

FINANCIAL, BUSINESS CONTINUITY AND REPORTING

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

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

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

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

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

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

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

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

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

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

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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 7/24/2020

For health plan products, UnitedHealthcare is temporarily relaxing its requirement that employees be actively working to be eligible for coverage and will allow you to cover your reduced hour employees, if you pay the monthly premium. Please note that you must offer this coverage on a uniform, non-discriminatory basis. However, if an employee is terminated, the normal termination rules apply.

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

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

Are customers able to continue employee health benefits if *part of the workforce is laid-off* in response to the COVID-19 crisis? Update 7/24

in order to stay consistent with the end of the emergency period 10/22 – UnitedHealthcare offers customers the ability to extend furloughed non-medical leave employees to 10/22 OR 20 weeks whichever is later. There is no change to medical leave.

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

If the employee is on a customer-approved leave of absence/furlough and the customer continues to pay required medical premiums, the coverage will remain in force the later of October 22, 2020, or:

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

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

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

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

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

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Last updated 7/24/2020

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

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

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

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

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

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

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