

Medical Plan Required Changes

This document is intended to highlight changes in benefits and should not be relied upon to fully determine coverage. If this document conflicts in any way with the plan documents, i.e., the Certificate of Coverage (COC) including Schedule of Benefits and Benefit Summary, the plan documents shall prevail. For a copy of plan documents, please refer to www.myuhc.com.

Federal Mandated Changes effective July 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Chemical Dependency Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage substance use at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Chemical Dependency Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage substance use at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance and is limited to \$14,500 during any consecutive 24 months.	Benefit maximum eliminated for all groups
Hearing Aid	Americans with Disability Act	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage of hearing aids for groups of 15 or more employees • Offering of hearing aids for groups of 2-14 employees 	Excluded	<ul style="list-style-type: none"> • New category and benefit for coverage of Hearing Aids for all groups. • Benefit subject to coinsurance and is limited to the dollar maximum listed in the Certificate of Coverage
Mental Health Services – Inpatient and Intermediate	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage mental health at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
Mental Health Services – Outpatient	Federal Mental Health Parity	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	<ul style="list-style-type: none"> • Coverage mental health at the same level as any other inpatient or outpatient benefit. • Applies to groups of 51 or more employees. 	Benefit covered at a copayment or coinsurance	No change in benefit category
State Mandated Changes effective July 1, 2010					
Description	Bill #	Documents Impacted	Minimum Requirement	Current Benefit	New Benefit
Organ Transplant	SB 5725	<ul style="list-style-type: none"> • Certificate of Coverage • Schedule of Benefits • Benefit Summary 	Benefit cannot include a separate lifetime limit on transplants that are less than \$350,000	Non-network benefits are limited to \$30,000 per transplant	Non-network benefit maximum increased to \$350,000 per lifetime