule appointments for both doses. You will need to get the second dose in 3 weeks following the first dose to get protection from COVID-19.

Will UnitedHealthcare cover the COVID-19 vaccine, and how will they cover the vaccine? Update 1/8/21

Yes. Members will have $0 cost-share (copayment, coinsurance or deductible) for FDA-authorized COVID-19 vaccines, as outlined below, including when two doses are required:

- For All Savers plans, members have $0 cost-share at both in- and out-of-network providers through the national public health emergency period, currently scheduled to end July 19, 2021. This applies to Alternate Funded Plans and Fully Insured.

What is the process for approving FDA-authorized vaccines and then how do members know if they are eligible for a COVID-19 vaccine and where can they get a vaccine? Update 12/12

As a COVID-19 vaccines are FDA authorized for emergency use, the Advisory Committee of Immunization Practices (ACIP) meets to recommend it, and if recommended the Centers for Disease Control and Prevention (CDC) Director will review and approve who should get the vaccine first.

It is likely the vaccine will first be made available to health care workers and residents of long-term care facilities, then essential workers and people at high risk, such as those over 65 years old or with certain medical conditions.
At first, we expect the vaccine to be at limited health care sites because of storage needs and availability. We will keep uhc.com updated as more information on locations becomes available.

Members who are selected to be in the first groups to get a COVID-19 vaccine can go their state health department to find vaccine providers. Members can also speak to their primary care provider or other health care professional to better understand what they should do given their specific health conditions.

How are COVID-19 vaccines covered? Update 12/22

The COVID-19 vaccine serum will initially be paid by the government.

For All Savers plans, UnitedHealthcare and Alternate Funded customers will cover the administration of COVID-19 vaccines with no cost share for in-and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

What is the member and plan sponsor cost share? New 12/22

The COVID-19 vaccine serum will initially be paid by the government. Eligible members receiving the vaccine will not have any out-of-pocket costs.

For All Savers Plans, UnitedHealthcare and Alternate Funded customers will be required to cover the administration of COVID-19 vaccines with no cost share for in- and out-of-network providers, during the national public health emergency period. Administration fees for in-network providers will be based on contracted rates. Administration fees for out-of-network providers will be based on CMS published rates.

Where can I go for more information? Update 12/22

8 things to know about COVID-19 vaccines from the CDC

Authorized COVID-19 vaccines from the FDA

COVID-19 vaccine myths debunked

CDC COVID-19 Vaccines

FDA COVID-19 Vaccines

UnitedHealthcare COVID-19 Member Resource Center

Provider Resources

CMS Enrollment for Administering COVID-19 Vaccine Shots

CMS Medicare Billing for COVID-19 Vaccine Shot Administration

CMS Coding for COVID-19 Vaccine Shots

CMS COVID-19 Vaccine Shot Payment

Roster Billing Guidance

UnitedHealthcare COVID-19 Billing Guide

COVID-19 Vaccine Member Center

UNITEDHEALTHCARE COMBATING COVID-19

What is UnitedHealthcare doing to help combat COVID-19? Update 6/26
Here are several actions we have taken to help our customers, consumers and employees have the support they may need during the national public health emergency.

- Launching **ProtectWell™**, an innovative return-to-workplace protocol that enables employers to bring employees back to work in a safer environment. ProtectWell™ incorporates Centers for Disease Control and Prevention (CDC) guidelines and the latest clinical research to limit the spread of COVID-19 by screening employees for symptoms and establishing guidelines to support the health and safety of the workforce and workplace. **Read news release**
- A UnitedHealth Group study helped clear the path for **self-administered COVID-19 tests**, which are now FDA approved. **Read news release**
- Dedicating senior executives to major scientific discovery and relief efforts, including Sir Andrew Witty, president of UnitedHealth Group and CEO of Optum to co-lead a global effort of the World Health Organization (WHO), in partnership with key stakeholders, to accelerate the development of a COVID-19 vaccine. **Read news release**
- A study completed by UnitedHealth Group with the Yale School of Medicine suggests that older COVID-19 patients with hypertension who were taking angiotensin-converting enzyme (ACE) inhibitors may have a lower risk of COVID-19 hospitalization. A clinical trial will follow as a next step. **Read news release**
- UnitedHealth Group was chosen by the U.S. Department of Health and Human Services (HHS) to help reimburse health care providers and facilities who have conducted COVID-19 testing or provided COVID-19 treatment for uninsured individuals. To support this program, we worked with HHS to launch an educational website, toll-free support line and a new portal. **Visit educational website**
- UnitedHealth Group is honored to have been asked to assist HHS in distributing, as directed by HHS, an initial $30 billion in emergency funding to health care providers seeking assistance under the Federal CARES Act. This effort has been vital to maintaining the health and readiness of our health care system, and we're pleased to have the opportunity to support it. **Read news release**
- UnitedHealth Group has paid out $23.8 million through a nationwide employee program that helps cover the cost of emergency childcare for kids aged 12 and under, accounting for 238,000 days of childcare to date. **Read news release**
- Organizing our cafeteria and food service teams to make meals for those in need – more than 75,000 meals per week in **Minneapolis-St. Paul**, **Greensboro**, **Hartford** and **Las Vegas**.
- We deployed 700 Advance Practice Clinicians to serve members and patients on telehealth lines
- To address health disparities, we're piloting a scalable mobile and local testing program that works with local partners to provide testing and wrap-around services including food, health and safety kits and education designed to meet the unique needs of disadvantaged communities in Los Angeles, Philadelphia, Orleans Parish and Navajo Nation

In addition, UnitedHealth Group has committed nearly $75 million to fight COVID-19 and support impacted communities, including health care workers, hard-hit states and localities, seniors, and those experiencing homelessness and food insecurity. A few highlights of the financial commitments we've made include:

- The United Health Foundation and AARP Foundation have launched a $5 million partnership to address social isolation and food insecurity among seniors during the COVID-19 pandemic. **Read news release**
- UnitedHealth Group is donating $5 million to support a federally sponsored program, led by Mayo Clinic, seeking to accelerate and expand the availability of investigational convalescent plasma treatments for COVID-19 patients nationwide. **Read news release**
- UnitedHealth Group is investing $10 million to fight the COVID-19 pandemic internationally and support impacted communities in countries where its UnitedHealthcare and Optum businesses operate, including in Brazil, Chile, Colombia, India, Ireland, Peru, Philippines and Portugal. **Read news release**
- UnitedHealth Group was proud to support frontline health care workers through the TaylorMade Driving Relief charity golf match, where we donated $3 million to the American Nurses Foundation and CDC Foundation. **Find out more about TaylorMade Driving Relief**

Our mission—to help people live healthier lives and to help make the health system work better for everyone—guides the work we do each day and is central to the actions we're taking to help people through COVID-19. **Download a one-page review of the UnitedHealth Group COVID-19 response (pdf)**

This is a dynamic situation and we will continue to post changes, support and updates on the **COVID-19 sections of UHC.com** and **UHCprovider.com**.

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.

There were several 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.