



Welcome to your FlexWork benefits



2026 enrollment guide for Applegreen

Welcome

This enrollment guide will help you learn more about your health benefits and choose the plans that best fit 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 UnitedHealthcare FlexWork® benefits are designed to help you care for your health with:

- Limited medical plan

Who is eligible to enroll?

Benefits are available to employees and their eligible dependents. Employees must be covered to elect dependent coverage.

Answers and support



UnitedHealthcare FlexWork

1-855-892-2401

Monday–Friday

7:30 a.m. – 8 p.m. CT

Learn more about your FlexWork plan

uhc.care/ApplegreenBrainshark



FlexWork Limited Medical Plan, Minimum Essential Coverage

UnitedHealthcare FlexWork Limited Medical Plan, Minimum Essential Coverage (MEC) is a limited medical plan designed to make being healthier more accessible and affordable. The plan covers preventive services¹ at no cost to you, as well as many of the most frequently utilized health care services at fixed copayments.

Key features



\$0 cost benefits

- Health care reform preventive services and medications¹
- Unlimited \$0 copay 24/7 virtual doctor visits for many non-urgent needs
- Unlimited \$0 copay Emotional Support Line visits
- Diagnostic Laboratory Testing
- Optum Perks™ Discount Pharmacy Card
- MedCents Advocacy bill negotiation services for non-covered medical bills



Benefits from day one

- All benefits are effective on your first day of coverage
- No deductible and no coinsurance for medical benefits except emergency room visits, when covered
- Fixed copayments for covered non-emergency medical benefits
- Medical and preventive pharmacy benefits included
- Annual limits for physician visits and other outpatient services
- Per admission limits for inpatient services, when covered



Nationwide provider and pharmacy access

- UnitedHealthcare Choice network
- 1.7 million+ medical providers and facilities²
- 75,000+ pharmacies³
- Plan covers services rendered by network providers and pharmacies only. Out-of-network services are not covered unless required by law.
- Walgreens® is a preferred pharmacy – you may save more when you use it



Other features



No pre-existing condition exclusions



Member ID card to present to your medical provider



No annual or lifetime dollar limits



Pretax payroll deductions help to lower your taxable income



FlexWork is a limited medical plan and does not provide comprehensive coverage and therefore may not be suitable for everyone.

¹ See complete list of ACA Preventive services within this benefits guide.

² UnitedHealthcare Employer and Individual network statistics, ending Q3 2024.

³ UnitedHealthcare pharmacy network count, accessed December 2021: uhc.com/employer/health-plans/pharmacy/total-cost-management/retail-pharmacy-networks.

FlexWork Basic Limited Medical MEC Plan

Benefit and cost summary

General description	Basic MEC medical plan	
Deductible, coinsurance	\$0 deductible, 0% coinsurance	
Annual out-of-pocket maximum	\$9,200 individual, \$18,400 family	
Network access	UnitedHealthcare Choice (medical), Optum Rx® Network (pharmacy – preventive prescriptions only)*	
Covered benefits (in-network only unless otherwise required)	Member copayment cost	Annual limit
Preventive care services*	\$0 copay (covered in full)	ACA allowable
Physician office visits	\$25 copay primary care visit \$50 copay specialist	4 combined visits
Urgent care	\$150 copay	2 visits
Virtual Care	\$0 copay	Unlimited
Emotional Support Line	\$0 copay	Unlimited
Emergency room visits	Not covered	
Hospital admissions <small>Includes radiology, anesthesiology, pathology and mental health substance use disorder services</small>	Not covered	
Outpatient surgery <small>Includes radiology, anesthesiology and pathology services</small>	Not covered	
Minor diagnostic lab	\$50 office/freestanding \$150 hospital outpatient	1 date of service (unlimited tests per day)
Minor diagnostic imaging (X-ray)	Not covered	
Major diagnostic imaging tests (MRI, CT, etc.)	Not covered	
Chiropractor, acupuncture visits	Not covered	
Outpatient mental health, substance use disorder	Members can access care via the physician office visit, Emotional Support Line or Virtual Care benefits	
Pharmacy benefits	Member cost	
FlexWork limited prescription drug benefit	Optum Perks pharmacy discount card	
Weekly payroll deductions		
Employee only	\$16.45	
Employee and spouse	\$39.73	
Employee and child(ren)	\$29.73	
Employee and family	\$54.65	

* 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 preventative 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 preventative 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.

FlexWork Medical Products are not available for enrollment in Hawaii and Puerto Rico.

Health and wellness resources

Once your plan becomes active, you'll have access to wellness programs, health support services, and other useful tools and discount programs – all at no additional cost to you.



24/7 Virtual Visits

Talk to a doctor 24/7 virtually for the diagnosis of nonemergency medical conditions such as the flu and allergies as well as conditions affiliated with mental health and dermatology.* Register at healthiestyou.com or call **1-866-703-1259.****



Benefit Assist

If you're enrolled in both a medical and a supplemental health plan with UnitedHealthcare, you'll be notified of claims that may qualify for benefits.



MedCents Consumer Advocacy

If you're enrolled in any UnitedHealthcare medical plan and receive a bill beyond what your plan covers, MedCents can help. A MedCents advocate will guide you through the necessary steps, negotiate a reduction in your bill, or help arrange easier payment terms.



Hearing discounts

UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings, along with convenient ordering options and personalized care. Plus, you can take a free online hearing test to help you get started.



24/7 support

When life gets stressful, the Employee Assistance Program (EAP) support line is just a phone call away. Our coordinators are available 24/7 for confidential*** conversations and referrals to expert care and services.



Optum Perks Pharmacy Discount Card****

Save on medications not covered by your pharmacy plan and get discounts of up to 80% on most FDA-approved medications. perks.optum.com/discount-card



UnitedHealthcare Discount Marketplace

Find ways to stay healthy and enjoy thousands of negotiated prices on items such as health and wellness, apparel, auto, beauty, personal care, cell phone, virtual learning, electronics, entertainment, everyday savings, flowers and food. Visit flexwork.uhc.com for details.

* Data rates may apply.

** 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, nontherapeutic drugs and certain other drugs which 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.

*** Confidential in accordance with the law.

**** Where available by state.

Preventive care for children and adults

Focusing on regular preventive care can help you—and your family—stay healthier

Preventive care can help you avoid potentially serious health conditions and/or obtain early diagnosis and treatment. Generally, the sooner your doctor can identify and treat a medical condition, the better the outcome.

Under the Affordable Care Act (ACA),* most health plans provide coverage for certain preventive health care services at 100%, without any cost to you. Just obtain your preventive care from a health plan network provider. Diagnostic (non-preventive) services are also covered, but you may have to pay a copayment, coinsurance or deductible.

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	Screening for adults who are 65–75 years old and have ever smoked
Alcohol misuse	Screenings during wellness examinations, with brief counseling intervention for certain people
Annual wellness exam	Includes flu vaccinations, body mass index assessment and blood pressure for all adults
Blood pressure	Screening for all adults at wellness examination
Cholesterol	Screening for adults who are 40–75 years old
Colorectal cancer	Screening for adults over 45–75 years old
Depression	Screening for adults in a primary care setting
Diabetes	Screening for adults who are 35–70 years old and are overweight or obese, or with history of gestational diabetes
Diet	Behavioral counseling for adults with higher cardiovascular disease risk factors, in a primary care setting
Falls prevention	Counseling for community-dwelling older adults during wellness exam
Hepatitis B virus infection	Screening during pregnancy and for people at high risk
Hepatitis C virus infection	Screening for all adults who are 18–79 years old
Human immunodeficiency virus (HIV)	Screening for all adults
Immunization and vaccinations	Vaccines and immunizations that are FDA-approved and have explicit ACIP recommendations for routine use. For more information, visit cdc.gov/vaccines
Lung cancer screening	With low-dose CT scan with prior authorization for people who are 50–80 years old with a history of smoking 20 packs per year
Obesity	Screening and counseling for all adults at each wellness examination
Sexually transmitted infection (STI)	Behavioral counseling for prevention for adults who are sexually active or otherwise at increased risk, in a primary care setting
Syphilis	Screening for higher-risk adults
Tobacco use/cessation	Screening and behavioral counseling for adults who smoke, in a primary care setting (refer to pharmacy vendor for pharmacotherapy for tobacco cessation)
Tuberculosis	Screening for people at increased risk

*Certain preventive care services are provided as specified by the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services are based on your age and other health factors. UnitedHealthcare also covers other routine services that may require a copay, coinsurance or deductible. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

** These guidelines are based, in part, on the requirements of the Patient Protection and Affordable Care Act, and recommendations of the U.S. Preventive Services Task Force (USPSTF), the Health Resources & Services Administration (HRSA) of the U.S. Department of Health and Human Services, and the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC). Individuals with symptoms or at high risk for disease may need additional services or more frequent interventions that may not be covered as a preventive benefit. These guidelines do not necessarily reflect the vaccines, screenings or tests that will be covered by your benefit plan. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card.

Expanded women's preventive health services	
Bacteriuria	Screening for pregnant women
Breast cancer	Medications for risk reduction (counseling) for women at high risk, but low risk for adverse effects
Breastfeeding	Support, counseling and supplies during pregnancy and after birth. Includes a personal-use electric breast pump.
Cervical cancer	Screenings (Pap smear) for women who are 21–65
Chlamydia/gonorrhea	Screening for sexually active women who are 24 and younger, and older women at increased risk
Contraception	FDA-approved for women, including education and counseling
Domestic violence	Screening for intimate partner violence for women, during wellness examination
Gestational diabetes mellitus	Screening during pregnancy
Hepatitis B	Screening during pregnancy for people at high risk
Human papillomavirus (HPV) DNA test	For women who are 30 and older
Mammography	Mammography screenings
Osteoporosis	Screening for women over age 65 and younger women at increased risk
Perinatal counseling	Perinatal depression counseling for pregnant or postpartum women at risk
Pregnancy counseling	Healthy weight gain during pregnancy counseling with nutritional counseling for pregnant women
Rh incompatibility	Screening during pregnancy
Well-woman visits	Including routine prenatal visits
Children***	
Alcohol, tobacco and drug use	Assessments for adolescents
Anemia	Anemia screenings
Autism and developmental	Screening for children under age 3
Fluoride	Application by primary care physician for children under age 6
Hearing screening	Screening by primary care physician
Immunization and vaccinations	For more information, visit cdc.gov/vaccines
Lead	Screening for children at risk of exposure
Newborn screening	Includes metabolic screening panel, phenylketonuria (PKU), hypothyroid and sickle cell
Obesity	Screenings and counseling for children on promoting improvements in weight
Sexually transmitted infections	Behavior counseling during well-child examination to prevent sexually transmitted infections
Tuberculosis	Screenings for certain children at high risk
Well-child exam	Includes psychosocial, depression and behavioral assessments

Questions?

To find covered preventive medications, visit flexwork.uhc.com and select FlexWork Support at the bottom of the screen

*** Development, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Discuss with your doctor how these guidelines may be right for your child, and always consult your doctor before making any decisions about medical care. These clinical guidelines are provided for informational purposes only, and do not constitute medical advice. Preventive care benefits may not apply to certain services listed above. Always refer to your plan documents for your specific coverage. Source: Centers for Disease Control and Prevention, Recommended immunization schedules for children and adolescents aged 18 years or younger - United States, 2020, at: <https://www.cdc.gov/vaccines/schedules/index.html>.

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 LŪ'U Yǐ: 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.

تامدخ نإف (Arabic), ثدحتت تنك اذ: هي بننت
مقرب لاصتال اى جري. كل عحاتم عي ناجم ال اى وغل ال اذ عاسم ال
ى لى جردم ال اى ناجم ال اى فاهل
ك ب عاصال اى رعتل اى قاطب

ATANSYON: Si w pale Kreyòl ayisyen (Haitian Creole), ou kapab benefisye 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), udostępniliśmy 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.

است، خدمات امداد زبانی به طور رایگان در اختیاری
شناسایی شما قید شده تماس توجه: اگر زبان شما فارسی
شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت
بگیدری.

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

DÍI BAA'ÁKONÍNÍZIN: Diné (Navajo) bizaad bee yánílti'go, saad bee áka'anída'awo'ígíí, t'áá jíí'eh, bee ná'ahóót'i'. T'áá shqódi ninaaltsoos nít'ízi bee nééhozinígíí bine'déé' t'áá jíí'ehgo béesh bee hane'í biká'ígíí bee hodíilnih.

United
Healthcare®



Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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. Not available in New York and Washington. Person must reside within the United States. An employee residing in Hawaii or Puerto Rico is not an Eligible Person.

All trademarks are the property of their respective owners.

Benefit summaries are illustrative. For complete coverage details, please review your Summary of Benefit Coverage (SBC) or Summary Plan Description (SPD) document carefully to be sure the plan is right for your needs. This plan has exclusions, limitations and terms under which the policy may be continued in force or discontinued.

UnitedHealthcare FlexWork Limited Medical (MEC) Plans

Plans have exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call 1-855-892-2401 or visit flexwork.uhc.com

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.

Indemnity product is provided by UnitedHealthcare Insurance Company. The product provides a limited benefit for certain hospital indemnity plan benefits. Please note: HOSPITAL INDEMNITY coverage is NOT considered "minimum essential coverage" under the Affordable Care Act and therefore does NOT satisfy the mandate to have health insurance coverage. Failure to have other health insurance coverage may be subject to a tax penalty. Please consult a tax advisor. The policy has exclusions, limitations, reductions of benefits, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, call or write your insurance agent or the company. This product is not available in all states. UnitedHealthcare Insurance Company is located in Hartford, CT.

HealthiestYou

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, nontherapeutic drugs and certain other drugs which 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 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 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.

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.