



## SUMMARY OF MODIFICATIONS

Effective January 1, 2015 the following changes were made to your Health Plan document:

- Covered Medical Benefits – Added Gastric sleeve procedure bullet to Morbid Obesity Treatment.

## SUMMARY OF MODIFICATIONS

Effective June 26, 2015 the following changes were made to your Health Plan document:

- Eligibility and Enrollment – Updated language for same sex spouse coverage.

## SUMMARY OF MODIFICATIONS

Effective July 1, 2015 the following changes were made to your Health Plan document:

- All references to Substance Abuse have been updated to Substance Use Disorder(s) throughout the document. This was done in order to provide consistency between UMR's plan document template and the terminology used by the government in its final Mental Health Parity regulations.
- Medical Schedule of Benefits, Benefit Plan 001:
  - Revised page numbers referencing prior authorization.
  - Revised page number referencing Disease Management.
  - Added Preventive / Routine Autism Screening.
- Medical Schedule of Benefits, Benefit Plan 002:
  - Revised page numbers referencing prior authorization.
  - Revised page number referencing Disease Management.
  - Added Preventive / Routine Autism Screening.
- Eligibility and Enrollment:
  - Added wording to indicate the measurement period option you have chosen to use to meet the Eligibility Mandate requirements of PPACA.
  - Under Eligibility Requirements, removed temporary employees from the definition of the classification of ineligible employees. Temporary employees *may* qualify as eligible employees when taken into consideration during the measurement period in accordance with PPACA regulations.
- Termination:
  - Revised the option to terminate employees at the end of the month in which they are no longer members of a covered class as determined by the employer to read, "The end of the stability period in which you become a member of a non-covered class, as determined by the employer." This change is a result of the Employer Mandate under PPACA. If an employee is deemed to be working full -time during his or her measurement period, that employee must be offered coverage that will be in effect during his or her stability period.
  - Under Reinstatement of Coverage, removed all previous reinstatement options and replaced them with one of the two options (13 weeks or 26 weeks) mandated by the PPACA Eligibility Mandate.



- COBRA Continuation of Coverage:
  - Updated the Important section at the top of the provision to include other available options for coverage (e.g., access to Health Insurance Exchanges).
  - Under A Qualified Beneficiary's Notice Obligations While on COBRA, updated the bullet regarding other group health plans to include enrollment under Medicare.
  - Under The Right to Extend the Length of COBRA Continuation Coverage, revised the paragraphs pertaining to Social Security Disability Terminations in order to clarify the administration of COBRA coverage in this situation.
  - Revised the paragraph pertaining to Second Qualifying Events for Dependents in order to clarify when an extension may be available.
  - Added a new section titled Coverage Options Other Than COBRA Continuation Coverage.
  - Added a new section titled If You Have Questions.
- Covered Medical Benefits: Under Morbid Obesity Treatment, revised bulleted references to specific types of bariatric surgery, since all types of bariatric surgery would be covered if the patient meets medically necessary criteria.
- Home Health Care Benefits: Changed the statement "Covered Persons must obtain prior authorization..." to the more generic "Prior authorization may be required..." As stated in this paragraph, the reader should refer to the Care Management section for details.
- Care Management:
  - Updated the definition of Retrospective Review to reflect current administrative practices.
  - Updated references to Targeted Member Messages. This item has been replaced with HealthNotes.
- Coordination of Benefits: Under Order of Benefit Determination Rules, added a bullet regarding coverage under a spouse's plan and also under a parent's plan.
- Right of Subrogation, Reimbursement, and Offset: Updated wording within the provision to clarify current administrative practices.
- Claims and Appeals Procedures:
  - Updated wording to reflect current addresses for submitting the various types of appeals.
  - Updated wording in the Right to External Review section to clarify who may request an external review.
- Other Federal Provisions: Removed the bullet regarding health insurance portability provisions of HIPAA because they no longer apply.
- Glossary of Terms - Updated the definition of Hospital to remove the requirement that hospitals be qualified to receive payments from the Medicare program.