

AMENDMENT TO COMBINED EVIDENCE OF COVERAGE AND DISCLOSURE FORM

Please read the following Addendum to the PacifiCare Combined Evidence of Coverage and Disclosure Form (“EOC”) carefully. It contains important information regarding your health care coverage. This document is part of your EOC and should be kept with your EOC booklet.

THE FOLLOWING INFORMATION IS IN ADDITION TO THE EOC:

HMO EOC Addendum HMO Deductible Plans

Calendar Year Deductible

The Calendar Year Deductible is the amount incurred for a Covered Service that you are responsible for paying each Calendar Year before benefits are payable under the *Combined Evidence of Coverage and Disclosure Form*. The amounts applied toward the Calendar Year Deductible are based upon the Plan’s contracted rate. The Deductible is waived for certain covered services. Please refer to the *Schedule of Benefits* for detailed information on the Deductible amount and Covered Services subject to the Deductible. If your coverage includes a Deductible, we will not cover certain services until you meet the Deductible each Calendar Year. The Calendar Year Deductible is in addition to any Copayment responsibility. The Calendar Year Deductible applies to the Annual Out-of-Pocket Maximum. If you feel you have surpassed your annual Deductible amount, you may submit all of your health care receipts for Covered Services that are subject to the Deductible to the address provided below along with a letter of explanation. When an individual member of a family unit satisfies the individual Deductible for the Calendar Year, no further Calendar Year Deductible will be required for that individual member of the family.

Family Deductible

When the amount incurred for Covered Services for all Family Members accrues to the amount indicated on the *Schedule of Benefits*, no additional Calendar Year Deductible will apply to the other Family Members for the rest of that Calendar Year.

Annual Out-of-Pocket Maximum

There is a limit (specified in the *Schedule of Benefits*) to the total amount you must pay in a Calendar Year for certain Covered Services. This limit is called your Annual Out-of-Pocket Maximum, which is the combined total of your Deductible and Copayments applicable to the Annual Copayment Maximum. When you pay for these Covered Services, ask for and keep the receipt. When the receipts add up to the annual Out-of-Pocket Maximum, submit all your health care receipts and a letter of explanation to:

PacifiCare of California
Customer Service Department
P.O. Box 30968
Salt Lake City, UT 84130-0968

Remember, it’s important to send us all of your receipts for amounts paid toward Covered Services along with your letter. They confirm that you’ve reached your Annual Out-of-Pocket Maximum. You will be reimbursed by PacifiCare for payments you make beyond your individual or family Annual Out-of-Pocket Maximum. Copayments for certain Covered Services are not applicable to a Member’s Annual Out-of-Pocket Maximum. These services are specified in the *Schedule of Benefits*.

Deductible Takeover

If this benefit plan is replacing a similar benefit plan that had been issued to the Employer Group, any portion of any Deductible the Member had satisfied under the replaced plan will apply to the satisfaction of the Member's initial Calendar Year Deductible under this benefit plan. Proof of Deductible satisfaction under the replaced plan will be required upon submission of the initial claim for benefits to be payable under this benefit plan.

DEFINITIONS

Calendar Year

January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.

Deductible

The Deductible is the amount incurred for certain Covered Services that you are responsible for paying each Calendar Year before benefits are payable under the *Combined Evidence of Coverage and Disclosure Form*. Please refer to the *Schedule of Benefits* for detailed information on the Deductible amount and Covered Services subject to the Deductible.