

**Clarksville – Montgomery
County
Employees Insurance Trust**

**Health Benefit Plan
Summary of Material
Modification**



NOTICE

PLEASE READ THIS SUMMARY OF MATERIAL MODIFICATION (SMM) CAREFULLY AND KEEP IT IN A SAFE PLACE FOR FUTURE REFERENCE. IT EXPLAINS YOUR BENEFITS AS ADMINISTERED BY BLUECROSS BLUESHIELD OF TENNESSEE, INC. THIS SMM IS EFFECTIVE MAY 1, 2016.

THE EOC YOU RECEIVED IS MODIFIED BY:

1. THE FOLLOWING SECTION IN THE SCHEDULE OF BENEFITS IS REVISED AS SHOWN BELOW:

Manual and Electric Breast Pump, limited to one per pregnancy	100%	70% of the Maximum Allowable Charge after Deductible
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2. THE SECTION HEADED IN SECTION IV – YOUR BENEFITS IS REVISED AS SHOWN BELOW:

Preventive/Well Care Services

Preventive health exam for adults and children and related services as outlined below and performed by the physician during the preventive health exam or referred by the physician as appropriate, including:

- Screenings and counseling services with an A or B recommendation by the United States Preventive Services Task Force (USPSTF)
- Bright Futures recommendations for infants, children and adolescents supported by the Health Resources and Services Administration (HRSA)
- Preventive care and screening for women as provided in the guidelines supported by HRSA, and
- Immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) that have been adopted by the Centers for Disease Control and Prevention (CDC).

Generally, specific preventive services are covered for plan years beginning one year after the guidelines or recommendation went into effect. The frequency of visits and services are based on information from the agency responsible for the guideline or recommendation, or the application of medical management. These services include but are not limited to:

- Annual Well Woman Exam, including cervical cancer screening, screening mammography at age 40 and older, and other USPSTF screenings with an A or B rating.
- Colorectal cancer screening for Members age 50-75.
- Prostate cancer screening for men age 50 and older.
- Screening and counseling in the primary care setting for alcohol misuse and tobacco use.
- Dietary counseling for adults with hyperlipidemia, hypertension, Type 2 diabetes, obesity, coronary artery disease and congestive heart failure.
- FDA-approved contraceptive methods, sterilization procedures and counseling for women with reproductive capacity. Note that prescription contraceptive products are covered under the Prescription Drug section.
- HPV testing once every 3 years for women age 30 and older.
- Lactation counseling by a trained provider during pregnancy or in the post-partum period (limited to one visit per pregnancy in addition to the consultation during the hospital confinement for delivery), and manual or electric breast pump. Members may purchase either a manual or an electric breast pump per birth (verification of pregnancy either by a claim filed with BlueCross or verification from provider will be required). Manual and Electric Breast Pumps will be covered at 100% of the Maximum Allowable Charge for Network Providers and retail stores. BlueCross will determine the allowed amount for the electric breast pump based on the

manufacturer and model number. The Member will be liable for any charges over the allowed amount. Hospital Grade Electric Breast Pumps are eligible for rental only and will not exceed 3 months, unless Medically Necessary. After Members return the rented hospital grade electric pump, they will be eligible to purchase either a manual or non-hospital grade electric breast pump. Breast Pump replacement supplies (tubing, adapter, bottles, breast pump shields, caps, and locking rings) are Covered, however any convenience item (i.e. car charger, pads, etc.) are not Covered.

Coverage may be limited as indicated in the Schedule of Benefits.

IF YOU HAVE ANY QUESTIONS ABOUT THIS SMM OR ANY OTHER MATTER RELATED TO YOUR MEMBERSHIP IN THE PLAN, PLEASE WRITE OR CALL US AT:

**CUSTOMER SERVICE DEPARTMENT
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,
ADMINISTRATOR
1 CAMERON HILL CIRCLE
CHATTANOOGA, TENNESSEE 37402
(800) 565-9140**



**BlueCross BlueShield
of Tennessee***

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BENEFIT QUESTIONS?
Call the Customer Service
Number on the membership I.D. Card

SELF-FUNDED EOC

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