



Essential Health Benefits guide for UnitedHealthcare fully insured plans

UnitedHealthcare is committed to supporting and complying with the new health care reform provisions. We are working to help our customers make changes that better manage costs and enhance the health and well-being of plan participants.

PPACA limit requirements with respect to Essential Health Benefits

The Patient Protection and Affordable Care Act (PPACA) generally prohibits both group health plans and issuers from imposing lifetime or annual limits¹ on the dollar value of health benefits for plan years beginning on or after September 23, 2010.

Lifetime limits are prohibited on the dollar value of in-network and out-of-network covered services that constitute "Essential Health Benefits." Essential Health Benefits have been described to include:

- Ambulatory patient services
- Emergency services
- Hospitalization
- Laboratory services
- Maternity and newborn care
- Mental health and substance use disorder services, including behavioral health services
- Pediatric services, including oral and vision care
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices

Plans and issuers may impose lifetime and annual limits on "Non-Essential Health Benefits" to the extent that such limits are permitted under Federal/State laws.

Unlike many other reform topics, as of this date there is no Interim Final Rule that specifically defines Essential Health Benefits. Additional language provided within the PPACA states that:

"The Secretary shall ensure that the scope of the essential health benefits under paragraph (1) is equal to the scope of benefits provided under a typical employer plan, as determined by the Secretary. To inform this determination, the Secretary of Labor shall conduct a survey of employer-sponsored coverage to determine the benefits typically covered by employers, including multi-employer plans, and provide a report on such survey to the Secretary."



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¹Although Restricted Annual Limits are permitted before January 1, 2014, UnitedHealthcare will not employ them as a standard product offering.

The categorization of a benefit as Essential or Non-Essential does not mean that the benefit will or will not be covered under your plan. Review your coverage documents to determine the scope of services covered under your plan.

UnitedHealthcare's current interpretation of Essential Health Benefits

A senior medical review team of UnitedHealthcare clinicians reviewed the general categories of Essential Health Benefits contained in the PPACA. The Essential Health Benefit categories were reviewed to determine how services/benefits should be categorized.

Using the approach outlined above, UnitedHealthcare created three categories for Essential and Non-Essential Health Benefits: Essential, Non-Essential, and Mixed:

Essential	Non-Essential	Mixed
Health services that are determined to be essential. <i>Example: transplant services</i>	Health services that are not determined to be essential. <i>Example: wigs</i>	Health services that may fall under either category. <i>Example: DME</i>

The categorization of a benefit as Essential or Non-Essential does not indicate that the benefit will or will not be covered under your plan. All services (essential or non-essential) must meet all other requirements for coverage including any cost-effective requirements and that the service or device must not be unproven, experimental or investigational. Individuals should review their coverage documents to determine the scope of services covered under their plan.

Essential Health Benefits

Subject to further regulatory guidance the following have been determined to be Essential Health Benefits. UnitedHealthcare will remove both lifetime and annual dollar limits on individual benefits both in and out-of-network. Any existing visit/day limit will remain in place:

- Allergy
- Ambulance
- Cochlear Implant
- Diabetic Supplies / Insulin Pumps
- Emergency Health Services
- Home Health Care
- Hospital – Inpatient Stay
- Lab, X-ray and Diagnostics
- CT, PET, MRI, Nuclear Medicine
- Mental Health Services
- Orthopedic Surgery
- Outpatient Facility – Surgery, Scopes
- Outpatient Facility – Therapeutic (Dialysis, Chemo, Radiation)
- Pharmaceutical Products – Outpatient
- Pharmacy
- Pregnancy
- Physician’s Office – Sickness / Injury
- Preventive Care
- Rehabilitative Services – Outpatient Therapy
- Skilled Nursing / Inpatient Rehab
- Substance Use Disorders
- Tobacco Use Cessation²
- Transplant Services³
- Urgent Care Services

²Counseling services will not have a dollar limit but any dollar limit associated with Rx will remain in effect.

³OON \$30K per transplant limit is being retained as health care reform restrictions do not apply to the service level.

The categorization of a benefit as Essential or Non-Essential does not mean that the benefit will or will not be covered under your plan. Review your coverage documents to determine the scope of services covered under your plan.

Non-Essential Health Benefits

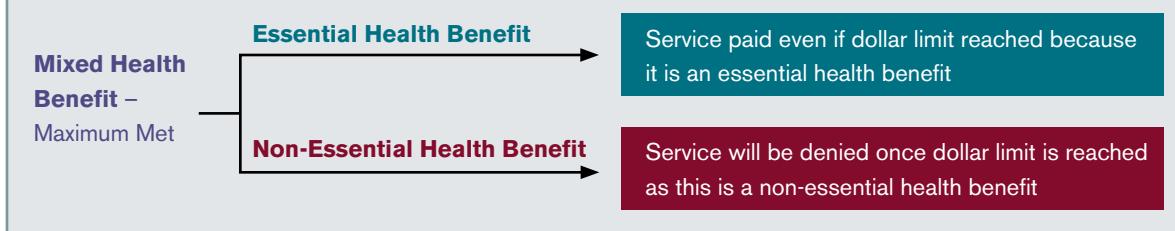
Subject to further regulatory guidance the following are some examples that have been determined by UnitedHealthcare to be Non-Essential Health Benefits. We will keep any existing annual/lifetime dollar limit on:

- Acupuncture
- Dental services (accidental)
- Food / nutritional supplements
- Hearing aids
- Hospice
- Infertility (including Rx)
- Obesity surgery
- Orthotic braces
- Ostomy supplies
- TMJ
- Vision exams
- Wigs

Mixed Essential/Non-Essential

Some benefit categories contain services/devices that are a mix of Essential and Non-Essential Health Benefits. In this circumstance, UnitedHealthcare will retain any dollar limit that may be applied to the category and a review will take place once the dollar limit is exceeded. If the service/device is determined to be an Essential Health Benefit, it will be paid. If the benefit/device is determined to be a Non-Essential Health Benefit, the maximum will have been met and the claim will not be paid.

Illustration: How we will pay a claim when mixed health benefits are billed on a claim.



To reiterate, subject to further regulatory guidance, the following benefit categories were determined to contain both Essential Health Benefits and Non-Essential Health Benefits depending upon if the specific service in question is *rehabilitative* or *habitulative* in nature. All services (essential or non-essential) must meet all other requirements for coverage including any cost-effective requirements and that the service or device must not be unproven, experimental or investigational.

Examples of Essential and Non-Essential items within the Mixed categories include:

DME	Prosthetic Devices
<ul style="list-style-type: none">• Essential Examples: Crutches, standard wheelchairs• Non-Essential Examples: Certain in-home hospital beds and wheelchair accessories	<ul style="list-style-type: none">• Essential Examples: Standard lower and upper limb prostheses• Non-Essential Examples: Eye, nose, ear, and facial prostheses

Further examples of the Mixed benefit category are set forth in the Mixed Benefits Categories document.

Overall Policy Level Limits

UnitedHealthcare will remove Lifetime Limits on Essential and Non-Essential Health Benefits (in-network and out-of-network) for plan years on or after September 23, 2010 as a standard. This means that the maximum policy benefit will be removed.

UnitedHealthcare will remove Annual Limits on Essential and Non-Essential Health Benefits (in-network and out-of-network) for plan years on or after September 23, 2010 as a standard. This means that UnitedHealthcare will remove the annual maximum applicable to all services if the plan presently has such a limit. This standard goes beyond the restricted annual limits as proscribed in the PPACA regulations.

Note: Per procedure dollar limits are being retained. Health care reform restrictions do not apply to the service level.

For questions, contact your UnitedHealthcare representative.



The categorization of a benefit as Essential or Non-Essential does not mean that the benefit will or will not be covered under your plan. Review your coverage documents to determine the scope of services covered under your plan.

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