SUMMARY OF MATERIAL MODIFICATIONS

To the Summary Plan Description for LANS Options PPO New Mexico 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 – Ben	efits		
Under Heading:	The Following Should be Noted:				
What's Covered Benefits	The following section is revised to add bullet point three and revise the network and non-network copayments as follows:				
 Digital and and Benefits for he hearing aid per Benefits for he 	aring aids are limited to one standard ear every 36 months. aring aids and any related services for a e hearing aid per hearing-impaired ear, up	<u>Network</u> No	Hearing aids 10%, up to \$2,200 maximum Cochlear implants and hearing tests 10%	Yes	Yes

Section 1: What's Covered – Benefits				
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.		All Other Covered Hearing Benefits \$20 per visit	Yes	No
 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 	<u>Non-Network</u> No	Hearing aids 40%, up to \$2,200 maximum	Yes	Yes
deafness in an adult.		Cochlear implants and hearing tests 40%	Yes	Yes
		All Other Covered Hearing Benefits 40%	Yes	Yes

Section 2: What's Not CoveredExclusions		
Under 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 cl			
	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	The following section is added after Prescription Drug Products from a Mail Service Network Pharmacy			
Information	as follows:			
Prescription Prescription	Drug Products for Specialty Drugs	For up to a 31 day prescription fill or refill, your Copayment is: \$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 - Outpatient 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	<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 <u>myuhc.com</u> or by calling the number on the back of your ID card.				

Contract No. 704121 document ID 50090893