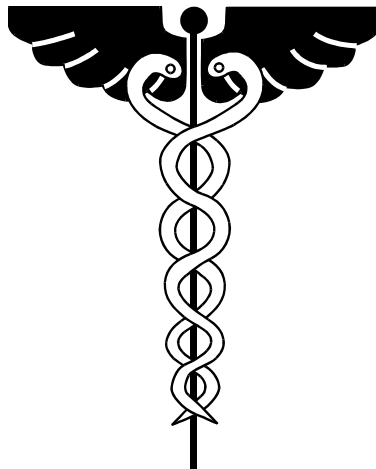


**Clarksville – Montgomery
County
Employees Insurance Trust**

**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 JANUARY 1, 2018.

THE EOCs YOU RECEIVED ARE MODIFIED BY:

1. ACTIVE STANDARD

The **Schedule of Benefits** is modified to include the following:

Ambulance	70%	70% of the Maximum Allowable Charge
Air Ambulance	70%	70% of Billed Charges

ACTIVE PREFERRED

The **Schedule of Benefits** is modified to include the following:

Ambulance	90%	90% of the Maximum Allowable Charge
Air Ambulance	90%	90% of Billed Charges

RETIREE

The **Schedule of Benefits** is modified to include the following:

Ambulance	80%	80% of the Maximum Allowable Charge
Air Ambulance	80%	80% of Billed Charges

2. ACTIVE STANDARD

In the **Schedule of Benefits**, the following is hereby deleted in its entirety:

PhysicianNow consultations via telephone, tablet or computer See the "Health and Wellness" section of this EOC for more information.	70%	Not Covered
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ACTIVE PREFERRED

In the **Schedule of Benefits**, the following is hereby deleted in its entirety:

PhysicianNow consultations via telephone, tablet or computer See the "Health and Wellness" section of this EOC for more information.	90%	Not Covered
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RETIREE

PhysicianNow consultations via telephone, tablet or computer See the “Health and Wellness” section of this EOC for more information.	80% after Deductible	Not Covered
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3. ACTIVE STANDARD

In the **Schedule of Benefits** the **Schedule of Pharmacy Prescription Drug Coinsurance** has been modified and reads as follows:

Schedule of Pharmacy Prescription Drug Coinsurance

	One month supply (Up to 30 days)	Two months’ supply (31 to 60 days)	Three months’ supply (61 to 90 days)
Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug			
RX04 Retail Network	70%/70%/70% after Deductible	N/A	N/A
Home Delivery Network	70%/70%/70% after Deductible	70%/70%/70% after Deductible	70%/70%/70% after Deductible
Plus90 Network	70%/70%/70% after Deductible	70%/70%/70% after Deductible	70%/70%/70% after Deductible
Compound Drugs	70%/70%/70% after Deductible	70%/70%/70% after Deductible	70%/70%/70% after Deductible
Out-of-Network	Not Covered		

4. ACTIVE STANDARD/ACTIVE PREFERRED/RETIREE

Under **PRESCRIPTION DRUGS, 2. Limitations**, the following is added and the subsequent limitations re-lettered accordingly:

- d. The Plan does not cover certain Prescription Drugs that have an over-the-counter (OTC) alternative. The OTC Savings Program list can be found at bcbst.com or by calling the number on the back of Your ID card.

5. ACTIVE STANDARD/ACTIVE PREFERRED/RETIREE

Section III – PRIOR AUTHORIZATION, CARE MANAGEMENT, MEDICAL POLICY AND PATIENT SAFETY the following is modified as shown below:

Services that require Prior Authorization include, but are not limited to:

- Inpatient Hospital and Inpatient Hospice stays (except maternity admissions)
- Skilled nursing facility and rehabilitation facility admissions
- Certain outpatient Surgeries and/or procedures
- Certain air ambulance services
- Certain Specialty Drugs
- Certain Prescription Drugs (if Covered by a prescription drug card)
- Advanced Radiological Imaging services
- Certain Prosthetics, certain Orthotics and certain Durable Medical Equipment (DME)
- Other services not listed at the time of printing may be added to the list of services that require Prior Authorization. Notice of changes to the Prior Authorization list will be made via Our Web site and the Member newsletter. You may also call Our customer service department at the phone number on Your ID card to find out which services require Prior Authorization.

6. ACTIVE STANDARD/ACTIVE PREFERRED/RETIREE

In the **HEALTH AND WELLNESS SERVICES** section, the following is hereby deleted in its entirety:

PhysicianNow – This program provides You access to a licensed health care Practitioner via your telephone, tablet or computer. PhysicianNow Practitioners provide services for minor conditions such as allergies, bronchitis, skin infections, sore throat, cold and flu, ear infections and pink eye. Not all conditions are appropriate for a PhysicianNow consultation. Visit Your BlueAccess account at www.bcbst.com, for more information regarding services appropriate for PhysicianNow consultations.

Follow these steps to register and request a consultation:

1. Call 1-888-283-6691 or for hearing impaired TTY 1-800-770-5531, or visit Your Member BlueAccess account at www.bcbst.com, and select My Health & Wellness.
2. Complete and confirm Your medical history any time prior to Your first consultation.
3. Request a consultation from a licensed Practitioner.

PhysicianNow consultations do not replace emergency care or Your primary physician. Restrictions apply in some states where this service is not allowed. Prescriptions are issued only when clinically appropriate. Some prescriptions, including controlled substances, are excluded from this service. Refer to the Schedule of Benefits for benefit and cost share information.

7. ACTIVE STANDARD/ACTIVE PREFERRED/RETIREE

Section IV – YOUR BENEFITS, OTHER SERVICES, the **Ambulance** section has been modified to read as follows:

Ambulance

Medically Necessary and Medically Appropriate ground or air transportation, services, supplies and medications by a licensed ambulance service when time or technical expertise of the transportation is essential to reduce the probability of harm to You. Prior Authorization may be required for certain air ambulance services.

1. Covered Services
 - a. Ambulance Services – Air
 - i. Medically Necessary and Medically Appropriate air transportation from the scene of an accident or Emergency to the nearest appropriate hospital. Air transportation is Covered only when Your condition requires immediate and rapid transport that cannot be provided by ground transport.
 - b. Ambulance Services – Ground
 - ii. Medically Necessary and Medically Appropriate ground transportation from the scene of an accident or Emergency to the nearest appropriate hospital.
 - iii. Medically Necessary and Medically Appropriate treatment at the scene (paramedic services) without ambulance transportation.
 - iv. Medically Necessary and Medically Appropriate ground transport when Your condition requires basic or advanced life support.
2. Exclusions
 - a. Transportation for the convenience of You, Your family and/or Your physician or other Provider.
 - b. Transportation that is not essential to reduce the probability of harm to You.

8. ACTIVE STANDARD/ACTIVE PREFERRED/RETIREE

Section V, LIMITATIONS/EXCLUSIONS, the following is deleted and the remaining items renumbered:

Surgery to change sex, and related services

**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***

1 Cameron Hill Circle
Chattanooga, Tennessee
37402

www.bcbst.com

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

SELF-FUNDED EOC

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