

ENDORSEMENT TO CONTRACT

Applies to the following Grant County Group Benefit Plans:

Your Choice - \$500 HIC Plan
Your Choice \$750 HIC Plan

The Contract between **GRANT COUNTY** and **PREMERA BLUE CROSS**, which became effective January 1, 2012, is hereby amended as follows:

Effective January 1, 2012 the following benefit language has been added to the text currently found in your benefit booklet:

In the “**Preventive Care**” benefit, the following language has been. Revisions are underlined below.:

“Preventive Care

What Are Preventive Services?

Preventive services are now defined as follows:

- Evidence-based items or services with a rating of “A” or “B” in the current recommendations of the U.S. Preventive Task Force (USPSTF). Also included are additional preventive care and screenings for women not described above in this paragraph as provided for in comprehensive guidelines supported by the Health Resources and Services Administration.
- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control (CDC) and Prevention.
- Evidence-informed infant, child and adolescent preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration

A full list of these preventive services is available on our Web site or by calling Customer Service. The list also provides the guidelines on how often the services should be provided and who should receive them. Not all services recommended or billed by your doctor as part of your routine physical may comply with these guidelines. The list and guidelines are subject to change as required by law and regulation.

Services designated as preventive care when they meet the federal guidelines include periodic exams, routine immunizations described below and laboratory and imaging services that are covered as preventive under the Diagnostic Services benefit and the Diagnostic and Screening Mammography benefits.

Preventive Exams And Immunizations

Benefits for preventive exams and immunizations performed on an outpatient basis aren't subject to any deductible, copay, coinsurance or a separate benefit maximum when provided by a network provider.

When services are provided by non-network providers, benefits for these services are subject to your 30% coinsurance. Your deductible is waived.

Exams The following exam services are covered as long as they fall within the federal guidelines above in this benefit:

- Routine physical exams
- Well-baby and well-child exams
- Physical exams related to school, sports and employment

Immunizations Seasonal immunizations, such as flu shots, flu mist, pneumonia immunizations and adult shingles immunizations, are covered when furnished by any pharmacy or other mass immunizer location.

This benefit doesn't cover:

- Charges that don't meet the federal guidelines for preventive services described at the start of this benefit. This includes services or items provided more often than as stated in the guidelines.
- Inpatient routine newborn exams while the child is in the hospital following birth. These services are covered under the Newborn Care benefit.
- Routine or other dental care
- Routine vision and hearing exams
- Services that are related to a specific illness, injury or definitive set of symptoms exhibited by the member. Please see the plan's non-preventive benefits for available coverage.
- Physical exams for basic life or disability insurance
- Work-related disability evaluations or medical disability evaluations
- Preventive laboratory and imaging services, screening and diagnostic mammography. Please see the Diagnostic Services benefit and the Diagnostic and Screening Mammography benefit for available coverage."

All other provisions of the Contract remain unchanged except as specifically provided herein.

PREMERA BLUE CROSS



By: _____
Title: President and Chief Executive Officer

Date: March 5, 2012

Group Number:	1037338
Contract Form Number:	GCO-HIC5, GCO-HIC750
Contract Effective Date:	January 1, 2012
Endorsement Form Number:	10373380112E
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