

KEYSTONE HEALTH PLAN EAST, INC.

(hereafter called "Keystone" or "Health Benefits Plan" or "Claims Administrator")

RIDER

This Rider modifies your Health Benefits Plan's or Claims Administrator's, as applicable, benefit description material with updates to the plan's Covered Services. Unless noted otherwise, the effective date of these changes is the later of:

- (a) January 1, 2016;
- (b) the Contract Date;
- (c) the Member's Effective Date of Coverage; or
- (d) the Group Master Contract's anniversary date coinciding with or the next following January 1, 2016.

A. The following changes are made with regard to **Obesity**:

1. If applicable, the Obesity provision under the **Exclusions-What is Not Covered** section is replaced with the following:

Obesity

For treatment of obesity. However, this exclusion does not apply to:

- (1) surgical procedures specifically intended to result in weight loss (including bariatric surgery) when the Health Benefit Plan or Claims Administrator, as applicable:
 - Determines the Surgery is Medically Necessary; and
 - The Surgery is limited to one surgical procedure per lifetime regardless (or even) if:
 - a. a new or different diagnosis is the indication for the surgery,
 - b. a new or different type of Surgery is intended or performed,
 - c. a revision, repeat, or reversal of any previous weight loss Surgery is intended or performed.
 - The exclusion of coverage for a repeat, reversal or revision of a previous Surgery does not apply when the intended procedure is performed to treat technical failure or complications of a prior surgical procedure which if left untreated, would result in endangering the health of the Member. Failure to maintain weight loss or any condition resulting from or associated with obesity does not constitute technical failure.
- (2) nutrition counseling visits/sessions as described in the "Nutrition Counseling for Weight Management" provision in this Benefit Booklet.

B. The following changes are made with regard to **Medical Foods**:

1. The Medical Foods and Nutritional Formulas provision under the **Exclusions-What is Not Covered** section is replaced with the following:

Medical Foods And Nutritional Formulas

- For appetite suppressants

- For oral non-elemental nutritional supplements (e.g. Boost, Ensure, PediaSure), casein hydrolyzed formulas (e.g. Nutramigen, Alimentum, Pregestimil), or other nutritional products including, but not limited to, basic milk, milk-based, and soy-based products. Also excluded are orally administered elemental (amino acid) formulas (e.g. Neocate®, Elecare®) when such formulas do not represent the sole source of nutrition (NOTE: sole source of nutrition is defined as the substances accounting for more than 75% of the individual's estimated basal caloric requirement).

C. The following changes are made with regard to **Preventive Care**:

1. The Primary and Preventive Care sub-section of the Description of Covered Services section is revised as follows:

- a. The introductory paragraphs that address changes to the preventive services list are replaced with the following:

Accordingly, the frequency and eligibility of Covered Services are subject to change. A list of Preventive Care Covered Services can be found in the Preventive Schedule document. A complete listing of recommendations and guidelines can be found at <https://www.healthcare.gov/preventive-care-benefits/>.

The Health Benefit Plan or Claims Administrator reserves the right to modify the Preventive Schedule document at any time.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

- b. The provision that describes Immunization benefits is replaced with the following:

Immunizations

The Health Benefit Plan or Claims Administrator will provide coverage for the following:

- Pediatric Immunizations;
- Adult Immunizations; and
- The agents used for the Immunizations.

All immunizations and the agents must conform to the standards of the *Advisory Committee on Immunization Practices (ACIP) of the Center for Disease Control, U.S. Department of Health and Human Services*.

Pediatric and adult Immunization schedules may be found in the Preventive Schedule document.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

- c. The provision that describes Osteoporosis Screening benefits is replaced with the following:

Osteoporosis Screening (Bone Mineral Density Testing or BMDT)

The Health Benefit Plan or Claims Administrator will provide coverage for Bone Mineral Density Testing (BMDT) in accordance with the Preventive Schedule document. The method used needs to be one that is approved by the U.S. Food and Drug Administration. This test determines the amount of mineral in a specific area of the bone. It is used to measure bone strength, which depends on both bone density and bone quality. Bone quality refers to how the bone is built, architecture, turnover and mineralization of bone.

The BMDT must be prescribed by a Professional Provider legally authorized to prescribe such items under law.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

- d. The provision that describes Preventive Care - Adult benefits is replaced with the following:

Preventive Care - Adult

Adult Preventive Care includes routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

- e. The provision that describes Preventive Care - Pediatric benefits is replaced with the following:

Preventive Care - Pediatric

Pediatric Preventive Care includes routine physical examinations, including a complete medical history, and other Covered Services, in accordance with the Preventive Schedule document.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

- f. The first sentence of the provision that describes Women's Preventive Care benefits is replaced with the following:

Women's Preventive Care

Women's Preventive Care includes coverage for an initial physical examination for pregnant women to confirm pregnancy, screening for gestational diabetes, and other Covered Services, in accordance with the Preventive Schedule document.

To access the Preventive Schedule document, log onto the HMO website at: www.ibx.com/preventive_services or you can call Customer Service at the phone number listed on your ID Card to have the list mailed to you.

D. The following changes are made with regard to **Diabetic Supplies**:

1. The Diabetic Equipment and Supplies provision under the Outpatient sub-section of the **Description of Covered Services** section is replaced with the following:

Diabetic Equipment and Supplies

- Coverage and costs: The Health Benefit Plan or Claims Administrator, as applicable, will provide coverage for diabetic equipment and supplies purchased from a Durable Medical Equipment Provider. This is subject to any applicable Deductible, Copayment and/or Coinsurance or Precertification requirements applicable to Durable Medical Equipment benefits.
- When diabetic equipment and supplies can be purchased at a pharmacy:
 - If this Program provides benefits for Prescription Drugs (other than coverage for insulin and oral agents only):
 - Certain Diabetic Equipment and Supplies, including insulin and oral agents, may be purchased at a pharmacy, if available.
 - This will be subject to the cost-sharing arrangements, applicable to the Prescription Drug coverage.
- When diabetic equipment and supplies are not available at a pharmacy:
 - The diabetic equipment and supplies will be provided under the Durable Medical Equipment benefit.
 - This will be subject to the cost-sharing arrangements applicable to Durable Medical Equipment.
- Covered Diabetic Equipment:
 - Blood glucose monitors;
 - Insulin pumps;
 - Insulin infusion devices; and
 - Orthotics and podiatric appliances for the prevention of complications associated with diabetes.
- Covered Diabetic Supplies:
 - Blood testing strips;
 - Visual reading and urine test strips;
 - Insulin and insulin analogs*;
 - Injection aids;
 - Insulin syringes;
 - Lancets and lancet devices;
 - Monitor supplies;
 - Pharmacological agents for controlling blood sugar levels*; and
 - Glucagon emergency kits.

* Note: If this Program does not provide coverage for Prescription Drugs, insulin and oral agents are covered as provided under the "Insulin and Oral Agents" benefits.

E. **Effective January 1, 2017**, the following changes are made with regard to Medicare:

1. The Responsibility of Medicare provision under the Exclusions – What is Not Covered section is replaced with the following:

Responsibility of Medicare

Claims paid or payable by Medicare when Medicare is primary. For purposes of this Program exclusion, coverage is not available for a service, supply or charge that is “payable under Medicare” when the Member is eligible to enroll for Medicare benefits, regardless of whether the Member actually enrolls for, pays applicable premium for, maintains, claims or receives Medicare benefits. The amount excluded for these claims will be either the amount “payable under Medicare” or the applicable plan fee schedule for the service, at the discretion of the Health Benefit Plan or Claims Administrator.

The Benefit Booklet is changed only as stated in this Rider. All provisions of the Benefit Booklet not changed by this Rider still apply.

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