

PHYSICAL MEDICINE HEALTH PROGRAM RIDER

to

SUMMARY PLAN DESCRIPTION

Your Summary Plan Description is amended by this rider. All other provisions of the Summary Plan Description which are not inconsistent with this rider remain in effect. This rider becomes effective on February 1, 2010.

The Chiropractic Care and Physical Therapy, Physical Medicine and Occupational Therapy benefits under the section of the Summary Plan Description entitled **MEDICAL CARE THAT IS COVERED** are deleted and replaced by:

Physical Therapy, Physical Medicine, Occupational Therapy and Chiropractic Care Services. The following services provided by a *physician* under a treatment plan which offers a reasonable expectation of significant improvement:

1. Physical therapy and physical medicine provided on an outpatient basis for the treatment of illness or injury, including the therapeutic use of heat, cold, exercise, electricity, ultra violet radiation, manipulation of the spine or massage for the purpose of improving circulation, strengthening muscles, or encouraging the return of motion. (This includes many types of care which are customarily provided by chiropractors, physical therapists and osteopaths.)
2. Occupational therapy provided on an outpatient basis when the ability to perform daily life tasks has been lost or reduced by illness or injury including programs which are designed to rehabilitate mentally, physically or emotionally handicapped persons. Occupational therapy programs are designed to maximize or improve a patient's upper extremity function, perceptual motor skills and ability to function in daily living activities.

Benefits are not payable for care provided to relieve general soreness or for conditions that may be expected to improve without treatment.

Outpatient visits will require medical necessity review after the first 5 visits per *calendar year*. Visits are counted on an annual basis per member, per provider office.

The review process for Physical Therapy, Physical Medicine, Occupational Therapy and Chiropractic Care will be managed by American Specialty Health Networks, Inc. (ASH Networks) through a Health Care Service Agreement with Anthem Blue Cross Life and Health Insurance Company (Anthem). The program is designed to assure that the services you receive are medically necessary and appropriate, and that your benefits are used to your best advantage.

All Physical Therapy, Physical Medicine, Occupational Therapy and Chiropractic Care services, regardless of the provider type, will be submitted by your provider to ASH Networks for medical necessity review. If the service is within the first 5 visits per member, per provider, the service will be automatically authorized. After 5 visits, services provided by *participating providers* and *non-participating providers* may or may not be authorized as medically necessary by ASH Networks.

Medical necessity review after the first 5 visits is not required, however it is highly recommended. If the services requested by a non-par provider do not meet medical necessity criteria, the member will be financially responsible for services not approved as medically necessary. Services for Physical Therapy, Physical Medicine, Occupational Therapy and Chiropractic Care are subject to medical necessity by ASH Networks which allows providers and members to know up front what will be covered. If authorization is not obtained, claims for Physical Therapy, Physical Medicine, Occupational Therapy and Chiropractic Care will be reviewed upon receipt of the claim.

No benefits are payable unless your coverage is in force at the time services are received, and the payment of benefits is also subject to all terms and requirements that may be listed elsewhere in this plan description.