

Sumner County Employees Insurance Trust Fund

**Health Benefit Plan
Summary of Material
Modification**

Options 1 & 2



NOTICE

Please read this Summary of Material Modification (SMM) carefully and keep it in a safe place for future reference. It explains Your benefits as administered by BlueCross BlueShield of Tennessee, Inc. This SMM is effective January 1, 2021 and applies to both Medical EOC options 1 and 2:

The EOC You received is hereby modified in the following sections:

Options 1 and 2

Under the heading SECTION IV – YOUR BENEFITS, the following has been modified to read as follows:

Hearing Aids

Medically Necessary and Medically Appropriate Hearing Aids used to enhance hearing when sustained loss is due to (1) birth defect; (2) accident; (3) illness; or (4) Surgery. Cochlear implants are not considered Hearing Aids; see the “Prosthetics/Orthotics” section for benefits.

1. Covered Services

- a. The initial purchase of Covered Hearing Aids, limited as indicated in Schedule of Benefits.
- b. The repair, adjustment or replacement of components and accessories necessary for the effective functioning of Covered equipment, except as otherwise indicated under Exclusions.

2. Exclusions

- a. Hearing Aid batteries, cords and other assistive listening devices such as FM systems.

Items to replace those that were lost, damaged, stolen or prescribed as a result of new technology.

Option 1

Under the heading SCHEDULE OF BENEFITS – Sumner County Employees Insurance Trust Fund, the following has been modified to read as follows:

Coinsurance to be applied to:	Network Provider	Out-of-Network Provider
Hearing Aids (for anyone age 19 and over) Limited to \$6,000 every 5 years including earmolds and services to select, fit and adjust the hearing aids (as determined by Your Annual Benefit Period)	80%	60%
Hearing Aids for Members under age 18 Limited to one per ear every 3 years including earmolds and services to select, fit and adjust the hearing aids (as determined by Your Annual Benefit Period)	80%	60%

Option 2

Under the heading SCHEDULE OF BENEFITS – Sumner County Employees Insurance Trust Fund, the following has been modified to read as follows:

Coinsurance to be applied to:	Network Provider	Out-of-Network Provider
Hearing Aids (for anyone age 19 and over) Limited to \$6,000 every 5 years including earmolds and services to select, fit and adjust the hearing aids (as determined by Your Annual Benefit Period)	70%	50%
Hearing Aids for Members under age 18 Limited to one per ear every 3 years including earmolds and services to select, fit and adjust the hearing aids (as determined by Your Annual Benefit Period)	70%	50%

If You have any questions about this SMM or any other matter related to Your membership in the Plan, please write or call Us at:

**CUSTOMER SERVICE DEPARTMENT
BLUECROSS BLUESHIELD OF TENNESSEE, INC.,
ADMINISTRATOR
1 CAMERON HILL CIRCLE
CHATTANOOGA, TENNESSEE 37402
(800) 565-9140**



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BENEFIT QUESTIONS?
Call the Customer Service
Number on the membership I.D. Card

SELF-FUNDED EOC (9/01)

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