Effective on the date notified, your medical benefits plan is amended to provide coverage for certain preventive care services.

**Section 1: Benefits Payable**

The following preventive care services are covered.

**Health Maintenance Examination** — One examination per member, per calendar year.

**Well-Baby and Childhood Visits** — We pay for well-baby and childhood visits from birth through age 17.

**Routine Laboratory** — The following laboratory services are payable once per member, per calendar year for routine screening:

- blood glucose test
- CBC, hemoglobin/hemogram
- chlamydia detection test
- comprehensive metabolic panel
- fecal occult blood screening
- general health panel
- lipid panel
- total serum cholesterol test
- TSH test
- tuberculin skin test
- urinalysis

*Note:* Fecal occult blood screening is not subject to the one per member, per calendar year limit.

**Electrocardiogram with interpretation** — One routine EKG with interpretation, per member, per calendar year.

**Bone Density Testing** — One routine bone density test, per member, per calendar year.

**Adult Immunizations** — The following immunizations are payable:

- Hepatitis B
- Influenza
- Diphtheria/tetanus
- Varicella (chickenpox)

These immunizations are paid according to the guidelines established by the National Coalition of Adult Immunization.

**Childhood Immunizations** — Immunizations for children are payable as recommended and approved by the Advisory Committee on Immunization Practices and the American Academy of Pediatrics.

**Section 2: Definitions**

**Blood Glucose Test** — A laboratory test that measures the glucose (sugar) in the blood.

**CBC (Complete Blood Count)** — A laboratory test of the blood’s red cells, white cells and platelets. Hemoglobin/hemogram is the part of the test that measures red blood cells.

**Chlamydia Detection Test** — Laboratory tests performed to determine the presence of chlamydia infection in the body, usually the cervix.
Comprehensive Metabolic Panel — A panel of blood tests that measure kidney, liver and other metabolic functions of the body.

Fecal Occult Blood Screening — A laboratory test to detect blood in the feces or stool.

General Health Panel — A series of laboratory blood tests, which includes a comprehensive metabolic panel, CBC and TSH.

Health Maintenance Examination — A comprehensive history and physical examination including blood pressure measurement, skin examination for malignancy, breast examination, testicular examination, rectal examination and health counseling regarding potential risk factors.

Lipid Panel — A laboratory blood test of three specific components of cholesterol: LDL, HDL and triglycerides.

Tuberculin Skin Test — A laboratory skin test to determine a person’s exposure to tuberculosis.

Total Serum Cholesterol Test — A laboratory blood test to measure cholesterol levels.

TSH (Thyroid Stimulating Hormone) Test — A laboratory blood test of thyroid functions.

Urinalysis — A laboratory test to identify various substances in the urine.

Section 3: Limitations and Exclusions

- Preventive care services are not subject to any deductible or copayment requirements.
- Benefits under this rider are limited to professional provider services only; facility or hospital services are not included.

Section 4: General

Until further notice, all the terms, definitions, limitations, exclusions, and conditions of your coverage remain unchanged and in full force and effect, except as provided in this amendment.