APTIM
Policy Number: 918814
Renewal Date: January 1, 2026

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:

- Any product dispensed for the purpose of appetite suppression or weight loss may be excluded.
- he cost share for your first diagnostic mammogram, breast ultrasound, breast MRI, and colonoscopy may have changed.
- Over-the-counter hearing aids are not covered.
- Definition of urgent care center includes entities which may include facilities and mobile urgent care units.
- The breast reduction exclusion does not apply to breast reduction surgery for the treatment of gender dysphoria.
- Annual limits for presumptive and definitive drug testing are removed.
- The cost share for outpatient services such as electro-convulsive therapy, transcranial magnetic stimulation, psychiatric testing, and medication assisted treatment may have changed. See your Benefit Summary and/or Renewal Exhibit for the new cost share.
- The term intensive outpatient treatment has been changed to intensive outpatient program.
- The term transitional living is also known as supportive housing, including recovery residences.
- AbleTo Virtual Behavioral Health Therapy and Coaching program is discontinued.
- The mental health/substance-related and addictive disorders delegate (the delegate) administers benefits for mental health and substance-related and addictive disorders services. If the covered person needs assistance with coordination of care, locating a provider, and confirmation that services the covered person plans to receive are covered health care services, the covered person can contact the delegate.
- The exclusion section specific to mental health and substance-related and addictive disorders services has been removed. The following have been added as exclusions that apply to both medical and behavioral services: transitional, assisted, and

independent living services, educational counseling, testing and support services, and vocational counseling, testing and support services.

- The term autism spectrum disorder means a condition marked by enduring problems communicating and interacting with others, along with restricted and repetitive behavior, interests, or activities, and as listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
- The term unproven services may include services for medical and behavioral conditions. Determinations of unproven services based on well-designed randomized controlled trials or observational studies, include the following: well-designed systematic reviews (with or without meta-analyses) of multiple well-designed randomized controlled trial, individual well-designed randomized controlled trials, well-designed observational studies with one or more concurrent comparison group(s) including cohort studies, case-control studies, cross-sectional studies, and systematic reviews (with or without meta-analyses) of such studies. Medical and drug policies can be viewed on www.myuhc.com and liveandworkwell.com.
- For covered persons under the age of 18, for the purposes of transitioning a minor's biological sex as determined by the sex organs, chromosomes, and endogenous profiles of the minor or affirming the minor's perception of the minor's sex if that perception is inconsistent with the minor's biological sex, certain services may not be performed by or under the direction of a Texas licensed physician or a Texas licensed health care provider.
- Step therapy requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- Therapeutic equivalent requirements can be satisfied through use of a pharmaceutical product or a prescription drug product.
- Prescription drug products used for cosmetic or convenience are excluded.
- Over-the-counter continuous glucose monitors are excluded.
- Certain prescription drug products that are packaged as unit dose, repackaged, or relabeled are excluded.
- 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.