

**SUMMARY OF MATERIAL MODIFICATIONS**  
**To the Summary Plan Description for LANS**  
**Select EPO 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.

<b>Section 1: What's Covered – Benefits</b>				
<b>Under Heading:</b>	<b>The Following Should be Noted:</b>			
<b>What's Covered -- Benefits</b>	<b>The following section is revised to add bullet point three and revise the network copayment as follows:</b>			
<b>9. Hearing</b> Hearing benefits include the following: <ul style="list-style-type: none"> <li>• Digital and analog hearing devices.</li> <li>• Benefits for hearing aids are limited to one standard hearing aid per ear every 36 months.</li> <li>• 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.</li> <li>• Charges by a licensed or certified audiologist for</li> </ul>	No	Hearing aids 10%, up to \$2,200 maximum	Yes	Yes
		Cochlear implants and hearing testing 10%	Yes	Yes

Section 1: What's Covered – Benefits				
<p>Physician- prescribed hearing evaluations to determine the location of a disease within the auditory system; for validation or organicity tests to confirm an organic hearing problem.</p> <ul style="list-style-type: none"> <li>• Diagnosis of severe to profound bilateral sensorineural hearing loss and severely difficult speech discrimination.</li> <li>• Post-lingual sensorineural deafness in an adult.</li> <li>• 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.</li> </ul>		<p>All Other Covered Hearing Benefits \$20 per visit</p>	<p>Yes</p>	<p>No</p>

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

Outpatient Prescription Drug Rider	
<b>Under Heading:</b>	<b>The Following Should be Noted:</b>
<b>Introduction</b>	<p><b>The following section is added after heading Identification Card (ID Card ) Network Pharmacy as follows:</b></p> <p><b>Designated Pharmacy</b></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</p>

	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.
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<b>Outpatient Prescription Drug Rider</b>	
<b>Under Heading:</b>	<b>The Following Should be Noted:</b>
<b>Benefit Information</b>	<b>The following section is added after Prescription Drug Products from a Mail Service Network Pharmacy as follows:</b>
<b>Prescription Drug Products for Specialty Prescription Drugs</b>	<p>For up to a 31 day prescription fill or refill, your Copayment is:</p> <p>\$15 per Prescription Order or Refill for a <b>Tier-1 Prescription Drug Product.</b></p> <p>\$30 per Prescription Order or Refill for a <b>Tier-2 Prescription Drug Product.</b></p> <p>\$45 per Prescription Order or Refill for a <b>Tier-3 Prescription Drug Product.</b></p>
<b>Glossary of Defined Terms - Outpatient Prescription Drug Rider</b>	
<b>Under Heading:</b>	<b>The Following Should be Noted:</b>
<b>Glossary of Defined Terms</b>	<b>The following definition is added after the definition of Brand Name as follows:</b> <b><i>Designated Pharmacy</i></b> – 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.
<b>Glossary of Defined Terms</b>	<b>The following definition is added after the definition of Prescription Order or Refill as follows:</b> <b><i>Specialty Prescription Drug</i></b> – 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 <a href="http://myuhc.com">myuhc.com</a> or by calling the number on the back of your ID card.

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