

[Drafting Note: This Endorsement should only be issued to Medigap Blue subscribers who have elected to enroll in the optional Whole Health Balance Program.]



HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA
614 MARKET STREET
PARKERSBURG, WEST VIRGINIA 26101

ENDORSEMENT

Providing for Whole Health Balance Program Benefits

This Endorsement is issued to be attached to and form part of the following Highmark Blue Cross Blue Shield West Virginia Policies:

- Medigap Blue w/MM with Rx
- Medigap Blue - S65 Conversions
- Medigap Blue - Bluefield Senior 65
- Medigap Blue - Supplement Area B
- Medigap Blue - Supplement Area C
- Medigap Blue - Mgmt Supplemental
- Medigap Blue - Supplement Area A
- Medigap Blue Plan A
- Medigap Blue Plan C
- Php Medigap Blue
- Medigap Blue - Supplemental
- Medigap Blue Plan F
- Medigap Blue Plan I with Rx
- Medigap Blue - Old High Option with Rx
- Medigap Blue - Old High Option
- Medigap Blue - Old Low Option
- Medigap Blue Plan I
- Medigap Blue Plan N
- Medigap Blue Plan Fhd
- Medigap Blue Plan D
- Medigap Blue Plan G

WHB/MB/HBCBSWV-1

[opt.]

Notwithstanding any provisions to the contrary, said Policy is modified by adding the following new section:

“SECTION E. WHOLE HEALTH BALANCE PROGRAM

A. ELIGIBILITY AND ENROLLMENT

Eligibility for the Whole Health Balance Program (“Program”) is limited to current Policyholders who elect to enroll in the Program. Enrollment in the Program is optional and must be requested by the Policyholder, in writing. Requests for enrollment in the Program can be made at the time of application for coverage under the Policy or at any time subsequent thereafter during which coverage remains in effect.

Once the Plan accepts the written request of the Policyholder for enrollment in the Program, the Policyholder’s enrollment in the Program will remain in effect until such time as:

- a. the Policy terminates;
- b. the Policyholder fails to pay the required monthly Program subscription fee; or
- c. the Policyholder notifies the Plan, in writing, of the intent to terminate enrollment in the Program.

The right of the Policyholder to terminate enrollment in the Program may only be made once the current period of enrollment in the Program has been in effect for a minimum of six (6) consecutive calendar months.

B. BENEFITS

During any continued period of enrollment in the Program, the coverage under this Policy will provide benefits and/or access to the following services:

1. Dental services not covered by Medicare
 - a. Coverage for one (1) oral examination and cleaning every six (6) months subject to Policyholder copayment liability of \$30 for each covered examination.
 - b. Coverage of radiographic examinations consisting of one (1) set of bitewing x-rays every calendar year and full mouth x-rays every five (5) years subject to a Policyholder copayment liability of \$25 for each covered examination.

To be eligible for benefits, all dental services covered under the Program must be rendered by a dentist who participates in the United Concordia Advantage Plus network or is another dental provider identified by the Plan.

2. Vision services and products not covered by Medicare

- a. Coverage of one (1) routine eye examination, including refraction, every calendar year.
- b. Coverage of one (1) pair of Davis Vision Fashion Collection standard eyeglass frames and standard plastic lenses or contact lenses every calendar year.

Davis Vision Fashion Collection eyeglass frames, standard plastic lenses and contact lenses are covered in full. Purchases of non-Davis Vision Fashion Collection eyeglass frames, eyeglass lenses and contact lenses are covered under the Program but only up to a benefit maximum of \$100.

To be eligible for benefits, all vision services and products covered under the Program must be received from a Davis Vision network provider or another vision provider identified by the Plan.

3. Hearing aids and services

- a. Coverage for one (1) routine hearing examination every calendar year subject to Policyholder copayment liability of \$40 for each covered examination.
- b. Coverage for up to two (2) hearing aids every calendar year subject to a Policyholder copayment liability of \$699 for each TruHearing Advanced hearing aid and \$999 for each TruHearing Premium hearing aid. Hearing aid benefits include up to three (3) additional TruHearing provider visits within the first year of purchase and forty-eight (48) batteries for each covered hearing aid.

To be eligible for benefits, all hearing aids and services covered under the Program must be received from a TruHearing network provider or another hearing provider identified by the Plan.

4. Health and wellness education services.

A membership providing access to designated fitness centers identified by the Plan which include fitness classes such as SilverSneakers Fitness program and other health and wellness educational opportunities.

C. PROGRAM SUBSCRIPTION FEE

The monthly subscription fee applicable to the Program made available through this Endorsement is that fee amount approved by the West Virginia Department of Insurance Commissioner. Upon enrollment into the Program, the Policyholder agrees to pay the Plan the applicable monthly Program subscription fee of [\$34.50] in advance, as billed.

The Plan, subject to the approval of the West Virginia Department of Insurance Commissioner, may modify:

1. the terms and conditions of the Program set forth in this Endorsement issued by the Plan; and/or
2. the monthly Program subscription fee.

Any such modification of the terms and conditions of the Program set forth in this Endorsement or the monthly Program subscription fee shall become applicable for Policyholders to whom this Endorsement has been issued on the effective date of the modification, whether or not such Policyholders have paid monthly Program subscription fees in advance.

The Plan also reserves the right to terminate the Program, in its entirety, upon prior notice to all Policyholders who have elected to enroll.

D. CLAIMS AND PAYMENT OF PROGRAM BENEFITS

Upon acceptance of the Policyholder's request to be enrolled in the Program, the Plan shall issue to the Policyholder an Identification Card acknowledging the enrollment. To receive Program benefits, the Policyholder is required to present this Identification Card to participating Program services and products providers identified by the Plan.

All claims for benefits to be paid by the Plan for services and products covered under this Program will be submitted by Program service and product providers directly to the Plan. Policyholders are not required to submit claims or seek reimbursement from the Plan for those amounts. Policyholders are still responsible for all required Program benefit copayments and any amounts in excess of any stated maximum Program benefit amount. Policyholders are required to pay those amounts directly to the Program provider from which the Program covered service or product was received.

Except as stated in this Endorsement, the Policy remains unchanged.

This Endorsement is effective on the date set forth in the notice of enrollment confirmation issued by the Plan or the date of issue of your Policy, whichever is later.

HIGHMARK INC., d/b/a
HIGHMARK BLUE CROSS BLUE SHIELD WEST VIRGINIA:


James L. Fawcett, President

