

## **Seton Healthcare Network – Summary of Material Modification**

### **Seton Healthcare Network Employee Health Plan**

**Effective January 1, 2008**

#### **Introduction**

The purpose of this Summary of Material Modifications (SMM) is to notify you of important changes to the Seton Healthcare Network Employee Health Plan (the Plan) effective January 1, 2008. You should take the time to read this information carefully and keep it with the copy of the Summary Plan Description (SPD) that was provided to you.

If there are any discrepancies between the information in this SMM and the official Plan documents, the terms of the Plan document will prevail.

Certain services are subject to authorization depending on which benefit option you select. Please contact the Plan Administrator for the Plan's authorization requirements.

The important changes to the plan are as follows:

#### **Exhibit A: Medical Benefits and Exclusions and Limitations**

##### **Section D. Diagnosis-Specific Benefits**

The first bullet of Reconstructive Surgery is revised as follows:

Reconstructive surgery performed on a Dependent who is less than 18 years of age to improve the function of, or to attempt to create a normal appearance of a craniofacial abnormality;

##### **Diabetes**

The second bullet referencing diabetes equipment is revised. The third sub-bullet under this section is revised as follows:

- Therapeutic shoes along with inserts for members with any of the following complications:
  1. Peripheral neuropathy with evidence of callus formation,; or
  2. History of pre-ulcerative calluses; or
  3. History of previous ulceration; or
  4. Foot deformity; or
  5. Previous amputation of the foot or part of the foot; or
  6. Poor circulation.
- Therapeutic shoes and inserts limited to the following:
  1. No more than one (1) pair of custom-molded shoes (including inserts provided with the shoes) and two (2) additional pairs of inserts; or
  2. No more than one (1) pair of depth shoes and three (3) pairs of inserts (not including the non-customized removable inserts provided with such shoes).

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**Section G. Eating Disorders, is revised to include the following language:**

On an outpatient basis nutritional counseling is covered for eating disorders when it is prescribed by a physician and provided only at Seton Family of Hospitals Clinical Nutrition Department. This benefit is subject to any pre-Authorization requirements of the Plan.

**Section L Prosthetics and Orthotics**

Section L is replaced with this new section L.

If provided by or under the direction of a Plan Physician, non-cosmetic internal prosthetic devices are a covered benefit when made necessary by Injury or Sickness. Such prosthetic items would include but not be limited to eyes, internal breast prostheses, internal cardiac pacemakers and joint replacements.

When Authorized in advance by the SHP Medical Director and supplied by a contracted provider, initially required external prosthetic devices are covered. Such prosthetic items would include artificial limbs and external breast prostheses. The covered benefit shall be limited to the lowest cost prosthetic device which is functional, with the Member being financially responsible for any cost differential for the prosthetic device chosen.

Payment may be made for the replacement of a prosthetic device or replacement part of a device if ordered by a Plan Provider and the following criteria are met:

- A change in the physiological condition of the patient;
- an irreparable change in the condition of the device, or in a part of the device; or
- the condition of the device, or the part of the device, requires repairs and the cost of such repairs would be more than sixty (60) percent of the cost of a replacement device; or, as the case may be, of the part being replaced; and
- replacement is supplied by a contracted provider.

**SETON Healthcare Network Employee Health Plan Medical Benefits –**

**Exclusions and Limitations**

**Section A: Routine Health Services**

The reference to Medical Benefits **K** in the first bullet under Routine care and treatment of feet is revised to **L**.

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The fifth paragraph is revised as follows:

Educational testing and therapy, treatment of learning disabilities, treatment of behavioral disorders or services that are educational in nature or are for vocational testing or training. Recreational therapy, play therapy, sand box therapy, hippo therapy and services for remedial reading and special education.

**Section D: Surgical Services**

The following bullet is added to this section:

- Circumcision, except when the Member or Dependent is greater than one month old, and Medically Necessary pursuant to the Plan's internal guidelines.

**Section E: Durable Medical Equipment**

The ninth bullet in the list of excluded items is revised as follows:

- Bed, oscillating (e.g., Franklin, Clinitron or any special beds and/or specialized mattresses designed for the treatment and prevention of pressure sores or pain management);

The twenty-third bullet in the list of excluded items is revised as follows:

- Gradient compression pumps and garments except in cases outlined in the Medicare coverage guidelines;
- Portable nebulizer

**Section G: Mental Health Services**

The following exclusion is added

Applied Behavior Analysis, also known as Lovaas Therapy is not covered.