

THE BENEFIT

Housing Benefits Plan (HBP) is the medical plan provided to you by your housing authority. It is directed by housing authority Executive Directors from across Southeast and Southwest NAHRO for the benefit of housing authorities.

Please share this with all of your HBP employees, retirees, and COBRA members. Also share with the ED, HR, and Finance.



2022 ID Cards for Medical Plan Members

If you did not make changes to your medical coverage during open enrollment, you will not be receiving new medical ID cards. However, you are encouraged to go online and print a new medical ID card from myUHC.com in January as the new 2022 cards will list your deductible, out of pocket maxes, and a phone number and website for locating in-network facilities. (See attached example which will also be posted to the HBP website [here](#).)

Medical members who changed plans or dependents during open enrollment will receive new ID cards for 2022. The cards will be mailed to the member's home address on file at UHC. If a member's address has changed and not been updated within the last two years, please complete the attached enrollment/change form. Fill out the Employer and the Employee Information Sections at the top of page 1. The type and reason for change is Change of Address. Use the current date as the effective date. Please do not mark anything else on the form such as coverages that you have, so as not to confuse things. Sign and date the bottom of page 2.

Submit the form to the SharePoint website. If you do not have access to SharePoint, email the form to ClientServices_Billing3@mercer.com and ask them to please submit the change. Current medical plan members may continue to use their old ID cards until the new ones arrive. In 2022, once you have your new ID cards, please discard the old cards.

Apple Fitness+

HBP medical members now have access, at no additional cost, to a 1-year Apple Fitness+ subscription. All members with an Apple Watch (Series 3 or later) can redeem this offer. This program is available to UnitedHealthcare members 13 years and older with access to myUHC.com.

This wellness program gives members the ability to access Apple Fitness+ studio-style workouts on their iPhone, iPad, and Apple TV, incorporating workout metrics from Apple Watch to help provide a personalized experience wherever and whenever it is convenient.

More information on this program offering, can be found [here](#).

January Invoices

It is normal for the January invoices to be late due to all the open enrollment changes. You may pay them after the holidays without penalty.

2022 Prescription Drug List

Please find attached the new Prescription Drug List for 1/1/2022. Some changes have been made to the drug list. Impacted members (those that have taken at least one of the impacted meds in the past 12 months) will receive a letter 60 days prior to renewal.



The HBP website at www.housingbp.com provides more information and helpful links.

Questions or comments? Email us at hbp@callhsa.com or call 1-800-288-7623, option 5.



December 2021



HBP wishes you, your staff, and your family a very Merry Christmas and a Happy New Year!!

COBRA Tax Credit

If the housing authority paid COBRA benefits for an eligible individual during April 1, 2021-September 30, 2021, the housing authority may qualify to be reimbursed for these payments. The Employer Guide for Claiming COBRA Subsidy Tax Credit has been created to assist employers with the steps needed for claiming the Tax Credit. The guide can be found on HBP's [website](#).



COVID-19 Resources

Click on the link for the most current UHC COVID-19 information. <https://www.uhc.com/health-and-wellness/health-topics/covid-19/faq>

Visit www.myuhc.com/covid for up-to-date plan and benefit information.

Know Before You Go

When scheduling a test or procedure inquire about the ancillary providers such as anesthesiologists and radiologists. If they are not in-network, find ones that are, even if you need to change to another in-network facility.



UnitedHealthcare 2022 ID Cards

Consolidated Appropriation Act Requirements

Overview

Under the No Surprises Act, commercial insurers/health plans and individual plans must include network and out-of-network deductible and out-of-pocket maximum limitations applicable to the member's coverage.

Beginning on and after January 1, 2022, as plans renew, the ID card must include:

- Plan deductibles for network and out-of-network
- Out-of-pocket maximums for network and out-of-network
- Phone number and web address for a member to get assistance

UnitedHealthcare Approach

- The ID card shape, size and general appearance won't change.
- ID cards will be electronically available on myuhc.com[®] and the UnitedHealthcare[®] app, upon renewal on or after 1/1/22.
- Cost-share tiering will be accommodated based on available space – up to 3 tiers for medical and up to 4 tiers for pharmacy.
- The ID card will reflect Individual and Family tiering as applicable.
- The back of the ID card will not change as a result of the CAA requirements.

UnitedHealthcare Sample card

		<div>Customer Logo Here</div>
Member: SUBSCRIBER SMITH		
Member ID: 123456789	Group Number: 9998765	
Dependents	CUSTOMER NAME	
SPOUSE SMITH		
CHILD1 SMITH		
CHILD2 SMITH		
CHILD3 SMITH		
Payer ID: 87726		
Copays		
Office: \$50	ER: \$200	Telehealth: \$200
UrgCare: \$100	Spec: \$75	Hospital: \$75
Coins 50%		
Ded IND/FAM	OOPM IND/FAM	
INN: \$3300/\$6600	\$6600/\$13000	
OON: \$6600/\$13000	\$13000/\$26000	
FULLY INSURED		
DOI-0508		
UnitedHealthcare Choice Plus w HSA		
Administered by UnitedHealthcare Insurance Company and its Affiliates.		





Member Information

- The availability of an electronic card through the UnitedHealthcare® app may eliminate the need for a printed card, since the member can use the app to show or email the ID card image to the provider.
- Members may also print a temporary ID card directly from our member website, myuhc.com.
- The Member Welcome Guide will include the following disclaimer information:

If there is a difference between this communication and your plan documents, the terms of your plan documents will apply.

- Your plan ID card is for identification only. Your provider will need to verify your eligibility for coverage.
- An ID card may show some or all of the following terms and abbreviations based on federal or state regulations:

- | | |
|---------------------------------|---|
| • Office = Office Visit | • OON = Out of Network |
| • PCP = Primary Care Provider | • OOPM = Out of Pocket Max |
| • Spec = Specialty Care | • Rx = Pharmacy |
| • UrgCare = Urgent Care | • IND = Individual |
| • ER = Emergency Room | • FAM = Family |
| • InPtHosp = Inpatient Hospital | • INN = In Network |
| • Ded = Deductible | • OOPM - NoMax = No Out of Pocket Maximum |
| • Coins = Coinsurance | |

For questions contact your UnitedHealthcare representative.

Rev. 10/19/21





Updates to your prescription benefits

Effective January 1, 2022

Access 3-Tier PDL update summary

Within the Prescription Drug List (PDL), prescription drugs are grouped by tier. The tier indicates the amount you pay when you fill a prescription. Please reference the chart to the right as you review the following updates to the PDL.



Tier 1

Lowest-cost medications



Tier 2

Mid-range cost



Tier 3

Highest-cost

Prescription drugs with new benefit coverage

The following drugs were previously not covered under most benefit plans and are now eligible for coverage.

Therapeutic Use	Medication Name	Tier Placement
Overactive bladder	Gemtesa	3
Overactive bladder	Vesicare LS	3
Thyroid replacement	Thyquidity	3

Prescription drugs moving to a lower tier

The following drugs are moving to a lower tier, making them a lower cost.

Therapeutic Use	Medication Name	Tier Placement
Sexual dysfunction	Imvexxy ¹	Tier 3 to Tier 2

Prescription drugs moving to a higher tier

The following medications are moving to a higher tier. Medications may move from a lower tier to a higher tier when they are more costly and have available lower-cost options.

Therapeutic Use	Medication Name	Tier Placement	Lower-Cost Option(s)
Asthma	Proair HFA (brand only) ²	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Asthma	Proair RespiClick ²	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Asthma	Ventolin HFA ²	Tier 2 to Tier 3	albuterol sulfate HFA (generic ProAir HFA, generic Proventil HFA)
Bladder pain	Elmiron ³	Tier 2 to Tier 3	amitriptyline (generic Elavil)
Cholesterol/Lipid lowering	Praluent ^{2, 3}	Tier 2 to Tier 3	Repatha ³
Cholesterol/Lipid lowering	Vascepa ^{2, 3}	Tier 2 to Tier 3	atorvastatin (generic Lipitor), fenofibrate 54 mg, 145 mg, 160 mg tablets (generic Lofibra, Triglide, Tricor), omega-3 ethyl esters (generic Lovaza), rosuvastatin (generic Crestor), simvastatin (generic Zocor)
Endocrine disorders	Nityr ^{2, 3}	Tier 2 to Tier 3	Orfadin ³
Endocrine disorders	Signifor ³	Tier 2 to Tier 3	ketoconazole tablet (generic Nizoral)
HIV	Fuzeon ³	Tier 2 to Tier 3	Discuss alternative treatment options with your provider.
Myasthenia gravis	Mestinon Timespan (brand only) ²	Tier 2 to Tier 3	pyridostigmine extended-release tablet (generic Mestinon Timespan)
Nausea and vomiting	Varubi ²	Tier 2 to Tier 3	aprepitant capsule (generic Emend)
Parkinson's disease	Apokyn ³	Tier 2 to Tier 3	Inbrija ³ , Kynmobi ³
Sexual dysfunction	Intrarosa ¹	Tier 2 to Tier 3	Imvexxy ¹
Supportive care for Cystic fibrosis	Cayston ³	Tier 2 to Tier 3	tobramycin 300 mg /4 mL (generic Bethkis) ³

Prescription drugs excluded from benefit coverage^{4, 5}

We evaluate prescription drugs based on their total value, including how a drug works and how much it costs. When several drugs work in the same way, we may choose to exclude the higher-cost option. Effective January 1, 2022, the drugs listed below may be excluded from coverage or you may need to get a prior authorization. Sign into your online account to check which drugs your plan covers and if there are any actions you need to take.

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Acne	Epiduo (adapalene-benzoyl peroxide) 0.1%-2.5% gel/ Epiduo Forte ²	OTC benzoyl peroxide, OTC Differin gel, tretinoin cream (generic Retin-A)
Acne	Winlevi ⁶	OTC Differin, tretinoin cream
ADHD	Ritalin tablets (brand only)	methylphenidate tablets (generic Ritalin)

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Allergies	Patanase (brand only)	olopatadine 0.6% nasal spray (generic Patanase)
Alzheimer's disease	Namenda (brand only)	memantine (generic Namenda)
Angina	Isordil Titrados (brand only)	isosorbide dinitrate (generic Isordil Titrados)
Benign prostatic hypertrophy	Proscar (brand only)	finasteride (generic Proscar)
Blood disorders	Agrylin (brand only)	anagrelide (generic Agrylin)
Cancer	Tykerb (brand only) ³	lapatinib tablet (generic Tykerb) ³
Cancer	Xalkori ³	Alecensa ³ , Alunbrig ³
Cancer	Zykadia ³	Alecensa ³ , Alunbrig ³
Cholesterol/Lipid lowering	Niaspan (brand only)	niacin extended-release (generic Niaspan)
Cholesterol/Lipid lowering	Pravachol (brand only)	pravastatin (generic Pravachol)
Contraceptive	Estrostep FE (brand only) ⁷	norethindrone/ethinyl estradiol 1/20-1/30-1/35 [Tilia FE, Tri-Ligest FE (generic Estrostep FE)]
Contraceptive	Loestrin 1.5/30 (brand only) ⁷	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela, Hailey, Junel 1.5/30, Larin, Microgestin (generic Loestrin 1.5/30)]
Contraceptive	Loestrin 1/20 (brand only) ⁷	norethindrone/ethinyl estradiol 1 mg/20 mcg [Aurovela, Junel 1/20, Larin, Microgestin (generic Loestrin 1/20)]
Contraceptive	Loestrin FE 1.5/30 (brand only) ⁷	norethindrone/ethinyl estradiol 1.5 mg/30 mcg [Aurovela FE, Blisovi FE, Hailey FE, Junel FE, Larin FE, Microgestin FE, (generic Loestrin FE 1.5/30)]
Contraceptive	Mircette (brand only) ⁷	desogestrel/ethinyl estradiol [Azurette, Bekyree, Kariva, Pimtree, Simliya, Viorele, Volnea (generic Mircette)]
Cough & cold	Hycodan (brand only) ⁶	hydrocodone/homatropine (generic Hycodan)
Diabetes	Amaryl (brand only)	glimepiride (generic Amaryl)
Gallstones	Actigall (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Gallstones	Urso 250 (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Gallstones	Urso Forte (brand only)	ursodiol (generic Actigall, generic Usro 250, generic Urso Forte)
Heart failure	Edecrin (brand only)	ethacrynic acid tablets (generic Edecrin)
Hereditary angioedema	Orladeyo ^{3, 6}	Haegarda ³ , Takhzyro ³
High blood pressure	Accupril (brand only)	quinapril (generic Accupril)
High blood pressure	Dyrenium (brand only)	triamterene capsules (generic Dyrenium)
High blood pressure	Tarka (brand only)	trandolapril/verapamil extended-release tablet (generic Tarka)
High blood pressure	Toprol XL (brand only)	metoprolol succinate extended-release tablet (generic Toprol XL)
Hormone replacement	Femhrt (brand only)	norethindrone/ethinyl estradiol 0.5 mg/2.5 mcg [Fyavolv (generic Femhrt)]

Therapeutic Use	Medication Name	Alternative Treatment Option(s)
Infections	Diflucan suspension, tablets (brand only)	fluconazole (generic Diflucan)
Infections	Kerydin (brand only)	itraconazole (generic Sporanox), oral terbinafine (generic Lamisil), ciclopirox (generic Penlac), tavaborole (generic Kerydin)
Inflammatory conditions	Arava (brand only)	leflunomide (generic Arava)
Mental health	Remeron SolTab, tablets (brand only)	mirtazapine (generic Remeron)
Multiple sclerosis	Rebif/Rebif Rebidose ³	dimethyl fumarate (generic Tecfidera) ³ , glatiramer acetate (generic Copaxone) ³ , Aubagio ³ , Avonex ³ , Bafiertam ³ , Betaseron ³ , Gilenya ³ , Plegridy ³
Nausea & vomiting	Emend capsules (brand only)	aprepitant capsules (generic Emend)
Osteoporosis	Boniva tablet (brand only)	ibandronate (generic Boniva)
Overactive bladder	Ditropan XL (brand only)	oxybutynin extended-release tablet (generic Ditropan XL)
Pain	Prolate (oxycodone/acetaminophen) 10mg/300mg oral solution ⁶	oxycodone/acetaminophen (generic Percocet)
Pain & inflammation	Cataflam (brand only) ⁶	diclofenac tablets (generic Cataflam, generic Voltaren)
Pain & inflammation	Mobic (brand only)	meloxicam (generic Mobic)
Skin conditions	Carac (fluorouracil) 0.5% cream	fluorouracil 5% (generic Efudex), Fluoroplex 1% cream
Skin conditions	Cordran ointment (brand only)	flurandrenolide 0.05% ointment (generic Cordran)
Skin conditions	Dovonex (brand only)	calcipotriene cream (generic Dovonex)
Skin conditions	Sorilux (calcipotriene) foam	calcipotriene cream (generic Dovonex)
Skin conditions	Wynzora ⁶	betamethasone (generic Diprosone) + calcipotriene (generic Dovonex), betamethasone/calcipotriene ointment (generic Taclonex), Enstilar, Taclonex Suspension
Ulcers due to H. pylori	Helidac Therapy ⁶	metronidazole (generic Flagyl) + tetracycline (generic Sumycin) + OTC bismuth subsalicylate or Omeclamox-Pak
Vitamin	Mephyton (brand only)	phytonadione (generic Mephyton)

¹ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

² Typically excluded from coverage.

³ Step therapy or prior authorization may be required prior to coverage.

⁴ For benefits that do not exclude, step therapy (referred to as First Start in New Jersey) or prior authorization (sometimes referred to as precertification) may be required.

⁵ Exclusion includes brand, generic and authorized generic products unless otherwise noted.

⁶ Newly released medication which was excluded from coverage at the time of launch and will continue to be excluded from our benefit.

⁷ In accordance with HCR/ACA requirements, providers may request a zero dollar coverage exception review for preventive medications. Please access [uhcprovider.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act \\$0 Cost-share Preventive Medications Exemption Requests](http://uhcprovider.com>Drug List and Pharmacy>Additional Resources> Patient Protection and Affordable Care Act $0 Cost-share Preventive Medications Exemption Requests) (Commercial members) or call the toll-free number on the member's health plan ID card.

Access 3-Tier PDL clinical programs update summary

Some prescription drugs may have programs or limits that apply. Below are the changes that will be effective January 1, 2022.

N Prior Authorization – Notification

Prior Authorization – Notification requires additional clinical information to verify members benefit coverage.

Therapeutic Use	Medication Name
Iron overload	Feriprox/ Feriprox twice-a-day 1000 mg ⁸

MN Medical Necessity

Medical Necessity is a type of Prior Authorization that evaluates the clinical appropriateness of a medication, such as condition being treated, type of medication, frequency of use, and duration of therapy. The following medications have a new or revised Medical Necessity program.

Therapeutic Use	Medication Name
Sexual dysfunction	Intrarosa ⁹

SL Supply Limits

Supply Limits establish the maximum quantity of a drug that is covered per copay or in a specified time frame. The drugs below will now be part of the Supply Limits program.

Therapeutic Use	Medication Name	New Supply Limit
Acne	Adapalene 0.1% ¹⁰	28 pads per month

⁸ New strength requiring notification.

⁹ Coverage is determined by the consumer's prescription drug benefit plan including step therapy or prior authorization.

¹⁰ Medication typically excluded from coverage.



Make your move with Apple Fitness+

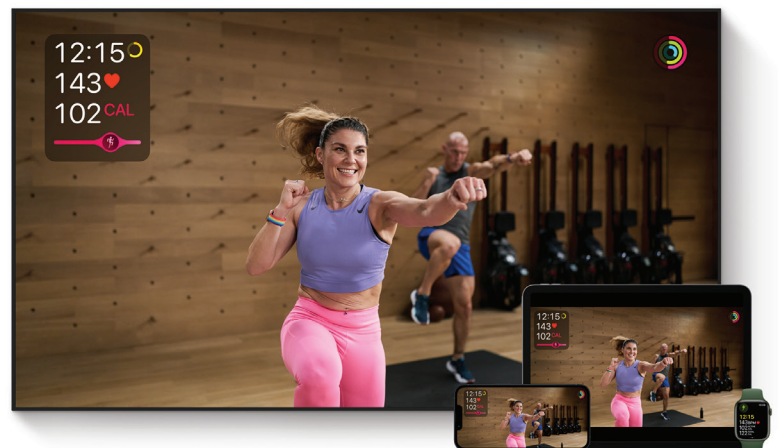
Now included in your health plan

UnitedHealthcare is committed to providing a variety of health and wellness options, which is why we've added 12 months of Apple Fitness+ to your health plan—at no additional cost. Get ready for a different type of fitness experience with welcoming trainers who work hard to help bring out the best in you.

The first fitness service powered by Apple Watch

Your journey to a healthier body and mind starts here. Apple Fitness+ brings to life real-time fitness metrics from Apple Watch to your iPhone, iPad and Apple TV—and helps keep you motivated with:

- 11 workout types, ranging from HIIT to core to yoga
- New workouts added every week, lasting from 5 to 45 minutes
- Handpicked music from your favorite artists to help keep you going
- A subscription that can be shared with up to 5 family members



No additional cost

A \$79.99 value*

(Apple Watch required)

Let's do this

Get started at uhc.com/apple-fitness-plus

United
Healthcare

Apple Fitness+

*\$9.99 per month for 12 months. Must be 13+ years of age and covered under applicable health plan.

Apple Fitness+ requires Apple Watch Series 3 or later with watchOS 7.2 or later and one of the following Apple devices: iPhone 6s or later with iOS 14.3 or later, iPad with iPadOS 14.3 or later, or Apple TV with tvOS 14.3 or later. Available to applicable UnitedHealthcare plans for fully insured customers who register for an account with Apple Fitness+. Subject to state legal and regulatory review.

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