## SPECIAL NOTICE REGARDING REFERENCES TO POST-CATARACT EYEWEAR.

Effective January 1, 2017, your Schedule of Benefits is amended by the following changes.

The information under Limitations, Ancillary services and supplies is deleted in its entirety and is replaced with the following:

entirety and is replaced with the following:	
Ancillary	Hearing aids are limited to coverage for:
services and	<ul> <li>Children through the month in which he or she turns</li> </ul>
supplies	eighteen (18) years of age, one (1) aid per ear every forty-
	eight (48) months unless Medically Necessary to replace
	more often.
	o Children less than two (2) years of age, four (4) additional
	ear molds per Plan Year.
	Corrective lenses and fittings limited to first set of basic frames
	and lenses following cataract surgery.
	Routine foot care, shoes, shoe inserts, arch supports, and
	supportive devices limited to foot care for Members diagnosed
	with diabetes or peripheral vascular disease.
	Orthopedic or corrective shoes limited to those permanently
	attached to a Denis Browne splint for children.
	Wigs and scalp prostheses limited to one (1) synthetic wig per
	Plan Year when required due to loss of hair resulting from
	chemotherapy or radiation therapy.
	Breast pumps limited to one (1) per Plan Year for women who
	are pregnant or nursing.
	Orthotic devices limited to:
	<ul> <li>Members with diagnoses pertaining to peripheral vascular</li> </ul>

Except as amended, your Schedule of Benefits remains unchanged.

disease or diabetes.

PLEASE KEEP THIS NOTICE WITH YOUR SCHEDULE OF BENEFITS FOR FUTURE REFERENCE.