

**Amendment To:**  
**Group Member Certificate – MC2005 (1/2007)**  
**Group Evidence of Coverage – EOC2005 (1/2007)**  
**Individual Member Certificate – INDMC2005 (1/2007)**  
**Individual Evidence of Coverage – INDEOC (1/2007)**

---

**Please utilize this document in conjunction with the above mentioned forms. This document states current benefit changes effective January 1, 2008, with regard to new legislative changes and revisions to the Pre-Authorization Benefit Requirements.**

**Well Child Care:** well child care will be provided for children from the moment of birth through 7 years of age. The deductible will be waived for well child care benefits from birth through 7 years of age. This revision applies to the follow Chapter(s):

- Group Member Certificate MC2005 (1/2007): Chapter 5, Section 5.21.1
- Group Evidence of Coverage EOC2005 (1/2007): Chapter 5, Section 5.22.1
- Individual Member Certificate INDMC2005 (1/2007): Chapter 5, Section 5.21.1
- Individual Evidence of Coverage INDEOC2005 (1/2007): Chapter 5, Section 5.22.1

**Dependent Coverage:** dependent coverage will be available to unmarried dependents under 25 years of age who are not currently covered and not eligible for group coverage through the dependent's employer where the employer's contribution is greater than the premium for covering the dependent. This revision applies to the following Chapter(s):

- Group Member Certificate MC2005 (1/2007): Chapter 2, Section 2.12
- Group Evidence of Coverage EOC2005 (1/2007): Chapter 2, Section 2.12
- Individual Member Certificate INDMC2005 (1/2007): Chapter 2, Section 2.11
- Individual Evidence of Coverage INDEOC2005 (1/2007): Chapter 2, Section 2.11

**Pre-Authorization:**

- Pre-authorization is required for:
  - High resolution CT coronary artery angiography scanning.
  - Organ and Bone Marrow Transplants.
  - If out-of-network follow up care is necessary because you are outside of the New West service area, you must call New West Health Services for authorization.
  - If the plan has a prescription drug endorsement, the following prescription drugs purchased through the participating provider retail, mail, or specialty pharmacy program:
    - Add: Topical Tretinoin products (e.g., Retin-A) for individuals over age 18
    - Add: Remodulin, Revatio, Soliris
    - Medications costing over \$1000.00
    - Delete Lovenox and Hyalgan

These revisions apply to the following sections:

- Group Member Certificate MC2005 (1/2007): Chapter 4, Section 4.3.2 and 4.3.5
- Group Evidence of Coverage EOC2005 (1/2007): Chapter 4, Section 4.3.2 and 4.3.5
- Individual Member Certificate INDMC2005 (1/2007): Chapter 4, Section 4.3.2 and 4.3.5
- Individual Evidence of Coverage INDEOC2005 (1/2007): Chapter 4, Section 4.3.2 and 4.3.5

If you have any questions concerning this Amendment, please contact our Customer Service Department at 888-500-3355.