



Attention Group Plan Administrators:

Your health plan renewal includes changes required by the Patient Protection and Affordable Care Act (the Affordable Care Act) effective for plan years on or after September 23, 2010.

The Affordable Care Act Provisions include benefit and eligibility enhancement language for your employees. These key changes are now included in your benefits plans:

- Lifetime limit no longer applies
- No annual dollar limits apply except as permitted by the Affordable Care Act
- Extension of dependent coverage to age 26, or older if required by state law
- Elimination of any pre-existing exclusions for anyone under age 19
- Addition of first dollar coverage for in network preventative care
- Designation of Primary Care Providers and direct access to OB-Gyn

The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law, including the Patient Protection and Affordable Care Act.

These benefit and eligibility changes are automatically included in your renewal and do not affect your plan's grandfathered status.

You will need to notify your employees of these changes. Following is an employee notification form that you may want to use. If you have questions, please contact your Benefits Solutions Group representative.

Important Required Notice(s) to Distribute

Attached, you will find important Notices that you must provide to all of your employees (and COBRA or state continuation enrollees), as required by the Patient Protection and Affordable Care Act (also known as the Affordable Care Act). We understand this information may conflict with your plan due to your particular plan design and/or your state laws, and you may wish to modify or add information to this notice to explain your plan.

Instructions

“Important Notices” section to complete:

- Date of Notices — this is the date you distribute the Notice(s) to your employees. Notices must be distributed prior to the first day of the first plan year beginning on or after September 23, 2010.
- These Notices apply to this group health plan — indicate the name of the health plan, such as ABC Co. Welfare Benefit Plan, or indicate the name of your insurer(s).
- Effective date of coverage is — the date of your renewal, but no later than the first day of the first plan year beginning on or after September 23, 2010.
- For more information contact — indicate a phone number for someone within your company that an employee can contact if they have questions.

“Opportunities to Enroll” section: The 30 day enrollment period indicated can coincide with your normal annual open enrollment period, but it must last 30 days, and it must begin no later than the first day of your renewal, on or after September 23, 2010.

“Patient Protection Notice” section: If you have an HMO plan or a plan that requires selection of a primary care physician, you must provide the Patient Protection Notice.

“Grandfathered Health Plan Notice” section: A grandfathered group health plan is a plan which was in effect on 3/23/2010, complies with disclosure and recordkeeping requirements, and has not made any plan changes that would cause grandfathered status to be lost. Voluntary compliance with any of the health care reform requirements will not take away your plan’s grandfathered status if you choose to maintain it.

The federal rules (published 6/17/2010), which include examples to illustrate their application, can be found at the following internet link:

<http://www.hhs.gov/ociio/regulations/grandfather/index.html>

We encourage you to review these requirements with your legal advisor and benefit consultant in deciding whether you wish your plan to have grandfathered status. If you wish your plan to be grandfathered, you must provide notice that you believe it is grandfathered under the Affordable Care Act. Please see page 4 for model language in the rules that can be used for this option.

After you have modified these Notices for your Plan’s purposes, please fill in the “Important Notices” section, copy the form, and distribute. Also, please retain a copy of what you distributed for your records. We will not be providing a copy of these notices to your employees, dependents, or any COBRA or state continuation enrollees. To assist you with your compliance, or if you have any questions:

- You may wish to review the Model Notices and instructions to the notices provided by the Department of Labor at <http://www.dol.gov/ebsa/healthreform>. You will see the Model Notices under the “Affordable Care Act Regulations and Guidance” section of their website.
- Contact your broker or account executive.

Important Notices

Required Notices Due to the Patient Protection and Affordable Care Act

Date of Notices: _____.

These Notices apply to this group health plan: _____.

Effective date of coverage is: _____.

For more information contact: _____.

Opportunities to Enroll Notice

Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll. Individuals may request enrollment for such children for 30 days from the date of this notice.

Lifetime Limit No Longer Applies

The lifetime limit on the dollar value of benefits no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

Patient Protection Notice

Designation of Primary Care Providers

You have the right to designate any primary care provider (PCP) who participates in the network and who is available to accept you or your family members. For children, you may designate a pediatrician as the PCP. For information on how to select a PCP, and for a list of the participating primary care providers, log on to myuhc.com.

Direct Access to OB/Gyns

You do not need prior authorization to obtain direct access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, log on to myuhc.com.

If you wish to maintain status as a grandfathered health plan, you must provide notice that the plan believes it is a grandfathered health plan within the meaning of Section 1251 of the Patient Protection and Affordable Care Act.

Grandfathered Notice

Grandfathered Health Plan

This group health plan believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the contact stated above. [For ERISA plans, insert: You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.] [For non-Federal governmental plans, insert: You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.]