SUMMARY OF MATERIAL MODIFICATIONS

To the Summary Plan Description for LANS Option PPO Out-Of-Area Plan Effective January 1, 2009

A Summary Plan Description (SPD) was published effective January 1, 2008. The following are modifications and clarifications that are effective January 1, 2009 unless otherwise stated. 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 Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

Section 1: What's Covered – Benefits						
Under Heading: The	The Following Should be Noted:					
What's Covered The following section is revised to add but Benefits	The following section is revised to add bullet point three and revise the network copayment as follows:					
9. HearingHearing benefits include the following:Digital and analog hearing devices.	No	Hearing aids 10%, up to \$2,200 maximum	Yes	Yes		
 Benefits for hearing aids are limited to one standard hearing aid per ear every 36 months. Benefits for hearing aids and any related services for a full cost of one hearing aid per hearing-impaired ear, up to \$2,200 every 36 months. Charges by a licensed or certified audiologist for 		Cochlear implants and hearing testing 10% All Other Covered	Yes	Yes		

Section 1: What's Covered – Benefits				
Physician-prescribed hearing evaluations to determine the location of a disease within the auditory system for validation or organicity tests to confirm organic hearing problem.	Hearing Benefits Yes Yes 10%			
• Diagnosis of severe-to-profound bilateral sensorineural hearing loss and severely difficult speech discrimination.				
Post-lingual sensorineural deafness in an adult.				
 Cochlear Implant when diagnosis of severe-to-profound bilateral sensorineural hearing loss and severely difficult speech discrimination, or post-lingual sensorineural deafness in an adult. 				

Section 2: What's Not CoveredExclusions		
Under Heading:	r Heading: The Following Should be Noted:	
Q. All Other	The following section Q is revised by removing the following exclusion:	
Exclusions 18. Medical and surgical treatment of excessive sweating, a condition known as hyperhidrosis.		

Outpatient Prescription Drug Rider			
Under Heading:	The Following Should be Noted:		
Introduction	The following section is added after heading Identification Card (ID Card) Network Pharmacy as		
	follows:		
	Designated Pharmacy		
	If you require Specialty Prescription Drugs, The Claims Administrator may direct you to a Designated		
	Pharmacy with whom it has an arrangement to provide those Specialty Prescription Drugs.		
	If you are directed to a Designated Pharmacy and you choose not to obtain your Specialty Prescription Drugs		
	from a Designated Pharmacy, no Benefits will be paid and you will be responsible for paying all charges.		
	Please see the Prescription Drug Rider Glossary for definitions of Specialty Prescription Drug and Designated		

	Pharmacy. Refer to the heading Supply Limits within the Prescription Drug Rider for details on Specialty
	Prescription Drug supply limits.

Outpatient Prescription Drug Rider			
Under Heading:	The Following Should be Noted:		
Benefit Information	The following section is added after Prescription Drug Products from a Mail Service Network Pharmacy as follows:		
Prescription 1 Prescription 1	Drug Products for Specialty	For up to a 31 day prescription fill or refill, your Copayment is:	
rescription	Diugo	\$15 per Prescription Order or Refill for a Tier-1 Prescription Drug Product.	
		\$30 per Prescription Order or Refill for a Tier-2 Prescription Drug Product.	
		\$45 per Prescription Order or Refill for a Tier-3 Prescription Drug Product.	
	Glossary of Defined Terms - Outpa	tient Prescription Drug Rider	
Under Heading:	The Following Should be Noted:		
Glossary of	The following definition is added after the definition of Brand Name as follows:		
Defined Terms	<u>Designated Pharmacy</u> – a pharmacy that has entered into an agreement with the Claims Administrator or with an organization contracting on its behalf, to provide specific Prescription Drug Products. The fact that a pharmacy is a Network Pharmacy does not mean that it is a Designated Pharmacy.		
Glossary of	The following definition is added after the definition of Prescription Order or Refill as follows:		
Defined Terms	Specialty Prescription Drug – Prescription Drug Product that is generally high cost, self-injectable biotechnology drug used to treat patients with certain illnesses. You may access a complete list of Specialty Prescription Drugs through the Internet at myuhc.com or by calling the number on the back of your ID card.		

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