

**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 SEPTEMBER 1, 2017.

THE EOCs YOU RECEIVED ARE MODIFIED BY:

ACTIVE PREFERRED PLAN

1. Adding the following to the Schedule of Benefits:

Hospice Care	100%	70% of the Maximum Allowable Charge
--------------	------	-------------------------------------

2. Removing the following from the Schedule of Pharmacy Prescription Drug Coinsurance schedule:

Compound Drugs	100%/90%/80%	100%/90%/80%	100%/94%/87%
----------------	--------------	--------------	--------------

3. Revising the Self-administered Specialty Drugs schedule to read as follows:

Self-administered Specialty Drugs	
Limited up to a 30-day supply per Prescription	
Specialty Pharmacy Network - Preferred	100%/90%/80% after Plan Deductible
Out-of-Network	Not Covered

4. Removing the following Limitation under the Prescription Drug section:

- i. Compound Drugs are Covered only when filled at a Network Pharmacy. The Network Pharmacy must submit the claim through the administrator's pharmacy benefit manager. The claim must contain a valid national drug code (NDC) number for all ingredients in the Compound Drug. The Compound Drug claim will apply the Non-Preferred Brand Drug copayment/coinsurance. Prior Authorization may be required for certain compound medications.

5. Adding the following Exclusion under the Prescription Drug section:

- bb. Compound drugs, unless Medically Necessary and Medically Appropriate.

6. Adding the following Exclusion under Section V: Limitations and Exclusions:

58. Compound drugs, unless Medically Necessary and Medically Appropriate

7. Deleting the following definition from the Prescription Drugs section:

- d. **Compound Drug** – An outpatient Prescription Drug that is not commercially prepared by a licensed pharmaceutical manufacturer in a dosage form approved by the Food and Drug Administration (FDA) and that contains at least one ingredient classified as a Legend Drug.

ACTIVE STANDARD PLAN

1. Adding the following to the Schedule of Benefits:

Hospice Care	100%	50% of the Maximum Allowable Charge
Psychiatric Care Maximums	Network Provider	Out-of-Network Provider
Inpatient Benefits payable per Benefit Period limited to 30 days.	70% after Deductible	50% of the Maximum Allowable Charge
Outpatient Benefits payable per Benefit Period limited to 35 visits.	50% after Deductible	50% of the Maximum Allowable Charge
Benefits will not be provided for more than two Inpatient or Outpatient stays for Substance Abuse Treatment per lifetime.		

Mental Health Medication Management Benefit: Outpatient treatment visits for Medication Management do not count toward the number of mental health outpatient visits per year. Medication Management means pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy.

Two (2) Residential Treatment days for one (1) inpatient day.

2. Removing the following from the Schedule of Pharmacy Prescription Drug Coinsurance schedule:

Compound Drugs	70%/70%/70% after Deductible	70%/70%/70% after Deductible	70%/70%/70% after Deductible
----------------	------------------------------	------------------------------	------------------------------

3. Revising the Schedule of Pharmacy Prescription Drug Coinsurance schedule to read as follows:

Self-administered Specialty Drugs	
Limited up to a 30-day supply per Prescription	
Specialty Pharmacy Network - Preferred	70% after Plan Deductible
Out-of-Network	50% after Plan Deductible

4. Removing the following Limitation under the Prescription Drug section:

- e. Compound Drugs are Covered only when filled at a Network Pharmacy. The Network Pharmacy must submit the claim through the administrator’s pharmacy benefit manager. The claim must contain a valid national drug code (NDC) number for all ingredients in the Compound Drug. The Compound Drug claim will apply the Non-Preferred Brand Drug copayment/coinsurance. Prior Authorization may be required for certain compound medications.

5. Adding the following Exclusion under the Prescription Drug section:

bb. Compound drugs, unless Medically Necessary and Medically Appropriate.

6. Adding the following Exclusion under Section V: Limitations and Exclusions:

59. Compound drugs, unless Medically Necessary and Medically Appropriate

7. Deleting the following definition from the Prescription Drugs section:

d. **Compound Drug** – An outpatient Prescription Drug that is not commercially prepared by a licensed pharmaceutical manufacturer in a dosage form approved by the Food and Drug Administration (FDA) and that contains at least one ingredient classified as a Legend Drug.

8. Deleting the following language from the Prescription Drugs section:

Coverage for smoking deterrents, such as patches, provided for assistance in smoking cessation. The following limitations apply to this benefit:

1. Prescription must be written by a licensed physician
2. Prescriptions are for a 90 day period only and
3. Benefit is allowable only once per Annual Benefit Period with a maximum lifetime benefit of two 90 day periods (180 days per lifetime).

RETIREE PLAN

1. Adding the following to the Schedule of Benefits:

Hospice Care	100%	60% of the Maximum Allowable Charge
--------------	------	-------------------------------------

2. Revising the Self-administered Specialty Drugs schedule to read as follows:

Self-administered Specialty Drugs	
Limited up to a 30-day supply per Prescription	
Specialty Pharmacy Network - Preferred	100%/90%/80% after Plan Deductible
Out-of-Network	Not Covered

3. Removing the following from the Schedule of Pharmacy Prescription Drug Coinsurance schedule:

Compound Drugs	100%/80%/70%	100%/80%/70%	100%/87%/80%
----------------	--------------	--------------	--------------

4. Removing the following Limitation under the Prescription Drug section:

1. Compound Drugs are Covered only when filled at a Network Pharmacy. The Network Pharmacy must submit the claim through the administrator’s pharmacy benefit manager. The claim must contain a valid national drug code (NDC) number for all ingredients in the Compound Drug. The Compound Drug claim will apply the Non-Preferred Brand Drug copayment/coinsurance. Prior Authorization may be required for certain compound medications.

5. Adding the following Exclusion under the Prescription Drug section:

bb. Compound drugs, unless Medically Necessary and Medically Appropriate.

6. Adding the following Exclusion under Section V: Limitations and Exclusions:

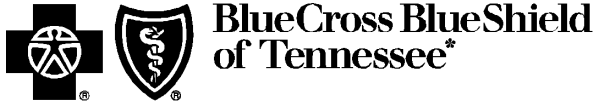
58. Compound drugs, unless Medically Necessary and Medically Appropriate

7. Deleting the following definition from the Prescription Drugs section:

d. **Compound Drug** – An outpatient Prescription Drug that is not commercially prepared by a licensed pharmaceutical manufacturer in a dosage form approved by the Food and Drug Administration (FDA) and that contains at least one ingredient classified as a Legend Drug.

**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**



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

Printed 2018

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
® Registered marks of the BlueCross BlueShield Association, an Association of Independent BlueCross BlueShield Plans