

**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 3<sup>rd</sup> bullet point*

**Eligibility and Enrollment, When Coverage Begins on page 22**

*Replace 1<sup>st</sup> 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 1<sup>st</sup> and 2<sup>nd</sup> 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.