



Welcome to your UnitedHealthcare FlexWork benefits

Part-time Regular
employees of
The Estée Lauder
Companies



United
Healthcare

ESTÉE
LAUDER
COMPANIES



Effective date of coverage: July 1, 2023



Have enrollment questions or ready to elect benefits?

- Call The Benefits Center, managed by ELC’s benefits administrator Alight Solutions, at **1-877-742-3520**, Monday–Friday, 8 a.m.–8 p.m. ET
- To elect benefits, visit ybr.com/esteelauder or use the Alight Mobile app

Have FlexWork benefits questions?

- Call the UnitedHealthcare FlexWork Service Center at **1-763-957-7376**, Monday–Sunday, 7 a.m.–7 p.m. CT

Benefits designed with you in mind

UnitedHealthcare FlexWork® Limited Medical MEC Plan benefits are designed to help you and your family keep costs in check and care for your health.

All FlexWork Limited Medical MEC Plans cover a variety of Essential Health Benefits such as doctor office and urgent care visits while giving you access to valuable extras such as:



Unlimited virtual doctor visits with \$0 copay



Access to the nationwide UnitedHealthcare Choice Provider Network for network benefits



No deductibles, no coinsurance and no balance billing for covered outpatient services



No 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

Plan options and costs

You are eligible to enroll in the plans shown below. The charts also show how much will be deducted from your paycheck each pay period.

FlexWork “bundled” plans

You can enroll in a FlexWork medical plan “bundle,” which includes the following 3 plans combined into 1 easy-to-enroll-in benefits election and 1 payroll deduction.

Coverage tier	Enhanced Limited Medical MEC Plan + Limited Pharmacy Plan weekly cost	Hospital Indemnity Plan weekly cost ¹	Total weekly payroll deduction cost (includes ELC contribution)
You	\$13.03	\$0	\$13.03
You + 1 dependent	\$25.14	\$0	\$25.14
You + family	\$39.34	\$0	\$39.34

FlexWork “a la carte” plans

You can also separately enroll in the FlexWork plans listed below.

Coverage tier	FlexWork dental plan	(Estée Lauder contribution)	Weekly payroll deduction cost
You	\$4.60	(\$0)	\$4.60
You + 1 dependent	\$9.16	(\$0)	\$9.16
You + family	\$17.20	(\$0)	\$17.20

¹ Underwritten by Unimerica Life Insurance Company of New York. Consult your company's Benefit Guide for more information on indemnity plan details. Premiums for the Hospital Indemnity Plan to be paid in full by ELC. Administrative services provided by UnitedHealthcare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CAELC.

Get to know the FlexWork Enhanced Limited Medical MEC Plan

If you see the doctor occasionally—for things like an annual checkup or minor illness—the UnitedHealthcare FlexWork Enhanced Limited Medical MEC Plan¹ may work well for you. It's designed to be cost-effective and offers coverage for both routine health care needs such as office visits, urgent care visits and diagnostic tests and additional health care needs such as prescription drugs, emergency room, outpatient surgery and hospitalizations.

How the plan works

First-dollar benefits

You won't have to pay upfront deductibles or backend coinsurance costs—your benefits are effective immediately.

\$0 copay for key services

\$0 copay with no visit limits for HealthiestYou™ virtual visits, and health care reform preventive services and medications (subject to certain limits).²

Nationwide provider network

You get access to UnitedHealthcare's nationwide Choice provider network. You must use a network provider to receive plan benefits (see "Out-of-network benefits").

Prescription drug coverage

See benefits summary for additional details.

Outpatient coverage with no balance billing

Coverage for key outpatient Essential Health Benefits includes primary care provider (PCP) visits, specialist visits, urgent care visits, laboratory and imaging tests, emergency room visits and outpatient surgery, subject to applicable copays and plan limits.

Coverage for chiropractor and acupuncture visits is also included. You have a pre-set number of outpatient visits or tests per year where you pay a fixed copay per visit. After you pay your copay, the plan pays the rest with no balance billing.

Inpatient coverage

For hospital services, you have a dollar limit per admission, with no limit on annual admissions. Your cost-share includes a fixed copay per admission plus the cost of any amounts greater than the per-admission maximum benefit, which are non-covered services.³

General description

Policy type

Group health insurance policy

Coverage type

Meets Affordable Care Act (ACA) definition of Minimum Essential Coverage (MEC)

Deductibles

None

Coinsurance

None

Out-of-network benefits

Both network and out-of-network emergency services are covered. No other out-of-network services are covered.

Annual out-of-pocket max

Network providers: \$9,100 individual/\$18,200 family

Key features

- Guaranteed issue – no pre-existing condition exclusions or limitations
- No annual or lifetime dollar limits
- Your premium—the amount you pay to keep your plan active—is based on a group rate, which often costs less than an individual rate
- COBRA continuation – you can continue medical and dental coverage at an additional cost if you have a COBRA-qualifying event

¹ This plan 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 your company or UnitedHealthcare. Please review your plan details in your Summary of Benefit Coverage (SBC) document carefully to be sure the plan is right for your needs.

² 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, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

³ Benefits are capped at \$10,000 per admission after a \$2,500 copay.

Get to know the FlexWork Enhanced Limited Medical MEC Plan (cont.)

Summary of benefits

Benefit category	Plan year annual limits	Copay per visit
Health care reform preventive services and medications	No visit limits, no prescription limits	\$0 copay
HealthiestYou virtual care, including mental health	No visit limits	\$0 copay
Physician office visits	6 combined per year	PCP visit: \$25 copay Specialist visit: \$50 copay
Chiropractor/acupuncture	15 combined per year	\$15 copay
Minor diagnostic labs and imaging (lab, X-ray, etc.)	2 dates of service per year	Doctor's office: \$50 copay Outpatient facility: \$150 copay
Major diagnostic labs and imaging (PET, CT, MRI)	2 dates of service per year	Doctor's office: \$50 copay Outpatient facility: \$150 copay
Urgent care	4 visits per year	\$100 copay
Outpatient surgery	1 visit per year	Doctor's office: \$500 copay Outpatient facility: \$1,000 copay
Pregnancy termination	Surgical procedures are covered under the Outpatient Surgery benefit. Medications such as mifepristone dispensed during an office visit are covered under the office visit benefit. Travel and lodging coverage also included.	
Emergency room	2 visits	\$500 copay
Hospital services	No annual visit limits; \$10,000 maximum benefit per admission	\$2,500 copay per admission
FlexWork Limited Pharmacy Benefit	No prescription limits; includes Optum Perks Pharmacy Discount Card; retail only, no mail order Prescriptions must be filled at a participating network pharmacy	Tier 1: \$15 copay Tier 2: \$30 copay Tiers 3 and 4: 50% coinsurance
Mental health/employee assistance services	You can access related services via the HealthiestYou virtual benefit, the physician office visit benefit or access short-term counseling and other support through ELC's assistance program, Work Life Connections, at 1-800-327-7940 . Related inpatient diagnoses are also covered.	

FlexWork Limited Pharmacy Benefit

UnitedHealthcare FlexWork Pharmacy Plans use Optum Rx® for pharmacy care services.

Your FlexWork Enhanced Limited Medical MEC Plan includes FlexWork Limited Pharmacy coverage.

- Benefits are only available if dispensed through a UnitedHealthcare Standard Select network retail pharmacy
- Mail order is not covered
- To find a network pharmacy directory, visit your company's enrollment site (or the UnitedHealthcare pre-enrollment site, if applicable)
- Covered medications are listed on the FlexWork Prescription Drug List (PDL) and include:
 - Preventive medications (such as select contraceptives and asthma drugs)
 - Select acute medications (such as antibiotics, migraine medications, etc.)
 - Drugs prescribed for substance use disorder treatment
 - Other categories included as well
- Coverage for specialty drugs is very limited
- To see which medications are covered, visit the [UnitedHealthcare FlexWork PDL](#) (also located on your company's enrollment site or the UnitedHealthcare pre-enrollment site, if applicable)



Once you're a member, you can access the latest PDL, pharmacy directory and prior authorization requirements at flexwork.uhc.com

Summary of plan benefits

FlexWork Limited Pharmacy Plan	
Tier	Your cost-share for covered drugs
Tier 1	\$15 copay
Tier 2	\$30 copay
Tier 3	50% coinsurance
Tier 4	50% coinsurance
Mail order	Not covered



Get to know the FlexWork Dental Plan

Taking care of your teeth is an important part of maintaining your overall health. We can help keep your smile healthy and happy with our dental plan coverage.

Coverage and benefits

Preventive dental care is covered whether you see a network or non-network dentist.

Coverage for diagnostic, preventive care and basic needs includes:

- Two exams and cleanings per calendar year
- X-rays
- Periodontic and endodontic maintenance
- Fillings

Coverage for major dental services includes:

- Inlays, onlays, crowns
- Bridges and dentures
- Root canals
- Implants
- Oral surgery and extractions

Provider network

Network benefits are provided through the UnitedHealthcare Options PPO 30 network. Finding a network provider may help lower your costs.

- 1 Go to flexwork.uhc.com and click on **Find a Dentist**
- 2 Follow the prompts



Get a copy of your dental ID card, anytime

Once you're enrolled, you can print a copy of your dental ID card by signing in to flexwork.uhc.com

Key features

- Guaranteed issue – no pre-existing condition exclusions
- Premiums are automatically deducted from your paycheck
- You can continue coverage for an additional cost if you have a COBRA-qualifying event

Plan Number – 9B903 = CO; 9P883 = National Plan		
Benefit category	Network	Out-of-network
Diagnostic services		
Periodic oral evaluation	100%	100%
Radiographs	100%	100%
Lab and other diagnostic tests	100%	100%
Preventive services		
Dental prophylaxis (cleaning)	100%	100%
Fluoride treatment	100%	100%
Sealants	100%	100%
Exams and cleanings	No deductible; 2 per calendar year, 80% coinsurance	100%
Basic services		
Restorations (amalgams or composite)	60%	60%
Space maintainers	60%	60%
Emergency treatment/general services	60%	60%
Simple extractions	60%	60%
Periodontics	60%	60%
Endodontics	60%	60%
Major services		
Oral surgery (incl. surgical extractions)	50%	50%
Inlays/onlays/crowns	50%	50%
Dentures and removable prosthetics	50%	50%
Fixed partial dentures (bridges)	50%	50%
Implants	50%	50%
Other		
Deductible	\$50/\$150	\$50/\$150
Deductible applies to preventive and diagnostic	No	No
Annual maximum	\$1,000	\$1,000
Waiting period – new enrollees only	3 months for Basic; 12 months for Major	
Out-of-network basis	MAC	
PPO network	Options PPO 30	
CMM – annual rollover	No	

Health and wellness resources

Once your plan becomes active, you'll have access to these valuable wellness programs and health support services—all at no additional cost to you.



24/7 Virtual Visits – Video chat with a doctor from virtually anywhere¹ with \$0 copays and unlimited visits. Doctors can diagnose a wide range of nonemergency medical conditions, provide care plans, address mental health needs and even provide prescriptions, if needed.² FlexWork members may register at [healthiestyou.com](https://www.healthiestyou.com) or call **1-866-703-1259**.



UnitedHealthcare Assist – If you are enrolled in both a UnitedHealthcare medical plan and a UnitedHealthcare indemnity plan, and you have a medical claim that qualifies for an indemnity benefits payment, a claims specialist will reach out proactively to notify you of any medical claims that may be eligible for a benefit payout. This process helps you identify and initiate claims faster via phone, email or regular mail.



Hearing discounts – UnitedHealthcare Hearing offers access to hundreds of name-brand and private-label hearing aids at significant savings. You'll also get convenient ordering options and personalized care.



UnitedHealthcare Discount Marketplace – Members can find ways to stay healthy and enjoy thousands of specially 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.



Optum Perks Pharmacy Discount Card – Save on medications not covered by your pharmacy plan and enjoy discounts on most FDA-approved medications.



Health and wellness rewards – Have fun and get healthier with Rally®. Take a Health Survey to see how you're doing in key areas like nutrition and fitness, get personalized recommendations that fit your lifestyle, track your progress on your dashboard and earn Rally Coins that can be redeemed for rewards.

¹ Data rates may apply.

² 24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual 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. **New Mexico only:** 24/7 Virtual Visits and video chat with a doctor are not an insurance product, health care provider or a health plan. Network benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual 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.

Hospital Indemnity Protection Plan is provided by Unimerica Life Insurance Company of New York. 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. Unimerica Life Insurance Company of New York is located in New York, NY.

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.

UnitedHealthcare 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 UnitedHealthcare Assist program are subject to eligibility requirements and benefits outlined in your UnitedHealthcare policy.

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.

Here's the fine print

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 health plan ID card.

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

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/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.

تېوغللا تادامخ نإف، (Arabic) تېبەرغل شحتت تنك اذا: تېبنت
یلع چردملا یناجملا فتالملا مقرب لاصتالای چرئی. لکل عحاتم تیناجملا
کب قصاخلا فیرعتلا قق اطب

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**), 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.

توجه: 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 सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर काल करें।

DÍI BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániilti'go, saad bee áka'anida'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shóqí ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.



Call now to learn more
1-763-957-7376