



## Benefit Summary Addendum for Key Account/Large Group

These Benefits are available to you as part of the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the limitations or exclusions indicated on your Benefit Summary as a result of changes due to federal legislation. Please note that a state mandate may change the Benefits described.

### PLAN HIGHLIGHTS

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Maximum Policy Benefit</b>		
The maximum amount we will pay during the entire period of time you are enrolled under the Policy.	<i>No Maximum Policy Benefit.</i>	<i>No Maximum Policy Benefit.</i>

### ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
<b>Preventive Care Services</b>		
Covered Health Services include but are not limited to:		
Primary Physician Office Visit	<i>100%, copayments and deductibles do not apply</i>	<i>Non-Network Benefits will be the same as those stated in your original benefit summary.</i>
Specialist Physician Office Visit	<i>100%, copayments and deductibles do not apply</i>	
Lab, X-Ray or other preventive tests	<i>100%, copayments and deductibles do not apply</i>	

This Benefit Summary Addendum is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Benefit Summary Addendum conflicts in any way with the Certificate of Coverage (COC), including the Federal Notice, the COC shall prevail. It is recommended that you review your COC, including the Federal Notice for a description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.