



Renewal Date: July 2024 – December 2024

## REQUIRED UNIFORM MODIFICATION NOTICE FOR LARGE GROUP EMPLOYERS

### **Important:** Legal Notice Regarding Changes to Your Group Health Plan to Take Effect at Your Next Renewal

Your group health insurance coverage is coming up for renewal. The following changes, which may also include language clarifications, are required and will be implemented at your next renewal:

- The cost share for Intensive Behavioral Therapy (IBT) may have changed. The most common IBT is Applied Behavior Analysis (ABA). See your Benefit Summary and/or Renewal Exhibit for the new cost share.
- The limitation for cognitive rehabilitation therapy only covered if medically necessary following a post-traumatic brain injury or stroke is removed.
- The group may be eligible for a policy charge credit at renewal when the group meets annual engagement requirements based on completion of activity targets which is described in the UnitedHealthcare Rewards Rider.
- Benefit for voice modification therapy and/or voice lessons for gender dysphoria are subject to applicable speech therapy visit limits as described under Habilitative Services and Rehabilitative Services - Outpatient Therapy.
- Benefits include abortion of a pregnancy including the consultations, examinations, procedures, and necessary medical services received on an outpatient basis at a hospital, alternate facility, or in a physician's office.
- Abortions are covered at zero cost share.
- Supplemental and diagnostic breast examinations must be covered at zero cost share.
- Washington mandated preventive health care services includes supplemental breast examinations and diagnostic breast examinations.
- Hearing aids are limited to \$3000 per ear every 36 months. Deductible does not apply for services received from an in network provider on non HSA plans.
- Allowed amounts determined for non-emergency covered health care services received at certain network facilities from out-of-network physicians include non-ancillary services that have satisfied the notice and consent criteria but unforeseen, urgent medical needs arise at the time the services are provided.
- The eligibility rules are requirements the group must use to determine who is eligible for coverage under the policy. The eligibility rules must be applied consistently and can be found in the policy, in the group application and within the certificate of coverage.

- One Pass Select provides a discounted fitness membership and is available for purchase by covered persons 18 and older.
- The mental health care and substance-related and addictive disorders services language has been modified to align with the American Society of Addiction Medicine (ASAM) standards, which establish treatment criteria for addictive, substance-related and co-occurring conditions.
- By accepting benefits under the policy, members authorize and direct any person or institution that has provided services to them to furnish us with all information or copies of records relating to those services, including provider billing and provider payment records.
- A summary of the applicable provisions of the Consolidated Appropriations Act, including the No Surprises Act, is included.
- The exclusion for health care services from out-of-network providers for non-emergent, sub-acute inpatient, or outpatient services at certain non-hospital facilities does not apply in the case of an emergency or when there is no network provider who is reasonably accessible or available to provide the covered health care service.
- Administrative programs are included in the Are Incentives Available to You? section to accommodate for administrative actions.
- The Real Appeal weight loss program is available for eligible covered persons age 18 years and older.
- UnitedHealthcare Rewards program may include administrative objectives as an activity target.
- Time frames have been added for electronic prior authorization vs. non-electronic prior authorization.
- Certain preventive care immunizations are covered under the pharmacy benefit.
- Your right to request an exception for contraceptives has been added as section 5.
- Any cost-sharing changes are described in your renewal package.

Refer to the benefit documents for specific coverage details. Rates and/or benefits may be subject to regulatory approval. If the rates or products offered are changed as a result of the regulatory review process, we will advise you as soon as possible.

If you have any questions or would like to discuss, please contact me.

We're looking forward to another year of serving you and your employees.