

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)
Endorsement to Policy - FORM CHIP HCTC 101 (10/03)**

IMPORTANT: KEEP THIS ENDORSEMENT WITH YOUR POLICY

This Endorsement amends your Policy by adding coverage for certain vaccinations. In addition to covering vaccinations as described below, CHIP will reimburse you for any covered vaccinations you received from an In-Network Provider at any time during calendar year 2010, provided that you submit evidence of payment for the vaccination that is acceptable to CHIP.

This Endorsement also replaces Endorsement FORM CHIP HCTC – 101 EN WB (8/07) (Replacement), which should be discarded.

A. Adding Vaccinations to Wellness Benefits. This subsection A of the Endorsement is effective for services obtained on or after January 1, 2010.

The Policy is amended as follows:

BENEFITS, GENERAL LIMITATIONS AND EXCLUSIONS IN YOUR POLICY are hereby amended to add the following new provision that reads as follows:

“Preventive Care and related tests generally are not covered; however, subject to the limitations below and elsewhere in this Policy, CHIP will cover the following Wellness Care services provided by an In-Network Provider. *We do not cover Wellness Care services provided by an Out-of-Network Provider.* Wellness Care services cost a single [\$25] Copayment per examination or visit, except for vaccinations described below, which are covered In-Network at [100%]. Wellness Care is not subject to deductibles or coinsurance.

WELLNESS CARE BENEFITS

Annual physical exam. Limit one per year. No age restriction.

Mammography screening. One for females ages 35 - 39; one every two years for females ages 40 to 49; and one screening per year for females age 50 and older.

Prostate screening. One PSA per year for men age 50 and over.

Pap smears. One per year for adult women (18 and over)

Vaccinations. Covered in a dose and frequency recommended by the Advisory Committee on Immunization Practices (ACIP) of the federal Centers for Disease Control and Prevention (CDC) for a person of like age and health status of the Insured Person, including two (2) seasonal and H1N1 flu vaccinations.

WELLNESS CARE INCENTIVE

If you, the Policyholder, complete an annual physical exam and contact one of our Health Coaches either before or after your physical, CHIP will reimburse the \$25 co-pay you incur as a result of your annual physical examination.”

B. Deadline for submitting claims by insured. This subsection B of this Endorsement is effective November 1, 2010.

The Policy is amended as follows:

1. On page 27 (in the section entitled COVERED EXPENSES, Other Services and Supplies), by adding the following information at the end of the paragraph entitled Prescription Drugs:

“Refer to information entitled When You Must Submit Claims in the XI. GENERAL PROVISIONS section for information on when claims must be submitted.”

2. On page 72 (in the section entitled XI. GENERAL PROVISIONS), by removing paragraph (2) and replacing with the following:

“(2) Deadline for Submitting Claims. You must submit written proof of any services, supplies, drugs, or articles or treatment and the charges to the ADMINISTRATOR **not later than twelve (12) months from the date such services, supplies, drugs, or articles or treatment were received.** The failure to file a claim for a Covered Expense within this deadline will cause such Covered Expense to be excluded from coverage under this Policy.”

This Endorsement becomes a part of the Arkansas Comprehensive Health Pool (CHIP) Policy – FORM CHIP HCTC – 101 (10/03). All other provisions of the Policy, including other Endorsements not replaced by this Endorsement, remain in full force and effect.