

Section 1: What's Covered – Benefits

<ul style="list-style-type: none"> Charges by a licensed or certified audiologist for 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. 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. 		All Other Covered Hearing Benefits \$20 per visit	Yes	No
	<u>Non-Network</u>	Hearing aids 40%, up to \$2,200 maximum	Yes	Yes
	No	Cochlear implants and hearing tests 40%	Yes	Yes
		All Other Covered Hearing Benefits 40%	Yes	Yes

Section 2: What's Not Covered--Exclusions

Under Heading:	The Following Should be Noted:
Q. All Other Exclusions	The following section Q is revised by removing the following exclusion: 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	<p>The following section is added after heading Identification Card (ID Card) Network Pharmacy as follows:</p> <p>Designated Pharmacy</p> <p>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.</p> <p>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.</p>

Outpatient Prescription Drug Rider	
Under Heading:	The Following Should be Noted:
Benefit Information	<p>The following section is added after Prescription Drug Products from a Mail Service Network Pharmacy as follows:</p>
<p>Prescription Drug Products for Specialty Prescription Drugs</p>	<p>For up to a 31 day prescription fill or refill, your Copayment is:</p> <p>\$15 per Prescription Order or Refill for a Tier-1 Prescription Drug Product.</p> <p>\$30 per Prescription Order or Refill for a Tier-2 Prescription Drug Product.</p> <p>\$45 per Prescription Order or Refill for a Tier-3 Prescription Drug Product.</p>

Glossary of Defined Terms - Outpatient Prescription Drug Rider	
Under Heading:	The Following Should be Noted:
Glossary of Defined Terms	<p>The following definition is added after the definition of Brand Name as follows:</p> <p><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.</p>
Glossary of Defined Terms	<p>The following definition is added after the definition of Prescription Order or Refill as follows:</p> <p><u>Specialty Prescription Drug</u> – 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.</p>

Contract No. 704121 document ID 50090893