

UNIVERSITY OF VIRGINIA HEALTH PLAN
Summary of Material Modifications to the Plan Provisions
Effective March 5, 2023

This is the Plan Document Language for changes and clarifications to the Plan Document.
Page numbers refer to the January 2023 Summary Plan Description.
Save this information with your Plan documents.

Eligibility and Enrollment, Who is Eligible, Active Employees on page 12

Delete 3rd bullet point

Eligibility and Enrollment, When Coverage Begins on page 22

Replace 1st bullet point: If you enroll as a new hire when you first become eligible, coverage begins on your choice of the date of hire or the first of the month following your date of hire. If you are hired on the first of the month, coverage begins immediately.

Insert a new bullet point between the current 1st and 2nd bullet points: If you enroll when you first become eligible due to a UVA “change job” or “transfer” event, coverage begins on the first of the month following the event date. If the event date is on the first of the month, coverage begins immediately.

Behavioral Health Care, Treatment of Mental Disorders, Inpatient Treatment on page 84

Add at end of section: In the event there is an out-of-network inpatient admission for mental health services that exceeds 90 days, the Claims Administrator may, at its discretion, process an interim payment to the out-of-network facility rendering services if the admission meets clinical criteria for the stay, the facility properly submits clinical documentation and accurate billing, and the Claims Administrator performs a full reconciliation of charges upon official discharge of the member from the facility retroactive to the initial admission date.

Behavioral Health Care, Treatment of Substance Abuse, Inpatient Treatment on page 85

Add at end of section: In the event there is an out-of-network inpatient admission for substance abuse services that exceeds 90 days, the Claims Administrator may, at its discretion, process an interim payment to the out-of-network facility rendering services if the admission meets clinical criteria for the stay, the facility properly submits clinical documentation and accurate billing, and the Claims Administrator performs a full reconciliation of charges upon official discharge of the member from the facility retroactive to the initial admission date.

UNIVERSITY OF VIRGINIA HEALTH PLAN
Summary of Material Modifications to the UVA Health Plan
End of the COVID-19 Public Health Emergency
Effective May 11, 2023

Save this information with your Plan documents.

- FDA-approved testing needed to detect or diagnose COVID-19 and the administration of that testing will be applied to the member's testing benefit. Members will pay their normal copay, coinsurance, or deductible at in-network and out-of-network locations. Associated provider visits will also follow normal plan benefits and copay, coinsurance, or deductible requirements.
- Inpatient admissions at in-network and out-of-network facilities for treatment of COVID-19 or associated health complications will be applied to the member's inpatient facility benefit. Normal plan copay, coinsurance, or deductible requirements will apply.
- Government funded COVID-19 vaccines, including boosters, are still being supplied to in-network locations. Members will pay \$0 for the vaccine at these in-network locations. When COVID-19 vaccines and boosters become commercially available, they will be added to the list of standard seasonal vaccines and will continue to be covered at 100% for in-network administration. Normal plan copay, coinsurance, or deductible requirements will apply for out-of-network administration.