

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 organic hearing problem.</p> <ul style="list-style-type: none"> • 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. 		Hearing Benefits 10%	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.</p> <p>Please see the Prescription Drug Rider Glossary for definitions of Specialty Prescription Drug and Designated</p>

	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 Drug Products for Specialty Prescription Drugs	<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 50090890