NOTICE OF CERTAIN MANDATORY BENEFITS

The following pages include state-specific notices for members of those plans. Information in this document is current as of the date of issue and may be subject to change at any time due to employer-directed plan changes, state mandates and federal laws. Please refer to your plan documents for specific information on your benefits or refer to your member website for the most up-to-date information.

California

Important Notice to Subscribers of UnitedHealthcare of California

Appealing a Health Care Decision

Submitting a Grievance

UnitedHealthcare's Grievance system provides Members with a method for addressing Member dissatisfaction regarding coverage decisions, care or services. Our appeals review procedures are designed to resolve your Grievance. This is done through a process that includes a thorough and appropriate investigation. To initiate an appeal, call our Customer Service department at **1-800-624-8822 or 711 (TTY)**, where a Customer Service representative will document your oral appeal. An online Grievance form may be found by logging into **myuhc.com** and selecting **myClaimsManager** then **Member Appeals and Grievances** or write to the Appeals Department at:

Appeals & Grievances
UnitedHealthcare
P.O. Box 6107
Mail Stop CA124-0160
Cypress, CA 90630-9972

For more information regarding how UnitedHealthcare processes grievances, please refer to your Combined Evidence of Coverage and Disclosure Form.

Take your complaint to the California Department of Managed Health Care (DMHC)

The DMHC oversees HMOs and other health plans in California and protects the rights of HMO members. You can file a complaint with the DMHC if:

- You are not satisfied with UnitedHealthcare's decision about your complaint, or;
- You have not received the decision within 30 days or within 3 days if the problem is urgent.
- The DMHC may allow you to submit a complaint directly to the DMHC, even if you have not filed a complaint with UnitedHealthcare, if the DMHC determines that your problem requires immediate review.

For Help:

Contact the DMHC Help Center at the toll-free telephone number **(1-888-466-2219)** to receive assistance with this process, or submit an inquiry in writing to the **DMHC, Help Center, 980 9th Street, Suite 500, Sacramento, CA 95814-2725** or through the website:
http://www.HealthHelp.ca.gov.

The hearing- and speech- impaired may use the California Relay Service's toll-free telephone number **1-877-688-9891 (TTY).**
Fax: 1-916-255-5241.

Oklahoma

Important Notice to Subscribers of UnitedHealthcare of Oklahoma, Inc.

Wigs/Scalp Prosthesis

An enrollee through an employer group with 51or more employees and undergoing chemotherapy and/or radiation therapy, may be eligible to receive reimbursement up to $150 annually for the purchase of a wig or other scalp prosthesis.

Maternity

If an enrollee through an employer group has purchased benefits for pregnancy, such benefits shall include all maternity-related medical services for prenatal care, postnatal care, delivery and any related complications. We will pay benefits for an inpatient stay of at least 48 hours for the mother and newborn child following a normal vaginal delivery and at least 96 hours for the mother and newborn child following a cesarean section delivery.

In addition, a post-discharge home follow-up visit for the mother and newborn will be provided by a licensed health care provider within 48 hours of discharge, if childbirth occurs at home or in a licensed birthing center.

Oklahoma Breast Cancer Patient Protection Act

UnitedHealthcare provides benefits for mastectomy and lymph node dissection including prosthetic devices and/or reconstructive surgery incident to the mastectomy. The length of a hospital stay shall not be less than 48 hours of inpatient care following a mastectomy and not less than 24 hours of inpatient care following a lymph node dissection for the treatment of breast cancer.

If you have undergone a partial or total mastectomy, and elect breast reconstruction in connection with a mastectomy, you are entitled to coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed; and

2. Surgery and reconstruction of the non-diseased breast to produce a symmetrical appearance

These services will be provided in a manner determined through consultation with you and your physician, and such reconstructive surgery and any adjustments made to the nondiseased breast must occur within twenty-four months of reconstruction of the diseased breast.

This coverage will have the same deductibles and copayments as other covered benefits. For questions, call the member phone number located on the back of your health plan ID card.

Oregon

Important Notice for UnitedHealthcare Subscribers in Oregon

Confidential Communication Law

Effective January 1, 2016, a new “Confidential Communication” law in Oregon will allow enrollees to request that their Protected Health Information (PHI) be sent to the enrollee instead of the primary insured who pays for the enrollee’s health insurance plan. Enrollees can request that they be contacted at a different mailing address, by email, or by phone. The law requires certain insurers and third party administrators to allow enrollees to do all of the following:

(a) Submit the standardized form entitled “Oregon Confidential Communication Request” which can be found on the Oregon Insurance Division website of the Department of Consumer and Business Services

at www.insurance.oregon.gov. Find the form at http://www.oregon.gov/DCBS/Insurance/gethelp/health/Documents/5059.pdf.

(b) Acknowledge receipt of the enrollee's request form and respond to an enrollee's confidential communications request; and

(c) Include with the acknowledgment any information the enrollee needs about the effect of the request and the process for changing the status of the request.

If you have any questions, please call the member phone number on the your health plan ID card.

Hearing Loss Resources

Information and educational materials related to hearing loss are available online from organizations such as:

EPIC Hearing: https://www.epichearing.com/listenhear/resources/Hearing Health Foundation: https://hearinghealthfoundation.org/Hearing Loss Association of America: https://www.hearingloss.org/

This information is for general informational purposes only and not intended to be medical advice or a substitute for professional health care. Please see your physician for medical advice specific to your condition or medical needs. For benefit coverage information, call the member phone number on your health plan ID card.

Texas

Important Notice to Subscribers of UnitedHealthcare Benefits of Texas, Inc.

Notice of Coverage for Acquired Brain Injury

Your health benefit plan coverage for an acquired brain injury includes the following services when they are medically necessary:

- Cognitive rehabilitation therapy
- Cognitive communication therapy
- Neurocognitive therapy and rehabilitation
- Neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing and treatment
- Neurofeedback therapy and remediation
- Postacute transition services and community reintegration services, including outpatient day treatment services or other post-acute-care treatment services
- Reasonable expenses related to periodic reevaluation of the care of an individual covered under the plan who has incurred an acquired brain injury, has been unresponsive to treatment, and becomes responsive to treatment at a later date, at which time the cognitive rehabilitation services would be a covered benefit.

The fact that an acquired brain injury does not result in hospitalization or acute-care treatment does not affect the right of the insured or the enrollee to receive the preceding treatments or services commensurate with their condition. Post-acute-care treatment or services may be obtained in any facility where those services may legally be provided, including acute or postacute rehabilitation hospitals and assisted living facilities regulated under the Health and Safety Code.

Mastectomy or Lymph Node Dissection

Minimum Inpatient Stay: If, due to treatment of breast cancer, any person covered by this plan has either a mastectomy or a lymph node dissection, this plan will provide coverage for inpatient care for a minimum of:

(a) 48 hours following a mastectomy, and

(b) 24 hours following a lymph node dissection.

The minimum number of inpatient hours is not required if the covered person receiving the treatment and the attending physician determine that a shorter period of inpatient care is appropriate.

Prohibitions: We may not (a) deny any covered person eligibility or continued eligibility or fail to renew this plan solely to avoid providing the minimum inpatient hours; (b) provide money payments or rebates to encourage any covered person to accept less than the minimum inpatient hours; (c) reduce or limit the amount paid to the attending physician, or otherwise penalize the physician, because the physician required a covered person to receive the minimum inpatient hours; or (d) provide financial or other incentives to the attending physician to encourage the physician to provide care that is less than the minimum hours.

If any person covered by this plan has questions concerning the above, please call the member phone number located on the back of your health plan ID card, or write us at the address located in your member materials.

Coverage and/or Benefits for Reconstructive Surgery After Mastectomy

Your contract, as required by the federal Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If any person covered by this plan has questions concerning the above, please call the member phone number located on the back of your health plan ID card, or write us at the address located in your member materials.

Examinations for Detection of Prostate Cancer

Benefits are provided for each covered male for an annual medically recognized diagnostic examination for the detection of prostate cancer. Benefits include:

(a) a physical examination for the detection of prostate cancer; and
(b) a prostate-specific antigen test for each covered male who is
    (1) at least 50 years of age; or
    (2) at least 40 years of age with a family history of prostate cancer or other prostate cancer risk factor.

If any person covered by this plan has questions concerning the above, please call the member phone number located on the back of your health plan ID card, or write us at the address located in your member materials.

Inpatient Stay following Birth of a Child

For each person covered for maternity/childbirth benefits, we will provide inpatient care for the mother and her newborn child in a health care facility for a minimum of:

(a) 48 hours following an uncomplicated vaginal delivery, and
(b) 96 hours following an uncomplicated delivery by cesarean section.

This benefit does not require a covered female who is eligible for maternity/childbirth benefits to (a) give birth in a hospital or other health care facility or (b) remain in a hospital or other health care facility for the minimum number of hours following birth of the child. If a covered mother or her newborn child is discharged before the 48 or 96 hours has expired, we will provide coverage for postdelivery care. Postdelivery care includes parent education, assistance and training in breast-feeding and bottle-feeding

and the performance of any necessary and appropriate clinical tests. Care will be provided by a physician, registered nurse or other appropriate licensed health care provider, and the mother will have the option of receiving the care at her home, the health care provider's office or a health care facility.

Prohibitions: We may not (a) modify the terms of this coverage based on any covered person requesting less than the minimum coverage required; (b) offer the mother financial incentives or other compensation for waiver of the minimum number of hours required; (c) refuse to accept a physician's recommendation for a specified period of inpatient care made in consultation with the mother if the period recommended by the physician does not exceed guidelines for prenatal care developed by nationally recognized professional associations of obstetricians and gynecologists or pediatricians; (d) reduce payments or reimbursements below the usual and customary rate; or (f) penalize a physician for recommending inpatient care for the mother and/or the newborn child.

If any person covered by this plan has questions concerning the above, please call the member phone number located on the back of your health plan ID card, or write us at the address located in your member materials.

Coverage for Tests for Detection of Colorectal Cancer

Benefits are provided, for each person enrolled in the plan who is 50 years of age or older and at normal risk for developing colon cancer, for expenses incurred in conducting a medically recognized screening examination for the detection of colorectal cancer. Benefits include the covered person's choice of:

(a) a fecal occult blood test performed annually and a flexible sigmoidoscopy performed every five years, or
(b) a colonoscopy performed every 10 years.

If any person covered by this plan has questions concerning the above, please call the memberphone number located on the back of your health plan ID card, or write us at the addresslocated in your member materials.

Coverage of Tests for Detection of Human Papillomavirus, Ovarian Cancer and Cervical Cancer

Coverage is provided, for each woman enrolled in the plan who is 18 years of age or older, for expenses incurred for an annual medically recognized diagnostic examination for the early detection of ovarian and cervical cancer. Coverage required under this section includes a CA 125 blood test and, at a minimum, a conventional Pap smear screening or a screening using liquid-based cytology methods, as approved by the United States Food and Drug Administration, alone or in combination with a test approved by the United States Food and Drug Administration for the detection of the human papillomavirus.

If you have questions, please call the member phone number located on your health plan ID card.