



Health plans designed to give you more

Discover savings, freedom and simplicity with Oxford Level Funded



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Get to know Oxford Level Funded

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

Building health ownership and lowering costs

Initiation \$\$\$\$	Awareness \$\$\$	Accountability \$\$	Ownership \$
My health benefits help me when I'm sick.	My health benefits help me stay healthy and manage my condition.	My health benefits are an integral part of managing my health.	My health benefits help me make more informed decisions and get the most for my dollars.



A different kind of health plan

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

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

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

How does level funding work?

Traditional insurance is a fixed cost

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

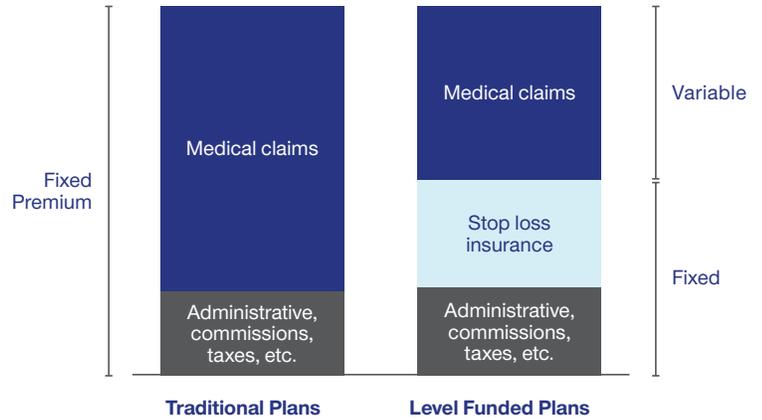
If the actual health care claims are higher than expected, the insurance company covers them. But if the claims are lower than expected, the insurance company keeps the difference. This means your company doesn't get anything back if your employees have lower-than-expected claims.

Level Funded plans are different

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

A couple additional benefits:

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

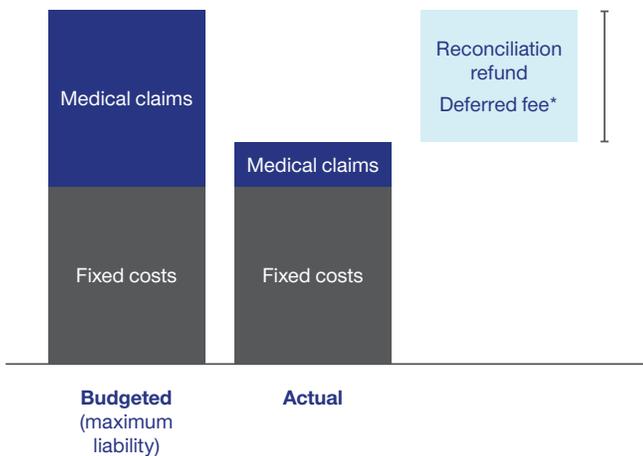


Best case: Low medical claims

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

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

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



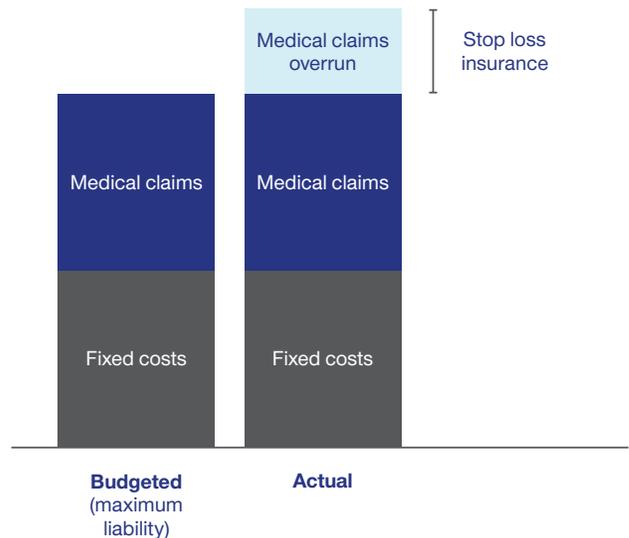
*Where allowed by state law

Worst case: High medical claims

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

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

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



Dozens of plan designs

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

Traditional, split copay and HSA plans

- Deductible range: \$0 to \$8,000
- Coinsurance options: 50% to 100%
- Network only (EPO) options
- Embedded/non-embedded deductibles
- Individual stop loss limits: \$25K–\$45K
- Primary care physician (PCP) gated EPO plans with specialist referral required (not available in all markets)
- Real Appeal® online weight-loss program available with all benefit plans
- Savings with hearing benefit offering device discounts
- Survivorship Benefit included with all medical plans — continued coverage available for dependents when an employee passes away

Tiered benefit plans

- Premier PROformance—deductible range \$500 to \$5,500, 60% to 90% coinsurance; \$0 child PCP copay, \$10–\$20 PCP copay for adults

Prescription drugs

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

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



Interactive wellness programs and health services

As part of your benefit plan, and at no additional cost, we provide your plan participants with ways to help manage their care and get healthier.

24/7 Virtual Visits

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

Use Virtual Doctor Visits for common, nonemergency conditions like:

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

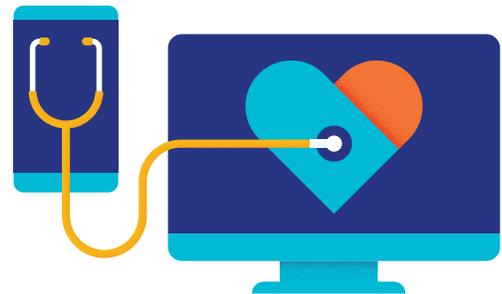
To learn more, visit myuhc.com or download the UnitedHealthcare app.



HealthiestYou

Your one-stop shop for all things virtual health care. All 4 services — general medical, dermatology, mental health and back/neck care — are available to all family in your household, even those not taking medical coverage with Oxford Level Funded. HealthiestYou™ helps you save time and money, and avoid unnecessary in-person doctor visits for non-life-threatening illnesses.

Doctors can prescribe** medication when necessary as well. Best of all, it's at no additional cost as part of your benefit plan.***



*Data rates may apply.

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

***\$0 copay applies to non-HSA plans. HSA plans are subject to deductible. Reduced rates for 24/7 Virtual Visits and HealthiestYou are subject to change at any time.

Real Appeal

More than 7 out of 10 adults are considered overweight or obese.¹ Health care costs directly related to excess pounds are estimated at \$480 billion per year and continue to rise.² Real Appeal® is working to help reverse this trend, with resources and support to help plan participants lose weight and prevent weight-related health conditions. Real Appeal is provided at **no additional cost** to eligible plan participants as part of their medical benefit plan.

Real Appeal may help motivate plan participants to improve their health and reduce their risk of developing costly chronic conditions such as heart disease and diabetes. The program combines clinically proven science with content that teaches employees how to eat healthier and be active — without turning their lives upside down — to help them achieve and maintain their weight-loss goals.

- Entertaining and aspirational messaging
- A Success Kit
- Online classes
- Digital support and tracking
- Health Coach



Rally Health and Wellness

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

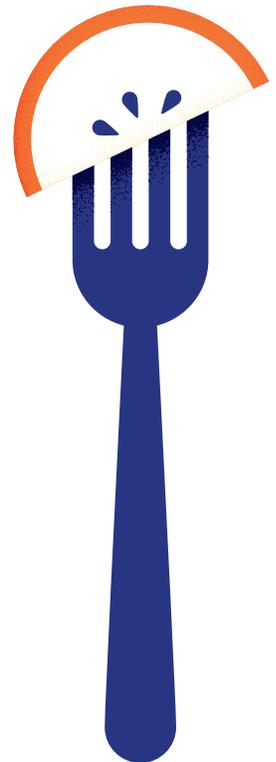
Calculate their Rally Age – Plan participants start by taking an interactive health survey to see their Rally Age, a measure of their overall health. Based on their Rally Age, they'll get personal recommendations called “missions” to help them reach their health goals.

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

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

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

To learn more, visit rallyhealth.com



¹ Centers for Disease Control and Prevention. Obesity and Overweight. [cdc.gov/nchs/fastats/obesity-overweight.htm](https://www.cdc.gov/nchs/fastats/obesity-overweight.htm). Page last reviewed March 1, 2021.

² The Milken Institute. America's Obesity Crisis: The Health and Economic Costs of Excess Weight. [milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight](https://www.milkeninstitute.org/reports/americas-obesity-crisis-health-and-economic-costs-excess-weight). Published Sept. 20, 2020.



Robust online tools

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

Plan participant website: myuhc.com

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

Plan sponsor website: uhceservices.com

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



Dedicated service

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

Service excellence model

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

Customized solutions

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

Specialized support

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

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

Oxford Level Funded summary of features and options

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



Cost control

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



A variety of plan designs

- HSA, PPO and EPO plan portfolios designed to help meet the needs of your plan participants and their families:
 - Deductibles that range from \$0 to \$8,000
 - Coinsurance options of 50% to 100%
 - Embedded and non-embedded deductibles
- National pharmacy benefit manager with full OptumRx integration
- Savings with hearing benefit offering device discounts
- Survivorship Benefit included with all medical plans—continued coverage available for dependents when a plan participant passes away



Interactive wellness programs

- **Real Appeal** – Virtual weight-loss program that provides 1-on-1 and live group coaching to eligible participants.
- **24/7 Virtual Visits** – With Virtual Visits, plan participants can connect with a doctor for help with nonemergency care—anytime, anywhere, right from their mobile device* or computer
- **HealthiestYou** – Connect with doctors 24/7 with no copay, shop and price prescriptions, and much more
- **Expert Medical Services** – A second-opinion service committed to helping employees make informed medical decisions
- **Rally** – Complete a health survey, choose missions, join challenges and earn Rally Coins to use for a chance to win rewards

*Data rates may apply.



Oxford networks and resources

- Oxford Freedom Network is our premier network, which provides access to more than 124,400 tri-state area providers² and nationwide access when traveling outside the Oxford service area
- Oxford Liberty Network is our most popular network, which provides access to more than 119,100 tri-state area providers² and nationwide access when traveling outside the Oxford service area
- Oxford Metro Network[®] provides our most affordable options with access to more than 81,000 New Jersey and New York providers²
- Provider search and cost transparency tools on **myuhc.com** that allow plan participants to choose care at a competitive price
- Support from Oxford resources



Dedicated service

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



Robust tools

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

Request a quote

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

**United
Healthcare
Oxford**

¹ Please consult a tax and/or legal advisor to determine if by receiving this surplus refund, there are any restrictions or obligations, or whether the surplus refund is taxable.

² Network Report, December 2020. This data represents all participating (network) providers except ancillary providers (i.e., laboratories, radiology centers, urgent care centers, hospitals, etc.). Dental, behavioral health practitioners, complementary and alternative medicine providers are included. Providers who are board certified in more than one specialty, and/or practice at more than one location, are counted only once and at only one location.

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

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

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

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

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

All UnitedHealthcare members can access a cost estimate online. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the website terms of use under Find Care & Costs section.

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

All trademarks are the property of their respective owners.

Administrative services provided by Oxford Health Plans LLC. Stop loss insurance is underwritten by All Savers Insurance Company in CT, UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.