

CompChoice Group Benefit Plan Amendment

This is an amendment made to your health benefit plan effective August 1, 2010. Please read this amendment carefully and keep it with your Certificate of Insurance for future reference. All other provisions remain as set forth in your Certificate of Insurance.

Under Section 1, SCHEDULE OF BENEFITS, 1.5 OUTLINE OF COVERED SERVICES, the following provisions are amended. All other provisions remain as set forth in your Benefit Plan.

Covered Services	BCBSND Pays After Deductible and Applicable Copayment Amounts
Psychiatric and Substance Abuse Services	
• Inpatient Services	80% of Allowed Charge. Preauthorization is required.
• Detoxification Services	80% of Allowed Charge.
• Ambulatory Behavioral Health Care (Partial Hospitalization) Services	80% of Allowed Charge. Preauthorization is required.
• Psychiatric Residential Treatment Services for Members under age 21	80% of Allowed Charge. Preauthorization is required.
• Substance Abuse Residential Treatment Services	80% of Allowed Charge. Preauthorization is required.
• Outpatient Services	
Psychiatric Services	100% of Allowed Charge and Deductible Amount is waived for the initial 5 hours per Member per Benefit Period. Covered Services received during the remainder of the Benefit Period are payable at 80% of Allowed Charge and are subject to the Deductible Amount.
Substance Abuse Services	100% of Allowed Charge and Deductible Amount is waived for the initial 5 visits per Member per Benefit Period. Covered Services received during the remainder of the Benefit Period are payable at 80% of Allowed Charge and are subject to the Deductible Amount.

Under Section 4, EXCLUSIONS, the following exclusion is amended. All other provisions remain as set forth in your Benefit Plan.

No benefits are available for:

Loss caused or contributed by a Member's commission or attempted commission of a felony (except losses caused or contributed by an act of domestic violence or any health condition) or a Member's involvement in an illegal occupation following the Member's enrollment in this Benefit Plan.

Under Section 5, GENERAL PROVISIONS, 5.6 NOTIFICATION REQUIREMENTS AND SPECIAL ENROLLMENT PROVISIONS – the following provision has been added. All other provisions remain as set forth in your Benefit Plan.

E. Employees and/or dependents will be able to enroll under this Benefit Plan if either of the following conditions is met:

1. The employee or dependent is covered under a Medicaid plan under Title XIX of the Social Security Act or under a state child health plan under Title XXI of the Social Security Act and the employee's or dependent's coverage under such a plan is terminated as a result of loss of eligibility. The employee must request enrollment within 60 days of the date of termination of coverage.
2. The employee or dependent becomes eligible for premium assistance under a Medicaid plan under Title XIX of the Social Security Act or under a state child health plan under Title XXI of the Social Security Act. The employee must request enrollment within 60 days of the date the employee or dependent is determined to be eligible for premium assistance.

The effective date of coverage under this Benefit Plan for an employee and/or dependent enrolling pursuant to this provision will be the first day immediately following the termination of coverage or eligibility for premium assistance. The employee and/or dependent shall be responsible for any and all premium payments from the effective date of coverage under this provision through the date the employee and/or dependent requests enrollment under the terms of this Benefit Plan.

Under Section 8, DEFINITIONS, 8.20 ELIGIBLE DEPENDENT – the following full-time student definition has been amended. All other provisions remain as set forth in your Benefit Plan.

Children beyond the age of 22 who are full-time students at accredited institutions who are financially dependent on the Subscriber or the Subscriber's spouse. Coverage in such cases will be continued only until the end of the month in which the child becomes 26 years of age.

If BCBSND receives a written certification from the dependent child's treating Physician stating that the dependent child is suffering from a serious illness or injury and a leave of absence from the child's accredited institution is Medically Appropriate and Necessary, coverage will be continued until the end of the month in which the child becomes 26 years of age or one year after the first day of the Medically Appropriate and Necessary leave of absence, whichever time period occurs first.

An accredited institution is defined as an institution of higher education offering a degree or certificate in a specific field or trade for which the recipient may gain employment after completing course work. The institution must be licensed, certified or accredited.

If you have any questions regarding this amendment, please contact Member Services at the address or telephone number on the back of your Identification Card.