

Summary of Material Modifications (SMM)

City of Columbus Group Health Benefit Plan

Group Number: 706539

Effective Date of this SMM: **2/1/2025**

A Summary Plan Description (SPD) was published effective **1/1/2025**. This SMM to the Plan SPD is issued by the Plan Sponsor as described below.

Because this SMM is part of a legal document, the Plan Sponsor wants to give you information about the document that will help you understand it. Certain capitalized words have special meanings. The definitions for these words are in the SPD in Section 15, *Glossary* and Section 16, *Outpatient Prescription Drugs*.

Applies to the following Plans:

- Sets 001/008 AFSCME 1632 FT and PT Choice Plus Plans
- Sets 004/014 CWA FT and PT Choice Plus Plans
- Sets 005 OLC Choice Plus Plan
- Sets 006/007 MCP FT and PT Choice Plus Plans
- Sets 012/013 AFSCME 2191 FT and PT Choice Plus Plans

What are the Modifications to the Plan?

These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this SMM with your *SPD* since this material plus the *SPD* is your complete SPD. In the event of any discrepancy between this SMM and the *SPD*, the provisions of this SMM shall govern.

Section 2 – Introduction

When Coverage Begins – Newborn language was added to How To Enroll to reflect automatic enrollment options and number of days of coverage.

When Coverage Begins

If you do not wish to change your benefit election due to the birth of a newborn, the automatic coverage for the newborn will terminate immediately following day 31 after birth. You will need to wait until the next annual Open Enrollment to change your election if coverage has not been selected within 31 days.

Section 5 – Schedule of Benefits

Mental Health Services, Neurobiological Disorders – Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders Services updated:

- The SPD descriptions have been updated to reflect appropriate reference to types of Mental Health Service, Neurobiological Disorders – Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders services that correlate to *American Society of Addiction Medicine (ASAM)* requirements.
- Outpatient language was updated to include and clarify Covered Person out-of-pocket cost for Office Visits.
- Outpatient language was updated from “*Partial Hospitalization/Intensive Outpatient Treatment*” to “*All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment*” to identify services that may be included in the category of “All Other Outpatient Services”.

Mental Health Services <ul style="list-style-type: none">▪ Inpatient▪ Outpatient	80% after you meet the Annual Deductible Office Visit 100% after you pay a Copayment of \$20 per visit All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment 80% after you meet the Annual Deductible	60% after you meet the Annual Deductible Office Visit 60% after you meet the Annual Deductible All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment 60% after you meet the Annual Deductible
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Neurobiological Disorders – Autism Spectrum Disorder Services

- The SPD descriptions have been updated to reflect appropriate reference to types of *Neurobiological Disorders – Autism Spectrum Disorder Services* that correlate to *American Society of Addiction Medicine (ASAM)* requirements.
- Outpatient language was updated to include and clarify Covered Person out-of-pocket cost for Office Visits.
- Outpatient language was updated from “Partial Hospitalization/Intensive Outpatient Treatment” to “All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment” to identify services that may be included in the category of “All Other Outpatient Services”.
- Outpatient language was updated to include and clarify Covered Person cost share for *Applied Behavioral Analysis (ABA)* therapy services/*Intensive Behavioral Therapy*. This allows for flexibility on plans that want to apply a lower out-of-pocket cost for *Applied Behavioral Analysis (ABA)*.

Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders <ul style="list-style-type: none"> ▪ Inpatient ▪ Outpatient 	<p>80% after you meet the Annual Deductible</p> <p>Office Visit</p> <p>100% after you pay a Copayment of \$20 per visit</p> <p>All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment</p> <p>80% after you meet the Annual Deductible</p> <p>Intensive Behavioral Therapy</p> <p>100% after you pay a Copayment of \$20 per visit</p>	<p>60% after you meet the Annual Deductible</p> <p>Office Visit</p> <p>60% after you meet the Annual Deductible</p> <p>All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment</p> <p>60% after you meet the Annual Deductible</p> <p>Intensive Behavioral Therapy</p> <p>60% after you meet the Annual Deductible</p>
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Substance-Related and Addictive Disorder Services updated:

- The SPD descriptions have been updated to reflect appropriate reference to types of Mental Health Service, Neurobiological Disorders – Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders services that correlate to *American Society of Addiction Medicine (ASAM)* requirements.

- Outpatient language was updated to include and clarify Covered Person out-of-pocket cost for Office Visits.
- Outpatient language was updated from “Partial Hospitalization/Intensive Outpatient Treatment” to “All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment” to identify services that may be included in the category of “All Other Outpatient Services”.

Substance-Related and Addictive Disorders Services		
<ul style="list-style-type: none"> ▪ Inpatient 	80% after you meet the Annual Deductible	60% after you meet the Annual Deductible
<ul style="list-style-type: none"> ▪ Outpatient 	<p style="text-align: center;">Office Visit</p> 100% after you pay a Copayment of \$20 per visit	<p style="text-align: center;">Office Visit</p> 60% after you meet the Annual Deductible
	<p style="text-align: center;">All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment</p> 80% after you meet the Annual Deductible	<p style="text-align: center;">All Other Outpatient Services, including Partial Hospitalization/Day Treatment/High Intensity Outpatient/Intensive Outpatient Treatment</p> 60% after you meet the Annual Deductible

Section 6 – Additional Coverage Details

Mental Health Services, Neurobiological Disorders – Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders Services

- The SPD descriptions have been updated to reflect appropriate reference to types of Mental Health Services, Neurobiological Disorders – Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders Services that correlate to *American Society of Addiction Medicine (ASAM)* requirements.

Mental Health Services

Mental Health Services include those received on an inpatient or outpatient basis in a Hospital and an Alternate Facility or in a provider's office. All 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.

Benefits include the following levels of care:

- Inpatient treatment.

- Residential Treatment.
- Partial Hospitalization/Day Treatment/High Intensity Outpatient.
- Intensive Outpatient Treatment.
- Outpatient treatment.

Inpatient treatment and Residential Treatment includes room and board in a Semi-private Room (a room with two or more beds).

Services include the following:

- Diagnostic evaluations, assessment and treatment and/or procedures.
- Medication management.
- Individual, family and group therapy.
- Crisis intervention.

The Mental Health/Substance-Related and Addictive Disorders Administrator provides administrative services for all levels of care.

You are encouraged to contact the Mental Health/Substance-Related and Addictive Disorders Administrator for assistance in locating a provider and coordination of care by calling the number on your ID card.

Prior Authorization Requirement

For Non-Network Benefits for a scheduled admission for Mental Health Services (including an admission for services at a Residential Treatment facility), you must obtain prior authorization five business days before admission or as soon as is reasonably possible for a non-scheduled admission.

In addition, for Non-Network Benefits you must obtain prior authorization before the following services are received: Partial Hospitalization/Day Treatment/High Intensity Outpatient; Intensive Outpatient Treatment programs; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation.

If you do not obtain prior authorization as required, Benefits will be reduced to 50% of Eligible Expenses.

Neurobiological Disorders – Autism Spectrum Disorder Services-

updated language to clarify how *Applied Behavioral Analysis (ABA)* therapy services will be reimbursed under the *Neurobiological Disorders – Autism Spectrum Disorder Services* section.

Neurobiological Disorders - Autism Spectrum Disorder Services

The Plan pays Benefits for behavioral services for Autism Spectrum Disorder including Intensive Behavioral Therapies such as *Applied Behavior Analysis (ABA)* that are the following:

- Focused on the treatment of core deficits of Autism Spectrum Disorder.

- Provided by a *Board Certified Applied Behavior Analyst (BCBA)* or other qualified provider under the appropriate supervision.
- Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning.

These Benefits describe only the behavioral component of treatment for Autism Spectrum Disorder. Medical treatment of Autism Spectrum Disorder is a Covered Health Service for which Benefits are available under the applicable medical Covered Health Services categories as described in this section.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment.
- Partial Hospitalization/Day Treatment/High Intensity Outpatient.
- Intensive Outpatient Treatment.
- Outpatient treatment.

Inpatient treatment and Residential Treatment includes room and board in a Semi-private Room (a room with two or more beds).

Services include the following:

- Diagnostic evaluations, assessment and treatment and/or procedures.
- Medication management.
- Individual, family and group therapy,
- Crisis intervention.

The Mental Health/Substance-Related and Addictive Disorders Administrator provides administrative services for all levels of care.

You are encouraged to contact the Mental Health/Substance-Related and Addictive Disorders Administrator for assistance in locating a provider and coordination of care by calling the number on your ID card.

Prior Authorization Requirement

For Non-Network Benefits for a scheduled admission for Neurobiological Disorders – Autism Spectrum Disorder Services (including an admission for services at a Residential Treatment facility) you must obtain prior authorization five business days before admission or as soon as is reasonably possible for a non-scheduled admission.

In addition, for Non-Network Benefits you must obtain prior authorization before the following services are received. Services requiring prior authorization: Partial Hospitalization/Day Treatment/High Intensity Outpatient; Intensive Outpatient Treatment programs; psychological testing; and Intensive Behavioral Therapy, including *Applied Behavior Analysis (ABA)*.

If you do not obtain prior authorization as required, Benefits will be reduced to 50% of Eligible Expenses.

Substance-Related and Addictive Disorders Services

Substance-Related and Addictive Disorders Services include those received on an inpatient or outpatient basis in a Hospital or an Alternate Facility or in a provider's office. All 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.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment.
- Partial Hospitalization/Day Treatment/High Intensity Outpatient.
- Intensive Outpatient Treatment.
- Outpatient treatment.

Inpatient treatment and Residential Treatment includes room and board in a Semi-private Room (a room with two or more beds).

Services include the following:

- Diagnostic evaluations, assessment and treatment and/or procedures.
- Medication management.
- Individual, family and group therapy.
- Crisis intervention.

The Mental Health/Substance-Related and Addictive Disorders Administrator provides administrative services for all levels of care.

You are encouraged to contact the Mental Health/Substance-Related and Addictive Disorders Administrator for assistance in locating a provider and coordination of care by calling the number on your ID card.

Prior Authorization Requirement

For Non-Network Benefits for a scheduled admission for Substance-Related and Addictive Disorders Services (including an admission for services at a Residential Treatment facility) you must obtain prior authorization five business days before admission or as soon as is reasonably possible for a non-scheduled admission.

In addition, for Non-Network Benefits you must obtain prior authorization before the following services are received. Services requiring prior authorization: Partial Hospitalization/Day Treatment/High Intensity Outpatient; Intensive Outpatient Treatment programs; psychological testing.

If you do not obtain prior authorization as required, Benefits will be reduced to 50% of Eligible Expenses.

Section 7 – Clinical Programs and Resources

The Health Management Virtual Behavioral Health Therapy and Coaching Program - language was removed from SPD as it is duplicative to the Virtual Behavioral Health Therapy and Coaching program in Section 6, *Additional Coverage Details*.

Maternity Support Program – The Maternity Support Program will be sunseting and removed from the SPD in its entirety as applicable per plan. Maven is the offering that is replacing the existing UnitedHealthcare Maternity Support Program for those customers who purchase the program.

The Note - was updated with “www.myuhc.com” to include with high level language regarding the availability of the digital resources.

Note: You may have access to certain mobile apps for personalized support to help live healthier. Please call the number on your ID card or visit www.myuhc.com for additional information.

Section 8 – Exclusions and Limitations

Mental Health Services/Neurobiological Disorders - Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders Services - was updated to reflect that the exclusion applies to both Mental Illness, Autism Spectrum Disorder Services and substance-related and addictive disorders.

- Removed reference to 'high intensity' as this is a term used under ASAM.
- The exclusion for Transitional Living services has been updated to clarify that services for recovery residences are excluded.
- The exclusion for residential care has been updated to reflect that all residential care for Covered Persons with substance-related and addictive disorders who are unable to participate in their care due to significant cognitive impairment.

Mental Health, Neurobiological Disorders – Autism Spectrum Disorder and Substance-Related and Addictive Disorders Services

In addition to all other exclusions listed in this Section 8, *Exclusions and Limitations*, the exclusions listed directly below apply to services described under *Mental Health Services, Neurobiological Disorder – Autism Spectrum Disorder* and/or *Substance-Related and Addictive Disorders Services* in Section 6, *Additional Coverage Details*.

1. Services performed in connection with conditions not classified in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association*.

2. Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.
3. Outside of initial assessment, services as treatments for the primary diagnoses of learning disabilities, pyromania, kleptomania, gambling disorder and paraphilic disorders.
4. Services that are solely educational in nature or otherwise paid under state or federal law for purely educational purposes.
5. Tuition for or services that are school based for children and adolescents under the *Individuals with Disabilities Education Act*.
6. Outside of initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*.
7. Transitional Living services (including recovery residences).
8. Non-medical 24-hour withdrawal management, providing 24-hour supervision, observation, and support for Covered Persons who are intoxicated or experiencing withdrawal, using peer and social support rather than medical and nursing care.
9. Residential care for Covered Persons with substance-related and addictive disorders who are unable to participate in their care due to significant cognitive impairment.

Section 14 - Other Important Information

Incentives to You- “Administrative programs” was added under the “Incentives to You” section to help clarify the incentives for administrative efficiencies such as going paperless or receiving program sign up incentives, etc.

Incentives to You

Sometimes you may be offered coupons or other incentives to encourage you to participate in various wellness programs or certain disease management programs, surveys, discount programs, administrative programs, and/or programs to seek care in a more cost effective setting and/or from Designated Providers. In some instances, these programs may be offered in combination with a non-UnitedHealthcare entity. The decision about whether or not to participate is yours alone but City of Columbus recommends that you discuss participating in such programs with your Physician. These incentives are not Benefits and do not alter or affect your Benefits. You may call the number on your ID card if you have any questions. Additional information may be found in Section 7, *Clinical Programs and Resources*.

Review and Determine Benefits in Accordance with UnitedHealthcare's Reimbursement Policies

- expanded the current disclosure language to provide further clarification to Covered Persons that our Reimbursement Policies might be based on a source that speaks generally to a topic but not to the level of specificity that is commonly understood in the industry.

Review and Determine Benefits in Accordance with UnitedHealthcare Reimbursement Policies

UnitedHealthcare adjudicates claims consistent with industry standards. UnitedHealthcare develops its reimbursement policy guidelines, in its sole discretion, generally in accordance with one or more of the following methodologies:

- As indicated in the most recent edition of the Current Procedural Terminology (CPT), a publication of the American Medical Association, and/or the Centers for Medicare and Medicaid Services (CMS).
- As reported by generally recognized professionals or publications.
- As used for Medicare.
- As determined by medical staff and outside medical consultants pursuant to other appropriate sources or determinations that UnitedHealthcare accepts.

Following evaluation and validation of certain provider billings (e.g., error, abuse and fraud reviews), UnitedHealthcare's reimbursement policies are applied to provider billings. UnitedHealthcare shares its reimbursement policies with Physicians and other providers in UnitedHealthcare's Network through UnitedHealthcare's provider website. Network Physicians and providers may not bill you for the difference between their contract rate (as may be modified by UnitedHealthcare's reimbursement policies) and the billed charge. However, non-Network providers are not subject to this prohibition, and may bill you for any amounts the Plan does not pay, including amounts that are denied because one of UnitedHealthcare's reimbursement policies does not reimburse (in whole or in part) for the service billed. You may obtain copies of UnitedHealthcare's reimbursement policies for yourself or to share with your non-Network Physician or provider by going to **www.myuhc.com** or by calling the telephone number on your ID card.

UnitedHealthcare may apply a reimbursement methodology established by *OptumInsight* and/or a third party vendor, which is based on *CMS* coding principles, to determine appropriate reimbursement levels for Emergency Health Services. The methodology is usually based on elements reflecting the patient complexity, direct costs, and indirect costs of an Emergency Health Service. If the methodology(ies) currently in use become no longer available, UnitedHealthcare will use a comparable methodology(ies). UnitedHealthcare and *OptumInsight* are related companies through common ownership by *UnitedHealth Group*. Refer to UnitedHealthcare's website at **www.myuhc.com** for information regarding the vendor that provides the applicable methodology.

Section 15 - Glossary

Eligible Expenses – The Glossary term for Eligible Expenses was expanded to provide further clarification regarding UHC Reimbursement Policies.

Eligible Expenses – for Covered Health Services, incurred while the Plan is in effect, Eligible Expenses are determined by UnitedHealthcare or as required by law as detailed in Section 3, *How the Plan Works*.

Eligible Expenses are determined in accordance with UnitedHealthcare's reimbursement policy guidelines or as required by law. UnitedHealthcare develops the reimbursement policy guidelines, in its discretion, following evaluation and validation of all provider billings generally in accordance with one or more of the following methodologies:

- As indicated in the most recent edition of the *Current Procedural Terminology (CPT)*, a publication of the *American Medical Association*, and/or the *Centers for Medicare and Medicaid Services (CMS)*.
- As reported by generally recognized professionals or publications.
- As used for Medicare.
- As determined by medical staff and outside medical consultants pursuant to other appropriate source or determination that UnitedHealthcare accepts.

Non-Medical 24-Hour Withdrawal Management – Eliminated the Non-Medical 24-Hour Withdrawal Management term in the glossary. The corresponding exclusion language was updated to provide clarification regarding the services being excluded.

Partial Hospitalization/Day Treatment - updated to include High Intensity Outpatient services. The SPD descriptions have been updated to reflect appropriate reference to types of Mental Health Care and Substance-Related and Addictive Disorders services that correlate to *American Society of Addiction Medicine (ASAM)* requirements.

Partial Hospitalization/Day Treatment/High Intensity Outpatient - a structured ambulatory program that may be a freestanding or Hospital-based program and that provides services for at least 20 hours per week.

Section 16 - Outpatient Prescription Drugs

Exclusions - Existing Exclusion language was updated to clarify coverage for prescription drug products for weight management if a Covered Person participates in an approved weight management program.

Any product dispensed for the purpose of appetite suppression or weight loss.

Glossary

Infertility – The defined term for Infertility Services was updated to align with the medical defined term and the administrative process for this benefit.

Infertility - A disease (an interruption, cessation, or disorder of body functions, systems, or organs) of the reproductive tract which prevents the conception of a child or the ability to carry a pregnancy to delivery.

