The Diabetes Health Plan is designed to help lower your out-of-pocket costs.

The Diabetes Health Plan (DHP) is a program designed to help manage diabetes and diabetes-related conditions such as high blood pressure, high cholesterol and prediabetes. You've been automatically enrolled—at no additional cost—because your biometric screening results or health claims suggest that you may have one of these conditions.

Enjoy enhanced benefits only available to program members.

As a member of the DHP, you'll save on condition-related care, including:

- Visits to doctors and specialists.
- Lab work.
- Medications and supplies purchased at retail and mail-order pharmacies.

Complete your Health Actions so you can stay enrolled.

To remain eligible for this program, required Health Actions need to be completed by a certain due date. Log in to **dhp.healthmine.com** for details and to view and track your progress.

DHP may help you:



Manage your condition.

your health.



Complete your Health Actions by making an appointment with your provider.



Diabetes Health Plan is a voluntary program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you. If your provider determines that a health action is not medically appropriate for you, you may qualify for a different way to earn the incentive. Please have your provider complete the Provider information section of the Health Actions Notification Form. Contact us at 1,866/944.9001, TTY 711,8 an. — 8 p.m. ET, Monday-Friday if you have any questions. Recommended health actions may be covered by your benefit plan. Be sure to check your benefit plan for specific coverage details. Your health information is kept confidential in accordance with the law. The Diabetes Health Plan is not an insurance program and may be discontinued at any time. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30 percent of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel. Administrative services provided by United HealthCare Services. Inc. or their affiliates.

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