

BLUE CROSS BLUE SHIELD OF MICHIGAN

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TO: DISTRIBUTION

CUSTOMER: Sapa Precision Tubing Adrian Inc.

FROM: BENEFIT ADMINISTRATION

CODE:
518F

CID: 275465

DATE: 02/22/2017

ASC PLAN MODIFICATION 8656
FORM NUMBER 977K

Sapa Precision Tubing Adrian Inc.
EFFECTIVE 01/01/2017

Attached are the specifications for ASC Plan Modification 8656; developed for the Sapa Precision Tubing Adrian Inc. account for members enrolled in—

Group	Suffix	MTV Group/Division Number	Effective Date
72136	003	007022970-0013	01/01/2017
72136	009	007022970-0016	01/01/2017

This modification amends the account's Simply Blue HSA Group Benefits Certificate with Prescription Drugs ASC for these group segments.

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SINCE THIS GROUP IS SELF-FUNDED UNDER AN ASC ARRANGEMENT, A RIDER FOR THIS MODIFICATION WILL NOT BE FILED WITH THE MICHIGAN DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES.

TITLE	ASC PLAN MODIFICATION 8656	Sapa Precision Tubing Adrian Inc. CID: 275465
FORM NUMBER	977K	EFFECTIVE: 01/01/2017
GENERAL PURPOSE	This modification outlines benefit plan provisions for the Sapa Precision Tubing Adrian Inc. account and amends the Simply Blue HSA Group Benefits Certificate with Prescription Drugs ASC (Form Number 453F).	
EFFECT ON COVERAGE	<ol style="list-style-type: none">Chiropractic Services and Osteopathic Manipulative Therapy <u>A. Coverage Prior to this Modification</u> Under the Simply Blue HSA Group Benefits Certificate with Prescription Drugs ASC (Form Number 453F), we pay up to a combined maximum of 12 visits per member, per calendar year for chiropractic manipulations and osteopathic manipulative therapy. Visits with in-network and out-of-network providers count toward this maximum. <u>B. Effect of Adding this Modification</u> This modification INCREASES the maximum for chiropractic spinal manipulations and osteopathic manipulative therapy to 24 combined visits per member, per calendar year. Visits with in-network and out-of-network providers count toward this maximum.Physical Therapy, Occupational Therapy and Speech and Language Pathology <u>A. Coverage Prior to this Modification</u> Under the Simply Blue HSA Group Benefits Certificate with Prescription Drugs ASC (Form Number 453F), we pay up to a combined maximum of 30 outpatient visits per member, per calendar year for physical therapy, occupational therapy and speech and language pathology. The visit maximum includes in-network and out-of-network outpatient visits, regardless of location (hospital, facility, office or home). <u>B. Effect of Adding this Modification</u> This modification INCREASES the maximum for physical therapy, occupational therapy and speech and language pathology to 60 combined outpatient visits per member, per calendar year. The visit maximum includes in-network and out-of-network outpatient visits, regardless of location (hospital, facility, office or home).	