1. The SCHEDULE OF SERVICES AND SUPPLIES is amended to include the following services:

- **TELEMEDICINE VISITS** $30 Copayment/visit
- **E-VISITS** $30 Copayment/visit
- **VIRTUAL VISITS** $30 Copayment/visit

The Maximum Out of Pocket section of the SCHEDULE OF SERVICES AND SUPPLIES is amended to replace the 2nd paragraph with the following:

The Maximum Out of Pocket for this Contract is as follows:

- Per Member per Calendar Year $6,850
- Per Family per Calendar Year $13,700

Note: The Maximum Out of Pocket cannot be met with Non-Covered Services and Supplies.

2. The DEFINITIONS section is amended as follows:

- The first paragraph of the definition of **DEPENDENT** is replaced with the following:

  **DEPENDENT** means **Your**:
  
  a) Spouse;
  b) Dependent child who is under age 26.

- The fourth paragraph of the definition of **DEPENDENT** is replaced with the following:

  We treat a child as legally adopted from the time the child is placed in the home for purpose of adoption. We treat such a child this way whether or not a final adoption order is ever issued. Also, any other child over whom **You** have legal custody or legal guardianship or with whom **You** have a legal relationship or a blood relationship is considered a Dependent child under this Contract provided the child depends on **You** for most of the child’s support and maintenance and resides in **Your** household. (We may require that **You** submit proof of legal custody, legal guardianship, support and maintenance, residency in **Your** household, blood relationship or legal relationship, in **Our** Discretion.)
• The definition of DURABLE MEDICAL EQUIPMENT is expanded to state:

Items such as walkers, wheelchairs and hearing aids are examples of durable medical equipment that are also habilitative devices.

• The definition of ELIGIBLE PERSON is replaced with the following:

Eligible Person means a person who is a Resident of New Jersey who is not covered under Part A or Part B of Title XVIII of the federal Social Security Act (42 U.S.C. § 1395 et. seq.) (Medicare).

• The following definitions of E-Visit, Telemedicine and Virtual Visit are added:

E-VISIT means a visit with a Provider using electronic means such as website portals, e-mail or other technology that allows communication between a Provider that has contracted with Us to offer E-visit services and Members who are established patients of the Provider.

TELEMEDICINE means a telephone consultation between a Provider that has contracted with Us to offer telemedicine services for Members.

VIRTUAL VISIT means a visit with a Provider that has contracted with Us to diagnose and treat low acuity medical conditions through the use of interactive audio and video telecommunication and transmissions and audio-visual technology. A virtual visit provides real-time communication between the Member and the Provider.

• The definition of PRIMARY CARE PHYSICIAN is deleted and replaced with the following definition of PRIMARY CARE PROVIDER. (Throughout the contact, all references to Primary Care Physician are amended to state Primary Care Provider.)

PRIMARY CARE PROVIDER (PCP). A Network Provider who is a doctor specializing in family practice, general practice, internal medicine, obstetrics/gynecology (for pre and post-natal care, birth and treatment of the diseases and hygiene of females, or pediatrics or a Network provider who is a nurse practitioner/advanced practice nurse certified in advance practice categories comparable to family practice, internal medicine, general practice, obstetrics/gynecology or pediatrics who supervises, coordinates, arranges and provides initial care and basic medical services to a Member; initiates a Member's Referral for Specialist Services; and is responsible for maintaining continuity of patient care.
• The definition of **TRIGGERING EVENT** is amended to add a new item.

The date of a court order that requires coverage for an Eligible Person.

3. The Spouse and Child Dependent items of the **Adding Dependents to the contract** section of the **ELIGIBILITY** provision are amended as follows:

**Spouse** - The following sentence is added:

In case of a court order, coverage of a Spouse as required by a court order will be effective as of the date specified in the court order.

**Child Dependent** – The third paragraph is amended to begin with the following clause:

Except as stated below with respect to a court order.

The following sentence is added:

In case of a court order, coverage of a child dependent as required by a court order will be effective as of the date specified in the court order.

4. The **Office Visits** subsection of the **OUTPATIENT SERVICES** section of the **COVERED SERVICES & SUPPLIES** provision is amended to add the following sentences:

We also cover Telemedicine charges. We also cover E-Visit charges. We also cover Virtual Visit charges.

5. The **Durable Medical Equipment** subsection of the **OUTPATIENT SERVICES** section of the **COVERED SERVICES & SUPPLIES** provision is amended to add the following sentence:

Items such as walkers, wheelchairs and hearing aids are examples of durable medical equipment that are also habilitative devices.
6. The Hearing Aids subsection of the OUTPATIENT SERVICES section of the COVERED SERVICES & SUPPLIES provision is amended to add the following sentence:

Hearing aids are habilitative devices.

7. The Vision Benefit subsection of the OUTPATIENT SERVICES section of the COVERED SERVICES & SUPPLIES provision is amended to replace the first sentence with the following sentence:

We cover the vision benefits described in this provision for Members through the end of the month in which the Member turns age 19.

8. The first paragraph of the Dental Benefits section of the COVERED SERVICES & SUPPLIES provision is replaced with the following:

Subject to the applicable deductible, Coinsurance or Copayments shown on the Schedule of Insurance and Premium rates, We cover the diagnostic, preventive, restorative, endodontic, periodontal, prosthodontic, oral and maxillofacial surgical, orthodontic and certain adjunctive services in the dental benefit package as described in this provision for Members through the end of the month in which the Member turns age 19 when services are provided by a Network provider.

9. The NON-COVERED SERVICES AND SUPPLIES provision is amended as follows:

- Items a and b of the Extraction of teeth exclusion are replaced with the following:
  
  a) except as otherwise stated in this Contract for Members through the end of the month in which he or she turns age 19, exams to determine the need for (or changes of) eyeglasses or lenses of any type;
  
  b) except as otherwise stated in this Contract for Members through the end of the month in which he or she turns age 19, eyeglasses or lenses of any type; this exclusion does not apply to initial replacements for loss of the natural lens; or

- The Telephone consultations exclusion is replaced with the following:

  Telephone consultations, except as stated in the Outpatient Services provision.