

RIDER 004

DEPENDENT CHILD CONTINUATION RIDER

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add coverage for unmarried children between 19 and 25 years of age.

The Section entitled **Eligibility** is amended by deleting (b) from **Coverage Period for a Dependent Child** and replacing it with the following:

Coverage for a child who is your Dependent ends on the last day of the month or calendar year in which the child reaches the age as determined by your Group or Remitting Agent, but no more than 25.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 012

**DURABLE MEDICAL EQUIPMENT, PROSTHETIC &
ORTHOTIC APPLIANCES RIDER**

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to provide coverage for Durable Medical Equipment and/or Prosthetic and Orthotic Appliances. The Premium shall be adjusted by an amount set forth in a written notice from HAP to your Group or Remitting Agent.

The Section entitled **Services and Benefits** is amended by adding the following:

"Durable Medical Equipment" ("DME") is equipment which is able to withstand repeated use, is primarily and customarily used to serve a medical purpose and is not generally needed by a person in the absence of illness or injury. The equipment must be a covered item as determined by HAP or its designee.

"Prosthetic Appliance" is an artificial device which replaces an absent part of the body or which aids the performance of a natural function of the body without replacing a missing part. The appliance must be a covered item as determined by HAP or its designee.

"Orthotic Appliance" is an external device intended to correct any defect of form or function to the human body. The appliance must be a covered item as determined by HAP or its designee.

Durable Medical Equipment ("DME")

1. All DME must be ordered by an Affiliated Provider and dispensed by an Affiliated DME Provider. Prior authorization is required.
2. Repair of DME is covered for restoration to a serviceable condition.
3. Replacement of DME is covered when:
 - a. Necessitated by irreparable damage not due to misuse, intentional or nonintentional.
 - b. The cost of repairs would exceed the purchase price.
 - c. Due to a change in the size or condition of the patient as determined by HAP or its designee.
4. All DME must be a covered item as determined by HAP or its designee.

Prosthetic and Orthotic Appliances

1. All Prosthetic and Orthotic Appliances must be ordered by an Affiliated Provider and dispensed by an Affiliated Provider. Prior authorization is required.
2. Repair of Prosthetic and Orthotic Appliances is covered for restoration to a serviceable condition.
3. Replacement of purchased Prosthetic and Orthotic Appliances is covered when:
 - a. Necessitated by irreparable damage not due to misuse, intentional or nonintentional.
 - b. The cost of repairs would exceed the purchase price.

- c. Due to a change in the size or condition of the patient as determined by HAP or its designee.
4. One pair of prescription lenses and one pair of frames according to HAP guidelines following a cataract operation or to replace the organic lens missing because of congenital absence are covered.
5. All Prosthetic and Orthotic Appliances must be covered items as determined by HAP or its designee.

The Section entitled **Exclusions and Limitations** is amended by deleting the **Medical Devices and Equipment** and replacing it with the following:

Medical Devices and Equipment

- (1) DME, Prosthetic and Orthotic Appliances and cataract lenses ordered prior to coverage under this Contract, even if delivered after coverage.
- (2) Replacement and repair of any DME or Prosthetic and Orthotic Appliances resulting from intentional or nonintentional misuse.
- (3) Batteries used for any type of DME.
- (4) Comfort and convenience equipment, exercise and hygiene equipment, corrective shoes and supports, dental appliances, experimental or research equipment, and self help devices not medical in nature such as sauna baths and elevators.
- (5) Physician equipment such as sphygmomanometers, stethoscopes, etc.
- (6) Any DME or Prosthetic and Orthotic Appliances ordered while covered but delivered more than 60 days after termination of coverage.
- (7) Eyeglasses (frames and lenses) except lenses following cataract surgery.
- (8) Hearing aids.
- (9) Lost or stolen equipment.
- (10) Home, or vehicle additions, modifications or appliances.
- (11) Cost of equipment and/or devices in excess of the coverage amounts for standard equivalents.
- (12) Disposable medical supplies, such as dressings and support garments.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 016

**SKILLED NURSING FACILITY RIDER
(730 Days)**

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add coverage for Skilled Nursing Facility care. The Premium shall be adjusted by an amount set forth in a written notice from HAP to your Group or Remitting Agent.

The Section entitled **Services and Benefits** is amended by adding the following:

Skilled Nursing Facility

1. Skilled nursing facility services are provided up to a maximum period of 730 days for skilled nursing care, for each continuous period of confinement or for successive periods separated by less than 60 days, of which not more than 90 days may be for care for mental illness. To be eligible for care for mental illness the confinement must immediately follow a period of acute care for mental illness at an Affiliated Hospital.
2. A new maximum service period will commence only when there has been a lapse of at least 60 days from the last date of discharge to the next date of admission.
3. The 730 day period will be reduced by 2 days for every inpatient hospital day (or successive periods of hospitalization separated by less than 60 days) prior to or during an admission to a Skilled Nursing Facility.

The Section entitled **Exclusion and Limitations** is amended by deleting **Nursing Services** and replacing it with the following:

Nursing Services

- (1) Private duty nursing services.
- (2) Residential and basic nursing services provided in a long-term care facility.
- (3) Skilled nursing facility services for tuberculosis of any kind.
- (4) Custodial care.
- (5) Skilled nursing facility services for senile deterioration or mental deficiency or mental retardation.
- (6) Skilled nursing facility services for mental illness, other than for short-term skilled nursing care cases in which prognosis for recovery or improvement is deemed favorable.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 112

**OFFICE VISIT
\$20 COPAYMENT RIDER**

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add a \$20 Copayment or 50% of HAP's reimbursement, whichever is less, per visit to any Affiliated Physician Network or Medical Group. The Premium shall be adjusted by an amount set forth in a written notice from HAP to your Group or Remitting Agent.

The Section entitled **Payment of Premiums and Copayments** is amended by adding the following:

The Copayment is \$20 or 50% of HAP's reimbursement, whichever is less, per visit to any Affiliated Physician Network or Medical Group regardless of the duration of the visits.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 113

**EMERGENCY SERVICES
\$75 COPAYMENT RIDER**

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add a \$75 Copayment or 50% of HAP's reimbursement, whichever is less, for Emergency Services. The Premium shall be adjusted by an amount set forth in a written notice from HAP to your Group or Remitting Agent.

The Section entitled **Payment of Premiums and Copayments** is amended by adding the following:

The Copayment is \$75 or 50% of HAP's reimbursement, whichever is less, for Emergency Services rendered in an emergency room.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 118

**URGENT CARE
\$20 COPAYMENT RIDER**

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add a \$20 Copayment or 50% of the cost of treatment, whichever is less, per visit for Urgent Care Services. The Premium shall be adjusted by an amount set forth in a written notice from HAP to your Group or Remitting Agent.

The Section entitled **Payment of Premiums and Copayments** is amended by adding the following:

The Copayment is \$20 or 50% of the cost of treatment, whichever is less, per visit for Urgent Care Services regardless of the duration of the visits.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.

RIDER 124

HOME HEALTH CARE - UNLIMITED DAYS

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add coverage for unlimited Medically Necessary home health care days to the Home Health Care benefit. This Rider is effective as of the date shown on the identification card issued in connection with this Rider.

- I. The Section entitled **Services and Benefits** is amended by deleting Section (b) of the Home Health Care benefit description and replacing it with the following:

Home Health Care

- (b) The number of visits for Medically Necessary approved home health care shall be determined by HAP's accepted benefit, referral and practice policies.

All other terms and conditions of the Contract remain in full force and effect except as specifically amended by this Rider.

- II. The Section entitled **Payment of Premiums and Copayments** is amended by the addition of the following:

An additional rate for Covered Services, set forth in this Rider and in a written notice by HAP to the Remitting Agent or the Subscriber, shall be paid in addition to the Premium for the HMO Subscriber Contract.

RIDER 126

ASSISTED REPRODUCTIVE TECHNOLOGIES

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add coverage for limited Assisted Reproductive Technologies to the Reproductive Care and Family Planning Services benefit. This Rider is effective as of the date shown on the identification card issued in connection with this Rider.

- I. The Section entitled **Services and Benefits** is amended by the addition of the following limited Assisted Reproductive Technologies to the **Reproductive Care and Family Planning Services** benefit description:
- (e) Assisted Reproductive Technologies (ART) are forms of achieving pregnancy after a diagnosis of infertility has been established. Covered ART procedures are limited to artificial insemination procedures, including intrauterine insemination (IUI) and intracervical insemination (ICI). All other forms of ART remain not covered.
 - (1) Covered Services include ART when ordered and provided by Affiliated Providers for female Members between the ages of 21 and 42 who have undergone infertility treatment, which has been unsuccessful in restoring fertility.
 - (2) Coverage for ART is limited to one attempt of artificial insemination per lifetime, including all services performed leading up to the attempt, (i.e. lab tests, ultrasounds, office visits and other procedures performed after a diagnosis of infertility has been established), even if artificial insemination does not actually take place. Sperm washing is limited to one procedure per lifetime.
- II. The Section entitled **Exclusions** is amended by addition of the following limited Assisted Reproductive Technologies to the Reproductive Care and Family Planning Services benefit exclusions:
- (a) Artificial insemination required due to voluntary, surgically-induced sterilization of either partner.
 - (b) Artificial insemination required due to the absence of a male partner.
 - (c) Artificial insemination for female Members 43 years of age or older or 20 years of age or younger.
 - (d) All tests, services, procedures, diagnostics, and attempts of artificial insemination after HAP has paid for services related to an attempt of artificial insemination.
 - (e) Any ART other than artificial insemination (either IUI or ICI).
- III. The Section entitled **Payment of Premiums and Copayments** is amended by the addition of the following:
- An additional rate for Covered Services, set forth in this Rider and in a written notice by HAP to

the Remitting Agent or the Subscriber, shall be paid in addition to the Premium for the HMO Subscriber Contract.

RIDER 127

VOLUNTARY TERMINATION OF PREGNANCY RIDER

**To the Health Alliance Plan
HMO Subscriber Contract**

This Rider amends the HMO Subscriber Contract to add coverage for voluntary termination of pregnancy. The Premium shall be adjusted by an amount set forth in a written notice to your Group or Remitting Agent.

The Section entitled **Services and Benefits** is amended by deleting **Reproductive Care and Family Planning Services** and replacing it with the following:

Reproductive Care and Family Planning Services

The following services and benefits are Covered Services, except as excluded by a Rider:

- (a) History, physical examinations, laboratory tests, counseling, and medical supervision related to family planning as approved by the HAP Affiliated Provider according to HAP's benefit, referral and practice policies.
- (b) Genetic testing and counseling in accordance with HAP's benefit, referral and practice policies.
- (c) Services for diagnoses, counseling, and treatment of anatomical disorders causing infertility in accordance with HAP's benefit, referral and practice policies. Following the initial sequence of diagnostic work-up and treatment, additional treatment will be undertaken only when approved by HAP or its designee according to HAP's benefit, referral and practice policies.
- (d) Adult sterilization procedures are limited to vasectomy and tubal ligation procedures.
- (e) Voluntary termination of pregnancy medically induced for reasons other than medical necessity.

The Section entitled **Exclusions and Limitations** is amended to delete **Reproductive Care and Family Planning Services** and replacing it with the following:

Reproductive Care and Family Planning Services

- (1) Reversal of voluntary surgically-induced sterilization.
- (2) Infertility services to persons with a history of voluntary sterilization.
- (3) Services, testing and procedures, including artificial insemination and maternity care, performed in conjunction with or contemplation of surrogate motherhood.
- (4) Services related to the collection or storage of sperm or eggs, including donor fees.

- (5) Home uterine monitoring devices.
- (6) Services or benefits furnished in connection with any Assisted Reproductive Technologies (ART) procedures that involve harvesting, storage, or manipulation of eggs and sperm. These include, but are not limited to, artificial insemination, in vitro fertilization, gamete intrafallopian transfer, zygote intrafallopian transfer, embryo selection, embryo transfer, embryo freezing and drug treatment.
- (7) Voluntary Terminations during the second or third trimester of pregnancy.
- (8) Voluntary Terminations are limited to one episode within a 24 month period.

Until further notice, all terms, limitations, exclusions, and conditions of the HMO Subscriber Contract remain unchanged except as provided in this Rider.