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## **Amendment to The University of Maine System CompCare Certificate of Coverage**

Your Anthem Blue Cross and Blue Shield University of Maine System CompCare Certificate of Coverage (048749) is changed as stated in this amendment.

The “Introduction” page is changed by adding the following:

### **Paying Subscription Charges and Renewal**

Coverage is provided as stated in the Group Agreement. The coverage will renew automatically from year to year on the Anniversary/Renewal Date for additional one-year terms unless the Group or Anthem Blue Cross and Blue Shield gives written notice of termination, subject to the provisions in the Group Agreement.

Payment for subscription charges is due the first day of each month. If payment is received within 31 days of the due date - - the grace period, coverage will continue without a lapse in coverage. If payment is not received within 31 days of the due date, coverage may be cancelled at the expiration of the grace period. We reserve the right to take necessary action to collect premiums for the grace period. We reserve the right to unilaterally modify the terms of the Contract consistent with state and federal laws.

The “Table of Contents” is changed by removing the following language from the Claims Information subsection:

Presque Isle  
55 North Street, Suite A  
Presque Isle, ME 04769  
Telephone: 207-764-8124

The “Eligibility, Termination and Continuation of Coverage” section is changed as follows:

The “Special Enrollment” subsection is changed by adding the following to the list of conditions required for enrollment:

- d. the member no longer resides in such coverage’s permitted service area provided that no other coverage under the plan is available to the Member;
- e. benefits are no longer offered to a class of similarity situated individuals. For example, if a Plan terminates health coverage for all part-time workers, the part-time workers incur a loss of eligibility for coverage, even if the Plan continues to provide coverage to other employees;

- f. the application of the lifetime maximum benefit through another carrier's coverage; or
- g. a dependent loses eligible dependent status. An employee who is already enrolled in a benefit option may enroll in another option under the Plan due to a dependent losing eligible dependent status.

You are not required to elect and exhaust COBRA coverage under another plan to enroll in this Plan during a special enrollment period. If you do elect COBRA coverage under another plan, however, you must exhaust your COBRA coverage under that plan before you can elect to participate in this Plan. Special enrollment rights do not apply if you lose other coverage because you failed to pay our COBRA premiums.

The following provision is added to the "Eligibility, Termination and Continuation of Coverage" section:

#### **Return From Military Service**

If you return from full-time active service following a call to active military duty, no waiting period applies. You and eligible family Members can reenroll in the Plan, provided you apply for reemployment within the timeframe permitted under the Uniformed Services Employment and Reemployment Rights Act. The time period allowed for reemployment depends on the length of your active military duty. To reenroll in the Plan, your application must be received within 31 days of your reemployment date. Coverage is effective on the effective date of your reemployment.

#### **Continuation of Coverage Due To Military Service**

In the event you are no longer actively at work due to military service in the Armed Forces of the United States, you may elect to continue health coverage for yourself and your Dependents (if any) under this Certificate in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

Military service means performance of duty on a voluntary or involuntary basis, and includes active duty, active duty for training, initial active duty for training, inactive duty training, and full-time National Guard duty.

You may elect to continue to cover yourself and your eligible Dependents (if any) under this Certificate and upon payment of any required contribution for health coverage. This may include the amount the employer normally pays on your behalf. If your military service is for a period of time less than 31 days, you may not be required to pay more than the active employee contribution, if any, for continuation of health coverage. If continuation is elected under this provision, the maximum period of health coverage under this Certificate shall be the lesser of:

- The 18-month period (24 months if continuation is elected on or after 12/10/2004) beginning on the first date of your absence from work; or
- The day after the date on which you fail to apply for or return to a position of employment.

Regardless whether you continue your health coverage, if you return to your position of employment your health coverage and that of your eligible Dependents (if any) may be reinstated under this Certificate.

The “Covered Services” section is changed as follows:

The “Diagnostic Services” provision is changed by adding the following:

You must receive prior authorization from us for the diagnostic services which include but are not limited to:

CT Scans, MRI/MRAs, Nuclear Cardiology, and PET Scans.

Please call the number on the back of your Identification Card if you have questions regarding which services require prior authorization.

The "Surgical Services" provision is deleted in its entirety and replaced with the following:

### **Surgical Services**

Benefits are provided for covered surgical procedures, including services of a surgeon, specialist, anesthetist or anesthesiologist, and for preoperative and postoperative care.

For covered surgeries, services of surgical assistants are payable as a surgery benefit if included on the list of payable Anthem surgical assistant codes. If you have questions about your surgical procedure, please contact your physician or Customer Service.

The “Exclusions” section is changed as follows:

The Alternative Medicine exclusion is deleted in its entirety and replaced with the following:

**Alternative Medicines or Complementary Medicines** We do not provide Benefits for alternative or complementary medicine. Alternative or complementary medicine is any protocol or therapy for which the clinical effectiveness has not been proven or established, as determined by Anthem’s Medical Director. Services in this category include, but are not limited to, holistic medicine, homeopathy, hypnosis, aroma therapy, massage therapy (unless otherwise stated in the Covered Services section), reiki therapy, herbal, vitamin or dietary products or therapies, naturopathy, thermography, orthomolecular therapy, contact reflex analysis, bioenergetic synchronization technique (BEST) and iridology-study of the iris.

The following exclusion is added as follows:

**Biofeedback** We do not provide benefits for biofeedback.

The “Definitions” section is changed as follows:

The definitions of “Accident Care”, “Creditable Coverage”, and “Medicare” are deleted and replaced with the following:

**Accident Care** Treatment of an accidental bodily injury sustained by the Member that is the direct cause of the condition for which Benefits are provided and that occurs while the insurance is in force.

**Creditable Coverage (Prior Coverage)** Coverage under an individual or group contract or policy that was in effect within 3 months before you were eligible for coverage under this Contract if you apply when initially eligible, or within 3 months of your effective date if you apply as a Late Enrollee. Creditable coverage includes Group or individual health insurance, Medicare, Medicaid, CHAMPUS, Indian Health Care Improvement Act, state health benefit risk pool, federal employees health benefit plan, qualified public health plan, the Peace Corps health benefit plan, S-CHIP, or a qualified foreign health plan. In calculating the period of Creditable Coverage, all periods of coverage under all types of Creditable Coverage are added together unless there is a consecutive 90-day or longer break in the time period the individual has Creditable Coverage.

**Medicare** The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as then constituted or later amended.

The “Definitions” section is further changed by adding the following to the definition of “Professional”:

- Licensed Marriage and Family Therapist
- Licensed Pastoral Counselor

The following definitions are added:

**Effective Date** The first day of coverage with Anthem Blue Cross and Blue Shield

**Enrollment Date** The first day of coverage or, if there is a waiting period, the first day of the waiting period.

All other terms, conditions, exclusions, and limitations of your Anthem Blue Cross and Blue Shield University of Maine System CompCare Certificate of Coverage (048749) apply to this amendment.



Nancy L. Purcell  
Corporate Secretary  
Anthem Blue Cross and Blue Shield