



Gorman and Company  
Policy Number: 922902  
Renewal Date: 1-1-2025

## 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 being covered if medically necessary following a post-traumatic brain injury or stroke is removed.
- Presumptive and definitive drug test limits are 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 are 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.
- 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.
- 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.
- Certain preventive care immunizations are covered under the pharmacy benefit.
- For oral chemotherapeutic agents, the total amount of any applicable deductibles, co-payments or co-insurance shall not exceed \$100 for an individual prescription of up to a 31-day supply, regardless of tier placement. To comply with federal law, a high deductible health plan will need to meet the deductible before the cost-sharing cap will apply.
- Your right to request an exception for contraceptives has been added as section 5.
- Certain coupons from pharmaceutical manufacturers or an affiliate may reduce the costs of your specialty pharmaceutical products. Your copayment and/or coinsurance may vary when you use a coupon. The amount of the coupon will not count toward any applicable deductible or out-of-pocket limits.
- The variable copayment program under the outpatient prescription drug rider may include certain non-specialty and specialty prescription drug products.
- 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.