

**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, 2005, amends your Policy.

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

“Colorectal Cancer Examinations and Laboratory Tests. Screening tests are generally not covered; however, subject to all other terms, conditions, exclusions and limitations of the Policy, and subject to the Deductible and Coinsurance specified in the Schedule of Benefits, coverage is provided for colorectal cancer screening and laboratory tests for Insured Persons who are fifty (50) years of age or older, when performed or prescribed by a Physician and recommended by the State Health Department.

The colorectal screening shall involve an examination of the entire colon, including the following examinations or laboratory tests, or both:

- a. An annual fecal occult blood test,
- b. An annual fecal immunochemical test in conjunction with a flexible sigmoidoscopy every five (5) years,
- c. A double-contrast barium enema every five (5) years, or
- d. A colonoscopy every ten (10) years.
- e. Any additional medically recognized screening tests for colorectal cancer where performed or prescribed by a Physician and recommended by the State Health Department.

Additionally, coverage for the above screening and laboratory tests shall be provided for Insured Persons who are less than fifty (50) years of age and at high risk for colorectal cancer according to American Cancer Society colorectal cancer screening guidelines as they existed on January 1, 2005.”

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.