

**SUMNER COUNTY EMPLOYEES  
INSURANCE TRUST FUND**

Options 1 and 2

**Health Benefit Plan  
Summary of Material  
Modification**



**NOTICE**

**PLEASE READ THIS SUMMARY OF MATERIAL MODIFICATION (SMM) CAREFULLY AND KEEP IT IN A SAFE PLACE FOR FUTURE REFERENCE. IT EXPLAINS YOUR BENEFITS AS ADMINISTERED BY BLUECROSS BLUESHIELD OF TENNESSEE, INC. THIS SMM IS EFFECTIVE JANUARY 1, 2015.**

**THE EOC YOU RECEIVED IS MODIFIED BY:**

- **UNDER THE HEADING "ADDITIONAL BENEFIT" THE FOLLOWING HAS BEEN DELETED:**

**Benefits will be available up to \$200, for vision cost incurred beginning January 1<sup>st</sup> and ending December 31<sup>st</sup> of each calendar year, for routine vision care, including examinations, glasses, contacts, and frames. There are no restrictions, as long as the items listed are utilized. There is no network or list of providers; however, the Member should shop wisely to hold down any additional cost they may incur above the \$200 cap. Unused portions of this benefit will NOT be rolled to the next year.**

- **THE HEARING AID BENEFIT HAS BEEN MODIFIED AND READS AS FOLLOWS:**

Hearing Aids (for anyone over the age of 19) Limited to \$6,000 every 3 years.	80%	60%
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- **UNDER THE PRESCRIPTION DRUG PROGRAM, THE GRID CURRENTLY SHOWN IN THE EOC HAS BEEN REPLACED WITH THE FOLLOWING:**

**PRESCRIPTION DRUG PROGRAM-Option 2 Only**

	One month supply (Up to 30 days)	Two months supply (31 to 60 days)	Three months supply (61 to 90 days)
	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug	Generic Drug/Preferred Brand Drug/Non-Preferred Brand Drug
RX04 retail network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240  Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480  Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720  Or actual cost of drug whichever is less
Home Delivery Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240  Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480  Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720  Or actual cost of drug whichever is less
Plus90 Network	10% with a max of \$60/25% with a max of \$140/35% with a max of \$240  Or actual cost of drug whichever is less	10% with a max of \$120/25% with a max of \$280/35% with a max of \$480  Or actual cost of drug whichever is less	10% with a max of \$180/25% with a max of \$420/35% with a max of \$720  Or actual cost of drug whichever is less
Compound Drugs	35% with a max of \$240	35% with a max of \$480	35% with a max of \$480
Out-of-Network	You pay all costs, then file a claim for reimbursement.		

IF YOU HAVE ANY QUESTIONS ABOUT THIS SMM OR ANY OTHER MATTER  
RELATED TO YOUR MEMBERSHIP IN THE PLAN, PLEASE WRITE OR CALL US  
AT:

CUSTOMER SERVICE DEPARTMENT  
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,  
ADMINISTRATOR  
1 CAMERON HILL CIRCLE  
CHATTANOOGA, TENNESSEE 37402  
(800) 565-9140



**BlueCross BlueShield  
of Tennessee\***

1 Cameron Hill Circle  
Chattanooga, Tennessee  
37402

**[www.bcbst.com](http://www.bcbst.com)**

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**BENEFIT QUESTIONS?**  
Call the Customer Service  
Number on the membership I.D. Card

**SELF-FUNDED EOC (9/01)**

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