

MANDATED BENEFITS

ARKANSAS

CHILDREN'S PREVENTIVE HEALTH CARE SERVICES BENEFIT

"Children's Preventive Health Care Services" means Doctor-delivered or Doctor-supervised services for covered Dependents from birth through age eighteen (18) for periodic preventive care visits, including medical history, Physical Examination, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests in keeping with prevailing medical standards.

"Periodic Preventive Care Visits" means the routine tests and procedures for the purpose of detection of abnormalities or malfunctions of bodily systems and parts according to accepted medical practice.

If coverage is provided for a Dependent child of the Covered Person, benefits will be provided for Periodic Preventive Care Visits for covered Dependents from the moment of birth through the age of eighteen (18).

The Children's Preventive Health Care Services on a periodic basis will include, at a minimum, twenty (20) visits at approximately the following age intervals: birth, two (2) weeks, two (2) months, four (4) months, six (6) months, nine (9) months, twelve (12) months, fifteen (15) months, eighteen (18) months, two (2) years, three (3) years, four (4) years, five (5) years, six (6) years, eight (8) years, ten (10) years, twelve (12) years, fourteen (14) years, sixteen (16) years, and eighteen (18) years. Benefits will be provided only to the extent that these services are provided by or under the supervision of a single Doctor during the course of one (1) visit.

Benefits will be reimbursed at levels established by the Arkansas Insurance Commissioner and may exceed those established for the same services under the Medicaid program in the State of Arkansas. Reimbursements will cover the cost of pharmaceutical material and fees to administer vaccines and immunizations. Benefits will be paid for the scheduled visits in the Periodicity Schedule of American Academy of Pediatrics for periodic screening of children. Benefits for the recommended immunization services will be exempt from any co-payment, coinsurance, and Deductible or dollar limitation provisions in the policy. All other Children's Preventive Health Care Services will be subject to all co-payment, coinsurance, and Deductible or dollar limitation provisions in the policy.

MAMMOGRAPHY BENEFIT

Benefits will be paid as for any other Sickness for Screening Mammography for the presence of occult breast cancer for the actual cost not to exceed [\$50.00]. Benefits will not be subject to any Policy Deductibles. Coverage shall be provided according to the following guidelines:

1. A single baseline mammogram for women thirty-five to thirty-nine years of age.
2. A mammogram not less than once every two years for women thirty-five years of age and under fifty years of age or more often for women with risk factors to breast cancer if recommended by her Doctor.
3. A mammogram every year for women fifty to sixty-five years of age.

"**Screening mammography**" is a radiologic procedure provided to a woman, who has no signs or symptoms of breast cancer, for the purpose of early detection of breast cancer. The procedure entails two (2) views of each breast and includes a Doctor's interpretation of the results of the procedure.

DIABETES BENEFIT

Benefits will be provided for all medically appropriate and necessary equipment, supplies, including podiatric appliances, and diabetes self-management training and educational services used to treat diabetes, if the Insured's treating Doctor or a Doctor who specializes in the treatment of diabetes certifies that such services are Medically Necessary. Diabetes self-management training, educational services and nutrition counseling must be provided under the direct supervision of a Doctor.

"**Diabetes self-management training**" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary

purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

These benefits shall be provided to the same extent as for any other Sickness under the Policy and subject to all Deductible, coinsurance, limitations and provisions of the Policy.

DISTRICT OF COLUMBIA

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Benefits will be payable on the same basis as any other sickness for habilitative services for covered persons under age 21 with a congenital or genetic birth defect. "Congenital or genetic birth defect" means a defect existing at or from birth, including a hereditary defect. The term "congenital or genetic birth defect" includes: (a) Autism or an autism spectrum disorder; and (b) Cerebral palsy. "Habilitative services" means services, including occupational therapy, physical therapy, and speech therapy, for the treatment of a child with a congenital or genetic birth defect to enhance the child's ability to function. Benefits will not be payable for habilitative services actually delivered through early intervention or school services.

FLORIDA

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CHILD HEALTH SUPERVISION SERVICES

Child health supervision services to include a history, physical exam, developmental assessment, anticipatory guidance and appropriate immunizations and laboratory tests. All must be in accordance with prevailing medical standards consistent with the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. Benefits are limited to one visit payable to one provider for all of the services at each visit. **Covered expenses** for such services will not be subject to the **deductible**.

MAMMOGRAPHY

Routine low-dose mammography in accordance with Florida law, which currently includes the following for female **covered persons**:

- a. a baseline mammogram age 35 through 39;
- b. one mammogram every 2 years age 40 through 49 or more frequently if recommended by a **doctor**;
- c. one mammogram every year age 50 and older;
- d. one or more mammograms a year, based on a **doctor's** recommendation, for any woman who is at risk for breast cancer because of a personal or family history of breast cancer, because of having a history of biopsy-proven benign breast disease, because of having a mother, sister or daughter who has or has had breast cancer, or because a woman has not given birth before the age of 30.

Except as provided in b. above, for mammograms done more frequently than every 2 years for women 40 years of age or older, but younger than 50 years of age, benefits will be paid with or without a **doctor's** prescription, if the woman obtains a mammogram in an office, facility or health testing service that uses radiological equipment registered with the Department of Health for breast cancer screening.

OSTEOPOROSIS DIAGNOSIS & TREATMENT

Diagnosis and treatment of osteoporosis for high-risk **covered persons**, including, but not limited to **covered persons** who:

- a. Are estrogen-deficient and at clinical risk for osteoporosis;
- b. Have vertebral abnormalities;
- c. Are receiving long-term glucocorticoid (steroid) therapy;
- d. Have primary hyperparathyroidism; or
- e. Have a family history of osteoporosis.

SURGICAL PROCEDURES INVOLVING BONES OR JOINTS OF THE JAW AND FACIAL REGION

Diagnostic or surgical procedures involving bones or joints of the jaw and facial region, if, under accepted medical standards, such procedure or surgery is **medically necessary** to treat conditions caused by congenital or developmental deformity, disease or Injury. No limitations or exclusion of the policy will operate to limit or exclude such coverage. Care or treatment of teeth or gums, intraoral prosthetic devices or surgical procedures for cosmetic purposes are not covered under this benefit.

CLEFT LIP AND CLEFT PALATE

For covered **dependent** children under 18 years of age, treatment of cleft lip and cleft palate. This includes medical, dental and speech therapy, audiology and nutrition services only if such services are prescribed by the treating **doctor** or surgeon and such **doctor** or surgeon certifies that such services are **medically necessary** and consequent to treatment of cleft lip or cleft palate.

DENTAL ANESTHESIA

General anesthesia and hospitalization services for the safe delivery of necessary dental treatment or surgery provided to a **covered person** who:

1. is under 8 years of age and is determined by a licensed dentist and the child's **doctor** to require necessary dental treatment in a **hospital** or ambulatory surgical due to a significantly complex dental condition or a developmental disability in which patient management in the dental office has proved to be ineffective; or
2. has one or more medical conditions that would create significant or undue medical risk for the **covered person** in the course of delivery of any necessary dental treatment if not rendered in a **hospital** or ambulatory surgical center.

For the purpose of this benefit, dental treatment or surgery are considered necessary when the dental condition is likely to result in a medical condition if left untreated. Benefits are not provided for diagnosis or treatment of dental disease.

MASTECTOMY CARE

- a. Post-surgical inpatient **hospital mastectomy** care will not be limited to any period that is less than that determined by the **covered person's doctor** to be **medically necessary** in accordance with prevailing medical standards and after consultation with the **covered person**. This does not require the **covered person** to have a **mastectomy** in the **hospital** or to stay in the **hospital** for a fixed period of time following a **mastectomy**.
- b. Outpatient postsurgical follow-up care in keeping with prevailing medical standards by a licensed health care professional qualified to provide postsurgical **mastectomy** care. The **doctor**, after consulting with the **covered person**, may choose that the care be provided in the most medically appropriate setting. This may include a **hospital**, **doctor's** office, outpatient center or the **covered person's** home. Prosthetic devices and **breast reconstructive surgery** incident to a **mastectomy** which is covered under the policy.

DIABETES TREATMENT BENEFIT

Covered expenses include all medically appropriate and necessary equipment and supplies and diabetes outpatient self-management training and educational services used to treat diabetes when the treating **doctor** certifies that such treatment is **medically necessary**. Diabetes outpatient self-management training and educational services must be provided under the direct supervision of a certified diabetes educator or board certified endocrinologist. Nutrition counseling must be provided by a licensed dietitian.

ENTERAL FORMULA BENEFIT

Covered expenses include prescription and nonprescription enteral formulas for home use when **medically necessary** for the treatment of inherited diseases of amino acid, organic acid, carbohydrate or fat metabolism as well as malabsorption originating from congenital defects present at birth or acquired during neonatal period. Coverage for amino acid and organic acid include food products modified to be low protein, not to exceed \$2,500 annually for a **covered person** through age 24. This benefit applies notwithstanding any pre-existing condition.

GEORGIA

[BENEFITS FOR MAMMOGRAPHY]

Benefits will be paid the same as any other Sickness for a mammogram subject to all of the terms and conditions of the policy and according to the following guidelines:

1. Once as a baseline mammogram for any female who is at least 35 but less than 40 years of age;
2. Once every two years for any female who is at least 40 but less than 50 years of age;
3. Once every year for any female who is at least 50 years of age; and
4. When ordered by a Doctor for a female at risk. For purpose of this benefit, "**Female at risk**" means a woman:
 - a. Who has a personal history of breast cancer;
 - b. Who has a personal history of biopsy proven benign breast disease;
 - c. Whose grandmother, mother, sister, or daughter has had breast cancer; or
 - d. Who has not given birth prior to the age of 30.

Reimbursement will be made only if the facility in which the mammogram was performed meets accreditation standards established by the American College of Radiology or equivalent standards established by the state of Georgia.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PAP SMEARS]

Benefits will be paid the same as any other Sickness for an annual "Pap smear" or "Papanicolaou smear" examination for the purpose of detecting cancer, or more frequently if ordered by a Doctor. The examination must be performed in accordance with standards established by the American College of Pathologists.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PROSTATE-SPECIFIC ANTIGEN (PSA) TESTS]

Benefits will be paid the same as any other Sickness for prostate-specific antigen (PSA) or equivalent tests for the presence of prostate cancer when recommended by a Doctor. All tests must be performed in accordance with standards established by the American College of Pathologists.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR CHLAMYDIA SCREENING]

Benefits will be paid the same as any other Sickness for one annual chlamydia screening test for each Covered Person. "Chlamydia screening test" means any laboratory test of the urogenital tract which specifically detects for infection by one or more agents of chlamydia trachomatis and which test is approved for such purposes by the federal Food and Drug Administration.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR MASTECTOMY]

Benefits will be paid the same as any other Sickness for a mastectomy including the expense of breast reconstructive surgery of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, prostheses, treatment of physical complications for all stages of the mastectomy, including lymphedemas, and at least two external postoperative prostheses incidental to the covered mastectomy. Coverage will be provided in a manner determined in consultation with the attending physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR BONE MASS MEASUREMENT

Benefits will be paid the same as any other Sickness for Qualified Covered Persons for scientifically proven Bone Mass Measurement (bone density testing) for the prevention, diagnosis, and treatment of osteoporosis.

"Bone mass measurement" means a radiologic or radioisotopic procedure or other technologies approved by the United States Food and Drug Administration and performed on an individual for the purpose of identifying bone mass or detecting bone loss.

"Qualified Covered Person" means an:

Estrogen-deficient woman or individual at clinical risk of osteoporosis as determined directly or indirectly by a physician and who is considering treatment;

(B) Individual with osteoporotic vertebral abnormalities;

(C) Individual receiving long-term glucocorticoid (steroid) therapy;

(D) Individual with primary hyperparathyroidism; or

Individual being monitored directly or indirectly by a physician to assess the response to or efficacy of approved osteoporosis drug therapies.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR COLORECTAL CANCER SCREENING

Benefits will be paid the same as any other Sickness for colorectal cancer screening, examinations and laboratory tests in accordance with the most recently published guidelines and recommendations established by the American Cancer Society, in consultation with the American College of Gastroenterology and the American College of Radiology and that are deemed appropriate by the attending physician.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

BENEFITS FOR DENTAL ANESTHESIA

Benefits will be provided for general anesthesia and associated hospital and ambulatory surgical facility charges in conjunction with dental care provided to an Insured, if such person is:

Seven years of age or younger or is developmentally disabled;

An individual for which a successful result cannot be expected from dental care provided under local anesthesia because of a neurological or other medically compromising condition of the Insured; or

An individual who has sustained extensive facial or dental trauma, unless otherwise covered by workers' compensation insurance.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

NOTE: MANDATED FOR PPO PLAN ONLY FOR BLANKET

[BENEFITS FOR DIABETES

Benefits will be provided for all medically appropriate and necessary equipment, supplies, pharmacologic agents, and diabetes self-management training and educational services used to treat diabetes, if the Insured's Doctor certifies that such services are Medically Necessary. Diabetes self-management training, educational services and nutrition counseling must be provided under the direct supervision of a Doctor.

"Diabetes self-management training" means instruction in an inpatient or outpatient setting including medical nutrition therapy relating to diet, caloric intake and diabetes management, excluding programs the primary purposes of which are weight reduction, which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy as a method of avoiding frequent hospitalizations and complications when the instruction is provided in accordance with a program in compliance with the National

Standards for Diabetes Self-Management Education Program as developed by the American Diabetes Association.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR SURVEILLANCE TESTS FOR OVARIAN CANCER

Benefits will be paid the same as any other Sickness for surveillance tests for ovarian cancer for an Covered Person age 35 and older at risk for ovarian cancer.

At risk for ovarian cancer means having a family history: with one or more first or second degree relatives with ovarian cancer; of clusters of women relatives with breast cancer; of nonpolyposis colorectal cancer; or testing positive for BRCA1 or BRCA2 mutations.

Surveillance tests means annual screening using: CA-125 serum tumor marker testing, transvaginal ultrasound and pelvic examination.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR BONE MARROW TRANSPLANTS

Benefits will be paid the same as any other Sickness for bone marrow transplants.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

IOWA

MAMMOGRAPHY

Benefits are payable for screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer within the provisions of the policy, contract, or certificate. The coverage shall be as follows:

- (1) A baseline mammogram women 35 to 39 years of age.
- An annual mammogram for women 40 years of age or older.

ILLINOIS

INPATIENT ALCOHOLISM TREATMENT BENEFIT

Benefits will be paid the same as any other **sickness** for inpatient alcoholism treatment. Benefits shall be subject to all **deductible**, copayment, **coinsurance**, limitations, or any other provisions of the Certificate

CERVICAL CANCER SCREENING TEST BENEFIT

Benefits will be paid the same as any other **sickness** for an annual Cervical smear or Pap smear test.

Benefits shall be subject to all **deductible**, copayment, **coinsurance**, limitations, or any other provisions of the Certificate.

COLORECTAL CANCER SCREENING

Benefits are payable on the same basis as any other **sickness** for colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a **doctor** in accordance with guidelines issued by nationally recognized professional medical societies or federal government agencies, including the National Cancer Institute, the Centers for Disease Control and Prevention, and the American College of Gastroenterology.

DIABETES BENEFIT

Diabetes – Benefits are payable on the same basis as any other **sickness** for the following:

1. Outpatient diabetes self-management training, which includes:

The services of a **doctor** for up to three (3) Medically Necessary visits upon an initial diagnosis of diabetes; The services of a **doctor** for up to two (2) Medically Necessary visits upon a determination by the Covered Person's **doctor** that a significant change in the person's symptoms or medical condition has occurred which requires a significantly different self-management regime; and *Medical nutritional counseling and instructions, and instructions on the proper use of diabetes equipment and supplies shall be provided or covered as part of the training.*

2. The following equipment when **medically necessary** and prescribed by a **doctor**:
blood glucose monitors, including those designed to be used by, or adapted for, the legally blind;
insulin cartridges, including those designed to be used by, or adapted for, the legally blind;
lancets and lancet devices; and
regular foot exams.

3. For the following **medically necessary** pharmaceuticals and supplies when received on an inpatient basis, and prescribed by a **doctor**:

Insulin;
syringes and needles;
test strips for glucose monitoring;
FDA approved oral agents used to control blood sugar; and
glucagon emergency kits.

Diabetes benefits, as outlined above, are subject to the deductible, coinsurance, and Aggregate Maximum Amount on the same basis as any other Sickness.

GENERAL ANESTHESIA BENEFIT

Benefits will be payable on the same basis as any other **sickness** for general anesthesia and associated facility charges for dental procedures rendered in a **hospital** or ambulatory surgical treatment center. Benefits are only payable for **covered persons** if any of the following applies:

the **covered person** is a child age 6 or under;
the **covered person** has a medical condition that requires hospitalization or general anesthesia for dental care; or
the **individual** is disabled.

"Disabled" as used in this benefit means a person, regardless of age, with a chronic disability if the chronic disability meets all of the following conditions:

It is attributable to a mental or physical impairment or combination of mental and physical impairments.

It is likely to continue.
It results in substantial functional limitations in one or more of the following areas of major life activity:
self-care;
receptive and expressive language;
learning;
mobility;
capacity for independent living; or
economic self-sufficiency.

MAMMOGRAPHY BENEFIT

Benefits are payable on the same basis as any other sickness for screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer within the provisions of the policy, contract, or certificate. The coverage shall be as follows:
A baseline mammogram women 35 to 39 years of age.
An annual mammogram for women 40 years of age or older.

OSTEOPOROSIS TESTING BENEFIT

Osteoporosis Testing - coverage for medically necessary bone mass measurement and for the diagnosis and treatment of osteoporosis.

PAP SMEAR BENEFIT

Pap Smear – coverage for an annual cervical smear or Pap smear test for female insureds.

PRENATAL HIV TESTING BENEFIT

Coverage for prenatal HIV testing ordered by an attending physician licensed to practice medicine in all its branches, or by a physician assistant or advanced practice registered nurse who has a written collaborative agreement with a collaborating physician that authorizes these services, including but not limited to orders consistent with the recommendations of the American College of Obstetricians and Gynecologists or the American Academy of Pediatrics.

PROSTATE TESTS BENEFIT

Coverage is provided for an annual digital rectal examination and a prostate-specific antigen test, for male insureds upon the recommendation of a physician licensed to practice medicine in all its branches for:

asymptomatic men age 50 and over;
African-American men age 40 and over; and
men age 40 and over with a family history of prostate cancer.

RECONSTRUCTIVE SURGERY FOLLOWING MASTECTOMY BENEFIT

Coverage is provided for prosthetic devices or reconstructive surgery incident to the mastectomy. Coverage for breast reconstruction in connection with a mastectomy shall include:
reconstruction of the breast upon which the mastectomy has been performed;
surgery and reconstruction of the other breast to produce a symmetrical appearance; and
prostheses and treatment for physical complications at all stages of mastectomy, including lymphedemas.

Comment: Required if forms provide coverage for mastectomy which I am assuming this policy would.

CONTRACEPTIVES BENEFIT

Benefits are payable on the same basis as any other **sickness** for outpatient prescription drugs and outpatient contraceptive services and devices approved by the Food and Drug Administration. "Outpatient contraceptive service" means consultations, examinations, procedures, and medical services, provided on an outpatient basis and related to the use of contraceptive methods (including natural family planning) to prevent an unintended pregnancy.

SERIOUS MENTAL ILLNESS COVERAGE RIDER
[(Applicable to Illinois Residents Only)]

This Rider is attached to and made part of the policy as of the Effective Date. It is subject to all of the provisions, limitations and exclusions of the policy except as specifically modified by this Rider.

Benefits will be payable on the same basis as any other **sickness** for **Covered Persons** for treatment of serious mental illness.

"Serious mental illness" means the following psychiatric illnesses as defined in the most current edition of the Diagnostic and Statistical Manual (DSM) published by the American Psychiatric Association:

- (A) schizophrenia;
- (B) paranoid and other psychotic disorders;
- (C) bipolar disorders (hypomanic, manic, depressive, and mixed);
- (D) major depressive disorders (single episode or recurrent);
- (E) schizoaffective disorders (bipolar or depressive);
- (F) pervasive developmental disorders;
- (G) obsessive-compulsive disorders;
- (H) depression in childhood and adolescence; and
- (I) panic disorder.

KANSAS

BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for Insureds with a condition or medical history for which bone mass measurement is medically necessary. Benefits include services for the diagnosis, treatment and management of osteoporosis when provided by a Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR CYTOLOGIC SCREENING AND MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for mammograms, cytologic screening, or (pap) smears when performed at the direction of a Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR BREAST RECONSTRUCTION FOLLOWING A MASTECTOMY

Benefits will be paid the same as any other Sickness for Insureds who elect breast reconstruction in connection with a mastectomy. Benefits include:

reconstruction of the breast on which the mastectomy was performed;
surgery and reconstruction of the other breast to produce a symmetrical appearance; and
protheses and physical complications in all stages of mastectomy, including lymphedemas.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR GENERAL ANESTHESIA AND MEDICAL CARE FACILITY FOR DENTAL CARE

Benefits will be paid the same as any other Sickness for the administration of general anesthesia and medical care facility charges for dental care provided to the following Insureds:

A Dependent child five years of age and under; or
A Covered Person who is severely disabled; or
A Covered Person that has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for immunizations for children from birth to 72 months of age. Immunizations shall consist of at least five doses of vaccine against diphtheria, pertussis, tetanus; at least four doses of vaccine against polio and Haemophilus B (Hib); and three doses of vaccine against Hepatitis B; two doses of vaccine against measles, mumps and rubella; one dose of vaccine against varicella and such other vaccines and dosages as may be prescribed by the secretary of health and environment.

Benefits shall not be subject to any Deductible, copayment or coinsurance requirements.]

KENTUCKY

N/A

LOUISIANA

[BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for a mammogram subject to the following guidelines:

One baseline mammogram examination for women who are thirty-five through thirty-nine years of age;
One mammogram examination every twenty-four months, or more frequently if recommended by a Doctor, for women who are forty through forty-nine years of age; and
One mammogram every 12 months for women age fifty and over.

The policy Deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR INITIAL PROSTHETIC DEVICE AND RECONSTRUCTIVE SURGERY

Benefits will be provided for the surgical procedure known as a Mastectomy and the initial prosthetic device or reconstructive surgery incident to the Mastectomy. Benefits shall include surgery on the other breast to produce a symmetrical appearance.

"Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a licensed Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PAP SMEAR

Benefits will be paid the same as any other Sickness for an annual Pap Smear or more frequently, if recommended by a Doctor.

The policy Deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR OSTEOPOROSIS SCREENING

Benefits will be paid the same as any other Sickness for a Qualified Covered Person for Bone Mass Measurement for the diagnosis and treatment of osteoporosis. The following definitions shall apply: (1) "Bone mass measurement" means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss. (2) "Qualified Insured" means: (a) An estrogen deficient woman at clinical risk of osteoporosis who is considering treatment. (b) An individual receiving long term steroid therapy. (c) An individual being monitored to assess to response to or efficacy of approved osteoporosis drug therapies.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR DETECTION OF PROSTATE CANCER

Benefits will be paid the same as any other Sickness for expenses incurred in conducting an annual diagnostic examination for the detection of prostate cancer, including:

a physical examination for the detection of prostate cancer; and
a prostate-specific antigen test used for the detection of prostate cancer for each Covered Person who is a) at least 50 years of age and asymptomatic; or b) as medically necessary for a person over the age of 40 years.

The policy Deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR THE TREATMENT OF DIABETES

Benefits will be paid the same as any other Sickness for medication, equipment, supplies and appliances that are medically necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and non-insulin using diabetes.

Benefits will also be provided for training and education:

1. After the initial diagnosis of diabetes for medically necessary care and management of diabetes, including, counseling in nutrition and the proper use of equipment and supplies for the treatment of diabetes. Coverage for initial training shall not exceed [\$500.00].
2. When medically necessary as a result of a subsequent diagnosis that indicates a significant change in the symptoms or condition of the Covered Person and which requires modification of the Covered Person's program of self-management of diabetes, training and education. Coverage for subsequent training shall not exceed [\$100.00] per year. The lifetime maximum for additional training is limited to [\$2,000] per Insured.
3. When medically necessary because of the development of new techniques and treatment for diabetes. Training shall be provided by health care professional working within the scope of his or her license in compliance with the National Standard for Diabetes Self-Management Education Program and are payable upon receipt of the certification that the Covered Person has successfully completed the program.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

[BENEFITS FOR TRANSLITERATOR SERVICES

Benefits will be paid for the services of an interpreter/transliterater, other than a family member of the Insured, when such services are used by the Covered Person in connection with medical treatment or diagnostic consultations preformed by a Doctor, if such treatment is covered under this policy.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR CLINICAL TRIAL FOR CANCER TREATMENT

Benefits will be paid the same as any other Sickness for patient costs incurred as a result of a treatment being provided in accordance with a clinical trial for cancer. Such costs shall include coverage for costs incurred for health related services not otherwise required under R.S. 22:215.20.

Costs of investigational treatments and costs of associated protocol related patient care shall be covered if all of the following criteria are met:

The treatment is being provided with a therapeutic or palliative intent for patients with cancer, or for the prevention or early detection of cancer.

The treatment is being provided or the studies are being conducted in a Phase II, Phase III, or Phase IV clinical trial for cancer.

The treatment is being provided in accordance with a clinical trial approved by one of the following entities: (a) One of the United States NIH. (b) A cooperative group funded by one of the NIH. (c) The FDA in the form of an investigational new drug application. (d) The United States Department of Veterans Affairs. (e) The United States Department of Defense. (f) A federally funded general clinical research center. (g) The Coalition of National Cancer Cooperative Groups.

The proposed protocol has been reviewed and approved by a qualified institutional review board which operates in this state and which has a multiple project assurance contract approved by the office of protection from research risks

The facility and personnel providing the protocol provided the treatment within their scope of practice, experience, and training and are capable of doing so by virtue of their experience, training, and volume of patients treated to maintain expertise.

There is no clearly superior, non-investigational approach.

The available clinical or pre-clinical data provide a reasonable expectation that the treatment will be at least as efficacious as the non-investigational alternative.

The patient has signed an institutional review board approved consent form.

Any entity seeking coverage for treatment in a clinical trial approved by an institutional review board shall post electronically, and keep up-to-date, a list of the cancer clinical trials meeting these requirements and the list shall include the following for each clinical trial: (1) The phase for which the trial is approved. (2) The entity approving the trial which renders it eligible for reimbursement. (3) The cancer or cancers for which the trial is approved. (4) The estimated number of participants in the trial. The provisions of this Part shall not be construed to affect compliance or coverage for off-label use of drugs not directly affected by this Part.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR DENTAL ANESTHESIA

Benefits will be paid the same as any other Sickness for anesthesia when rendered in a Hospital or day surgery setting when the mental or physical condition of the Covered Person requires dental treatment to be rendered in a Hospital setting as determined by a Doctor.

The benefits under this section shall not apply to treatment rendered for temporomandibular joint disorder ("TMJ").

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR TREATMENT OF CLEFT LIP AND CLEFT PALATE

Benefits will be paid the same as any other Sickness, for Dependent children, for inpatient or outpatient expenses arising from medical and dental treatment, including orthodontic and oral surgery treatment, involved in the management of birth defects known as cleft lip and cleft palate. If orthodontic services are eligible for coverage under a dental insurance plan, the dental plan shall be primary and this coverage shall be secondary. Payment for dental or orthodontic treatment not related to the management of the congenital condition of cleft lip and cleft palate shall not be covered under this policy.

Primary medical benefits shall include:

1. Oral and facial surgery, surgical management, and follow-up care;
 2. Prosthetic treatment such as obturators, speech appliances, and feeding appliances;
 3. Orthodontic treatment and management;
 4. Preventive and restorative dentistry to insure good health and adequate dental structures for orthodontic treatment or prosthetic management or therapy;
 5. Speech-language evaluation and therapy;
 6. Audiological assessments and amplification devices;
 7. Otolaryngology treatment and management;
 8. Psychological assessment and counseling; and
- Genetic assessment and counseling for patient and parents.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR CHILDHOOD IMMUNIZATION

Benefits will be paid the same as any other Sickness for complete basic immunization series as defined by the state health officer and required for school entry for Dependent children from birth to age six.

The policy Deductible will not be applied to this benefit. Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR THE TRANSPORTATION OF NEWBORN INFANTS AND TEMPORARILY DISABLED MOTHERS BY PROFESSIONAL AMBULANCE

Benefits will be paid the same as any other Sickness for transportation by professional ambulance services, including air or surface transport, of the Newborn Infant to the nearest available Hospital or neonatal special care unit for treatment of illnesses, injuries, congenital defects, and complications of premature birth. Benefits do not include transportation services for the purpose of obtaining routine well baby care

In addition, benefits will be provided for professional ambulance transportation services for the Temporarily Medically Disabled Mother of the ill Newborn Infant when accompanying the Newborn Infant to the nearest available Hospital or neonatal special care unit. The mother's need for ambulance service must be certified by her attending physician.

"Newborn Infant" means infants from the time of birth until age one month or until such time as the infant is well enough to be discharged from a Hospital or neonatal special care unit to his home, whichever period is longer.

"Temporarily Medically Disabled Mother" means a woman who has recently given birth and whose Doctor has advised that normal travel would be hazardous to her health.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR THE TREATMENT OF INHERITED METABOLIC DISEASE

Benefits will be paid the same as any other sickness not to exceed [\$200] per month for low protein food products for treatment of inherited metabolic diseases if the low protein food products are due to a medical necessity.

"low protein food products" means a food product that is especially formulated to have less than one gram of protein per serving and is intended to be used under the direction of a doctor for the dietary treatment of an inherited metabolic disease. Low protein food products shall not include a natural food that is naturally low in protein.

"inherited metabolic disease" means a disease caused by an inherited abnormality of body chemistry. Such diseases shall be limited to glutaric acidemia, isovaleric acidemia (iva), maple syrup urine disease (msud), methylmalonic acidemia (mma), phenylketonuria (pku), propionic acidemia, tyrosinemia, and urea cycle defects.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR THE TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

Benefits will be payable for diagnosis and treatment for attention deficit/hyperactivity disorder (ADHD) when rendered or prescribed by a Doctor. Benefits provided for an initial diagnosis shall not exceed [\$600.00]. Services rendered on an outpatient basis shall not exceed [\$50.00] per visit. Total benefits shall be limited to [\$10,000.00] during a person's lifetime and shall not exceed twenty-five hundred dollars (\$2,500) in any policy year.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR THE TREATMENT OF SEVERE MENTAL ILLNESS

Benefits will be paid the same as any other Sickness for treatment of Severe Mental Illness.

For purposes of this benefit, "Severe Mental Illness" shall include any of the following diagnosed Severe Mental Illnesses:

Schizophrenia or schizoaffective disorder.
Bipolar disorder.
Pervasive developmental disorder or autism.
Panic disorder.
Obsessive-compulsive disorder.
Major depressive disorder.
Anorexia/bulimia.
Asperger's Disorder.
Intermittent explosive disorder.
Posttraumatic stress disorder.
Psychosis NOS (not otherwise specified) when diagnosed in a child under seventeen years of age.
Rett's Disorder.
Tourette's Disorder.

Benefits will be limited to [forty-five (45)] inpatient days per Covered Person per calendar year. However, one inpatient day of treatment may be exchanged for two days of partial hospitalization or two days of residential treatment center hospitalization.

Benefits will be limited to [fifty-two (52)] visits per Covered Person per calendar year, including the intensive outpatient program. However, one inpatient day of treatment may be exchanged for four outpatient visits or four outpatient visits may be exchanged for one inpatient day of treatment.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

MAINE

Additional Benefits include the following:

1. An annual screening mammography for asymptomatic female **covered persons** age 40 and older for early detection of breast cancer. Providers that meet standards established by the Department of Human Services rules for radiation protection must perform screening mammograms.
2. Screening Pap test for female **covered persons** as recommended by a **doctor**.
3. Minimum stay following a mastectomy, lumpectomy or lymph node dissection for treatment of breast cancer as determined by attending **doctor**. Minimum coverage following a covered mastectomy includes reconstruction, of the breast on which surgery has been performed and surgery and reconstruction of the other breast to produce a symmetrical appearance if the patient elects reconstruction and in the manner chosen by the patient and the **doctor**.
4. Covered charges include services for the early detection of prostates cancer in male **covered persons**. This includes the following if recommended by a **doctor** at least once a year from 50 years of age to 72 years of age: (a) a digital rectal examination; and (b) a prostate-specific antigen test.
5. Medically appropriate and necessary equipment, limited to insulin, oral hypoglycemic agents, monitors, test strips, syringes and lancets and the outpatient self-management training and educational services used to treat diabetes, if: the **covered person's** treating **doctor** or a **doctor** who specializes in the treatment of diabetes certifies that the equipment and services are **medically necessary**; and The diabetes outpatient self-management training and educational services are provided through ambulatory diabetes education facilities authorized by the Maine's Diabetes Control Project within the Bureau of Health.
6. To the extent the policy provides benefits for prescription drugs or/ or outpatient medical services, **covered expenses** include all prescription contraceptives approved by the federal Food and Drug Administration and **outpatient contraceptive services**, respectively. Outpatient contraceptive services means consultations, examinations procedures and medical services provided on an outpatient basis and related to the use of contraceptive methods to prevent an unintended pregnancy. Prescription drugs or devices designed to terminate pregnancy are not covered.
7. To the extent the policy provides benefits for surgical first assisting services, **covered expenses** include services performed by a duly licensed registered nurse first assistant who performs such services within the scope of a his or her qualifications. This applies only when the services of an assisting **doctor** would be covered and a registered nurse first assistant who performed those services is used as a substitute.
8. An annual gynecological examination, including routine pelvic and clinical breast examinations, performed by a physician, certified nurse practitioner or certified nurse midwife.
9. Metabolic formula and Special modified low-protein food products that have been prescribed by a doctor for a covered person with an inborn error of metabolism, but not to exceed \$3,000 per **term of coverage**.
10. **Medically necessary Prosthetic Devices** including their repair or replacement if repair or replacement is determined appropriate by the Covered Person's Doctor. As used here, "prosthetic device" means an artificial device to replace, in whole or in part, an arm or a leg, with the most appropriate model that adequately meets the **Covered Person's** medical needs.
11. General anesthesia and associated facility charges for dental procedures rendered in a **hospital** when the clinical status or underlying medical condition of a **covered person** requires dental procedures that ordinarily would not require general anesthesia to be rendered in a **hospital**. No benefits are provided for the dental procedure itself, including, but not limited to, the professional fee of the dentist. Benefits for anesthesia and associated facility charges are subject to all other terms and conditions of the policy that generally apply to other benefits. If a **Covered person** eligible for benefits under this section is also eligible for coverage for the same benefits under a dental insurance plan, the entity providing the dental insurance plan is the primary payer and this plan is secondary. This benefit applies only to the following **covered persons**:

- **Covered persons**, including infants, exhibiting physical, intellectual or medically compromising conditions for which dental treatment under local anesthesia, with or without additional adjunctive techniques and modalities, cannot be expected to provide a successful result and for which dental treatment under general anesthesia can be expected to produce a superior result
- **Covered persons** demonstrating dental treatment needs for which local anesthesia is ineffective because of acute infection, anatomic variation or allergy;
- **Covered persons** who are extremely uncooperative, fearful, anxious or uncommunicative children or adolescents with dental needs of such magnitude that treatment should not be postponed or deferred and for whom lack of treatment can be expected to result in dental or oral pain or infection, loss of teeth or other increased oral or dental morbidity; and Covered Persons who have sustained extensive oral-facial or dental trauma for which treatment under local anesthesia would be ineffective or compromised.

Hospice care services for a **covered person** who is **terminally ill**, but only if provided according to a written care delivery plan developed by a hospice care provider and the recipient of **hospice care services**. **Hospice care services** are covered whether provided in a home setting or an inpatient setting. Coverage includes, but is not limited to:

- **Doctor** services;
- Nursing care;
- Respite care;
- Medical and social work services;
- Counseling services;
- Nutritional counseling;
- Pain and symptom management;
- Medical supplies and durable medical equipment;
- Occupational, physical and speech therapies;
- Volunteer services;
- Home health care services; and
- Bereavement services.

Hospice care services means services provided on a 24-hour-a-day, 7-days-a-week basis to a person who is **terminally ill** and that person's family.

Terminally ill means a person has a medical prognosis that the person's life expectancy is 12 months or less if the illness runs its normal course.

Covered expenses related to a **Covered Person's** participation an **approved clinical trial**, including routine costs if:

1. He or she has a life-threatening illness for which no standard treatment is effective;
2. He or she is eligible to participate according to the clinical trial protocol with respect to treatment of such illness;
3. His or her participation in the trial offers meaningful potential for significant clinical benefit; and
4. His or her **Doctor** has concluded that participation in such a trial would be appropriate.

Routine patient costs do not include the costs of the tests or measurements conducted primarily for the purpose of the clinical trial nor do they include the cost of items and services that are reasonably expected to be paid for by the sponsors of an approved clinical trial.

As used here, "approved clinical trial" means a clinical research study or clinical investigation approved and funded by the federal Department of Health and Human Services, National Institutes of Health or a cooperative group or center of the National Institutes of Health.

MICHIGAN

[BENEFITS FOR DIABETES TREATMENT

Benefits will be paid the same as any other Sickness for the following equipment, supplies, and educational training for the treatment of diabetes, if determined to be Medically Necessary and prescribed by an allopathic or osteopathic Doctor:

Blood glucose monitors and blood glucose monitors for the legally blind.
Test strips for glucose monitors, visual reading and urine testing strips, lancets, and spring-powered lancet devices.
Syringes.
Insulin pumps and medical supplies required for the use of an insulin pump.
Diabetes self-management training to ensure that persons with diabetes are trained as to the proper self-management and treatment of their diabetic condition.

Benefits for diabetes self-management training are subject to all of the following:

Is limited to completion of a certified diabetes education program upon occurrence of either of the following:
If considered Medically Necessary upon the diagnosis of diabetes by an allopathic or osteopathic Doctor who is managing the patient's diabetic condition and if the services are needed under a comprehensive plan of care to ensure therapy compliance or to provide necessary skills and knowledge.
If an allopathic or osteopathic Doctor diagnoses a significant change with long-term implications in the patient's symptoms or conditions that necessitates changes in a patient's self-management or a significant change in medical protocol or treatment modalities.
Shall be provided by a diabetes outpatient training program certified to receive Medicaid or Medicare reimbursement or certified by the department of community health. Training shall be conducted in group settings whenever practicable.

Benefits will be paid the same as any other Sickness for the following, if determined to be Medically Necessary:

Insulin, if prescribed by an allopathic or osteopathic Doctor;
Nonexperimental medication for controlling blood sugar, if prescribed by an allopathic or osteopathic Doctor.
Medication used in the treatment of foot ailments, infections, and other medical conditions of the foot, ankle, or nails associated with diabetes, if prescribed by an allopathic, osteopathic, or podiatric Doctor.

"Diabetes" includes all of the following:

Gestational diabetes.
Insulin-dependent diabetes.
Non-insulin-dependent diabetes.

Benefits are subject to all Deductible, co-payment, co-insurance, limitations or any other provisions of the policy.]

MINNESOTA

Additional Benefits include the following:

1. Reconstruction Surgery when such service is incidental to or follows surgery resulting from injury, sickness or other diseases of the involved part or when such service is performed on a dependent child because of congenital disease or anomaly which has resulted in a functional defect as determined by the attending physician.
2. Treatment of alcoholism, chemical dependency or drug addiction shall be on the same basis as other benefits in a licensed hospital or confinement in a residential primary treatment program as licensed by the State of Minnesota pursuant to diagnosis or recommendation by a doctor up to a maximum of 73 days in any one 12 month Certificate year and in a non-residential treatment program approved or licensed by the State of Minnesota for up to a maximum of 130 hours of treatment in any one 12 month term of coverage.
3. Treatment of emotionally handicapped children as defined by the Commissioner of Public Welfare in a residential treatment facility licensed by the Commissioner of Public Welfare shall be on the same basis as other inpatient benefits.
4. Surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder shall be covered on the same basis as any other sickness.
5. Treatment of Phenylketonuria shall be covered on the same basis as any other sickness.
6. Necessary scalp prosthesis required as a result of contracting the disease alopecia areata subject to a maximum of \$350.00. No Deductible is applied to this benefit.
7. Dependent continuation and conversion privilege.

(a) In the event of the death of the primary insured while he and one or more dependents are insured hereunder, coverage on such dependents shall continue in effect without further premium payment until (1) the date the surviving spouse becomes covered under another group health plan; or (2) this Certificate's term of coverage ends., whichever comes first.

(b) Coverage for dependents may be extended in the event of a break in the marital relationship of the primary insured while the spouse is insured under this Certificate as a dependent. Upon entry of a valid decree of dissolution of marriage coverage shall be continued without further premium payment until the earlier of the following dates (1) the date the primary insured's former spouse becomes covered under any other group health plan; or (2) this Certificate's term of coverage ends.

(c) Coverage for dependents may be extended in the event that the primary insured becomes enrolled for benefits under Title XVIII of the Social Security Act; or if the dependent children cease to be dependent children under the generally applicable requirements of the plan.

Coverage of such dependents shall continue in effect without further premium payment until the earlier of the following dates (1) the date the coverage ends under the Certificate; or (2) the spouse or dependent children become covered under another group health plan.

(d) A conversion privilege to Minnesota qualified conversion plans I, II or III as stated in M.S. 62A.21 is available to a primary insured's former spouse and dependent children without providing evidence of insurability at the expiration of any continuation of coverage required under a, b or c above. Application for such coverage must be made within 30 days following end of coverage under this Certificate and must be accompanied by the payment of the required premium.

8. Child Health Supervision treatment for pediatric preventive services, appropriate immunizations, developmental assessment and laboratory services, in keeping with the Standards of Child Health Care issued by the American Academy of Pediatrics.

Benefits will be limited to all services furnished by a single provider in connection with any one visit and according to the following schedule: Birth to 12 months - 5 visits; 12 months to 24 months - 3 visits; 24 months to 72 months - 1 visit per year. These benefits are not subject to any deductible or coinsurance percentage.

9. Benefits for prenatal care services for medical and psychosocial support provided throughout pregnancy. Included are expenses for: (1) risk assessment; (2) serial surveillance; (3) prenatal education; (4) use of specialized skills and technology when needed, all as defined in the Standards of Obstetric-Gynecologic Services issued by the American College of Obstetricians-Gynecologists. This benefit is not subject to any or coinsurance Percentage.

10. Benefits for the management of birth defects known as cleft lip and palate, including orthodontic and oral surgery treatment, up to age 18. This benefit will be coordinated with, and pay secondary to, any applicable group dental coverage that covers orthodontic services.

11. Private duty nursing services includes home care services to a ventilator-dependent person by a private duty nurse or personal care assistant.

12. Routine screening procedures for cancer for female covered person. This includes mammograms and Pap smears ordered or provided by a doctor in accordance with the standard practice of medicine.

13. Prostate cancer screening for male covered person. This includes at a minimum a prostate-specific antigen test (PSAT) and a digital rectal examination for: (a) men 40 years of age and over who are symptomatic or in a high-risk category; and (b) mean age 50 years of age and older.

14. Prescription Drug benefits include antipsychotic drugs prescribed to treat emotional disturbance or mental illness.

15. Benefits are payable for a drug prescribed for treatment of a cancer other than the cancers stated in the labeling approved by the federal Food and Drug Administration (FDA). The drug must be approved by the FDA for treatment of cancer in one of the standard reference compendia or in one article in medical literature.

Standard reference compendia means:

1. The United States Pharmacopeia Drug Information; or
2. The American Hospital Formulary Service Drug Information.

Medical literature means an article from a major peer-reviewed medical journal that has recognized the drug or combination of drugs' safety and effectiveness for treatment of the indication for which it has been prescribed. Each article shall meet the uniform requirements for manuscripts submitted to biomedical journals established by the international committee of medical journal editors or be published in a journal specified by the United States Secretary of Health and Human Services pursuant to United States Code, title 42, section 1395x, paragraph (t), clause (2), item (B), as amended, as acceptable peer review medical literature. Each article must use generally acceptable scientific standards and must not use case reports to satisfy this criterion.

Benefits are payable for any medically necessary services directly related to and required for appropriate administration of the drug.

Benefits will not be paid for any experimental or non-FDA approved drug, or any drug that the FDA has determined to be contraindicated for treatment of a specific type of cancer for which the drug has been prescribed.

MISSOURI

[BENEFITS FOR IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for immunizations of a child from birth to five years of age as provided by department of health regulations.

Benefits shall not be subject to any Deductible or copayment limits.]

[BENEFITS FOR DENTAL GENERAL ANESTHESIA

Benefits will be paid the same as any other Sickness for administration of general anesthesia and Hospital charges for dental care to a Dependent child under the age of five, an Covered Person who is severely disabled, or an Covered Person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR INITIAL PROSTHETIC DEVICE AND RECONSTRUCTIVE SURGERY

Benefits will be paid the same as any other Sickness for the initial prosthetic device or reconstructive surgery necessary to restore symmetry incident to Mastectomy when recommended by a Doctor. "Mastectomy" means the removal of all or part of the breast for medically necessary reasons as determined by a Doctor. Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR CYTOLOGIC SCREENING

Benefits will be paid the same as any other Sickness for a pelvic examination and cytologic screening (pap smear) for an Covered Person in accordance with the current American Cancer Society guidelines.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR COLORECTAL CANCER SCREENING

Benefits will be paid the same as any other Sickness for a colorectal cancer examination and laboratory tests for cancer for any nonsymptomatic Covered Person in accordance with the current American Cancer Society guidelines.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR PROSTATE SCREENING

Benefits will be paid the same as any other Sickness for a prostate examination and laboratory tests for cancer for an Covered Person in accordance with the current American Cancer Society guidelines.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

[DIABETES TREATMENT BENEFIT

Covered expenses include all medically appropriate and necessary equipment and supplies and diabetes outpatient self-management training and educational services used to treat diabetes when the treating **doctor** certifies that such treatment is **medically necessary**.]

MISSISSIPPI

[BENEFITS FOR TEMPOROMANDIBULAR JOINT DISORDER AND CRANIOMANDIBULAR DISORDER

Benefits shall be provided, on the same basis as benefits for treatment to any other joint in the body, for diagnostic and surgical treatment of temporomandibular joint disorder and craniomandibular disorder. Treatment may be administered or prescribed by a Doctor or dentist. This coverage will not exceed a \$5,000.00 maximum lifetime benefit.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR RECONSTRUCTIVE BREAST SURGERY FOLLOWING MASTECTOMY

Benefits will be paid the same as any other Sickness for all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; and prostheses and physical complications of mastectomy, including lymphedema in a manner determined in consultation with the attending Doctor and the Insured.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

MONTANA

[BENEFITS FOR MAMMOGRAPHY

Benefits shall be provided for a mammography examination on the following basis:

one baseline mammogram for a woman who is 35 years of age or older and under 40 years of age;
a mammogram every 2 years for any woman who is 40 years of age or older and under 50 years of age, or more frequently if recommended by the woman's physician; and
a mammogram each year for a woman who is 50 years of age or older.

Benefits payable will be the actual charge not to exceed [\$70.00] for each mammogram.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy only after the [\$70.00] maximum.]

[BENEFITS FOR RECONSTRUCTIVE BREAST SURGERY

Benefits will be paid the same as any other Sickness for Reconstructive Breast Surgery resulting from a Mastectomy that resulted from breast cancer.

Benefits include all stages of one Reconstructive Breast Surgery on the nondiseased breast to establish symmetry with the diseased breast after definitive Reconstructive Breast Surgery on the diseased breast has been performed.

"Mastectomy" means the surgical removal of all or part of a breast as a result of breast cancer. "Reconstructive breast surgery" means surgery performed as a result of a mastectomy to reestablish symmetry between the breasts. The term includes augmentation mammoplasty, reduction mammoplasty, and mastopexy.

Benefits for Reconstructive Breast Surgery include but are not limited to the costs of prostheses, outpatient x-ray, radiation therapy, and chemotherapy.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the policy.]

NORTH CAROLINA

Additional Benefits include the following:

1. **Colorectal cancer examinations and laboratory tests** in accordance with recently published American Cancer Society guidelines or guidelines adopted by the North Carolina Advisory on Cancer Coordination and Control for colorectal cancer screening, for any asymptomatic **covered person** who is:
 - (a) a. At least 50 years of age; or
 - (b) Less than 50 years of age and at high risk for colorectal cancer according to the most recently published colorectal cancer screening guidelines of the American Cancer Society or guidelines adopted by the North Carolina Advisory on Cancer Coordination and Control.
2. **Newborn hearing screening** when ordered by the attending **doctor**
3. **Clinical Trials** - Participation in phase II, phase III and phase IV covered clinical trials by a covered person who meets protocol requirements of the trials and provide informed consent. To the extent that they are not funded by national agencies, commercial manufacturers, distributors or other research sponsors of participants in clinical trials, covered expenses include those medically necessary services and supplies associated with participation in a covered clinical trial, including those related to health care services typically provided absent a clinical trial, the diagnosis and treatment of complications and medically necessary monitoring, that are:
 - (a) Provided for the diagnosis, treatment, cure or relief of an **injury, sickness**, health condition or disease.
 - (b) Not for experimental, investigational or cosmetic purposes.
 - (c) Necessary for and appropriate to the diagnosis, treatment, cure or relief of an **injury, sickness**, health condition, disease or its symptoms.
 - (d) Within generally accepted standards of medical care in the community.
 - (e) Not solely for the convenience of the **covered person**, his family or the provider.

For medically necessary services, we may compare the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

No benefits will be provided for non-FDA approved drugs provided or made available to a patient who received the drug during a covered clinical trial after the clinical trial has been discontinued.

Clinical trial costs will not include the costs of services that are not health care services, those provided solely to satisfy data collection and analysis needs, those related to investigational drugs and devices and those that are not provided for the direct clinical management of the patient. If a claim contains charges related to services for which coverage is provided under the policy and those charges have not been or cannot be separated from costs related to services for which coverage is not provided, we may deny the claim.

Covered clinical trials means phase II, phase III and phase IV patient research studies designed to evaluate new treatments, including prescription drugs and that: (a) involve the treatment of life-threatening medical conditions; (b) are medically indicated and preferable for that patient compared to available noninvestigational treatment alternatives; and (c) have clinical and preclinical data that shows the trial will likely be more effective for that patient than available noninvestigational alternatives. Covered clinical trials must also meet the following requirements:

- (a) Must involve determinations by treating physicians, relevant scientific data and opinions of experts in relevant medical specialties.
 - (b) Must be trials approved by centers or cooperative groups that are funded by the National Institutes of Health, the Food and Drug Administration, the Centers for Disease Control, the Agency for Health Care Research and Quality, the Department of Defense or the Department of Veterans Affairs.
 - (c) Must be conducted in a setting and by personnel that maintain a high level of expertise because of their training, experience and volume of patients.
4. **Mammography screening and pap smears** for female **covered persons** as follows:
 - (a) One or more mammograms a year when recommended by a **doctor**, for any women who are at risk for breast cancer. A women at risk: i) has a personal history of breast cancer; ii) has a personal history of biopsy-proven benign breast disease; iii) has a mother, sister or daughter who has or had breast cancer; or iv) has not given birth prior to age 30.
 - (b) One baseline mammogram for woman 35 through 39, inclusive.
 - (c) A mammogram every other year for any woman ages 40 through 49, or more often when recommended by a **doctor**.

- (d) A mammogram every year for woman age 50 and over.
- (e) One Pap smear per year or more often if recommended by a **doctor**. This includes examination, laboratory fees and the **doctor's** interpretation of the laboratory results.

5. **Prostate-specific antigen (PSA) tests** or equivalent tests for the presence of prostate cancer when recommended by a **doctor** for male **covered persons**.
6. **To the extent prescription drugs are covered, we will cover any drug that has been prescribed for treatment of a type of cancer** for which the drug has not been approved by the United States Food and Drug Administration (FDA). However such drug must be approved by the FDA and must have been proven effective and accepted for the treatment of the specific type of cancer for which the drug has been prescribed in any one of the following established reference compendia:
 - a. The American Medical Association Drug Evaluation;
 - b. The American Hospital Formulary Service Drug Information; or
 - c. The United States Pharmacopoeia Drug Information.Benefits will not be paid for any experimental or investigative drug that the FDA has determined to be contraindicated for treatment of a specific type of cancer for which the drug has been prescribed.
7. **Treatment of a congenital malformation** of a newborn, adopted or foster child who is insured under the policy. This specifically includes treatment and care needed by **covered persons** born with cleft lip and cleft palate.
8. **Treatment of temporomandibular joint (TMJ) dysfunction**. This includes splinting and use of intraoral prosthetic appliances to reposition the bones. It does not include orthodontic braces, crowns, bridges, dentures, treatment for periodontal disease, dental root form implants or root canals. Benefits for therapeutic procedures and nonsurgical treatment of TMJ are subject to the lifetime maximum shown for this benefit in the Schedule for each **covered person**.
9. **Medically appropriate and necessary services used to treat diabetes**. This includes diabetes outpatient self-management training and educational services and equipment, supplies, medications and laboratory procedures. Diabetes outpatient self-management training and educational services will be covered when provided by a **doctor** or a health care professional designated by the **doctor**. We will determine who shall provide and be reimbursed for the diabetes self-management training and educational services.
10. **Reconstructive breast surgery** resulting from a mastectomy. This includes all four stages and revisions of reconstructive breast surgery performed on a nondiseased breast to establish symmetry when reconstructive surgery on a diseased breast is performed. Reconstruction of the nipple/areolar complex following a mastectomy is covered without regard to the lapse of time between the mastectomy and the reconstruction, subject to approval of the treating **doctor**.

Further, the decision whether to discharge a **covered person** following a covered mastectomy is made by the attending **doctor** in consultation with the **covered person** and the length of post mastectomy **hospital** stay will be based on the unique characteristics of the **covered person** taking into consideration her health and medical history.

"Mastectomy" means the surgical removal of all or part of a breast as a result of breast cancer or breast disease. "Reconstructive breast surgery" means surgery performed as a result of a mastectomy to reestablish symmetry between the two breasts, and includes reconstruction of the mastectomy site, creation of a new breast mound and creation of a new nipple/areolar complex. It also includes augmentation mammoplasty, reduction mammoplasty and mastopexy of the nondiseased breast.

11. **To the extent prescription drugs are covered, prescription contraceptive drugs or devices**, including insertion or removal of and any **medically necessary** examination associated with the use of the prescribed contraceptive drug or device. The same **deductible** and **coinsurance** will apply to prescription contraceptive drugs and devices. However for those drugs or devices that are inserted or prescribed and do not have to be refilled on a periodic basis, the total **coinsurance** will be based on the useful life of the drug or device. This **coinsurance** must be paid in advance.

Prescription contraceptive drugs or devices means drugs or devices that prevent pregnancy and that are approved by the United States Food and Drug Administration for use as contraceptives and obtained under a prescription written by a health care provider authorized to prescribe medications under North Carolina law. Prescription drugs or devices do not include: (a) the prescription drug known as "RU-486" or an equivalent

drug product as described in G.S. 90-85-27(1); or (b) the prescription drug marketed under the name "Preven" or any equivalent drug product as defined in G.S. 90-85.27(1).

12. **Scientifically proven and approved bone mass measurement** for a qualified insured for the diagnosis and evaluation of osteoporosis or low bone mass. Bone mass measurement will be covered when at least 23 months have elapsed since the **covered person's** last bone mass measurement was performed, except any follow up measurements deemed to be **medically necessary** by the **covered person's doctor**.

A qualified insured is any one or more of the following: (a) a person who is estrogen-deficient and at clinical risk of osteoporosis or low bone mass; (b) a person with radiographic osteopenia anywhere in the skeleton; (c) a person who is receiving long-term glucocorticoid (steriod) therapy; (d) a person with primary hyperparathyroidism; (e) a person who is being monitored to assess the response to or efficacy of commonly accepted osteoporosis drug therapies; (f) a person who has a history of low-trauma fractures; (g) a person with other conditions or on medical therapies know to cause osteoporosis or low bone mass.

13. Anesthesia and **hospital** or facility charges for services performed in a **hospital** of ambulatory surgical center in connection with dental procedures for and Hospital charges for:
- a. Covered **dependent** children under age nine;
 - b. **Covered Persons** with serious mental or physical conditions; and
 - c. Covered Persons with significant behavioral problems

The **covered person's** dentist or **doctor** must certify that because of the **covered person's** age or condition hospitalization is necessary in order to safely and effectively perform the dental procedure.

NEBRASKA

N/A

NEW JERSEY

N/A

NEW YORK

Chiropractic Care Expense Benefit: Benefits will be payable for an Covered Person's Covered Charges for non-surgical treatment to remove nerve interference and its effects, which is caused by or related to Body Distortion. Body Distortion means structural imbalance, distortion or incomplete or partial dislocation in the human body which: (a) is due to or related to distortion, misalignment or incomplete or partial dislocation of or in the vertebral column; and (b) interferes with the human nerves. Charges are treated the same way as any other Sickness.

Cancer Second Opinion Expense Benefit: Benefits will be payable for second medical opinion by an appropriate specialist, including but not limited to a specialist affiliated with a specialty care center, in the event of a positive or negative diagnosis of cancer or a recurrence of cancer or a recommendation of a course or treatment for cancer. Charges are treated the same way as any other Sickness.

Reconstructive Breast Surgery Expense Benefit: Benefits will be payable for inpatient hospital care for an Covered Person undergoing: (a) a lumpectomy or a lymph node dissection for the treatment of breast cancer; or (b) a mastectomy which is covered under this Plan. Coverage is limited to a time frame determined by the Covered Person's Doctor to be medically appropriate. Benefits will also be payable for breast reconstruction surgery after a mastectomy including: (a) all stages of reconstruction of the breast on which the mastectomy has been performed; and (b) surgery and reconstruction of the other breast to produce symmetry. Charges are treated the same way as any other Sickness.

Prostate Cancer Screening: Benefits will be payable for the screening and diagnosis of prostate cancer, including, but not limited to, prostate-specific antigen testing and digital rectal examination, consistent with current medical practice. Charges are treated the same way as any other Sickness.

Diabetes Treatment – Benefits will be payable for the following equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes, and gestational diabetes. Benefits will be subject to the same deductible and coinsurance as other benefits under the policy.

- (1) Blood glucose monitors and blood glucose testing strips.
- (2) Blood glucose monitors designed to assist the visually impaired.
- (3) Insulin pumps and all related necessary supplies.
- (4) Ketone urine testing strips.
- (5) Lancets and lancet puncture devices.
- (6) Pen delivery systems for the administration of insulin.
- (7) Podiatric devices to prevent or treat diabetes-related complications.
- (8) Insulin syringes.
- (9) Visual aids, excluding eyewear, to assist the visually impaired with proper dosing of insulin.

If benefits are payable for prescription drugs under the policy, benefits will be payable for the following **prescription** items:

- (1) Insulin;
- (2) Prescriptive medications for the treatment of diabetes; and
- (3) Glucagon.

Enteral Formulas Expense Benefit: Benefits will be payable for enteral formulas when prescribed by a Doctor or licensed health care provider. The prescribing Doctor or health care provider must issue a written order stating that the enteral formula is Medically Necessary and has been proven as a disease-specific treatment, which if left untreated will cause chronic physical disability, mental retardation or death.

Benefits will cover enteral formulas and food products for persons with inherited diseases of amino acid and organic acid metabolism, Crohn's Disease, gastroesophageal reflux with failure to thrive, disorders of the gastrointestinal motility such as chronic intestinal pseudo-obstruction and multiple, severe food allergies which if left untreated will cause malnourishment chronic physical disability, mental retardation or death. Also covered are modified solid food products that are low protein or which contain Medically Necessary modified protein in an amount not to exceed \$2,500 per calendar year or for any continuous period of twelve months. Charges are treated the same way as any other Sickness.

End of Life Care Expense Benefit: Benefits will be payable if diagnosed with Advanced Cancer, covered services include services provided by a facility or program specializing in the treatment of terminally ill patients if the Covered Person's attending Doctor, in consultation with the medical director of the facility or program determines that the Covered Person's care would appropriately be provided by such a facility or program.

"Advanced Cancer," means a diagnosis of cancer by the attending health care practitioner certifying that there is no hope of reversal of primary disease and that the person has fewer than sixty days to life. Charges are treated the same way as any other Sickness.

Bone Mineral Density Measurements and Test Expense Benefit: Benefits will be payable for the prevention, diagnosis, and treatment of osteoporosis when requested by a health care provider for a Qualified Individual. A Qualified Individual means: (1) previously diagnosed as having osteoporosis or having a family history of osteoporosis; (2) symptoms or conditions indicative of the presence, or the significant risk, of osteoporosis; (3) on a prescribed drug regimen posing a significant risk of osteoporosis; (4) with lifestyle factors to such a degree as posing a significant risk of osteoporosis; and (5) with age, gender and/or other physiological characteristics which pose a significant risk of osteoporosis. Coverage includes bone mineral density measurements or tests as covered under the Federal Medicare program as well as those in accordance with the criteria of the National Institute of Health, including dual-energy x-ray absorptiometry. Also covered are drugs and devices for bone mineral density that have been approved by the United States Food and Drug Administration or generic equivalents as approved substitutes in accordance with the above criteria. Charges are treated the same way as any other Sickness.

Cytologic Screening Expense Benefit: Benefits will be payable on the same basis as any other sickness for an annual cervical smear or Pap smear test for female covered persons eighteen and older.

Mammographic Examination Expense Benefit: Benefits will be payable for a) one Mammogram at any age for a covered person who has a prior history of breast cancer or who has a first degree relative with a prior history of breast cancer, upon recommendation of a Doctor; b) one baseline Mammogram for a covered person age thirty-five through thirty-nine; and c) one Mammogram annually for a covered person age forty years or older. Benefits are payable on the same basis as any other Sickness

OHIO

N/A

OKLAHOMA

[BENEFITS FOR MAMMOGRAPHY]

Benefits will be paid for the Usual and Customary Charges for a Low-Dose Mammography for the presence of occult breast cancer not to exceed a maximum of \$115.00 subject to the following guidelines:

1. Once every five years for women age thirty-five to thirty-nine; and
2. Annually for women forty years of age and older.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including but not limited to the x-ray tube, filter, compression device, screens, films, and cassettes with an average radiation exposure delivery of less than one rad mid-breast, with two views for each breast.

Benefits will not be subject to any Deductibles, copayments, or coinsurance limitations of the policy.]

[BENEFITS FOR DIABETES]

Benefits will be paid the same as any other Sickness for services, supplies, and equipment for the treatment of Type I, Type II, and gestational diabetes when a Medical Necessity and when recommended or prescribed by a Doctor.

Benefits for supplies and equipment will include blood glucose monitors including monitors for the vision impaired, test strips for glucose monitors; visual reading and urine testing strips; injection aids; syringes; insulin pumps and appurtenances thereto; insulin infusion devices and podiatric appliances for prevention of complications associated with diabetes and podiatric health services to prevent complications from diabetes.

If Prescription Drug benefits are included in the policy, benefits for Prescription Drugs will include benefits for insulin and oral agents for controlling blood sugar.

Benefits will also include Diabetes Self-Management Training. "Diabetes self-management training" means instruction by a Doctor in an inpatient or outpatient setting which enables diabetic patients to understand the diabetic management process and daily management of diabetic therapy. Benefits will be provided upon the initial diagnosis of diabetes or a significant change in the Insured's symptoms or condition which make Medically Necessary changes in the Insured's self-management, or re-education or refresher training. These benefits will include medical nutrition therapy relating to diet, caloric intake, and diabetes management but does not include programs the only purpose of which are weight reduction.

Benefits shall be subject to all Deductibles, copayments, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PROSTATE CANCER SCREENING]

Benefits will be paid for the actual expenses incurred not to exceed \$65 maximum per screening for an annual screening for the early detection of prostate cancer in Insureds that are: 1) over the age of fifty (50) years; and 2) over the age of forty (40) years that are in a High Risk Category.

Benefits will be paid for the following:

1. A screening performed by a Doctor; and
2. The following tests:
 - a) a prostate specific antigen blood test, and
 - b) a digital rectal examination.

"High risk category" means an Covered Person from forty (40) to fifty (50) years of age who is at increased risk of developing prostate cancer as determined by a Doctor.

The benefit shall not be subject to any policy Deductible. The benefit shall be subject to all copayment, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR BREAST CANCER TREATMENT

Benefits will be paid the same as any other Sickness for the treatment of breast cancer to include: 1) not less than forty-eight (48) hours of inpatient care following a mastectomy; and 2) not less than twenty-four (24) hours of inpatient care following a lymph node dissection. Additional inpatient benefits are payable upon the recommendation of the Covered Person's Doctor.

Benefits will also be paid the same as any other Sickness for reconstructive breast surgery performed as a result of a partial or total mastectomy. Benefits will include all stages of reconstructive breast surgery performed on the non-diseased breast to establish symmetry with the diseased breast when reconstructive surgery on the diseased breast is performed.]

[BENEFITS FOR OSTEOPOROSIS

Benefits will be paid for the Usual and Customary Charges for a Bone Density Test performed on a Qualified Individual who is forty-five (45) years of age or older when such test is requested by a Doctor. The maximum benefit payable will not exceed \$150.00 per Policy Year.

"Qualified individual" means an Covered Person: a) with an estrogen hormone deficiency; b) with vertebral abnormalities; primary hyperparathyroidism, or a history of fragility bone fractures; c) who is receiving long-term glucocorticoid; or d) who is currently under treatment for osteoporosis.

"Bone density test" means a medically accepted measurement of bone mass used to detect low bone mass and to determine a qualified individual's risk for osteoporosis.

Benefits shall be subject to all Deductibles, copayments, coinsurance, limitations or any other provisions of the policy.]

[BENEFITS FOR WIGS AND SCALP PROSTHESES

Benefits will be paid for the Usual and Customary Charges up to a maximum of \$150.00 annually for wigs or other scalp prostheses necessary for the comfort and dignity of the Covered Person following hair loss as a result of treatment of cancer and other conditions treated by chemotherapy or radiation therapy.

Benefits shall be subject to all Deductible, copayments, or coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR NEWBORN INFANT TRANSPORTATION

Benefits will be paid for the Usual and Customary Charges for transportation necessary for the provision of medical care for a Newborn Infant when: 1) the Newborn Infant is transported to the nearest Hospital capable of providing the Medically Necessary treatment on a timely basis, and 2) the mode of transportation is the most economical consistent with the well being of the Newborn Infant.

Benefits shall be subject to all Deductible, copayment, coinsurance, or any other provisions of the Policy.]

[BENEFITS FOR AUDIOLOGICAL SERVICES AND HEARING AIDS FOR CHILDREN

Benefits will be paid for the Usual and Customary Charges for audiological services and hearing aids for children up to eighteen (18) years of age. The benefit payable is limited to one such benefit for each hearing-impaired ear to every forty-eight (48) months; provided, however, such benefits will be paid for up to four additional ear molds per year for children up to two (2) years of age. Benefits shall only apply to hearing aids that are prescribed, filled and dispensed by a licensed audiologist

Benefits shall be subject to all Deductible, copayments, coinsurance, limitations or any other Policy provisions.]

[BENEFITS FOR ANESTHESIA AND HOSPITALIZATION FOR DENTAL COVERAGE

Benefits will be paid the same as any other Sickness for anesthesia expenses, Hospital and ambulatory surgical center expenses, and Doctor expenses associated with any Medically Necessary dental procedure when provided to an Covered Person who is:

1. Severely disabled; or
2. A minor eight (8) years of age or under, and who has a medical or emotional condition which requires hospitalization or general anesthesia for dental care.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the Policy.]

[BENEFITS FOR ADOPTED CHILDREN'S BIRTH

Benefits will be paid for the actual and documented charges that are a Medical Necessity associated with the birth of an Adopted Child who is eighteen (18) months of age or younger. The Covered Person shall provide copies of medical bills and records associated with the birth of the Adopted Child and proof that the Covered Person paid or is responsible for payment of the medical bills associated with the birth and that the cost of the birth was not covered by another health care plan including Medicaid. Any reference to the name of the natural parents of the Adopted Child shall be deleted from the records so provided.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations or any other provisions of the Policy.]

[BENEFITS FOR OBSTETRICAL/GYNECOLOGICAL EXAMINATIONS

Benefits will be paid the same as any other Sickness for routine annual obstetrical/gynecological examinations.

The benefits required to be provided by this provision shall in no way diminish or limit diagnostic benefits otherwise allowable under this policy.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

OREGON

MAMMOGRAPHY BENEFIT

Benefits will be payable for an annual screening by low dose mammography for female **covered persons** age 40 and older, or more frequently if the health care provider determines the woman to be at high-risk for breast cancer.

Benefits will be payable for an annual pelvic exam and pap smear for women 18 or older, or anytime upon referral by the woman's health care provider.

Benefits will be payable for a nonprescription elemental enteral formula for home use, if the formula is medically necessary for the treatment of severe intestinal malabsorption and a **doctor** has issued a written order for the formula and the formula comprises the sole source, or an essential source, of nutrition. Benefits are subject the same deductibles, coinsurance and provisions as any other condition under the policy.

PENNSYLVANIA

BENEFITS FOR ALCOHOL/DRUG ABUSE AND DEPENDENCY TREATMENT

Benefits will be provided for treatment of Alcohol or Drug Abuse and dependency on the same basis as any other Sickness subject to the following:

Inpatient detoxification will be provided in a Hospital or in an inpatient non-hospital facility which has a written affiliation agreement with a Hospital for emergency, medical and psychiatric or psychological support services, meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Department of Health and is licensed as an alcoholism and/or drug addiction treatment program. Inpatient detoxification is limited to no more than [four] [(4)] admissions per lifetime. Benefits are limited to [seven] [(7)] days of treatment per admission. The following services are covered under inpatient detoxification:

1. Lodging and dietary services.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
3. Diagnostic X-ray.
4. Psychiatric, psychological and medical laboratory testing.
5. Drugs, medicines, equipment use and supplies.

Non-Hospital residential care will be provided for [thirty] [(30)] days per policy year in a facility that meets minimum standards for client-to-staff ratios and staff qualifications that are established by the Office of Drug and Alcohol programs and is appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Insureds must be referred to the program by a Doctor. Benefits are subject to lifetime maximum of [ninety] [(90)] days per person. The following services are covered under residential care:

1. Lodging and dietary service.
2. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Outpatient care shall be provided in a facility appropriately licensed by the Department of Health as an alcoholism or drug addiction treatment program. Before an Covered Person may qualify to receive benefits under this section, a licensed Doctor or licensed psychologist must certify the Covered Person as a person suffering from alcohol or other drug abuse or dependency and refer the Covered Person for the appropriate treatment. The following services shall be provided:

1. Doctor, psychologist, nurse, certified addictions counselor and trained staff services.
2. Rehabilitation therapy and counseling.
3. Family counseling and intervention.
4. Psychiatric, psychological and medical laboratory tests.
5. Drugs, medicines, equipment use and supplies.

Treatment shall be provided for a minimum of [thirty] [(30)] outpatient, full-session visits or equivalent partial visits per policy year. These visits may not be exchanged for non-hospital, residential alcohol treatment services.

In addition, treatment shall be provided for a minimum of [thirty] [30] outpatient, full-session visits or equivalent partial hospitalization services per policy year. These visits may be exchanged on a two-for-one basis up to [fifteen] [15] non-hospital, residential alcohol treatment days.

Benefits are limited to [one hundred and twenty] [(120)] outpatient, full session visits or equivalent partial visits.

Definitions:

“Alcohol or Drug Abuse” means any use of alcohol or other drugs which produces a pattern of pathological use causing impairment in social or occupational functioning or which produces physiological dependency evidenced by physical tolerance or withdrawal.

“Detoxification” means the process whereby an alcohol-intoxicated or drug-intoxicated person is assisted, in a facility licensed by the Department of Health, through the period of time necessary to eliminate, by metabolic or other means, the intoxicating alcohol or other drugs, alcohol and other drug dependency factors or alcohol in combination with drugs as determined by a licensed Doctor, while keeping the physiological risk to the patient at a minimum.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

[BENEFITS FOR MANAGEMENT AND TREATMENT OF DIABETES

Benefits will be paid the same as any other Sickness for the equipment, supplies and outpatient self-management training and education, including medical nutrition therapy for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes and noninsulin-using if prescribed by a Doctor legally authorized to prescribe such items under law.

Benefits shall be provided for equipment and supplies including the following: blood glucose monitors, monitor supplies, insulin, injection aids, syringes, insulin infusion devices, pharmacological agents for controlling blood sugar and orthotics.

Diabetes outpatient self-management training and education shall be provided under the supervision of a licensed Doctor with expertise in diabetes to ensure that persons with diabetes are educated as to the proper self-management and treatment of their diabetes, including information on proper diets. Coverage for self-management education and education relating to diet and prescribed by a licensed Doctor shall include:

- (1) visits medically necessary upon the diagnosis of diabetes;
- (2) visits under circumstances whereby a Doctor identifies or diagnoses a significant change in the patient's symptoms or conditions that necessitates changes in a patient's self-management; and
- (3) where a new medication or therapeutic process relating to the person's treatment and/or management of diabetes has been identified as medically necessary by a licensed Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR POST PARTUM HOME HEALTH CARE

Benefits will be paid the same as any other Sickness for at least one home health care visit within 48 hours after discharge from inpatient care when discharge occurs prior to the time of 48 hours of inpatient care following a normal vaginal delivery and 96 hours of inpatient care following a cesarean delivery. Such visits shall be made by a Doctor whose scope of practice includes post partum care. Home health care visits shall include parent education, assistance and training in breast and bottle feeding, infant screening and clinical tests and the performance of any necessary maternal and neonatal physical assessments. At the mother's sole discretion, any visits may occur at the facility of the provider.

The policy Deductible, copayment, coinsurance will not be applied to this benefit. Benefits shall be subject to all other limitations or any other provisions of the policy.]

[BENEFITS FOR WOMEN'S PREVENTIVE HEALTH SERVICES

Benefits will be paid the same as any other Sickness for: 1) an annual gynecological examination, including a pelvic examination and clinical breast examination; and 2) routine pap smears in accordance with the recommendations of the American College of Obstetricians and Gynecologists.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.]

BENEFITS FOR MAMMOGRAPHIC EXAMINATION

Benefits will be paid the same as any other Sickness for mammographic examinations as follows: 1) every year for an Covered Person 40 years of age or older; and 2) any mammogram based on a Doctor's recommendation for an Covered Person under 40 years of age.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.

[BENEFITS FOR MASTECTOMY

Benefits will be paid the same as any other Sickness for inpatient care following a Mastectomy for the length of stay that the treating Doctor determines is necessary to meet generally accepted criteria for safe discharge.

Benefits will be paid the same as any other Sickness for a home health care visit that the treating Doctor determines is necessary within forty-eight (48) hours after discharge when the discharge occurs within forty-eight (48) hours following admission for the Mastectomy.

Benefits will be paid the same as any other Sickness for Prosthetic Devices, physical complications including lymphedemas, and Reconstructive Surgery incident to any Mastectomy in a manner determined in consultation with the attending Doctor and the Covered Person.

Mastectomy means the removal of all or part of the breast for medically necessary reasons, as determined by a licensed Doctor. Prosthetic devices means the use of initial and subsequent artificial devices to replace the removed breast or portions thereof, pursuant to an order of the Insured's Doctor.

Reconstructive surgery means a surgical procedure performed on one breast or both breasts following a Mastectomy, as determined by the treating Doctor, to reestablish symmetry between the two breasts or alleviate functional impairment caused by the Mastectomy. Reconstructive surgery shall include, but is not limited to, augmentation mammoplasty, reduction mammoplasty and mastopexy. Symmetry between breasts means approximate equality in size and shape of the nondiseased breast with the diseased breast after definitive reconstructive surgery on the diseased or nondiseased breast has been performed.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR CHILDHOOD IMMUNIZATIONS

Benefits will be paid the same as any other Sickness for the Named Covered Person who is under 21 years of age, or the Named Insured's spouse who is under 21 years of age, or a Dependent Child for those childhood immunizations, including the immunizing agents, which as determined by the Department of Health conform with the standards of the (Advisory Committee on Immunization Practices of the Center for Disease Control) U.S. Department of Health and Human Services. The benefit will provide coverage for the cost of the immunization of a child, up to 150% of the average wholesale price (AWP), which, as determined by the Department of Health, conform with the standards of the Advisory Committee on Immunization Practices of the Center for Disease Control, the United States Department of Health and Human Services.

The policy Deductible and dollar limitations will not be applied to this benefit. Benefits shall be subject to copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR MEDICAL FOODS

Benefits will be paid the same as any other Sickness for the cost of nutritional supplements (formulas) as medically necessary for the therapeutic treatment of Phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are aminoacidopathies, rare hereditary genetic metabolic disorders, and administered under the direction of a Doctor. Benefits are not for normal food products used in dietary management of these disorders, but are for formulas that are equivalent to a prescription drug, medically necessary for the therapeutic treatment of such rare hereditary genetic metabolic disorders and administered under the direction of a Doctor.

Benefits shall be subject to all copayment, coinsurance, limitations, or any other provisions of the policy. The policy Deductible will not be applied to this benefit.]

SOUTH CAROLINA

[BENEFITS FOR TREATMENT OF CLEFT LIP AND CLEFT PALATE

Benefits will be paid the same as any other Sickness for treatment of birth defects known as Cleft Lip and Cleft Palate and any Injury [or Sickness] which is related to or developed as a result of a Cleft Lip and Cleft Palate. Such services are subject to the terms and conditions of the policy, exclusive of any Pre-existing Condition provision of the policy. "Cleft lip and palate" means a congenital cleft in the lip or palate, or both.

Treatment shall be a Medical Necessity and will include, but not be limited to:

- 1) oral and facial surgery, including follow-up care;
- 2) orthodontic treatment and management;
- 3) otolaryngology treatment and management;
- 4) Physiotherapy assessment;
- 5) prosthodontic treatment and management;
- 6) prosthetics, such as obturators, and speech and/or feeding appliances; and
- 7) audiological assessment performed by or under supervision of a Doctor of Medicine, including surgically implanted amplification devices;
- 8) physical therapy assessment and treatment

If an Covered Person with a Cleft Lip and Cleft Palate is also covered under a dental insurance plan, orthodontics, prosthodontics and/or teeth capping services shall be primary under the dental plan and this coverage shall be secondary.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PROSTATE CANCER

Benefits will be paid the same as any other Sickness for prostate cancer examinations, screenings, and laboratory work for diagnostic purposes in accordance with the most recent published guidelines of the American Cancer Society.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PAP SMEAR

Benefits will be provided for annual Pap Smears. "Pap smear" means an examination of the tissues of the cervix of the uterus for the purpose of detecting cancer when performed upon the recommendation of a medical doctor, which examination may be made once a year or more often if recommended by a medical doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR MAMMOGRAM

Benefits will be paid the same as any other Sickness for Mammograms. "Mammogram" means a radiological examination of the breast for purposes of detecting breast cancer when performed as a result of a Doctor referral or by a health testing service which utilizes radiological equipment approved by the Department of Health and Environmental Control, which examination may be made with the following minimum frequency:

- 1) Once as a base-line Mammogram for a female who is at least thirty-five years of age but less than forty years of age;
- 2) Once every two years for a female who is at least forty years of age but less than fifty years of age;
- 3) Once a year for a female who is at least fifty years of age; or
- 4) In accordance with the most recent published guidelines of the American Cancer Society.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR BREAST RECONSTRUCTION AND PROSTHETIC DEVICES

Benefits will be paid the same as any other Sickness for prosthetic devices and reconstruction of the breast on which surgery for breast cancer has been performed and surgery and reconstruction of the non-diseased breast, if determined medically necessary by the Insured's Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR DIABETES

Benefits will be paid the same as any other Sickness for the equipment, supplies, Food and Drug Administration approved medication indicated for the treatment of diabetes, and outpatient self-management training and education for the treatment of Insureds with diabetes mellitus, if medically necessary, and prescribed by a Doctor who is legally authorized to prescribe such items and who demonstrates adherence to minimum standards of care for diabetes mellitus as adopted and published by the Diabetes Initiative of South Carolina.

Services and payment for diabetes education programs shall conform to regulations of the Health Care Financing Administration, US Department of Health and Human Services, pursuant to s 4105 of the Balanced Budget Act of 1997. Diabetes outpatient self-management training and education shall be provided by a registered or licensed Doctor with certification in diabetes by the National Certification Board of Diabetes Educators, or other accredited program approved by the Diabetes Initiative of South Carolina, or by the Diabetes Control Program of the SC Department of Health and Environmental Control in order to meet the needs of rural communities wherein certified health care professionals providing this service are not available.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations and any other provisions of the policy.]

TENNESSEE

[BENEFITS FOR MAMMOGRAPHY

Benefits will be paid the same as any other Sickness for mammography screening performed on dedicated equipment for diagnostic purposes on referral by an Insured's Doctor, according to the following guidelines:

1. A baseline mammogram for women ages thirty-five to forty.
2. A mammogram every two years, or more frequently based on the recommendation of the woman's Doctor, for women ages forty to fifty.
3. A mammogram every year for women fifty years of age and over.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR PHENYLKETONURIA TREATMENT

Benefits will be paid the same as any other Sickness for treatment of phenylketonuria. Benefits shall include licensed professional medical services under the supervision of a Doctor and for Usual and Customary Charges for special dietary formulas which are medically necessary for the therapeutic treatment of phenylketonuria.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR DIABETES TREATMENT

Benefits will be paid for the Usual and Customary Charges for the following medically necessary equipment, supplies, and services for the treatment of diabetes, when prescribed by a Doctor: Blood glucose monitors and blood glucose monitors for the legally blind; test strips for the glucose monitors; visual readings and urine test strips; insulin; injection aids; syringes; lancets; insulin pumps; insulin infusion devices; and appurtenances thereto; oral hypoglycemic agents; podiatry appliances for prevention of complications associated with diabetes and glucagon emergency kits.

Test strips for blood glucose monitors prescribed by a Doctor as medically necessary for a non-insulin using Covered Person with diabetes shall be limited, in each policy year, to twelve (12) bottles of fifty (50) test strips per bottle unless the Doctor approves a larger quantity of test strips based upon the Doctor's determination that a larger quantity is medically necessary for such Covered Person.

Benefits will be paid for the Usual and Customary Charges for the education of Covered Persons with diabetes as to the proper self-management and treatment of their diabetes when prescribed by a Doctor. Such education includes diabetes outpatient self-management training and educational services, including medical nutrition counseling. Diabetes outpatient self-management training and education shall be limited to the following:

- (1) Visits which are certified by a Doctor to be medically necessary upon the diagnosis of diabetes in an Insured;
- (2) Visits which are certified by a Doctor to be medically necessary because of a significant change in an Insured's symptoms or condition which necessitates changes in the Insured's self-management; and
- (3) Visits which are certified by a Doctor to be medically necessary for re-education or refresher training.

Diabetes outpatient self-management training and educational services may be provided in group settings where practicable, and shall include home visits where medically necessary.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]]

[BENEFITS FOR PROSTATE-SPECIFIC ANTIGEN (PSA) TESTS

Benefits will be paid the same as any other Sickness for Prostate-Specific Antigen (PSA) Tests upon the recommendation of a Doctor for the early detection of prostate cancer for an Covered Person aged fifty (50) and over and other Covered Persons if a Doctor determines that early detection for prostate cancer is medically necessary.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR RECONSTRUCTIVE BREAST SURGERY

Benefits will be paid the same as any other Sickness, for all stages of reconstructive breast surgery including the cost of prostheses following a covered mastectomy (but not a lumpectomy) on one or both breasts to restore and achieve symmetry between the two breasts.

The surgical procedure performed on a nondiseased breast to establish symmetry with the diseased breast must occur within five (5) years of the date the reconstructive breast surgery was performed on a diseased breast.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR DENTAL EXPENSES

Benefits will be paid the same as any other Sickness for anesthesia expenses, Hospital expenses and Doctor expenses associated with any inpatient or outpatient Hospital dental procedure where the procedure is performed on a minor Dependent child eight (8) years of age or younger and which cannot be safely performed in a dental office setting.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

[BENEFITS FOR OSTEOPOROSIS

Benefits will be paid the same as any other Sickness for the diagnosis and treatment of osteoporosis, including screening by a Qualified Individual for scientifically proven Bone Mass Measurement (bone density testing).

Bone mass measurement means a radiologic or radioisotopic procedure or other scientifically proven technologies performed on an individual for the purpose of identifying bone mass or detecting bone loss.

Qualified individual means a person with a condition for which bone mass measurement is determined to be medically necessary by the person's attending Doctor or primary care Doctor.

Benefits shall be subject to all Deductible, copayment, coinsurance, limitations, or any other provisions of the policy.]

TEXAS

Additional Benefits include the following:

- For qualified **covered persons**, medically accepted bone mass measurement for the detection of low bone mass and to determine the person's risk of osteoporosis and fractures associated with osteoporosis. For the purpose of this benefit a qualified **covered person** means any of the following who is insured under the Policy:
 - a. a postmenopausal woman who is not receiving estrogen replacement therapy;
 - b. an individual:
 - 1) with vertebral abnormalities;
 - 2) with primary hyperparathyroidism;
 - 3) with a history of bone fractures;
 - 4) who is receiving long-term glucocorticoid therapy; or
 - 5) who is being monitored to assess the response to or efficacy of an approved osteoporosis drug therapy.
- An annual screening by low dose mammography for female **covered persons** age 35 and older.
- If a **covered person** who elects breast reconstruction in connection with or following a mastectomy, **covered expenses** include those incurred for:
 - a) reconstruction of the breast on which the mastectomy was performed;
 - b) surgery and reconstruction of the other breast to produce a symmetrical appearance; and
 - c) prostheses and treatment of physical complications, including lymphedemas, at all stages of the mastectomy

in a manner determined by the attending **doctor** and the **covered person**.

With respect to inpatient care for treatment of breast cancer the policy will provide for a minimum of:

- a) 48 hours following a mastectomy; and
- b) 24 hours following a lymph node dissection for the treatment of breast cancer.

The minimum inpatient care stated above will not apply if the **covered person** and her attending **doctor** determine that a shorter period inpatient care is appropriate.

Breast reconstruction is reconstruction of a breast incident to mastectomy to restore or achieve breast symmetry. The term includes surgical reconstruction of a breast on which mastectomy surgery has been performed and surgical reconstruction of a breast on which mastectomy surgery has not been performed.

- Cognitive rehabilitation therapy, cognitive communication therapy, neurocognitive therapy and rehabilitation, neurobehavioral, neurophysiological, neuropsychological and psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services or community reintegration services as a result of and related to an acquired brain injury.
- Diagnostic or surgical treatment of conditions affecting the temporomandibular joint (including the jaw and the craniomandibular joint) which is **medically necessary** as a result of:
 - a) an accident;
 - b) a trauma
 - c) a congenital defect;
 - d) a developmental defect; or
 - e) a pathology.
- Services provided through a **telemedicine medical service** or a **telehealth service** where the treating **doctor** or **health professional** who provides or facilitates the use of **telemedicine medical service** or **telehealth service** ensures that: a. the appropriate informed consent is obtained before such services are provided; and b. confidentiality of the patient's medical information is maintained as required by Texas law.
- **Health professional** includes: a) a **doctor**; b) an individual who is: 1) licensed or certified in Texas to perform health care services; and 2) authorized to assist a **doctor** providing **telemedicine medical**

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services that are delegated and supervised by the **doctor**; or c) a licensed or certified **health professional** acting within the scope of the licensed or certification who does not perform a **telemedicine** service.

- **Telehealth service** means a health service, other than a **telemedicine medical service**, delivered by a licensed or certified **health professional** acting within the scope of the **health professional's** license or certification who does not perform a telemedicine medical service that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:
 - a. compressed digital interactive video, audio, or data transmission;
 - b. clinical data transmission using computer imaging by way of still-image capture and store and forward; and
 - c. other technology that facilitates access to health care services or medical specialty expertise.

Telemedicine medical service means a health care service initiated by a **doctor** or provided by a **health professional** acting under **doctor** delegation and supervision for purposes of patient assessment by a **health professional**, diagnosis or consultation by a **doctor**, treatment, or the transfer of medical data, that requires the use of advanced telecommunications technology, other than by telephone or facsimile, including:

- a. compressed digital interactive video, audio, or data transmission;
 - b. clinical data transmission using computer imaging by way of still-image capture; and
 - c. other technology that facilitates access to health care services or medical specialty expertise.
- Well child care, including childhood immunizations for a covered **dependent** child from birth through the date the child is 6 years of age for:
 - a) immunization against:
 - 1) diphtheria;
 - 2) haemophilus influenzae type b;
 - 3) hepatitis B;
 - 4) measles;
 - 5) mumps;
 - 6) pertussis
 - 7) polio;
 - 8) rubella;
 - 9) tetanus; and
 - 10) varicella; and
 - b) any other immunization that is required by law for the child.

The **deductible** or **coinsurance** will not apply to immunizations, but will apply to any other service provided at the same time as the immunizations.

Well child care also includes: a) a screening test for hearing loss from birth through the date the child is 30 days old; and b) **medically necessary** diagnostic follow-up care related to the screening test from birth through the date the child is 25 months old. This benefit will be paid without application of any **deductible**. Any copayment or **coinsurance** will apply.

For the purpose of this benefit Chapter 47 of the Texas Health and Safety Code defines hearing loss as a hearing loss of 30 dB HL or greater in the frequency region important for speech recognition and comprehension in one or both ears, approximately 500 through 4,000 Hz. As technological advances permit the detection of less severe hearing loss, this definition may be modified.

- A physical examination for the detection of prostate cancer and a prostate-specific antigen test used for the detection of prostate cancer for each male **covered person** who is;
 - a) at least 50 years of age and asymptomatic; or
 - b) at least 40 years of age with a family history of prostate cancer or another prostate cancer risk factor.
- Screening medical procedures for the detection of colorectal cancer for **covered persons** 50 years of age or older and at normal risk for developing colon cancer for expenses incurred. Minimum benefits must :
 - a) include:
 - 1) a fecal occult blood test performed annually; and

- 2) a flexible sigmoidoscopy performed every 5 years; or
 - b) include a colonoscopy performed every 10 years.
- Reconstructive surgery for craniofacial abnormalities of a covered **dependent** under 18 years of age. Reconstructive surgery for craniofacial abnormalities is surgery to improve the function of, or to attempt to create a normal appearance of, an abnormal structure caused by congenital defects, developmental deformities, trauma, tumors, infections or disease.
 - Diabetes equipment, diabetes supplies, diabetic self-management training programs for each qualified **covered person**.
 - a) Diabetes equipment and supplies for the treatment of diabetes for which a **doctor** has written an order includes:
 - 1) blood glucose monitors, including those designed to be used by or adapted for the legally blind;
 - 2) test strips specified for use with a corresponding glucose monitor;
 - 3) lancets and lancet devices;
 - 4) visual reading strips and urine testing strips and tablets which test for glucose, ketones and protein;
 - 5) insulin and insulin analog preparations;
 - 6) injection aids, including devices used to assist with insulin injection and needleless systems;
 - 7) insulin syringes;
 - 8) biohazard disposal containers;
 - 9) insulin pumps, both external and implantable, and associated appurtenances, which include:
 - (a) insulin infusion devices;
 - (b) batteries;
 - (c) skin preparation items;
 - (d) adhesive supplies;
 - (e) infusion sets;
 - (f) insulin cartridges;
 - (g) durable and disposable devices to assist in the injection of insulin; and
 - (h) other required disposable;
 - 10) repairs and necessary maintenance of insulin pumps not otherwise provided for under a manufacturer's warranty or purchase agreement, and rental fees for pumps during the repair and necessary maintenance of insulin pumps, neither of which shall exceed the purchase price of a similar replacement pump;
 - 11) prescription medications which bear the legend "Caution: Federal Law prohibits dispensing without a prescription" and medications available without a prescription for controlling the blood sugar level;
 - 12) podiatric appliances, including up to two pairs of therapeutic footwear per year, for the prevention of complications associated with diabetes; and
 - 13) glucagon emergency kits.

As new or improved treatment and monitoring equipment or supplies become available and are approved by the United States Food and Drug Administration, such equipment or supplies will be covered if determined to be **medically necessary** and appropriate by a treating **doctor** through a written order.

All supplies, including medications, and equipment for the control of diabetes must be dispensed as written, including brand name products, unless substitution is approved by the **doctor** who issues the written order for the supplies or equipment.

- b) Diabetes self-management training for which a **doctor** has written an order for the **covered person** or the caretaker of the **covered person** from:
 - 1) a diabetes self-management training program recognized by the American Diabetes Association;
 - 2) a multidisciplinary team coordinated by a Certified Diabetes Educator (CDE) who is certified by the National Certification Board for Diabetes Educators. The team shall consist of at least a dietitian and a nurse educator, other team members may include a pharmacist and a social worker. Other than a social worker, all team-members must have recent didactic and experimental preparation in diabetes clinical and educational issues;
 - 3) a Certified Diabetes Educator (CDE); or

- 4) a licensed health care professional, including a physician, a physician assistant, a registered nurse, a licensed or registered dietician, or a pharmacist, who has been determined by his licensing board to have recent didactic and experiential preparation in diabetes clinical and educational issues.

All individuals providing self-management training must be licensed, registered, or certified in Texas to provide appropriate health care services.

Self-management training shall include the development of an individualized management plan that this is created for and in collaboration with the Covered Person and that meets the requirements relating to the Texas Minimum Standards for Benefits for Persons with Diabetes.

Medical nutritional counseling and instructions counseling and instructions on the proper use of diabetes equipment and supplies shall be provided or covered as part of the training.

Coverage for diabetes self-management training shall be provided to a **covered person** or a caretaker, upon the following occurrences relating to a **covered person**, provided that any training involving the administration of medications must comply with the applicable delegation rules from the appropriate licensing agency:

- 1) the initial diagnosis of diabetes;
- 2) the written order of a **doctor** indicating that a significant change in the symptoms or condition of the **covered person** requires changes in the **covered person's** self-management regime;
- 3) the written order of a **doctor** that periodic or episodic continuing education is warranted by the development of new techniques and treatment for diabetes.

"Qualified **covered person**" is a **covered person** who has been diagnosed with: a) insulin dependent or noninsulin dependent diabetes; b) elevated blood glucose levels induced by pregnancy; or c) another medical condition associated with elevated blood glucose levels.

- Dietary formulas for treatment of phenylketonuria or other heritable diseases to the same extent as drugs requiring a written prescription of a **doctor**.
- Contraceptive drugs & devices – Prescription drug benefits include:
 - a. oral contraceptives;
 - b. a prescription contraceptive drug or device approved by the United States Food and Drug Administration;
 - b. any outpatient contraceptive services, which include consultation, examination, procedure or medical service that is provided on an outpatient basis and is related to the use of a drug or device intended to prevent pregnancy.

No coverage is provided for abortifacients or any other drug or device that terminates a pregnancy.

- **Gynecological Care:** Covered Expenses include benefits for one annual well-patient visit to an obstetrician or gynecologist. Coverage under this provision is not subject to any deductible, copayment or coinsurance requirement.

VIRGINIA

N/A

VERMONT

HOME HEALTH CARE BENEFITS

Benefits for Home Health Care as hereinafter defined will be provided for the care and treatment of a covered Injury or Sickness provided that such care and treatment is Medically Necessary and is provided as an alternative to inpatient treatment in a Hospital. These benefits apply to all coverage afforded under this policy, and any endorsement hereto.

"Home Health Care" means care and treatment provided by a home health agency and designed and supervised by a Doctor, without which care and treatment a person would require institutionalization in a Hospital or skilled nursing facility as those are defined by Medicare regulations. The care and treatment shall consist of one or more of the following:

- A. Part-time or intermittent skilled nursing care;
- B. Physical Therapy;
- C. Part-time or intermittent home health aide services which consist primarily of caring for the patient; and
- D. Medical supplies, drugs and equipment, and laboratory services to the extent that laboratory services would have been covered if the patient had been institutionalized. The medical necessity of equipment may be reviewed by reference to the Medicare guidelines for durable medical equipment.

"Home Health Agency" means a nonprofit home health agency which has been certified under Title 18 of the Social Security Act.

Health Care benefits are subject to the following limitations:

1. Each visit by a member of a home health care agency, other than a home health aide, shall be considered one home health care visit, and four hours of home health aide service shall be considered one home health care visit.
2. Benefits are limited to a maximum of [40] home health care visits per policy year.
3. Benefits will be provided for the Usual and Customary Charges and are subject to a Coinsurance of 80% and a Deductible of \$50 per policy year; however, if less restrictive benefits are provided for other Injuries [or Sicknesses], lesser restrictions shall apply to the home health care coverage.
4. The services and supplies must be furnished and charges for by a Home Health Care Provider.

This Home Health Care Benefit provision also applies to Maternity coverage.

MAMMOGRAM BENEFIT

Benefits shall be provided on the same basis as any other Sickness for screening by low-dose mammography for the presence of occult breast cancer. For Insureds 50 years or older, benefits shall be provided for an annual screening. For Insureds less than 50 years of age, benefits for screening shall be provided upon recommendation of a Doctor. Benefits shall be subject to all Deductibles, coinsurance, limitations and any provisions of the Policy.]

TREATMENT TO BONES OR JOINTS IN THE FACE, NECK OR HEAD BENEFIT

Benefits shall be provided on the same basis as any other Sickness for diagnosis and Medically Necessary treatment prescribed by a Doctor, including surgical and nonsurgical procedures, for a musculoskeletal disorder that affects any bone or joint in the face, neck or head and is the result of accident, trauma, congenital defect, developmental defect, or pathology.

Benefits shall be subject to all Deductibles, coinsurance, limitations and any provisions of the Policy.

LOW PROTEIN MODIFIED FOOD PRODUCTS BENEFIT

Benefits shall be provided for medical foods prescribed for Medically Necessary treatment for an inherited metabolic disease. Benefits for low protein modified food products prescribed for medically necessary treatment of an inherited metabolic disease shall be at least \$2,500.00 during any continuous period of twelve months for any insured individual.

"Inherited metabolic disease" means a disease caused by an inherited abnormality of body chemistry for which the state screens newborn infants. "Low protein modified food product" means a food product that is specifically formulated to have less than one gram of protein per serving and is intended to be used under the direction of a Doctor for the dietary treatment of a metabolic disease. "Medical food" means an amino acid modified preparation that is intended to be used under the direction of a Doctor for the dietary treatment of an inherited metabolic disease.

Benefits shall be subject to all Deductibles, coinsurance, limitations and any provisions of the Policy.

WASHINGTON

Additional Benefits include the following:

- (1) Anesthesia services and related facility charges in conjunction with any dental procedure in a **hospital** or ambulatory surgical center if such anesthesia services and related facility charges are **medically necessary** because the **covered person**:
 - a) Is under the age of seven, or physically or developmentally disabled, with a dental condition that cannot be safely and effectively treated in a dental office; or
 - b) Has a medical condition that the **covered person's doctor** determines would place the person at undue risk if the dental procedure were performed in a dental office. The procedure must be approved by the **covered person's doctor**.

General anesthesia services means services to induce a state of unconsciousness accompanied by a loss of protective reflexes, including the ability to maintain an airway independently and respond purposefully to physical stimulation or verbal command.

- (2) Screening by low dose mammography when determined necessary by a **doctor**, an advanced registered nurse practitioner or a **doctor's** assistant.
- (3) Reconstructive surgery following a mastectomy. Coverage includes all stages of one reconstructive breast reduction on the nondiseased breast to make it equal in size with the diseased breast after the reconstructive surgery following the mastectomy.
- (4) Diabetes supplies, equipment and self-management training and education for a **covered person** with diabetes.

Medically necessary equipment and supplies are covered under the prescription drug benefit. They include, but are not limited to, the following:

Insulin syringes;
Injection aid;
Blood glucose monitors;
Test strips for blood glucose monitors;
Visual reading and urine test strips;
Insulin pumps and accessories to pumps;
Insulin infusion devices;
Prescriptive oral agents for controlling blood sugar levels;
Foot care appliances for prevention of complications associated with diabetes;
Glucagon emergency kits.

Covered expenses for outpatient diabetes self-management training and education include medical nutrition therapy as ordered by a **doctor** are covered as medical expense benefits. Diabetes self-management training and education must only be provided by health care providers with expertise in diabetes.

A **covered person** with diabetes means a person diagnosed by a **doctor** as having insulin using diabetes, noninsulin using diabetes or elevated blood glucose levels induced by pregnancy.

- (5) Formula necessary for the treatment of phenylketonuria (PKU) as prescribed by a **doctor**. Any waiting period for pre-existing conditions does not apply to this benefit.
- (6) Neurodevelopmental therapies prescribed by a **doctor** for children 6 and under. The **doctor** must submit to us a written treatment plan. Upon our approval of such treatment plan, benefits will be payable for occupational therapy, speech therapy and physical therapy when provided by a therapist duly licensed or certified to perform such therapy.
- (7) **To the extent prescription drugs are covered, we will cover** any drug (including **medically necessary** services associated with its administration) even though it has been prescribed for a particular indication for

which it has not been approved by the Federal Food and Drug Administration (FDA). However such drug must be approved by the FDA and be recognized as effective for the treatment of the indication for which it has been prescribed: (a) in any one of the Standard Reference Compendia; (b) in the majority of relevant Peer-Reviewed Medical Literature if not recognized in one of the Standard Reference Compendia; or (c) by the Federal Secretary of Health and Human Services. Benefits will not be paid for:

- a. any drug that the FDA has determined its use to be contraindicated;
- b. experimental drugs not otherwise approved for any indication by the FDA.

Standard Reference Compendia includes: (a) the American Hospital Formulary Service-Drug Information; (b) the American Medical Association Drug Evaluation; (c) the United States Pharmacopoeia-Drug Information; or (d) other authoritative compendia as identified from time to time by the Federal Secretary of Health and Human Services or the Washington insurance commissioner.

Peer-Reviewed Medical Literature means scientific studies printed in journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity and reliability by unbiased independent experts. Peer-Reviewed Medical Literature does not include in-house publications of pharmaceutical manufacturing companies.

Drug or Drugs means any substance prescribed by a Doctor taken by mouth, injected into a muscle, the skin or blood vessel or a cavity of the body or applied to the skin to treat or prevent a disease and specifically includes drugs or biologicals used in an anticancer chemotherapeutic regimen for a medically accepted indication or for the treatment of people with HIV or AIDS.

Off-label means the prescribed use of a drug that is other than that stated in its FDA approved labeling.

- (8) Medically necessary treatment of chemical dependency and supporting services such as medical evaluation; psychiatric evaluations; room and board while confined; individual or group psychotherapy or counseling; individual or group family therapy for the covered person and family members who are insured under the policy; behavior therapy; recreation therapy; prescription drugs and supplies rendered to a covered person by a facility which is an approved treatment facility or program under Washington law.

Medically necessary detoxification at a **hospital** is covered as an **medical emergency** provided the **covered person** is not yet enrolled in other chemical dependency treatment. Benefits paid under the policy for **medically necessary** detoxification do not count toward the maximum benefit for treatment of chemical dependency.

Benefits for treatment of chemical dependency will not exceed a maximum amount of \$10,680 during a consecutive 24 month period while the **covered person** is covered under the policy.

Except in the case of detoxification, all proposed plans of treatment for chemical dependency at an approved treatment facility or program are subject to any pre-certification requirements of the policy that may apply to other **sickness**.

In the situations described below we may require the **covered person** to furnish an initial assessment of the need for chemical dependency treatment and a treatment plan. This must be furnished at no expense to us within 30 days before treatment is to begin. Such assessment may be made by an individual of the **covered person's** choice who is a qualified chemical dependency counselor employed by an approved treatment program or who is duly licensed and qualified to make such assessment. Such assessment will enable us to make our own evaluation of **medical necessity** prior to scheduled treatment. This initial assessment must be furnished in situations:

- a. Where the **covered person** is under court order to undergo an chemical dependency assessment or treatment; or
- b. Related to deferral of prosecution, deferral of sentencing or suspended sentencing; or
- c. Pertaining to motor vehicle driving rights and the Washington state department of licensing.

Chemical dependency is an illness characterized by a physiological or psychological dependency, or both, on a controlled substance regulated under Washington law or an alcoholic beverage. It is further characterized by a frequent or intense pattern of pathological use to the extent the user exhibits a loss of self-control over the amount and circumstances of use; develops symptoms of tolerance or physiological and/or psychological withdrawal if use of the controlled substance or alcoholic beverage is reduced or

discontinued; and the user's health is substantially impaired or endangered or his social or economic function is substantially disrupted.

- (9) **Maternity Services** for normal pregnancy or childbirth are payable the same as any other sickness. Coverage for maternity services includes a minimum length of **hospital** stay for inpatient care and one home visit which is in accordance with the medical criteria outlined in the most current version of or an official update to the Guidelines for Prenatal Care prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the Standards for Obstetric-Gynecologic Services prepared by the American College of Obstetricians and Gynecologists. Current guidelines provide for a minimum **hospital** stay in connection with childbirth for the mother and her newborn of:

1. 48 hours following a normal uncomplicated vaginal delivery; and
2. 96 hours following a uncomplicated caesarean section.

This minimum stay does not apply in any case where the decision to discharge prior to the end of the minimum stay is made by the **doctor** in consultation with the mother and one home visit by the **doctor** occurs within 48 hours following discharge. Nothing in this provision requires a **covered person** to give birth in a **hospital** or to stay in the **hospital** for a fixed period of time.

Birth Center means a:

1. Special unit of a **hospital** that provides delivery and prenatal/post-natal care with minimum medical intervention; or
2. Legally operated or licensed free-standing outpatient facility which:
 - a. Is engaged mainly in providing a comprehensive birth service program to persons who are considered normal low-risk patients;
 - b. Has organized facilities for birth services on its premises;
 - c. Provides services performed by a **doctor** specializing in obstetrics and gynecology, or at the doctor's direction, performed by a **midwife**; and
 - d. Has twenty-four (24)-hour-a-day registered nursing service and maintains daily clinical records.

Midwife means a person who is certified as such by the American College of Nurse Midwives and licensed as a Registered Nurse (RN).

Covered expenses will include those incurred for prenatal diagnosis of congenital disorders of a fetus by means of screening and diagnostic procedures during pregnancy when those services are **medically necessary** as determined by us in accordance with standards set in rule by the board of health.

WISCONSIN

Covered Expenses include the following:

1. Prescription drugs benefit includes each prescription drug that satisfies all of the following:
 - a. Is prescribed by a doctor for the treatment of HIV infection or a sickness arising from or related to HIV infection;
 - b. Is approved by the Federal Food and Drug Administration for the treatment of HIV infection or a sickness or medical condition arising from or related to HIV infection, including each investigational new drug that is approved under 21 CFR 312.34 to 312.36 for the treatment of HIV infection or a sickness arising from or related to HIV infection and that is in, or has completed, as phase 3 clinical investigation performed in accordance with 21 CFR 312.20 to 312.33.
 - c. If the drug is an investigational new drug as described in b) above, is prescribed and administered in accordance with the treatment protocol approved for the investigational new drug under 21 CFR 312.34 to 312.36.
2. Home health care services not to exceed 40 visits in any term of coverage. The maximum weekly benefit for home health care visits is limited to the usual and customary weekly cost for care in a skilled nursing facility. The following home health care services are covered if provided in the covered person's home under a home health care plan:
 - a. Part-time or intermittent home nursing care by or under the supervision of a registered nurse;
 - b. Part-time or intermittent home health aide services as part of the home care plan, under the supervision of a registered nurse or medical social worker, which consist solely of caring for the covered person;
 - c. Physical, respiratory, occupational or speech therapy;
 - d. Medical supplies and drugs prescribed by a doctor and laboratory services by or on behalf of a hospital, if necessary, only to the extent such items are covered under the policy when hospitalized;
 - e. Nutrition counseling provided by or under the supervision of a registered dietitian where such services are part of the home health care plan; and
 - f. Evaluation of the need for and development of a plan, by a registered nurse, doctor extender or medical social worker, for home care when approved or requested by the attending doctor.

If the covered person was hospitalized immediately prior to home health care beginning, the home health care plan must be initially approved by the doctor who was the primary provider of services during the hospitalization. Each visit by a person providing home health care services is considered one home health care visit. Up to 4 consecutive hours in a 24-hour period of home health aide service is considered one home health care visit.

Benefits will not be payable:

- a. For homemaker services or domestic maid services; or
 - b. For sitter or companion services; or
 - c. For services or supplies rendered by an employee of an adult congregate living center; an adult foster home; an adult day care center; or a nursing home facility; or
 - d. After a period of seven days in a row in which the patient: 1) receives no home health services; and 2) is not confined to a hospital or skilled nursing facility.
3. Skilled nursing care not to exceed 30 days per admission. Covered expenses for confinement in a skilled nursing facility are subject to the following:
 - a. The daily rate considered for payment will not be less than the semi-private room and board charges for skilled nursing care in that facility, but not more than the daily rate established for such a facility by the Wisconsin Department of Health and Social Services.
 - b. Confinement must occur within 24 hours of a covered hospital confinement.
 - c. Skilled nursing care is for the continued treatment of the same medical or surgical condition for which the covered person had been treated at the hospital prior to entry into the skilled nursing facility.
 - d. Skilled nursing care must be certified as medically necessary by the attending doctor and recertified as medically necessary every 7 days.
 - e. Charges for domiciliary care, custodial care or rest care or care which is available to the covered person without charge or under a governmental health care program, other than a program under Wisconsin ch. 49, are not covered.
 4. Low dose mammography screening for female covered persons in accordance with the following:

Age 45 to 49 - two mammograms performed at the direction of a doctor or a nurse practitioner. This benefit will not apply if the woman has had: a) a mammogram within 2 years before each examination is performed; or b) one or more mammogram(s) while between the ages of 45 and 49 before becoming covered under the policy.

Age 50 or older - annual mammogram to screen for the presence of breast cancer, if it is performed at the direction of a doctor or nurse practitioner.

The requirement that the mammogram be performed at the direction of a doctor or nurse practitioner will not apply if, the woman: a) does not have an assigned or regular doctor or nurse practitioner when the mammogram is performed; and b) the woman designates a doctor to receive the results of the mammogram; and c) an mammogram previously obtained by the woman was at the direction of a doctor or nurse practitioner.

5. Gynecological services or procedures (Pap test, pelvic exam and associated lab fees) performed by a licensed nurse practitioner within the scope of the nurse practitioner's professional license if coverage for such is provided when preformed by a doctor.
6. Insulin infusion pumps and other such equipment and supplies for the treatment of diabetes and for diabetic self management education program. Benefits for the purchase of an insulin infusion pump are limited to one pump per term of coverage and will only be provided after the pump has been used by the covered person for 30 days prior to purchase.
7. Inpatient or outpatient treatment of kidney disease, including dialysis, transplantation and donor related services, limited to \$30,000 per term of coverage to the extent such benefits do not duplicate benefits available under Medicare or any other medical plan the covered person may be entitled to, except Medicaid.
8. For covered dependent children under 6 years of age, blood lead tests conducted in accordance with any lead screening methods and intervals recommended by the Wisconsin department of health and family services.
9. Diagnostic procedures and medically necessary surgical or nonsurgical treatment for the correction of temporomandibular disorders, provided all of the following apply:
 - a. The condition is caused by congenital, developmental or acquired deformity, disease or injury.
 - b. Under the accepted standards of the doctor rendering the service, the procedure or device is reasonable and appropriate for the diagnosis or treatment of the condition.
 - c. The purpose of the procedure or device is to control or eliminate infection, pain, disease or dysfunction.

Nonsurgical treatment includes prescribed intraoral splint therapy devices. Benefits do not include cosmetic or elective orthodontic care, periodontic care or general dental care. Benefits for diagnostic procedures and medically necessary nonsurgical treatment will not exceed \$1,250 in any term of coverage.

10. Hospital or ambulatory surgical center charges incurred, and anesthetics provided, in conjunction with dental care that is provided to a covered person in a hospital or ambulatory surgical center, if any of the following applies:
 - a. The covered person is an covered dependent under the age of 5;
 - b. The covered person has a chronic disability that meets all of the conditions under s. 230.04(9r)(a)2.a., b. and c. of Wisconsin law ; or
 - c. The covered person has a medical condition that requires hospitalization or general anesthesia for dental care.

11. Breast reconstruction of affected tissue incident to a mastectomy which is covered under the policy.

12. Appropriate and necessary immunizations from birth to the age of 6 years for a covered dependent. Appropriate and necessary immunizations means the administration of vaccine that meets the standards approved by the U.S. public health service for such biological products against at least all of the following:

Diphtheria
Pertussis
Tetanus
Polio
Measles
Mumps
Rubella
Hemophilus influenza B

Hepatitis B
Varicella

13. To the extent they do not duplicate benefits payable under Medicare or coverage provided by any optional rider, covered expenses include inpatient, outpatient and transitional arrangements for medically necessary treatment of nervous and mental disorders, alcoholism and drug abuse as follows:

a. Inpatient hospital treatment while confined in: 1) a hospital; 2) an approved private treatment facility, as defined in Wisconsin s. 51.45(2)(b); or 3) an approved public treatment facility as defined in Wisconsin s. 51.45(2)(c). In each term of coverage benefits will not exceed the lesser of: 1) the first 30 days; or 2) \$7,000 minus a copayment of 10% of the covered expenses.

b. Outpatient nonresidential treatment services provided to a covered person and, if for the purpose of enhancing the treatment of the covered person, to a member of the immediate family by any of the following:

1) A program in an outpatient treatment facility, if both are approved by the Wisconsin Department of Health and Social Services and established and maintained according to the appropriate rules established by such Department;

2) A licensed doctor who has completed a residency in psychiatry, in an outpatient facility or the doctor's office;

3) A licensed psychologist who is listed in the national register of health service providers in psychology. In each term of coverage benefits will not exceed \$2,000 minus a copayment of 10% of covered expenses.

c. Transitional treatment arrangements which include services provided to a covered person in a less restrictive manner than are inpatient hospital services, but in a more intensive manner than are outpatient services. In each term of coverage benefits will not exceed \$3,000 minus a copayment of 10% of covered expenses.

WEST VIRGINIA

BENEFITS FOR MAMMOGRAMS AND PAP SMEARS

If coverage is provided for diagnostic X-ray services or Laboratory procedures, benefits will be paid as for any other Sickness for mammograms and pap smears when performed for cancer screening or diagnostic purposes, at the direction of a Doctor subject to all terms and conditions of the policy and according to the following guidelines:

1. A baseline mammogram for women age thirty-five to thirty-nine, inclusive;
2. A mammogram for women age forty to forty-nine inclusive, every two years or more frequently based on the woman's Doctor's recommendation;
3. A mammogram every year for women age fifty and over; and
4. A pap smear annually, or more frequently based on the woman's Doctor's recommendation, for women age eighteen and over.]

CHILDHOOD IMMUNIZATIONS

Benefits will be provided for childhood immunization services. Benefits shall be provided for the cost of child immunization services, including the cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration from birth through age sixteen years. These services shall be exempt from any Deductible, per-visit charge and/or copayment provisions which may be in force in this policy or contract. This section does not require that other health care services provided at the time of immunization be exempt from any Deductible and/or copayment provisions.