

**ARKANSAS COMPREHENSIVE HEALTH INSURANCE POOL (CHIP)
Endorsement to Policy - FORM CHIP HCTC 101 (10/03)**

IMPORTANT: KEEP THIS ENDORSEMENT WITH YOUR POLICY

This Endorsement, effective August 1, 2007, amends your Policy.

BENEFITS, GENERAL LIMITATIONS AND EXCLUSIONS IN YOUR POLICY are hereby amended to add the following new provision that reads as follows:

“Preventive Care and related tests are generally not covered; however, subject to all other terms, conditions, exclusions and limitations of the Policy, and subject to the applicable copay specified below, coverage is provided for in network Wellness Care as outlined below.

WELLNESS CARE BENEFITS

- Annual physical exam. If in-network provider: \$25 copay, no deductible, no coinsurance. **IF OUT-OF-NETWORK PROVIDER: NOT COVERED.** Limit one per year. No age restriction.
- Mammography screening. If in-network provider: \$25 copay, no deductible, no coinsurance. **IF OUT-OF-NETWORK PROVIDER: NOT COVERED.** One for females ages 35 - 39; one every two years for females ages 40 to 49; and one screening per year for females age 50 and older
- Prostate screening: If in-network provider: \$25 copay, no deductible, no coinsurance. **IF OUT-OF-NETWORK PROVIDER: NOT COVERED.** One PSA per year for men age 50 and over
- Pap smears: If in-network provider: \$25 copay, no deductible, no coinsurance. **IF OUT-OF-NETWORK PROVIDER: NOT COVERED.** One per year for adult women (18 and over)

WELLNESS CARE INCENTIVE

If you, the Policyholder, complete an annual physical exam and contact one of our Health Coaches either before or after your physical, CHIP will reimburse the \$25 co-pay you incur as a result of your annual physical examination.”

This Endorsement becomes a part of the Arkansas Comprehensive Health Pool (CHIP) Policy – FORM CHIP HCTC – 101 (10/03). All other provisions of the Policy remain in full force and effect.