

**Newport-Mesa Unified School
District**

CALIFORNIA SCHEDULE OF
COPAYMENTS

EFFECTIVE DATE: October 1, 2015

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This document printed in September, 2015 takes the place of any documents previously issued to you which described your benefits.

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Table of Contents

Schedule of Copayments	4
Supplemental Rider	11
Prescription Drugs	11
Supplemental Rider	14
Rehabilitative Therapy	14
Chiropractic Care Services	14
Supplemental Rider	15
Infertility Services	15
Supplemental Rider	15
Hearing Aid Appliances	15

Covered Services and Supplies	You or Your Dependents will pay the Copayment, then the plan will pay the percentage shown below
<p>Outpatient Facility Services Operating Room, Recovery Room Procedures Room and Treatment Room including: Laboratory and Radiology Services Administered Drugs, Medications, Biologicals and Fluids Anesthesia Inhalation Therapy Physician Services</p>	<p>No charge after \$25 per visit copay</p> <p>No charge</p>
<p>Emergency Services Physician's Office Hospital Emergency Room Urgent Care Facility or Outpatient Facility Ambulance</p>	<p>No charge after the \$20 PCP or \$20 Specialist per office visit copay</p> <p>No charge after \$150 per visit copay The emergency room Copayment will be waived if you are admitted to a participating hospital directly from the emergency room</p> <p>No charge after \$25 per visit copay The urgent care or Outpatient facility Copayment will be waived if you are admitted to a participating hospital directly from the urgent care facility</p> <p>No charge</p>
<p>Inpatient Services at Other Participating Health Care Facilities Rehabilitation Hospital Skilled Nursing Facility and Sub-Acute Facilities Calendar Year Maximum: 100 days</p>	<p>No charge</p>
<p>Laboratory and Radiology Services Physician's Office Visit Outpatient Hospital Facility Independent Facility</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>
<p>Advanced Radiological Imaging (MRI's, MRA's, CAT scans and PET scans) Physician's Office Visit Inpatient Facility Outpatient Facility</p>	<p>No charge</p> <p>No charge</p> <p>No charge</p>

Covered Services and Supplies	You or Your Dependents will pay the Copayment, then the plan will pay the percentage shown below
<p>Diabetic Services and Supplies</p> <p>Self management Courses and Training</p> <p>Supplies</p> <p>Equipment</p> <p>Insulin</p>	<p>No charge after the \$20 PCP or \$20 Specialist per office visit copay</p> <p>Provided under the Supplemental Prescription Drug Pharmacy Rider</p> <p>Same as Durable Medical Equipment Copayment per item</p> <p>Provided under the Supplemental Prescription Drug Pharmacy Rider</p>
<p>Rehabilitation Therapy</p> <p>Calendar Year Maximum: Unlimited</p>	<p>No charge after the \$20 PCP or \$20 Specialist per office visit copay</p>
<p>Self-Referred Chiropractic Care Services</p> <p>Calendar Year Maximum: 24 days</p>	<p>No charge after \$20 per office visit copay</p>
<p>Hearing Aids</p> <p>Calendar Year Maximum: \$5,000</p>	<p>No charge</p>
<p>Home Health Services</p> <p>Calendar Year Maximum: 100 visits</p> <p>A visit is defined as a period of 4 hours or less</p>	<p>No charge</p>
<p>Hospice Services</p> <p>Inpatient Services</p> <p>Outpatient Services</p>	<p>No charge</p> <p>No charge</p>
<p>Nutritional Evaluation</p> <p>Calendar Year Maximum: 3 visits per member, however the three visit limit will not apply to treatment of diabetes</p>	<p>No charge after the \$20 PCP or \$20 Specialist per office visit copay</p>
<p>Family Planning for Men</p> <p>Office Visits (Tests and Counseling)</p> <p>Surgical Sterilization Procedures</p>	<p>No charge after the \$20 PCP or \$20 Specialist per office visit copay</p> <p>Same as Inpatient Hospital Services, Outpatient Facility Services, Primary Care or Specialty Care Physician's Office Visit copayment, depending on facility used</p>
<p>Family Planning for Women</p> <p>Office Visits (Tests and Counseling)</p>	<p>No charge</p>

Covered Services and Supplies	You or Your Dependents will pay the Copayment, then the plan will pay the percentage shown below
Surgical Sterilization Procedures	No charge
Maternity Care Services Pre-/Post-Delivery Exams Initial Visit to Confirm Pregnancy All Other Visits Delivery	No charge after the \$20 PCP or \$20 Specialist per office visit copay No charge No charge after \$250 per admission copay
Infertility Services Physician’s Office Visit Surgical Treatment Inpatient Facility Charges Outpatient Facility Charges Physician’s Services	No charge after the \$20 PCP or \$20 Specialist per office visit copay No charge after \$250 per admission copay No charge after \$25 per visit copay \$200 per Surgical Procedure
Organ Transplant Travel Services Lifetime Maximum: \$10,000	No charge
Durable Medical Equipment Calendar Year Maximum: Unlimited	No charge
External Prosthetic Appliances and Orthotics Calendar Year Maximum: Unlimited	No charge

Covered Services and Supplies	You or Your Dependents will pay the Copayment, then the plan will pay the percentage shown below
<p>Mental Health and Substance Abuse Services**</p> <p>Inpatient Mental Health Services</p> <p>Outpatient Mental Health Services</p> <p> Physician’s Office Visit</p> <p> Outpatient Facility</p> <p>Inpatient Mental Health Services for Autistic Disorders</p> <p>Outpatient Mental Health Services for Autistic Disorders Including services rendered in a home or office setting, and services provided by both professionals and paraprofessionals.</p> <p> Physician’s Office Visit</p> <p> Outpatient Facility</p> <p>Inpatient Substance Abuse Rehabilitation Services</p> <p>Outpatient Individual Substance Abuse Rehabilitation Services</p> <p> Physician’s Office Visit</p> <p> Outpatient Facility</p> <p>Inpatient Substance Abuse Detoxification Services</p>	<p>No charge after \$250 per admission copay</p> <p>No charge after \$20 per office visit copay</p> <p>No charge</p> <p>No charge after \$250 per admission copay</p> <p>No charge after \$20 per office visit copay</p> <p>No charge</p> <p>No charge after \$250 per admission copay</p> <p>No charge after \$20 per office visit copay</p> <p>No charge</p> <p>No charge after \$250 per admission copay</p>
<p>Severe Mental Illness of a Member of any Age and Serious Emotional Disturbances of a Child</p> <p>Inpatient Services</p> <p>Outpatient Services</p> <p> Physician’s Office Visit</p> <p> Outpatient Facility</p>	<p>No charge after \$250 per admission copay</p> <p>No charge after \$20 per office visit copay</p> <p>No charge</p>
<p>**Medical treatment required as a result of an emergency, such as a suicide attempt, will be considered a medical expense until the medical condition is stabilized. Once the medical condition is stabilized, whether the treatment will be characterized as either a medical expense or a mental health/substance abuse expense will be determined by the Healthplan Medical Director in accordance with the applicable mixed services claim guidelines.</p>	
<p>Total Copayment Maximum*</p> <p>Individual</p> <p>Family</p>	<p>\$1,500</p> <p>\$3,000</p>

- * All Copayments paid by Member for Covered Services and Supplies other than Copayments paid for Prescription Drugs and Durable Medical Equipment (except for supplies for the management/treatment of diabetes) apply towards the Total Copayment Maximums.

Prescription Drug Benefits Schedule of Copayments For You and Your Dependents		
	Copayment **	
Pharmacy Benefits	Retail Participating Pharmacy (applies to each Prescription Order or refill)	Mail Order Participating Pharmacy (applies to each Prescription Order or refill)
Prescription Drugs		
Tier 1 Generic * drugs on the Prescription Drug List	\$5	\$5
Tier 2 Medically Necessary Name Brand drugs designated as preferred on the Prescription Drug List with no Generic equivalent (including supplies for the management and treatment of pediatric asthma) and Medically Necessary non-Prescription Drug List drugs*	\$35	\$35
Tier 3 Non-Medically Necessary Name Brand drugs on the Prescription Drug List with a Generic equivalent and non-Prescription Drug List drugs and Non-Medically Necessary non-Formulary drugs*	\$50	\$50
*Designated as per generally-accepted industry sources and adopted by Healthplan		

** **IMPORTANT** – The Limitations and Member Payments section in the Prescription Drug Rider contain additional information regarding applicable Copayments.

Supplemental Rider

This Supplemental Rider is part of the Cigna Healthcare of California, Inc. Group Service Agreement ("the Agreement") and subject to all of the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental prescription drug benefit is added to the Agreement.

Prescription Drugs

I. Definitions

Prescription Drug List means a listing of approved Prescription Drugs and Related Supplies. The Prescription Drugs and Related Supplies included in the Prescription Drug List have been approved in accordance with parameters established by the P&T Committee. New drugs are approved for the Formulary when there is proof of clinical efficacy. To be considered for inclusion in the Prescription Drug List, Prescription Drugs and Related Supplies must be reviewed by the P&T Committee. The P&T Committee meets at least quarterly. New Prescription Drugs and Related Supplies are frequently added to the Prescription Drug List, while others on the list may be deleted. The Prescription Drug List will be updated each time a change occurs.

The presence of a Prescription Drug and Related Supplies on the Prescription Drug List does not guarantee that the Member will be prescribed that Prescription Drug and Related Supplies by his/her Participating Physician for a particular medical condition.

You may contact Member Services at the toll-free number found on your Cigna HealthCare ID card to request a copy of the Prescription Drug List or to request information regarding whether a specific drug or drugs are on the Prescription Drug List. You can also access the Formulary through the Internet at www.cigna.com.

Coverage for certain Prescription Drugs and Related Supplies require your Participating Physician to obtain prior authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. The Healthplan shall also maintain an expeditious process by which Participating Physicians may obtain authorization for Medically Necessary non-Prescription Drug List Drug and Related Supplies. If the Member's Participating Physician reasonably believes that there is a Medically Necessary reason to prescribe a non-Prescription Drug List Drug and/or Related Supplies, or wishes to request coverage for a Prescription

Drug and/or Related Supplies for which prior authorization is required, the Participating Physician should contact the Healthplan or complete the appropriate prior authorization form and fax it to the Healthplan to request coverage before the Prescription Drug and/or Related Supplies are written so that the Healthplan can evaluate the request and work with the Participating Physician and Participating Pharmacy. If the request is approved, the doctor will receive a fax confirmation. The length of the authorization will depend on the diagnosis and the Prescription Drug and/or Related Supplies. If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If the Member is advised at the Participating Pharmacy that the prescription is for a non-Prescription Drug List Drug and/or Related Supplies and the Participating Provider has not contacted the Healthplan for authorization, the Participating Pharmacy will dispense the Prescription Drug and/or Related Supplies at the full retail cost of the non-Prescription Drug List drug. The Member may request that the Participating Pharmacy contact the Member's Participating Physician to request a change to a Prescription Drug List medication or submit a request to the Healthplan for coverage of the non-Prescription Drug List Drug and/or Related Supplies as Medically Necessary. If the Member's Participating Physician is not available or the Participating Pharmacy is not able to reach the Healthplan, all Participating Pharmacies have been instructed to dispense at least a three (3) day supply, but not more than a thirty (30) day supply at the applicable Copayment. If, after being contacted, the Member's Participating Physician reasonably believes a change to a Prescription Drug List Drug and/or Related Supplies is appropriate, the Healthplan will notify both the Member and the Participating Pharmacy. If, after consultation with the Member's Participating Physician, the non-Prescription Drug List Drug and/or Related Supplies is approved as Medically Necessary, the Member will continue to receive the non-Prescription Drug List Drug and/or Related Supplies at the applicable Copayment.

If the request for approval involves a Medically Necessary new non-Prescription Drug List Drug and/or Related Supplies or a refill non-Prescription Drug List Drug and/or Related Supplies where the Member has no more of the Prescription Drug and/or Related Supplies, the Healthplan will make a decision and communicate it to all parties by telephone on the same day as receipt of the request from the Member's Participating Physician but in any event not more than twenty-four (24) hours from the time of receipt. Requests for refills where the Member has more of the drug remaining will be made and communicated in writing to all parties within forty-eight (48) hours from the time of receipt of the request from

the Member's Participating Physician. The length of the authorization will depend on the diagnosis and Prescription Drug and/or Related Supplies.

If the request is denied, your Participating Physician and you will be notified that coverage for the Prescription Drug and/or Related Supplies is not authorized.

If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the Agreement, by submitting a written request stating why the Prescription Drug and/or Related Supplies should be covered.

If you have questions about a specific Prescription Drug List exception or prior authorization request, you should call Member Services at the toll-free number on the Cigna HealthCare ID card. Healthplan shall not limit or exclude coverage for a Prescription Drug and/or Related Supplies for a Member if the drug had previously been approved for coverage by the Healthplan for a medical condition of the Member and the Member's Participating Physician continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed, and is considered safe and effective for treating the Member's medical condition. Nothing shall preclude the Participating Physician from prescribing another drug, including a "generic" drug covered by Healthplan that is medically appropriate for the Member. This section does not apply to coverage for any drug that is prescribed for a use that is different from the use for which that drug has been approved for marketing by the federal Food and Drug Administration (FDA).

All newly approved Federal Drug Administration (FDA) drugs are designated as either non-preferred or non-Prescription Drug List Drugs until the P&T Committee evaluates the Prescription Drug clinically for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six (6) months after FDA approval. Prescription Drugs that appear to have therapeutic qualities similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six (6) months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

Life-threatening means i) disease or conditions where the likelihood of death is high unless the course of the disease is interrupted, and/or ii) disease or conditions with potentially fatal outcomes, where the end point of clinical intervention is survival.

Participating Pharmacy means 1) a retail pharmacy which has contracted with the Healthplan to provide prescription services to Members; or 2) a mail order pharmacy which has contracted with the Healthplan to provide mail order prescription services to Members.

Prescription Drug means (i) a drug which has been approved by the Food and Drug Administration safety and efficacy; (ii) certain drugs approved under the Drug Efficacy Study Implementation review; (iii) drugs marketed prior to 1938 and not subject to review, and which can, under federal or state law, be dispensed only pursuant to a prescription order.

Prescription Order means the lawful authorization for a Prescription Drug or Related Supply by a Participating Physician who is duly licensed to make such authorization within the course of such Participation Physician's professional practice or each authorized refill thereof.

Pharmacy & Therapeutics (P&T) Committee. A committee of Cigna HealthCare Participating Providers, Medical Directors and Pharmacy Directors which regularly reviews Prescription Drugs and Related Supplies for safety and efficacy. The P&T Committee evaluates Prescription Drugs and Related Supplies for potential addition to or deletion from the Prescription Drug List and may also set dosage and/or dispensing limits on Prescription Drugs and Related Supplies, including prior authorization requirements.

Related Supplies means diabetic supplies (insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin), needles and syringes for injectables covered under this Prescription Drug benefit, nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma and other conditions.

II. Services and Benefits

When ordered by a Participating Physician, a Member shall be entitled to purchase Medically Necessary Prescription Drugs and Related Supplies from Participating Pharmacies as designated by the Healthplan. Prescription Drugs and Related Supplies include coverage for the following:

Contraceptives - a variety of federal Food and Drug Administration approved prescription contraceptive methods.

Diabetic Supplies - insulin needles and syringes, lancets, lancet puncture devices, ketone urine testing strips, blood glucose test strips and pen delivery systems for the administration of insulin.

Needles and Syringes - for injectables covered under this Prescription Drug benefit.

Pediatric Asthma Supplies - nebulizers (including face masks and tubing), peak flow meters and inhaler spacers for the management and treatment of pediatric asthma.

Healthplan will also cover Medically Necessary Prescription Drugs and Related Supplies dispensed by a Participating Pharmacy, with a prescription issued to a Member by a

licensed dentist for the prevention of infection or pain in conjunction with a dental procedure.

When a Member is issued a prescription for a Prescription Drug and/or Related Supply as part of the rendering of Emergency Services and a Participating Pharmacy cannot reasonably fill such prescription, such prescription will be covered by Healthplan, subject to the provisions of this Rider.

Please refer to Section III. for a description of Prescription Drug Limitations.

III. Limitations

Each Prescription Order or refill shall be limited as follows:

- up to a consecutive thirty (30) day supply at a retail Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- up to a consecutive ninety (90) day supply at a mail order Participating Pharmacy, unless limited by the drug manufacturer's packaging; or
- a dosage and/or dispensing limit as determined by the P&T Committee.

Please refer to Section I. (Definition of “Prescription Drug List”) for a description of Cigna HealthCare’s Prior Authorization Process.

IV. Member Payments

Coverage for Prescription Drugs and Related Supplies is subject to a Copayment. In the event a Member’s Copayment exceeds the retail cost of the Prescription Drug and/or Related Supplies the Member’s Copayment will not exceed the pharmacy’s usual and customary charge (also known as the “retail charge”) for the Prescription Drug and/or Related Supplies.

- If two or more prescriptions or refills are dispensed at the same time, a Copayment must be paid for each prescription order or refill.
- When a treatment regimen contains more than one type of drug and the drugs are packaged together for the convenience of the Member, a Copayment will apply to each type of drug.

Please refer to the Prescription Drug Schedule of Copayments for the required Copayments.

Coverage will be provided for “generic” Prescription Drugs at the stated “generic” Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

Coverage will be provided for Medically Necessary “name brand” Prescription Drug List drugs and non- Prescription Drug List drugs at the stated Copayment if they are Medically Necessary as determined by the Healthplan Medical Director and not otherwise excluded under this Rider.

V. Exclusions

Except as otherwise set forth in this Rider, coverage for Prescription Drugs and Related Supplies is subject to the exclusions and limitations set forth in the "Exclusions and Limitations" Section of the Agreement. In addition, any services or benefits related to Prescription Drugs and Related Supplies which are not described in this Supplemental Rider are excluded from coverage under the Agreement. By way of example, but not of limitation, the following are specifically excluded services and benefits:

1. Any drugs or medications available over the counter that do not require a prescription by federal or state law, and any drug or medication that has a chemical equivalent (i.e., same active ingredient and equivalent dosage) to an over the counter drug or medication other than insulin.
2. Any drugs that are experimental or investigational, within the meaning set forth in the Agreement.
3. Food and Drug Administration (FDA) approved prescription drugs used for purposes other than those approved by the FDA unless the drug is prescribed for the treatment of a life-threatening or chronic and seriously debilitating condition, the drug is Medically Necessary to treat that condition, and the drug has been recognized for treatment of that condition by one of the following: The American Medical Association Drug Evaluations; The American Hospital Formulary Service Drug Information; The United States Pharmacopeia Dispensing Information, Volume 1, “Drug Information for the Health Care Professional”; or two articles from major peer reviewed medical journals that present data supporting the proposed off-label use or uses as generally safe and effective unless there is clear and convincing contradictory evidence present in a major peer reviewed medical journal.
4. All newly FDA approved drugs, prior to review by the Pharmacy and Therapeutics committee unless deemed Medically Necessary by Healthplan Medical Director.
5. Any prescription and non-prescription supplies (such as ostomy supplies), devices, and appliances, except as covered in this Rider. Please refer to Definitions, Related Supplies, for covered supplies.
6. Any drugs used for treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasmia and decreased libido.
7. Any prescription vitamins (other than prenatal vitamins), dietary supplements, and fluoride products.
8. Prescription drugs used for cosmetic purposes such as drugs used to reduce wrinkles, drugs to promote hair growth as well as drugs used to control perspiration and fade cream products.

9. Any diet pills or appetite suppressants (anorectics) except when Medically Necessary for the treatment of morbid obesity.
10. Prescription smoking cessation products unless Medically Necessary.
11. Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis.
12. Replacement of Prescription Drugs due to loss or theft.
13. Drugs used to enhance athletic performance.
14. Drugs which are to be taken by or administered to a Member while the Member is a patient in a licensed hospital, skilled nursing facility, rest home or similar institution which operates on its premises or allows to be operated on its premises a facility for dispensing pharmaceuticals.
15. Prescriptions more than one year from the original date of issue.

- Sensory integration therapy, group therapy; treatment of dyslexia; behavior modification or myofunctional therapy for dysfluency, such as stuttering or other involuntarily-acted conditions without evidence of an underlying diagnosed medical condition or injury are not covered unless determined to be Medically Necessary;
- Speech therapy or treatment for functional articulation disorder, such as correction of tongue thrust, lisp, stuttering, verbal apraxia or swallowing dysfunction that is not based on an underlying diagnosed medical condition or injury is not covered unless determined to be Medically Necessary; and
- Treatment consisting of routine or long-term therapy provided to maintain the patient's current health status is not covered unless determined to be Medically Necessary.

If any Rehabilitative Therapy has been denied on the basis of not being Medically Necessary, you may seek an appeal through the "Independent Medical Review for Experimental and Investigational Therapies and Disputed Health Care Services" under "Section III. Agreement Provisions".

Services that are provided by a chiropractic Physician are not covered. These services include the management of neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to restore motion, reduce pain and improve function.

Supplemental Rider

This Supplemental Rider is a part of the Medical Group Service Agreement ("the Agreement") and replaces the "Rehabilitative Therapy" benefits provided in the Agreement, and is subject to all the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental chiropractic benefit is added to the Agreement.

Rehabilitative Therapy

The text shown for Rehabilitative Therapy in your Group Service Agreement is replaced by the following:

Rehabilitative Therapy that is part of a rehabilitation program, including physical, speech, occupational, cognitive, osteopathic manipulative, cardiac rehabilitation and pulmonary rehabilitation therapy, when provided in the most medically appropriate setting. This includes routine or long-term therapy provided to maintain current health status when it is medically necessary.

The following limitations and exclusions apply to Rehabilitative Therapy:

- For Rehabilitative Therapy, the Healthplan may request that your Participating Provider provide biweekly updates on your progress.
- Occupational therapy is provided only for purposes of enabling Members to perform the activities of daily living after an illness or injury.

Chiropractic Care Services

This Supplemental Rider is a part of the Medical Group Service Agreement ("the Agreement") and is in addition to the "Short-Term Rehabilitative Therapy" benefits provided in the Agreement, and is subject to all the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental chiropractic benefit is added to the Agreement.

Any exclusion for Chiropractic Care Services shown in the Exclusions and Limitations section of the Group Service Agreement is hereby deleted and will not apply.

Chiropractic Care Services include the diagnostic and treatment services utilized in an office setting by participating chiropractic Physicians. Chiropractic treatment includes the conservative management acute neuromusculoskeletal conditions through manipulation and ancillary physiological treatment rendered to specific joints to restore motion, reduce pain and improve function. For these services you have direct access to qualified participating chiropractic Physicians; you do not need a Referral from your PCP.

The following limitation applies to Chiropractic Care Services:

- Occupational therapy is provided only for purposes of enabling Members to perform the activities of daily living after an illness or injury.

The following are specifically excluded from Chiropractic Care Services:

- Services of a chiropractor which are not within his/her scope of practice, as defined by state law;
- Charges for care not provided in an office setting;
- Maintenance or preventive treatment consisting of routine, long term or non-medically necessary care provided to prevent reoccurrence or to maintain the patient's current status; and
- Vitamin therapy.

Supplemental Rider

This Supplemental Rider is part of the Medical Group Service Agreement ("the Agreement") and subject to all of the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following is added to the Agreement as a supplemental benefit to the "Services and Benefits" Section of the Agreement which provides services in connection with infertility.

Infertility Services

Any exclusions for Infertility Services shown in Section V. Exclusions and Limitations are hereby deleted and will not apply.

Services related to diagnosis of infertility and treatment of infertility once a condition of infertility has been diagnosed. Services include, but are not limited to: approved surgeries and other therapeutic procedures that have been demonstrated in existing peer-reviewed, evidence-based, scientific literature to have a reasonable likelihood of resulting in pregnancy, including artificial insemination; laboratory tests; sperm washing or preparation; and diagnostic evaluation.

Infertility is defined as the inability of opposite-sex partners to achieve conception after one year of unprotected intercourse; or the inability of a woman to achieve conception after six trials of artificial insemination over a one-year period.

This benefit includes the diagnosis and treatment of both male and female infertility. The following are specifically excluded infertility services:

- in vitro fertilization; gamete intrafallopian transfer (GIFT); zygote intrafallopian transfer (ZIFT) and variations of these procedures;

- reversal of male or female voluntary sterilization;
- infertility services when the infertility is caused by or related to voluntary sterilization;
- donor charges and services;
- cryopreservation of donor sperm and eggs; and
- any experimental, investigational or unproven infertility procedures or therapies.

Supplemental Rider

This Supplemental Rider is a part of the Cigna HealthCare of California, Inc. Group Service Agreement ("the Agreement") and is subject to all of the terms, conditions and limitations contained therein. In consideration for an additional monthly fee incorporated into the Prepayment Fee, the following supplemental benefit for Hearing Aid Coverage is added to the "Covered Services and Supplies" section of the Agreement.

Hearing Aid Appliances

Purchase and fitting of hearing aid appliances are covered if ordered or prescribed by a Participating Physician, available only by prescription and are medically necessary for any of the following:

- conductive hearing loss unresponsive to medical or surgical interventions;
- sensorineural hearing loss;
- mixed hearing loss.

Hearing aids include but are not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored Hearing Aids (BAHAs). A hearing aid is any device that amplifies sound.