UnitedHealthcare

Aptim
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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:

- All mental health care and substance-related and addictive disorders services must be provided by or under the direction of a behavioral health provider who is properly licensed and qualified by law and acting within the scope of their licensure.
- Provider-based case management services are no longer included under Mental Health Care and Substance-Related and Addictive Disorders Services.
- Elective fertility preservation is not a covered benefit.
- If infertility services are covered, eligibility for benefits no longer requires the member be a female under age 44.
- Benefits are provided for certain over-the-counter hearing aids for covered persons age 18 and older who have mild to moderate hearing loss.
- Specialized enteral formulas administered either orally or by tube feeding are covered for certain conditions under the direction of a physician.
- External catheters are covered health care services.
- Individual and group nutritional counseling exclusion does not apply to behavioral/mental health-related nutritional education services that are provided as part of treatment.
- The following exclusions are removed under gender dysphoria: breast enlargement, including augmentation mammoplasty and breast implants; thyroid cartilage reduction; reduction thyroid chondroplasty; trachea shave; voice modification surgery; voice lessons and voice therapy.
- The routine foot care exclusion does not apply to preventive foot care due to conditions associated with metabolic, neurologic, or peripheral vascular disease.
- Health care services received outside of the covered person's state of residence from out-of-network providers for non-emergent, sub-acute inpatient or outpatient services at any of the following non-hospital facilities: alternate facilities, freestanding facilities, residential treatment facilities, inpatient rehabilitation facilities, and skilled nursing facilities are no longer excluded.
- Reconstructive jaw surgery is covered when there is a facial skeletal abnormality and associated functional medical impairment.
- Adding pyromania and kleptomania to the list of services not covered under the plan unless they are tied to a conduct or impulse control disorder diagnosis.
- The requirement to maintain a written, specific and detailed treatment program requiring your full-time residence and participation in the residential treatment definition was replaced with the requirement to offer organized treatment services that feature a planned and structured regimen of care in a 24-hour setting.
- When a covered person is eligible for Medicare on a primary basis but chooses not to enroll in Medicare, the policy will pay as secondary and benefits will be calculated using Medicare's approved amount or Medicare's limiting charge.

- Some travel expenses related to covered health care services received from a network provider may be paid back as determined by us.
- The allowed amount (which includes mileage) for emergency ground ambulance transportation provided by an out-of-network provider is a rate agreed upon by the provider or determined based upon the median amount negotiated with network providers for the same or similar service, unless a different amount is required by applicable law.
- The prior authorization requirement for extended outpatient treatment visits, with or without medication management, is removed.
- For all inpatient benefits, the out-of-network prior authorization requirement has been removed for emergency admissions.
- When covered health care services are received from an out-of-network provider as arranged by us, including when there is no network provider who is reasonably accessible or available to provide covered health care services, allowed amounts are an amount negotiated by us or an amount permitted by law.
- The rehabilitation cost share will apply to all visits, including the first 3 visits, for any combination of manipulative treatment and physical therapy for new low back pain.
- The policy charge is based on the enrollment records as provided by you at the time the invoice for the policy charge is issued. You must notify us of enrollments, terminations or other changes in writing or through our electronic system or by other methods as determined by us.
- The Policy ends at our option, retroactive to the last paid date of coverage if the grace period expires and the Policy charge remains unpaid on the due date.
- Under the definition of "Experimental or Investigational Service(s)", the following sources were removed as criteria to identify appropriate use: the American Hospital Formulary Service; the United States Pharmacopoeia Dispensing Information. And the following sources were added: AHFS Drug Information (AHFS DI) under therapeutic uses section; Elsevier Gold Standard's Clinical Pharmacology under the indications section; DRUGDEX System by Micromedex under the therapeutic uses section and has a strength recommendation rating of class I, class IIa, or class IIb; National Comprehensive Cancer Network (NCCN) drugs and biologics compendium category of evidence 1, 2A, or 2B. Experimental or investigational service(s) are only obtainable, with regard to outcomes for the given indication, within research settings.
- When biosimilars become available, pharmacy tiers may change for reference products or the reference products may be excluded.
- Durable Medical Equipment, including certain insulin pumps and related supplies, is excluded.
- Convenience care medications are excluded.
- The reference to the smart fill program has been removed.
- Certain prescription drug products for tobacco cessation 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.