



Welcome to your FlexWork benefits



2025 enrollment guide for University of Miami

United
Healthcare®



Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fits your needs. You'll also have a chance to explore additional wellness programs and resources, many of which are included in your plan at no extra cost.

What coverage is available?

Your FlexWork benefits are designed to help you care for your health through:

- Limited Medical Plan, including a Minimum Essential Coverage (MEC) component with additional health benefits



Benefits designed with you in mind

UnitedHealthcare FlexWork® benefit plans are designed to help you and your family keep costs in check and care for your health. Use this guide to review all your benefit options along with costs per weekly pay period.

All FlexWork medical plans give you access to valuable extras:



Unlimited \$0 copay virtual doctor visits through HealthiestYou™, preventive services and Employee Assistance Program (EAP) visits



Access to leading national network with first dollar benefits meaning coverage begins immediately without having to meet a deductible or co-insurance on covered services



No medical plan claims forms, Optum Perks™ Pharmacy Discount Card, hearing aid discounts and more



Once your plan becomes active, you'll be able to reach Member Services by calling the number on your health plan ID card, plus you'll have access to the member portal at: flexwork.uhc.com.

2025 plan options and costs summary¹

FlexWork plans offered	Monthly Premiums ²			
	Employee only	Employee + child(ren)	Employee + spouse ³	Employee + family
FlexWork medical plans Basic Plan • Limited Medical Plan (MEC)	\$71.28	\$128.82	\$172.15	\$236.80

UnitedHealthcare FlexWork Limited Medical (including MEC) Plans

FlexWork Limited Medical Plans, including Minimum Essential Coverage (MEC) and additional health benefits, are designed to provide affordable benefits that are accessible and simple to use, so you can manage your health and well-being with confidence. The Plans⁴ cover Minimum Essential Coverage⁵ preventive services at no member cost, as well as many of the most frequently utilized health care services at fixed copayments.



How the plans work



First-dollar benefits

- All benefits are effective on your first day of coverage
- No deductible and no coinsurance for medical benefits
- Fixed copayments for covered medical benefits
- Medical and pharmacy benefits included
- Annual limits for physician visits and other outpatient services
- Per admission limits for inpatient services (if applicable)



Nationwide provider and pharmacy access

- UnitedHealthcare Choice network
- 1.4M+ medical providers and facilities
- 65,000+ pharmacies
- Plan covers services provided by network providers and pharmacies only. Out-of-network services are not covered unless required by law.



\$0 cost benefits

- Health care reform preventive services and medications⁵
- Unlimited \$0 copay HealthiestYou™ 24/7 virtual doctor visits for many non-urgent needs
- Unlimited \$0 copay Emotional Support Line visits

Key features

- ✓ No pre-existing condition exclusions
- ✓ COBRA coverage continuation is available if you leave your employer (restrictions apply)
- ✓ No annual or lifetime dollar limits



FlexWork plans have limitations and exclusions⁶ that may not make them suitable for everyone

FlexWork Limited Medical Plans

Benefit and cost summary¹

Medical plan general description	Basic Limited Medical Plan	
Deductible, coinsurance	First-dollar coverage; \$0 deductible, 0% coinsurance	
Annual out-of-pocket maximum	\$9,200 single, \$18,400 family	
Network access	UnitedHealthcare Choice PPO (medical)	
Covered benefits (in network only ²)	Member cost	Annual limit
Health care reform preventive services and prescriptions ⁷	\$0 copay	Visit limits per preventive guidelines
HealthiestYou™ virtual care	\$0 copay	Unlimited
Emotional Support Line (EAP)	\$0 copay	Unlimited
PCP and specialist physician office and telehealth visits	\$25 copay primary care visit \$50 copay specialist	4 combined visits per year Includes prenatal and post-natal care office visits, allergy testing and retail health clinic PCPs
Diagnostic laboratory tests	\$50 copay office/freestanding \$150 copay hospital outpatient	<ul style="list-style-type: none"> • 1 date of service/year • Unlimited tests/day
Minor Diagnostic labs and imaging (Lab, X-ray, etc.)	Not covered	
Urgent care	\$150 copay/visit	2 visits
Major imaging (MRI, PET, CT, etc.)	Not covered	
Emergency room visits Includes radiology, anesthesiology and pathology services	Not covered	
Hospital admissions Includes radiology, anesthesiology, pathology and mental health/substance use disorder services	Not covered	
Chiropractor, acupuncture	Not covered	

Covered benefits (in network only ¹)	Member cost	Annual limit
Outpatient mental health, substance abuse disorder <ul style="list-style-type: none"> • HealthiestYou virtual mental health • Emotional Support Line • Office visits to a mental health professional 	<ul style="list-style-type: none"> • Covered at 100%, no annual visit limits • Covered at 100%, no annual visit limits • \$50 copay per visit, part of the office visit benefit 	
Pharmacy benefits FlexWork Limited Pharmacy Benefit	<ul style="list-style-type: none"> • PPACA \$0 Cost-share Preventive Medications PDL • Retail only, no mail order • Optum Perks Pharmacy Discount Card included • Point-of-Service Extra Saving Plan included 	
Monthly deductions³		
Employee only	\$71.28	
Employee and child(ren)	\$128.82	
Employee and spouse	\$172.15	
Employee and family	\$236.80	

Health care reform services

High-level summary of health care reform mandated preventive benefits – covered at 100% of the allowed amount with \$0 copays, network only.

Adults	
Abdominal aortic aneurysm	One-time screening for men of specified ages who have never smoked
Alcohol and drug use screening	Screening with brief behavioral counseling interventions to reduce unhealthy alcohol and drug use
Aspirin	Use for men and women of certain ages
Blood pressure	Screening for all adults
Cholesterol	Screening for all adults of certain ages or at higher risk
Colorectal cancer	Screenings for adults over 45
Depression	Screenings for adults in a primary care setting
Diabetes	Screenings for adults under 70 who are obese or overweight or who have a history of gestational diabetes
Diet	Counseling for adults at higher risk for cardiovascular disease risk factors in a primary care setting
Falls prevention	Counseling for community-dwelling older adults during wellness exam
Hepatitis C virus infection	Screening for all adults
Human immunodeficiency virus (HIV)	Screening for all adults at higher risk and for sexually active women; prevention of HIV and pre-exposure prophylaxis with antiretroviral therapy, monitoring and testing
Immunization and vaccinations	Food and Drug Administration approved vaccines for adult doses, recommended ages and recommended populations vary; hepatitis A, hepatitis B, herpes zoster, human papillomavirus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, tetanus, diphtheria, pertussis, varicella and COVID
Lung cancer screening	With low-dose CT scan with prior authorization for people over 50 with a history of smoking 20 cigarette packs per year
Obesity	Screening and counseling for all adults
Sexually transmitted diseases	Prevention counseling for adults at higher risk and sexually active women
Syphilis	Screening for all adults at higher risk and for all pregnant women or other women at increased risk
Tobacco use and cessation	Screening for adults and expanded counseling for pregnant tobacco users
Tuberculosis	Screening for people at increased risk

Health care reform services (continued)

Expanded women's preventive health services	
Bacteriuria	Urinary tract or other infection screening for pregnant women
Breast cancer type 1 test	BRCA counseling about genetic testing for women at higher risk. Lab test requires prior authorization.
Breastfeeding counseling	Comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Cervical cancer	Screening for sexually active women
Chlamydia/gonorrhea	Screening for younger women and women at higher risk
Contraception	Food and Drug Administration-approved contraceptive methods, sterilization procedures and patient education and counseling, not including abortifacient drugs
Domestic/interpersonal violence	Screening and counseling for all women
Folic acid	Supplements for women who may become pregnant
Gestational diabetes mellitus	Screening for women 24–28 weeks pregnant and those at risk of developing gestational diabetes
Hepatitis B	Screening for pregnant women at their first prenatal visit
Human papilloma virus (HPV) DNA test	High-risk HPV DNA testing every 3 years for women with normal cytology results who are 30 or older
Mammography	Mammography screenings every 1–2 years for women over 40 and risk-reduction counseling for women at high risk of breast cancer
Osteoporosis	Screening for women over age 65 and younger women depending on risk factors
Pregnancy counseling	Perinatal depression counseling for pregnant or postpartum women at risk and healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women
Rh incompatibility	Screening for pregnant women and follow-up testing for women at higher risk
Well-woman visits	To obtain recommended preventive and prenatal services for women under 65; includes screening for anxiety, domestic violence, incontinence and skin cancer behavioral counseling

Health care reform services (continued)

Children	
Age-appropriate well-child exam	Includes psychosocial, depression and behavioral assessments
Alcohol, tobacco and drug use	Assessments for adolescents
Anemia	Screening on a routine basis for children
Autism and developmental screening	Screening for children at 9, 18, 24 and 30 months
Behavioral counseling during well-child exam to prevent skin cancer and sexually transmitted infections	Assessments for children of all ages: 0–11 months; 1–4 years; 5–10 years; 11–14 years; 15–17 years
Congenital hypothyroidism	Screening for newborns
Depression	Screening for adolescents
Developmental	Screening for children under age 3 and surveillance throughout childhood
Dyslipidemia	Screening for children at higher risk of lipid disorders. Screenings at 24 months, 4 years, 6 years, 8 years, 12 years, 13 years, 14 years, 15 years and 16 years.
Fluoride chemoprevention	Supplements for children without fluoride in their water source
Gonorrhea	Preventive medication for the eyes of all newborns
Hearing screening	Screening by primary care physician
Height, weight and body mass index (BMI)	Measurements for children ages: 0–11 months; 1–4 years; 5–10 years; 11–14 years; 15–17 years
Hemoglobinopathies	Or sickle cell screening for newborns
Human immunodeficiency virus (HIV)	Screening for adolescents at higher risk
Immunization and vaccinations	Food and Drug Administration approved vaccines for children from birth to age 18 – doses, recommended ages and recommended populations vary: diphtheria, tetanus, pertussis, haemophilus influenza type B, hepatitis A, hepatitis B, human papillomavirus, inactivated polio virus, influenza (flu shot), measles, mumps, rubella, meningococcal, pneumococcal, rotavirus, varicella and COVID
Lead	Screening for children at risk of exposure
Medical history	For children throughout development ages: 0–11 months; 1–4 years; 5–10 years; 11–14 years; 15–17 years
Newborn screening	Includes metabolic screening panel, phenylketonuria, hypothyroid and sickle cell
Obesity	Screening and counseling on weight improvement
Sexually transmitted diseases	Prevention counseling and screening for adolescents at higher risk
Tuberculosis	Testing for children at higher risk of tuberculosis: ages 0–11 months; 1–4 years; 5–10 years; 11–14 years; 15–17 years
Visual acuity screening	Screening for all children by a primary care physician
Well-child exam	Includes psychosocial, depression and behavioral assessments

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: uhc_civil_rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Department of Health and Human Services:

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf
Complaint forms are available at:
hhs.gov/ocr/complaints/index.html

Phone: Toll-free 1-800-368-1019, 1-800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW,
Room 509F HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika.

Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

توجّه: إذا لم تكن تتحدث بلغة أخرى، فستتاح لك خدمات الترجمة مجاناً. يرجى الاتصال بالرقم المجاني المذكور على بطاقة هويتك. نرجو أن تكونوا قد أخذتم هذا الرقم المجاني في الاعتبار.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisyè sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniłmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجّه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते हैं, आपको भाषा सहायता सेवाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíík'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.



¹ Plan option and cost summary is for illustrative purposes. Official plan documents will prevail over the indications of this benefit guide. See additional disclosures about this plan.

² If you are being offered an Enhanced Hospital Indemnity Protection Plan (E-HIPP) that is being paid with pre-tax dollars, you may receive a 1099 if benefits paid by the plan exceed \$600 per plan year. Benefit payments may be taxable if such amounts exceed out-of-pocket medical expenses.

³ Employee must be covered to elect dependent coverage. Rates are based on covered members' age.

⁴ Administrative services provided by United HealthCare Services, Inc. and UnitedHealthcare Service LLC in NY, or their affiliates. Noninsurance services are offered only on specific lines of coverage and are not insurance. These services may be modified or terminated at any time, may not be available in all states and may vary depending on state laws and regulations.

⁵ Covered preventive care may include annual checkups, OB-GYN checkups (Pap smear), screening tests for breast cancer, flu and COVID-19 vaccinations, colonoscopies (colorectal cancer screening tests, including bowel prep medication with prescription once every 5 years), shots for measles or other childhood diseases (immunizations), birth control (women's preventive contraceptives), breastfeeding support, supplies and counseling, screenings based on age and risk status (e.g., diabetes, depression, lung cancer), tobacco cessation program and medications. This is not a complete list. Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments or coinsurance for these benefits. Always review your benefit plan documents to determine your specific coverage details.

⁶ Optum Rx is an affiliate of UnitedHealthcare Insurance Company.

⁷ Refer to the Prescription Drug List to determine eligible \$0 cost preventive drugs.

UnitedHealthcare FlexWork Limited Medical (MEC) Plans

Plans have exclusions, limitations and terms under which the Plan may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-856-5445.

Employee Assistance Plan

The material provided through the Employee Assistance Program (EAP) is for informational purposes only. EAP staff cannot diagnose problems or suggest treatment. EAP is not a substitute for your doctor's care. Employees are encouraged to discuss with their doctor how the information provided may be right for them. Your health information is kept confidential in accordance with the law. EAP is not an insurance program and may be discontinued at any time. Due to the potential for a conflict of interest, legal consultation will not be provided on issues that may involve legal action against UnitedHealthcare or its affiliates, or any entity through which the caller is receiving these services directly or indirectly (e.g., employer or health plan). This program and its components may not be available in all states or for all group sizes and is subject to change. Coverage exclusions and limitations may apply.

Benefit Assist

Benefit Assist support is available at no additional cost to groups with a health plan and supplemental health plan from UnitedHealthcare. Benefit payments associated with the Supplemental Health Plan Benefit Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

UnitedHealthcare Hearing

UnitedHealthcare Hearing is provided through UnitedHealthcare and offered to existing members of certain products underwritten or provided by UnitedHealthcare Insurance Company or its affiliates to provide specific hearing aid discounts. This is not an insurance nor managed care product, and fees or charges for services in excess of those defined in program materials are the member's responsibility. UnitedHealthcare does not endorse nor guarantee hearing aid products/services available through the hearing program. This program may not be available in all states or for all group sizes. Components subject to change.

MedCents Advocacy Program

The MedCents Advocacy Program is separate from your health plan, amounts paid for non-covered services will not apply to your health plan's annual out-of-pocket limit.

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