

UNIVERSAL HEALTH CARE

2010 ERRATA SHEET

Errata Sheet Release Date: 11/5/09

The following corrections and/or changes have been identified and are effective 11/1/09:

Plan Name:	Universal DP
Contract ID:	H5404 110
Document Name:	Evidence of Coverage
Document ID:	H5404_UHC2006
Chapter:	Chapter 4: Medical benefits Chart
Section/Description:	Vision Care
Page:	54
Description of Change:	In-Network: \$25 copay for exams to diagnose and treat diseases and conditions of the eye.
Chapter:	Chapter 4: Medical benefits Chart
Section/Description:	Hearing Services
Page:	59
Description of Change:	In-Network: \$10 copay for up to 1 routine hearing exam every year.

Please keep this Errata Sheet with your Member Kit.

For help or information, please call Member Services at 1-866-690-4842, from 8 am to 11 pm ET, 7 days a week, (November 1st - March 31st) and 8 am to 9 pm ET, Monday – Friday, (April 1st - October 31st). TTY users call 1-800-617-0177.

This information is also available on our website at www.univhc.com.

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Plan Name:	Universal DP
Contract ID:	H5404 111
Document Name:	Evidence of Coverage
Document ID:	H5404_UHC2007
Chapter:	Chapter 4: Medical benefits Chart
Section/Description:	Vision Care
Page:	54
Description of Change:	In-Network: \$25 copay for exams to diagnose and treat diseases and conditions of the eye.
Chapter:	Chapter 4: Medical benefits Chart
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Plan Name and Type:	Universal IP
Contract ID:	H5404 112
Document Name:	Evidence of Coverage
Document ID:	H5404_UHC2008
Chapter:	Section 4: Medical Benefits Chart
Section/Description:	Outpatient Rehabilitation Services
Page:	50
Description of Change:	In-Network: 20% coinsurance for Medicare-covered Occupational, Physical and/or Speech/Language Therapy visits.

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Plan Name and Type:	Universal IP
Contract ID:	H5404 113
Document Name:	Evidence of Coverage
Document ID:	H5404_UHC2009
Chapter:	Section 4: Medical Benefits Chart
Section/Description:	Inpatient Hospital Care
Page:	42
Description of Change:	In-Network: For Medicare-covered hospital stays: Days 1 – 10: \$265 copay per day.

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Plan Name and Type:	Medicare Masterpiece® MA Only (HMO)
Contract ID:	H5405 116 – 127
Document Name:	Evidence of Coverage
Document ID:	H5404_UHC2010
Chapter:	Chapter 4: Medical Benefits Chart
Section/Description:	Outpatient Surgery Including Services Provided at Ambulatory Surgical Centers.
Page:	41
Description of Change:	In-Network: 10% coinsurance for each Medicare-covered ambulatory surgical center visit. In-Network: 25% coinsurance for each Medicare-covered outpatient hospital facility visit.

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The following corrections and/or changes have been identified and are effective 11/1/09:

Plan Name and Type:	Medicare Masterpiece® (PPO)
Contract ID:	H5429 020
Document Name:	Evidence of Coverage
Document ID:	H5429_UHC2003
Chapter:	Chapter 4: Medical Benefits Chart
Section/Description:	Outpatient Rehabilitation Services
Page:	51
Description of Change:	In-Network: \$30 copay in a physician office.

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The following corrections and/or changes have been identified and are effective 11/1/09:

<Plan Name and Type:	Medicare Masterpiece [®] SNP – COPD (PPO)
Contract ID:	H5429 061
Document Name:	Evidence of Coverage
Document ID:	H5429_UHC2007
Chapter:	Chapter 4: Medical Benefits Chart
Section/Description:	Outpatient Diagnostic Tests and Therapeutic Services and Supplies
Page:	54
Description of Change:	Out-of-Network: 30% coinsurance for Medicare-covered therapeutic radiology services.

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