



SUMMARY OF MODIFICATIONS

As requested, effective July 1, 2024, the following provision(s) were updated in, added to, or deleted from your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Introduction.
- Plan Information.
- Qualified High Deductible Health Plan Medical Schedule of Benefits, Benefit Plan(s) 002, 003.
- Prescription Schedule of Benefits, Benefit Plan(s) 001.
- Prescription Schedule of Benefits, Benefit Plan(s) 002,003.
- Prescription Drug Benefits.
- Coordination of Benefits.
- Claims And Appeal Procedures.
- Glossary Of Terms.

SUMMARY OF MODIFICATIONS

As required, effective July 1, 2024, the following changes were made to your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- As part of Non-Quantitative Treatment Limitations (NQTL), the following have been revised throughout the document to add clarity and directive:
 - Alternative / Complementary Treatment.
 - Conditions Listed in the most recent American Psychiatric Association Diagnostic and Statistical Manual (DSM) or the International Classification of Diseases – Clinical Modification (ICD-CM) manual (most recent revision) in the following categories: Personality disorders, sexual/gender identity disorders, behavior and impulse control disorders, “Z” codes.
 - Developmental Delays.
 - Mental Health Benefits: Mental Health Exclusions – the entire section – has been removed as items are included in classification sections.
 - Nocturnal Enuresis Alarm.
 - Substance Use Disorder and Chemical Dependency Benefits: Substance Use Disorder Exclusions – the entire section has been removed as items are included in classification sections.
- Eligibility and Enrollment: Eligibility Requirements language has been revised to be broader to meet the requirements of any of the Affordable Care Act (ACA) Measurement Methods.
- Provider Network:
 - Continuity of Care: Language has been updated to accommodate network contracts that may have unique requirements.
- Covered Medical Benefits:
 - Ambulance Transportation: Language has been clarified for coverage of emergency ambulance transportation to an appropriate hospital for consistency with No Surprises Act coverage of emergencies.
 - Therapy Services: Speech Therapy has been revised to align with current policies and procedures and remove specific references to Autism Spectrum Disorder.
- Teladoc Services:
 - Teladoc may not be used for: Consultations in states/jurisdictions where not available due to regulations or interpretations affecting the practice of telemedicine has been removed, since there are no longer states where telemedicine coverage is not allowed.
 - Behavioral Health Program:
 - Language has been revised to clarify the type of coverage not available to Covered Persons under the age of 13.
 - Language has been added to clarify the type of coverage not available to Covered Persons under the age of 18.



A UnitedHealthcare Company

July 10, 2024

- UMR CARE: Clinical Advocacy Relationships to Empower:
 - Language has been added to the following areas to provide flexibility in accommodating certain providers that may not be required to obtain prior authorization on certain services:
 - Prior Authorization / Notification Requirements.
 - Definitions.
 - Penalties for Not Obtaining Prior Authorization.
 - Retrospective Review.
 - Prior Authorization / Notification Requirements: Language has been enhanced to better define the roles and responsibilities of the member and provider.
 - Special Notes: Language has been clarified to provide a more accurate description pertaining to prior authorization notification in emergency circumstances.
 - Definitions: A Managed Care UnitedHealthcare Network Provisions definition has been added.
 - Services Requiring Prior Authorization: Access via the website for prior authorizations before receiving services has been added.
 - Complex Condition CARE: Language has been expanded for broader condition focus to align with clinical support and services offered.
- Right of Subrogation, Reimbursement, and Offset:
 - References to "You" or "Your" have been clarified.
 - Language has been revised to use the broader term "recoveries" versus "settlement funds."
 - "Alleged/Allegedly" language has been added to reduce the burden of proof.
- General Exclusions: Workers' Compensation language has been revised to reflect current industry standard language that appropriately accommodates the varying regulatory requirements for entities to have applicable coverages in place.
- Glossary of Terms: Ambulance Transportation language has been clarified for coverage of emergency ambulance transportation to an appropriate hospital for consistency with No Surprises Act coverage of emergencies.

ACCEPTANCE PAGE

Health Plan
7670-00-413996

CITY OF TURLOCK acknowledges that we have reviewed the plan document effective July 1, 2024, and agree that the provisions contained in the plan document will be the basis for the administration of our Health Plan. The Plan Sponsor further represents that the plan document accurately reflects the intent of the Plan Sponsor and agrees that UMR may rely on such document in the administration of the Plan.

Accepted by the Plan Sponsor on 11/13/25
Date

[Signature]
Authorized Signature and Title
CITY OF TURLOCK