

SUMMARY OF MATERIAL MODIFICATIONS

To the Summary Plan Description for City and County of San Francisco Health Service System for Active, Active Out-of-Area and Early Retirees Effective January 1, 2017

A Summary Plan Description (SPD) was published effective January 1, 2017. The following are modifications and clarifications that are effective January 1, 2017 unless otherwise stated. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD.

In the event of any discrepancy between this Summary of Material Modifications (SMM) and the SPD, the provisions of this SMM shall govern.

Section 4: PERSONAL HEALTH SUPPORT	
Under Heading:	The Following Should be Noted:
Requirements for Notifying Personal Health Support	<p>Remove the following from the list as the only therapy requiring Notification is dialysis:</p> <ul style="list-style-type: none"> ■ Therapeutic Treatments as described under Therapeutic Treatments – Outpatient in Section 6, <i>Additional Coverage Details</i>;

Section 6: ADDITIONAL COVERAGE DETAILS	
Under Heading:	The Following Should be Noted:
Preventive Care Services	<p>Replace the breast pump benefit paragraphs with the following:</p> <p>Preventive care Benefits defined under the Health Resources and Services Administration (HRSA) requirements include the cost of renting or purchasing up to two pumps per year in conjunction with childbirth. These Benefits are described under Section 5, <i>Plan Highlights</i>, under <i>Covered Health Services</i>.</p> <p>Benefits are only available if breast pumps are obtained from a DME provider or Physician.</p>

Section 6: ADDITIONAL COVERAGE DETAILS	
Under Heading:	The Following Should be Noted:
Rehabilitation Services – Outpatient Therapy and Chiropractic/Manipulative Treatment	<p>Replace the “Benefits are limited to” section with the following:</p> <p>Benefits are limited to:</p> <ul style="list-style-type: none"> ■ 60 visits per calendar year for physical, cognitive and occupational therapy combined; ■ 60 visits per calendar year for speech therapy; ■ 30 visits per calendar year for post-cochlear implant aural therapy; ■ 20 visits per calendar year for pulmonary rehabilitation; ■ 36 visits per calendar year for cardiac rehabilitation; and ■ \$1,000 per calendar year for Chiropractic/Manipulative Treatment. Spinal manipulation by any provider type counts toward this maximum. <p>These visit limits apply to Network Benefits and Non-Network Benefits combined.</p>
Therapeutic Treatments - Outpatient	<p>Replace the notification flash box with the one below:</p> <div style="border: 1px solid black; padding: 5px;"> <p>Please remember for Non-Network Benefits, you must notify Personal Health Support for five business days before scheduled dialysis services are received or, for non-scheduled services, within one business day or as soon as reasonably possible. For Network Benefits, the Provider is responsible for Notification. If you fail to notify Personal Health Support when accessing Non-Network Benefits, Benefits will be subject to a \$400 reduction.</p> </div>
Weight Loss Services	<p>Replace the first paragraph with the following:</p> <p>Any combination of Network and Non-Network Benefits for weight loss services when the program is provided by or under the direct supervision of a Physician.</p>

Section 8: EXCLUSIONS	
Under Heading:	The Following Should be Noted:
Procedures and Treatments	Remove the following listed exclusion: 1. surgical treatment of obesity even if there is a diagnosis of morbid obesity;

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