

The **NOTICE OF BENEFIT CHANGES*** provides a list of significant benefit changes to the GHC-SCW Member Certificate that will be effective January 1, 2008.

We encourage you to read the new coverage carefully.

2008 Benefit Changes

| Benefit | 2007 Benefit | New 2008 Benefit |
|--|---|---|
| ORTHOTICS: DURABLE MEDICAL EQUIPMENT (DME) ITEM | <ul style="list-style-type: none"> Corrective shoes or partial/full foot orthotics for diabetic patients or rheumatoid arthritis patients with a history of disease-related foot complications. | <ul style="list-style-type: none"> Foot orthotics that are custom molded to the Member's foot are covered subject to the following limitations: <ol style="list-style-type: none"> The benefit is limited to one pair of orthotics per calendar year; and The benefit is subject to the Co-insurance amount and Annual Maximum specified in the Schedule of Benefits <p>Please note: Orthotics will be subject to the DME/Prosthetic Appliances 20% Co-insurance up to a Maximum Out-of-Pocket of \$2,500 per Member per Calendar Year.</p> |
| COCHLEAR IMPLANTS | <ul style="list-style-type: none"> Must be recommended by a GHC-SCW contracted Practitioner Must be prior authorized by the GHC-SCW Medical Director | <ul style="list-style-type: none"> Limited to one cochlear implant per Member per lifetime. Must have bilateral hearing loss and must meet the cochlear implant criteria and be prior authorized by the GHC-SCW Care Management Department Bilateral cochlear implants are not covered. |
| BONE ANCHORED HEARING AID (BAHA) | <ul style="list-style-type: none"> Not addressed | <ul style="list-style-type: none"> Limited to one BAHA device per Member per lifetime Must have bilateral hearing loss and must meet the BAHA criteria and be prior authorized by the GHC-SCW Care Management Department Bilateral BAHA devices are not covered BAHA Transmitter is covered under Durable Medical Equipment <p>Please note: The Food & Drug Administration (FDA) recently approved an increased application of an existing technology for bone anchored hearing aids. Please contact Care Management for further information regarding this benefit.</p> |
| INFERTILITY SERVICES | <ul style="list-style-type: none"> Lifetime Benefit Maximum of \$30,000, with a maximum payment by GHC-SCW of \$15,000 50% up to maximum | <ul style="list-style-type: none"> Lifetime Benefit Maximum of \$4,000, with a maximum payment by GHC-SCW of \$2,000 50% up to maximum <p>Please note: Prescription drug benefit for infertility medications has been changed as listed below for those groups with a Prescription Drug Benefit.</p> |
| REDUCTION MAMMOPLASTY | <ul style="list-style-type: none"> Covered under the surgical services benefit Covered only after other specified procedures have proven unsuccessful (physical therapy, etc.) and criteria have been met | <ul style="list-style-type: none"> 20% Co-insurance with a Maximum Out-of-Pocket of \$2,500 per Member per Calendar Year Must meet Reduction Mammoplasty criteria and be prior authorized by the GHC-SCW Care Management Department |
| INFERTILITY MEDICATIONS (For groups with a Prescription Drug Benefit) | <ul style="list-style-type: none"> Clomiphene citrate and progesterone, each with a Lifetime Maximum Benefit not to exceed one year. | <ul style="list-style-type: none"> Infertility drugs are limited to a Lifetime Maximum Benefit not to exceed \$500. <p>Please note: This benefit is only available to Members with a Prescription Drug Benefit.</p> |

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NOTICE OF BENEFIT CHANGES
2009 GHC-SCW Member Certificate

The **NOTICE OF BENEFIT CHANGES*** provides a list of significant benefit changes to the GHC-SCW Member Certificate that will be effective January 1, 2009.

We encourage you to read the new coverage carefully.

| 2009 BENEFIT CHANGES | | |
|--|--|--|
| Benefit | 2008 Benefit | 2009 Benefit |
| INITIAL REPAIR OF ACCIDENTAL INJURY TO SOUND, NATURAL TEETH | <ul style="list-style-type: none"> Excludes coverage for dental implants Benefit maximum for Initial Repair of Accidental Injury to Sound, Natural Teeth is \$1,500 per accident | <ul style="list-style-type: none"> Includes coverage for dental implants under the Initial Repair of Accidental Injury to Sound, Natural Teeth benefit Benefit maximum for Initial Repair of Accidental Injury to Sound, Natural Teeth is \$1,500 per accident (no change in benefit maximum limit) |
| EXCLUSION FOR ORAL ANTIFUNGAL MEDICATIONS | <ul style="list-style-type: none"> Medications for the treatment of nail fungus are excluded except for Members with diabetes or who are immunocompromised | <ul style="list-style-type: none"> Exclusion has been removed from the policy <p>Please note: This benefit is only available to Members with a Prescription Drug Benefit</p> |
| TREATMENT OF TEMPOROMANDIBULAR JOINT (TMJ) | <ul style="list-style-type: none"> Intraoral splints are covered under this provision and are subject to any Outpatient TMJ Co-insurance as specified in the Benefits Summary Benefit is applied to the benefit maximum of \$1,250 for Outpatient TMJ services All TMJ services require written Prior Authorization from the GHC-SCW Care Management Department | <ul style="list-style-type: none"> Intraoral splints are covered under this provision and are subject to any Durable Medical Equipment Co-insurance as specified in the Benefits Summary Benefit is applied to the benefit maximum of \$1,250 for Outpatient TMJ services A written Prior Authorization is required from the GHC-SCW Care Management Department for the initial acquisition under this GHC-SCW policy of an intraoral splint and any surgical procedures |
| INJECTABLE DRUGS | <ul style="list-style-type: none"> Not Addressed | <ul style="list-style-type: none"> Coverage of prescription drugs or specialty drugs administered by infusion, intravenous or intramuscular injection in the clinic or office setting are covered only when prior authorized and coverage criteria are met, unless required for immediate treatment of an acute medical problem. Coverage is subject to Co-payments as specified in the Benefits Summary. Prior Authorization must be requested from the GHC-SCW Care Management Department Added exclusion: Subcutaneously administered drugs are considered outpatient prescription drugs, regardless if self-administered or administered by a health care provider <p>Please note: This benefit is only available to Members with a Prescription Drug Benefit</p> |
| 2009 BENEFIT CLARIFICATIONS | | |
| Benefit | 2008 Benefit | 2009 Benefit |
| DEVELOPMENTAL DELAY | <ul style="list-style-type: none"> Excluded from coverage | <ul style="list-style-type: none"> Excluded from coverage Clarified the exclusion for Developmental Delay to enhance and support the understanding of this exclusionary provision of the policy |
| ENTERAL FEEDING PRODUCTS | <ul style="list-style-type: none"> Not addressed | <ul style="list-style-type: none"> Clarified guidelines for coverage of enteral or specialized nutritional support, including requirement of Prior Authorization |

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