## SPECIAL NOTICE REGARDING REFERENCES TO WIGS.

Effective January 1, 2017, your Member Handbook is amended by the following changes.

The information under Covered Services #66 Wigs is deleted in its entirety and is replaced with the following:

## 66. Wigs -

We cover wigs or other scalp prostheses necessary for your comfort and dignity when required due to loss of hair resulting from chemotherapy or radiation therapy. Benefits limited to one (1) synthetic wig or scalp prosthesis per Plan Year. You pay the prosthetic appliances Cost-share

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

| Ancillary services |
|--------------------|
| and supplies       |

- Hearing aids are limited to coverage for:
  - Children through the month in which he or she turns eighteen (18) years of age, one (1) aid per ear every fortyeight (48) months unless Medically Necessary to replace more often.
  - 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:
  - Members with diagnoses pertaining to peripheral vascular disease or diabetes.

Except as amended, your Handbook remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR MEMBER HANDBOOK FOR FUTURE REFERENCE.