

COVID-19

Frequently Asked Questions

March 27, 2020

Coronavirus Update as of March 27

COVID-19 Frequently Asked Questions (FAQ)

TABLE OF CONTENTS

KEY RESOURCES – COVID-19.....2

CLINICAL.....3

FEDERAL GUIDANCE.....7

MEMBER SUPPORT.....8

TESTING.....10

VIRTUAL VISITS AND TELEHEALTH.....14

PHARMACY COVERAGE.....17

SPECIAL ENROLLMENT.....18

FULLY INSURED –BUSINESS DISRUPTION SUPPORT.....21

ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT.....23

FINANCIAL, BUSINESS CONTINUITY AND REPORTING.....26

SPECIALTY.....28

ALL SAVERS.....33

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.
Last updated 3/25/2020

KEY RESOURCES – COVID-19

- [CDC COVID-19 Site](#) - what you should know, situation updates, community impacts and resources
- [CDC Travel recommendations](#)
- UnitedHealthcare [COVID-19 FAQ](#)
- [IRS Notice on High Deductible Plans with HSA](#)
- [Family First Coronavirus Response Act \(H.R. 6201\)](#)

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

CLINICAL

THE INFORMATION IN THE FOLLOWING SECTION IS SOURCED FROM THE CDC. REFER TO THE [CORONAVIRUS.GOV](https://www.cdc.gov) AND [CDC WEBSITE](https://www.cdc.gov) 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 diseaseⁱⁱ, 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 arrestⁱⁱⁱ. Please refer to www.coronavirus.gov

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

Should healthy individuals wear a mask to prevent COVID-19 infection?

The CDC does not recommend that people who are well wear a facemask to protect themselves from respiratory illnesses, including COVID-19. Wearing a facemask may cause you to touch your face more often. You should only wear a mask if your health care professional recommends it. A facemask may be recommended for people who have symptoms consistent with COVID-19. This is to protect others from the risk of getting infected. The supply of face masks are crucial for health workers and other people who are taking care of someone infected with COVID-19 in close settings (at home or in a health care facility). 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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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 risk¹. Please refer to www.coronavirus.gov

Are people with asthma at a greater risk?

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

How dangerous is this virus to pregnant women?

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

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

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

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

Please refer to www.coronavirus.gov

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

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

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

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

Sources

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

FEDERAL GUIDANCE

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

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

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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 3/27

While the CDC website is the best place to go to stay up to date on this still developing situation, 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. Trained Optum 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.

In addition, Optum and UnitedHealthcare members with EAP and behavioral health benefits can access ongoing resources including Critical Incident Response Services (CIRS). We recommend they access through their account-specific support numbers. Emotional-support resources and information are also available online at www.liveandworkwell.com.

Travel Assistance for UnitedHealthcare Life insurance customers (not available in NY):

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 3/27

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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.

This policy is in effect until April 30, 2020 and may be extended as necessary.

In addition, Sanvello is offering free premium access to its digital care delivery platform. 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.

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.

In light of the current situation, is UnitedHealthcare delaying member communications related to preventive campaigns?

Yes. UnitedHealthcare will temporarily delay certain preventive care reminders.

Is UnitedHealthcare offering help to employees who are losing their health insurance coverage after being laid off?

UnitedHealthcare offers 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 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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

TESTING

Does UnitedHealthcare cover the test for COVID-19?

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

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

Other costs beyond the test and test-related physician office, urgent care, emergency room, and telehealth visit and items and services related to the visit will be covered based on terms in the medical plan and applicable state and federal mandates. Therefore, deductibles, copayments and coinsurance would apply to care, and certain services or supplies beyond the test itself and test-related provider visit.

Is the COVID-19 test and test-related visits covered for self-funded clients?

Self-funded customers including HDHP/HSA must waive member cost sharing, including copayments, coinsurance and deductibles, for COVID-19 test and test-related visits including related items and services at physician office, urgent care, emergency room, or through a telehealth visit. Other costs beyond the test and test- visit including related items and services will be covered based on the terms of the member's plan and applicable state and federal mandates. Therefore, deductibles, copayments and coinsurance would apply to care, services or supplies beyond the test itself and test-related provider visit.

In addition, these services can be obtained in-network, as well as, out of network for plans that either have out-of-network benefits or for in-network only plans in situations that require emergent care or when out of network contractual exceptions are met.

UnitedHealthcare will cover all Virtual Visits, not limited to COVID-19, for all fully insured and self-funded plans including HSA/HDHPs unless the plan has indicated otherwise.

These services may be obtained without prior authorization.

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

Yes. Such plans must cover the COVID-19 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. Other costs beyond the test and test-related visit and items and services related to the visit will be covered based on terms in the medical plan. Therefore, deductibles, copayments and coinsurance would apply to care and to certain services or supplies beyond the test and test-related visit itself.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

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

What should a client do if they wish to cover more than just the test and test-related expenses at no cost share?

UnitedHealthcare is able to accommodate a client that wishes to cover certain services above and beyond cost share on diagnostic testing or test-related visit or to cover COVID-19 treatment. The client should discuss with the UnitedHealthcare account team.

Does the provider or lab need to use a specific HCPCS code to have the COVID-19 test covered?

Yes. The new HCPCS and CPT codes to cover the 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).
- 87635 Pathology and Laboratory code for severe acute respiratory syndrome coronavirus 2 (SARS-2-Co-2). Most national laboratories will use this code.

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.

Where can a member go to get a COVID-19 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 test and test-related visit with no cost sharing (copayment, coinsurance, and deductible).

Are tests readily available from physicians?

The tests are being made available now, but check with your physician to see if they have the test or where you can go in your area for a test.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

What is the process if client requests to opt out of covering the 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 testing be an option?

If your health care provider determines you should be tested for COVID-19 and orders the test, they should work with local and state health departments to coordinate testing. As long as the testing place is at an FDA approved facility/location and administered in accordance CDC Guidelines, it will be covered.

Does UnitedHealthcare cover COVID-19 Home Tests?

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

Can a member self-refer for the test?

No. A member should call their physician right away if they believe they have been exposed to COVID-19. The provider will have special procedures to follow. If the provider feels a COVID-19 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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

Treatment for COVID-19 would be covered in accordance with the terms of the medical plan. Cost share, deductibles, copays and coinsurance, will apply to treatment beyond the test and test-related visit.

Requirements may differ in some states. Discuss with your UnitedHealthcare account representative.

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 test?

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

VIRTUAL VISITS AND TELEHEALTH

What is the role of Telehealth/Virtual Visits?

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 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 network rather than going through a Virtual Visit provider. The physician must have the appropriate technology to provide live, two-way audio and visual communication with the patient. If you are experiencing symptoms or think you might have been exposed to COVID-19, please call your health care provider right away and ask what telehealth options may be available. The telehealth expansion applies to all plans that have a telehealth benefit.

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

When a COVID-19 test is done, the test and test-related telehealth visit will be covered at no cost share. Please note that claims for treatment will pay according to the member's plan benefits.

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

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under their plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers Teladoc[®], Doctor On Demand[™] and AmWell[®] have developed guidelines for members who think they may have been infected by COVID-19.

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

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

Will UnitedHealthcare waive cost share for Virtual Visits through Teladoc[®], Doctor On Demand[™] and AmWell[®]?

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

UnitedHealthcare will waive the upfront collection of cost-share (copayment, deductible, and coinsurance) for all Virtual Visits. Waiver of cost share for all Virtual Visits benefits will be in place until June 18, 2020. This change will only apply to customers who have Virtual Visits through UnitedHealthcare. For the limited number of self-funded customers who want to opt out of providing their enrollees with this benefit during the pendency of this emergency, we will still need to waive the upfront collection of the virtual visit copay for all services but we will communicate to such enrollees that their employer has opted out of this benefit and we will bill them subsequently for services that do not require cost share waiver under federal requirements.

Has UnitedHealthcare changed Telehealth guidelines?

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:

- **Designated Virtual Visit Providers** – Through June 18, 2020, members can access their existing telehealth benefit offered through one of UnitedHealthcare’s designated providers without any cost share (copayment, deductible or coinsurance). UnitedHealthcare Virtual Visit Providers include Teladoc, Doctor on Demand and Amwell.
- **Expanded Provider Telehealth Access** - Effective March 18, and through June 18, 2020, all eligible medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video-conferencing) can do so. We will waive member cost sharing (copayment, deductible or coinsurance) for COVID-19 testing-related visits.

UnitedHealthcare will cover Virtual Visit first dollar HSA/HDHPs for all fully insured and self-funded plans,

Which groups do the Telehealth and Virtual visit benefits apply to?

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

How will UnitedHealthcare reimburse providers for a Telehealth encounter?

UnitedHealthcare will reimburse providers who submit appropriate telehealth claims according to the terms of applicable member benefit plans.

UnitedHealthcare reimburses telehealth services according to its telehealth reimbursement policies.

The COVID-19 test and test-related visit will be reimbursed at no cost share (copayment, deductible or coinsurance).

Can you clarify whether Telehealth can be offered and paid at 100% before the deductible has been met on a HDHP plan and not disqualify them from making HSA contributions?

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

The Internal Revenue Service advised that high-deductible health plans (HDHPs) can pay for COVID-19-related testing and treatment, without jeopardizing their status. This also means that an individual with an HDHP that covers these costs may continue to contribute to a health savings account (HSA). 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 test and test-related physician office, urgent care, emergency room, Virtual Visit and telehealth visit will be covered at no cost share.

Self-funded plans may choose to cover treatment at no cost share. 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 Virtual Visits covered for UnitedHealthcare Preventive Plan members?

Preventive Plan members do not have access to UnitedHealthcare's Virtual Visits program. However, if their personal physician offers telehealth services, they may utilize those services. Coverage is effective for claims as of March 18, 2020 and will remain in place for 90 days and then be re-evaluated.

How does this Virtual Visit change apply to Oxford?

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

PHARMACY COVERAGE

Will pharmacy coverage or treatment be impacted by COVID-19?

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

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

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

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

SPECIAL ENROLLMENT

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

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

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

- The enrollment opportunity will extend from March 23, 2020, to April 6, 2020. Effective date is April 1.
- Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
- Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
- Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
- For small employers (2-50), employers will need to verify the employee's eligibility via a wage and tax statement. This document does not need to be submitted to UnitedHealthcare.
- Existing eligibility, underwriting and state guidelines will apply.

If an insured customer has multiple plan options and opts into the Special Open Enrollment, can current members change plans?

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

The Special Open Enrollment 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 SEP?

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

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

Is the Special Enrollment Period (SEP) complaint with Section 125 Premium Only Plans?

The IRS has not yet provided an opinion on this issue. We have advised our customers to speak with their tax and benefits counsel.

Are Small Business Customers subject to material modification rules?

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

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

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

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

Yes. During the next 90 days, and one time only, if an employer wishes to buy down their benefit plan, UnitedHealthcare will allow it. The group’s effective date will not change.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

Can an insured employer add an additional leaner plan and have a Special Open Enrollment?

No, because the additional plan would need to be uniformly available to eligible classes of employees, and we are not allowing plan changes mid-year for customers with multiple plan designs, this is not available as an option.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

FULLY INSURED –BUSINESS DISRUPTION SUPPORT

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?

For health plan products: Through May 31, 2020, 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. Please note that you must offer this coverage on a uniform, non-discriminatory basis.

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

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

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

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

No, 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 you waive any rehire waiting period for re-hired employees who were terminated due to COVID-19?

Yes.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

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

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

Standard COBRA and state continuation protocols apply.

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

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

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

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

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

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

Small group ACR rates will not be adjusted 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 off renewal.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

ASO – BUSINESS DISRUPTION AND STOP LOSS SUPPORT

PLEASE REFER TO OTHER SECTIONS FOR ADDITIONAL INFORMATION.

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.

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?

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. However, we will not automatically include stop loss insurance coverage for plans electing benefits above our standard.

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

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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

Although we are communicating our intentions with Optum Stop Loss, **we still require client's 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 client's 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.

Are you offering fee holidays?

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

Are furloughed employees eligible for fully insured plans?

Employees remain eligible for 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 you would not notify us of a coverage change and furloughed employees would remain on the plan.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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?

Yes, standard new business submission review will continue. If the enrolled census changes by more than 10% we will reserve the right to re-rate the group. Depending on the magnitude of the census change, the coverages for which the group qualifies may also change.

Unless the self-funded client notifies UnitedHealthcare of their intention to terminate, we continue the plan per ASA.

Can fully insured groups that are scheduled to have open enrollments in March or April during business shut downs and/ or have effective dates during these shut downs, 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.

Can UnitedHealthcare provide COVID-19 claims reporting?

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

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

Yes, temporarily we will allow it as long as the plan sponsor continues to pay its premiums and offers the option to all furloughed 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. However, if an employee is terminated, the normal termination rules apply.

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

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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare’s presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

SPECIALTY

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.

If a covered person is medically quarantined but not yet exhibiting symptoms or formally diagnosed with COVID-19, are they disabled under a UnitedHealthcare Short Term Disability plan?

Short-Term Disability plans insure against lost income when a medical condition restricts or limits a covered person's ability to perform their job and meets the policy definition of a disability.

If, as a result of COVID-19, a covered person is unable to work, experiences a loss of income due to a medically supported quarantine or isolation, but does *not* rise to the level of restrictions and limitations as defined in the policy, UnitedHealthcare will review and consider these claims for possible benefit payment. Generally speaking, if a reasonable accommodation for remote work exists while in quarantine or isolation, there is no loss of income; therefore, the definition of disability would not be met.

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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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.

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.

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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

The federal government recently passed The Families First Coronavirus Response Act (HR 6201). How does this new legislation impact our Financial Protection disability plans/benefits?

The Families First Coronavirus Response Act enacted, on a temporary basis, up to two weeks of paid sick leave for employees who are unable to work or telework as a result of COVID-19. The specific reasons for permitted leave include the employee being subject to a government-ordered quarantine, advised by healthcare provider to quarantine or experiencing symptoms of COVID-19. The reasons also include the need to care for an individual who is subject to a government order or has been advised to quarantine, or needs a leave to care for a child because their school or daycare has been closed. This law is effective April 2, 2020, through December 31, 2020, and applies to private employers with fewer than 500 employees and public employers of any size.

The primary impact of this new paid sick leave law relates to potential short-term disability claims filed on the basis of a medically supported quarantine or isolation. As stated above, if, as a result of COVID-19, a covered person is unable to work or telework, experiences a loss of income due to a medically supported quarantine or isolation, but does not rise to the level of restrictions and limitations as defined in the policy, we will review and consider these claims for possible benefit payment. With the introduction of mandatory paid sick leave:

- ***for applicable employers with fewer than 500 employees there will be no income loss during the recommended 14-day quarantine period and no reason to file a short-term disability claim;***
- for employers with more than 500 employees, our position stated above regarding consideration of STD claims in the absence of a diagnosis will not change; and
- in the event an employee is diagnosed with COVID-19 and is too ill to work, any mandatory paid sick leave received by the employee may be considered an offset under the terms of the applicable short term disability policy.

I understand how UnitedHealthcare approaches COVID-19 relative to their insured Financial Protection plans, but what about self-insured plans where UnitedHealthcare is administering disability claims on behalf of our company?

A. Generally speaking, we approach claim administration for our self-insured disability customers similar to that of our fully insured customers. That said, we recognize that each self-insured policyholder (employer) has discretion as to how benefits are paid, and we work with customers to administer benefits according to their company-specific needs. We would suggest, however, that the employer consult with its benefits advisor or legal counsel regarding such decisions.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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.

If I lay off part of my workforce in response to the COVID-19 crisis, how long will their coverage continue under our group life, AD&D and supplemental health plans?

Continuation of coverage due to an approved layoff is outlined in the *Termination of Covered Person Insurance* or *Termination of Covered Employee Insurance* section(s) of the employer's policies. It may vary by customer and you should refer to the actual Certificate(s) for plan specifics.

- By way of reference, our standard policy language (which applies to most customers) allows for coverage to continue due to an approved layoff, for up to three months from the date he/she stopped active work.

If I lay off part of my workforce in response to the COVID-19 crisis, how long will their coverage continue under our group disability plan?

Continuation of coverage due to an approved temporary layoff is outlined in the *Termination of Covered Person Insurance* section of the employer's disability policy. It may vary by customer and you should refer to the actual Certificate(s) for plan specifics.

- By way of reference, our standard disability policy language (which applies to most customers) allows for coverage to continue due to a temporary layoff - through the end of the month following the month in which the layoff began.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

- For example: If a temporary layoff began March 17, 2020, coverage does not end until April 30, 2020.

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.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

ALL SAVERS

INFORMATION IN THIS SECTION IS SPECIFIC TO ALL SAVERS.

Is there a Virtual Visit option for members?

Virtual Visit options are available to members in many plans. Where available, and if covered under the member's plan, members can schedule a Virtual Visit with a provider. Virtual Visit providers **Teladoc[®]**, **HealthiestYou**, **AmWell[®]** and **Doctor On Demand[™]** have developed guidelines for members who think they may have been infected by COVID-19.

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

When a COVID-19 test is done, the test and test-related virtual visit will be covered at no cost share when billed with the appropriate codes. Please note that claims for treatment will pay according to the member's plan benefits.

How does this change apply to All Savers?

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 for the next three months at no cost to the group or member.

Has UnitedHealthcare changed telehealth guidelines for All Savers?

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 healthcare provider. People will have access to telehealth services in two ways:

- **Designated Virtual Visit Providers** – Members can access their existing telehealth benefit offered through one of UnitedHealthcare's designated partners for free. UnitedHealthcare Virtual Visit providers include **HealthiestYou**, Teladoc, Doctor on Demand and AmWell,
- **Expanded Provider Telehealth Access** - Effective immediately, through June 18, 2020, all eligible in-network medical providers who have the ability and want to connect with their patient through synchronous virtual care (live video-conferencing) can do so. We will waive member cost sharing for COVID-19 testing-related visits.

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020

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

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

- The enrollment opportunity will extend from March 23, 2020, to April 6, 2020. The effective date for this special enrollment is April 1, 2020.
 - Customers are not required to adopt the *Special COVID-19 Enrollment Opportunity*. Because of this, no opt out action is required on their behalf. UnitedHealthcare realizes each situation is unique, and each customer must make their own decisions on the enrollment opportunity.
 - Dependents, such as spouses and children, can be added if they are enrolled in the same coverage or benefit option as the employee.
 - Standard waiting periods will be waived; however, existing eligibility and state guidelines will apply.
 - Existing eligibility, underwriting and state guidelines will apply.
 - **Note:** Self-funded customers may choose to amend their eligibility requirements to align with this special enrollment period for fully insured customers, at their discretion.
-

UNITEDHEALTHCARE PROPRIETARY AND CONFIDENTIAL

UnitedHealthcare's presentation materials and responses to your questions are intended to provide general information and assistance during this national emergency and do not constitute medical, legal or tax advice. Please contact your medical, legal and tax advisors on how to respond to this situation. The materials and discussion topics do not constitute a binding obligation of UnitedHealthcare with respect to any matter discussed herein. Please note, in addition to federal law, states may have additional or differing requirements.

Some of our products and networks have different features and as a result different guidelines and protocols are applicable to them. Please contact your UnitedHealthcare account representative for additional details.

Last updated 3/25/2020