

March 3, 2011

**Subject: ID Number**

**New Payment Amount: \$433.79**

**Dear**

Thank you for allowing us to continue to provide for your health insurance needs. We strive to ensure that our health plans comply with all applicable state and federal laws. Those efforts continue with health care reform implementation.

As a result of the Patient Protection and Affordable Care Act (PPACA) of 2010, you have the following additional benefits:

**\* No aggregate lifetime maximum benefit dollar limit**

If you have a family member who previously met your plan's lifetime limit, coverage is now available for that person. Please call us at the number listed below to reinstate coverage. You need to notify us no later than 30 days from the date of this letter.

If you purchased an optional maximum benefit buy-up, you are no longer charged for that option.

**\* Preventive care benefits for all plans**

Expenses for covered in-network preventive care are not subject to waiting periods, deductibles, coinsurance or copays.

If you purchased an optional preventive care benefit, you are no longer charged for that option.

**\* Prescription drugs - any annual dollar limit has been removed**

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## PATIENT PROTECTION AND AFFORDABLE CARE ACT NOTICE

As a result of the federal Patient Protection and Affordable Care Act (PPACA) we are making the coverage and benefit changes detailed below.

1. Coverage for your children will continue until their 26th birthday, regardless of marital status.
2. An "emergency" means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:
  - a. Placing the health of the covered person (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
  - b. Serious impairment to bodily functions; or
  - c. Serious dysfunction of any bodily organ or part.
3. The lifetime maximum benefit limit (shown in your policy's/certificate's Data Page) will not be applied.
4. Any lifetime or annual maximum dollar limit for mental disorders and substance abuse will not be applied.
5. Outpatient expenses for mental disorders and substance abuse will be considered the same as outpatient expenses for medical disorders. (No change for plans that do not cover mental disorders and substance abuse.)
6. Any annual maximum dollar limit for spine and back disorders will not be applied.
7. Any annual maximum dollar limit for outpatient prescription drugs will not be applied.
8. Any annual maximum dollar limit for emergency room charges will not be applied.
9. Any annual maximum dollar limit for rehabilitation and extended care facility expense benefits will not be applied.
10. RESCISSIONS: No misrepresentation of fact made during the application process that relates to insurability will be used to void/rescind coverage or deny a claim unless:
  - a. The misrepresented fact is contained in your application, including amendments;
  - b. A copy of the application, and any amendments, has been provided to you; and
  - c. The misrepresentation of facts was intentionally made and material to our determination to issue coverage.

Coverage will be voided/rescinded and claims denied if a covered person performs an act or practice that constitutes fraud.

11. The Preexisting Conditions Limitations exclusion period will not be applied to a covered person under age 19 years.
12. Charges incurred for the following preventive health services that are appropriate for the covered person will be covered in accordance with the following recommendations and guidelines in effect as of March 23, 2010:
  - a. Evidence based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
  - b. Immunizations that have in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.
  - c. Evidence-informed preventive care and screenings for infants, children, and adolescents, in accordance with comprehensive guidelines supported by the Health Resources and Services Administration.





A UnitedHealthcare Company



**NOTICE REGARDING DEPENDENT COVERAGE**

A dependent child may remain on your plan as long as the child:

- \* Is under age 26, and
- \* Is unmarried.

A child will continue to be eligible at age 26 if the child:

- \* Is under age 30,
- \* Is an Illinois resident,
- \* Served in the active or reserve branches of the U.S. Armed Forces, and
- \* Received other than a dishonorable discharge.

While an Illinois resident, you may enroll your eligible dependent child during the 30-day period prior to May 31st. Your eligible dependent must provide proof that:

1. He/she has not been uninsured for more than 63 days prior to enrollment and
2. He/she was previously insured for a period of 90 continuous days.