

**SUMMARY OF MATERIAL MODIFICATIONS**  
to the  
**UnitedHealthcare Summary Plan Description**  
for  
**CBIZ Operations, Inc.**  
**Effective July 1, 2009**

This Summary of Material Modifications (SMM) applies to all Employees except Hawaii Employees.

A Summary Plan Description (SPD) was published effective January 1, 2009. The following modifications and clarifications are effective July 1, 2009 unless otherwise stated below. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD.

In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM shall govern.

Section 1: What's Covered – Benefits	
Under Heading:	The Following Should be Noted:
Transplantation Services	<p>Replace the first paragraph with the following.</p> <p>“Covered Health Services for organ and tissue transplants when ordered by a Physician. For Network Benefits, transplantation services must be received at a Designated Facility. Transplantation services provided at a non-Designated Facility will be covered as Non-Network Benefits. Benefits are available to the donor and the recipient when the recipient is covered under this Plan. The transplant must meet the definition of a Covered Health Service and cannot be an Experimental or Investigational Service or an Unproven Service. Examples of transplants for which Benefits are available include but are not limited to the transplants listed below.”</p>

Section 2: What's Not Covered -- Exclusions	
Under Heading:	The Following Should be Noted:
Transplants	<p>Replace the first exclusion with the following.</p> <p>“Health services for organ and tissue transplants except as identified in (Section 1: What's Covered-- Benefits) unless the Claims Administrator determines the transplant to be appropriate according to the Claims Administrator’s transplant guidelines.”</p>

Section 4: When Coverage Begins	
Under Heading:	The Following Should be Noted:
Special Enrollment Period  <u>Effective April 1, 2009</u> (due to CHIPRA)	The “Special Enrollment Period” section is replaced with the following:

When to Enroll	Who Can Enroll	Begin Date
<p><b>Special Enrollment Period</b></p> <p>An Eligible Person and/or Dependent may also be able to enroll during a special enrollment period. A special enrollment period is not available to an Eligible Person and his or her Dependents if coverage under the prior plan was terminated for cause, or because premiums were not paid on a timely basis.</p>	<p>A special enrollment period applies to an Eligible Person and any Dependents when one of the following events occurs:</p> <ul style="list-style-type: none"> <li>• Birth.</li> <li>• Legal adoption.</li> <li>• Placement for adoption.</li> <li>• Marriage.</li> </ul> <p>A special enrollment period applies for an Eligible Person and/or Dependent who did not enroll during the Initial Enrollment Period or Open</p>	<p><b>Event Takes Place</b> (for example, a birth, marriage or determination of eligibility for state subsidy). Unless otherwise noted under the “Who Can Enroll” column, coverage begins on the date of the event if the Plan Administrator receives the completed enrollment information and any required contribution within 31 days of the event.</p> <p><b>Missed Initial Enrollment Period or Open Enrollment Period.</b> Unless otherwise noted under the “Who Can Enroll” column, coverage begins on the day immediately following the day coverage under the prior plan ends if the Plan Administrator receives the completed</p>

<p>An Eligible Person and/or Dependent does not need to elect COBRA continuation coverage to preserve special enrollment rights. Special enrollment is available to an Eligible Person and/or Dependent even if COBRA is elected.</p>	<p>Enrollment Period if the following are true:</p> <ul style="list-style-type: none"> <li>• The Eligible Person previously declined coverage under the Plan, but the Eligible Person and/or Dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP (you must notify the Plan Administrator within 60 days of determination of subsidy eligibility);</li> <li>• The Eligible Person and/or Dependent had existing health coverage under another plan at the time they had an opportunity to enroll during the Initial Enrollment Period or Open Enrollment Period; and</li> <li>• Coverage under the prior plan ended because of any of the following: <ul style="list-style-type: none"> <li>— Loss of eligibility (including, without limitation, legal separation, divorce or death).</li> <li>— The employer stopped paying the contributions. This is true even if the Eligible Person and/or Dependent continues to receive coverage under the prior plan and to pay the amounts previously paid by the employer.</li> <li>— In the case of COBRA continuation coverage, the coverage ended.</li> <li>— The Eligible Person and/or Dependent no longer lives or works in an HMO service area if no other benefit option is available.</li> </ul> </li> </ul>	<p>enrollment form and any required contribution within 31 days of the date coverage under the prior plan ended.</p>
---	--	--

- 
- The Plan no longer offers benefits to a class of individuals that include the Eligible Person and/or Dependent.
  - An Eligible Person and/or Dependent incurs a claim that would exceed a lifetime limit on all benefits.
  - termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must notify the Plan Administrator within 60 days of termination).

Outpatient Prescription Drug Rider	
Under Heading:	The Following Should be Noted:
Section 2: What's Not Covered-- Exclusions	<p><b>Add the following two exclusions to the end of the list of exclusions:</b></p> <p>22. Prescription Drugs that contain (an) active ingredient(s) available in and Therapeutically Equivalent to another covered Prescription Drug;</p> <p>23. Prescription Drugs that contain (an) active ingredient(s) which is (are) a modified version of and Therapeutically Equivalent to another covered Prescription Drug;</p> <p><b>Definition of Therapeutically Equivalent</b> – when Prescription Drugs can be expected to produce essentially the same therapeutic outcome and toxicity.</p>

Attachment I	
Under Heading:	The Following Should be Noted:
Statement of Rights under the Newborns' and Mothers' Health Protection Act	<p><b>Replace all of the language under the heading "Statement of Rights under the Newborns' and Mothers' Health Protection Act" with the following:</b></p> <p>"Under Federal law, health insurance issuers generally may not restrict Benefits for any Hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the issuer may pay for a shorter stay if the attending provider (e.g. your Physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.</p> <p>Also, under Federal law, issuers may not set the level of Benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.</p> <p>In addition, an issuer may not, under Federal law, require that a Physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your issuer."</p>

Contract Number: 188335  
Set Number(s): 14, 15, 16, 17, 18  
Document ID: 50095747