

NOCs
UnitedHealthcare Student Resources
Xavier University
2024-636-1

Description:	NOC1
NOC Date:	08/02/2024
Policy Effective Date:	08/01/2024
User:	Marie-Noelle Camoes
Note:	<p>Bid Policy:</p> <p>1. Added Medicare Eligibility to Eligibility section.</p> <p>Certificate:</p> <p>1. Updated phone number in "Introduction" section to "located on the Insured's ID card". 2. Updated phone number in "Preferred Provider..." section to "the number on their ID card". 3. Added Medicare Eligibility to "Who Is Covered" section. 4. Updated bullet points 6 and 9 for Tests and Procedures in the Medical Expense Benefits section. 5. Updated the first sentence for Maternity in the Medical Expense Benefits section. 6. Updated wording for Diabetes Services in the Medical Expense Benefits section -</p> <p>FROM:</p> <p>35. Diabetes Services. Same as any other Sickness in connection with the treatment of diabetes.</p> <p>Benefits will be paid for Medically Necessary:</p> <ul style="list-style-type: none"> • Outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals. • Prescription Drugs, equipment, and supplies including insulin pumps and supplies, blood glucose monitors, insulin syringes with needles, blood glucose and urine test strips, ketone test strips and tablets and lancets and lancet devices. <p>Benefits also include preventive foot care for Insured Persons with diabetes.</p> <p>TO:</p> <p>35. Diabetes Services. Same as any other Sickness in connection with the treatment of diabetes.</p> <p>Benefits will be paid for Medically Necessary:</p> <ul style="list-style-type: none"> • Outpatient self-management training, education and medical nutrition therapy service when ordered by a Physician and provided by appropriately licensed or registered healthcare professionals. • Medical eye exams (dilated retinal exams). • Preventive foot care for diabetes. • Prescription Drugs, equipment, and supplies based on the Insured's specific medical needs, including: <ul style="list-style-type: none"> ▪ Insulin pumps and supplies. ▪ Blood glucose meters including continuous glucose monitors. ▪ Insulin syringes with needles. ▪ Blood glucose and urine test strips. ▪ Ketone test strips and tablets.

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- Lancets and lancet devices.

7. Added a definition for Medicare.

8. Updated "congenital defects" to "Congenital Conditions" in the Newborn Infants definition.

9. Updated Pediatric Dental Benefit Description section per below -

-Added codes D0732 and D0387 to Intraoral Radiographs (X-ray) section

-Updated "The following services are not subject to a frequency limit" to "The following services are limited to two per 12 months"

-In same section as above, added codes D0374 and D0389

-In D0270 row, added codes D0373 and D0388

-In D0330 row, removed code D0704

-In D4260 row, added code D4286

-In D4355 code, updated "oral" to "periodontal"

-Added code D7509 to D7510 row

-Added a row for codes D7956 and D7957

-Updated D9110 code to remove "(Emergency), minor and procedure". Changed "procedure" to "per visit"

-Added a row for codes D6105 and D6197

-Added a row for codes D6106 and D6107

10. Updated UHCP Benefits per below -

-Updated the 4th paragraph under Designated Pharmacies per below -

FROM:

If the Insured is directed to a Designated Pharmacy and has informed the Company of their decision not to obtain their Prescription Drug Product from a Designated Pharmacy, benefits will be paid under the out-of-network Prescription Drug Benefit.

TO:

If the Insured is directed to a Designated Pharmacy and has informed the Company of their decision not to obtain their Prescription Drug Product from a Designated Pharmacy, benefits will be paid based on the out-of-Network Benefit for that Prescription Drug Product.

-Updated the wording per below under Do Prior Authorization Requirements Apply -

FROM:

When the Insured submits a claim on this basis, the Insured may pay more because they did not obtain prior authorization from the Company before the Prescription Drug Product was dispensed. The amount the Insured is reimbursed will be based on the Prescription Drug Charge, less the required Copayment and/or Coinsurance and any Deductible that applies.

TO:

When the Insured submits a claim on this basis, the Insured may pay more because they did not obtain prior authorization from the Company before the Prescription Drug Product was dispensed. The amount the Insured is reimbursed will be based on the Prescription Drug Charge (for Prescription Drug Products from a Network Pharmacy) or the Out-of-Network Reimbursement Rate (for Prescription Drug Products from an out-of-Network Pharmacy), less the required Copayment and/or Coinsurance and any Deductible that applies.

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	<p>-Added a definition for Out-of-Network Reimbursement Rate -Added "(with spacers)" to 1st bullet point under Prescription Drug Product definition -Added the following exclusions under Additional Exclusions -</p> <p>3. Prescription Drug Products dispensed outside the United States, except as required for a Medical Emergency. 11. Medications used for cosmetic or convenience purposes. 26. A Prescription Drug Product that contains marijuana, including medical marijuana.</p> <p>-Updated the following exclusion per below -</p> <p>FROM:</p> <p>Durable medical equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which benefits are provided in the Policy.</p> <p>TO:</p> <p>Durable medical equipment, including certain insulin pumps and related supplies for the management and treatment of diabetes, for which benefits are provided in the Policy. Prescribed and non-prescribed outpatient supplies. This does not apply to diabetic supplies and inhaler spacers specifically stated as covered.</p>
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