

## Payment of Cost-Sharing for Certain Covered Services

This rider amends the benefits of Your Contract. Due to federal waiver funding, You will not be responsible for Your Cost-Sharing for certain covered diabetic services and maternity care, while the funding is available. For the Covered Services listed below, the waiver funding will apply towards Your [1Deductible and] Out-of-Pocket Limit.

### A. Diabetic Services

If You are diagnosed with diabetes, You will not be responsible for Cost-Sharing for the following Covered Services.

- Primary care office visits for the diagnosis, management, and treatment of diabetes. However, Cost-Sharing may apply to other services provided during the same visit as the diabetic services. Also, if a diabetic service is provided during an office visit when the diabetic service is not the primary purpose of the visit, the Cost-Sharing amount that would otherwise apply to the office visit will still apply;
- One office visit to perform an annual dilated retinal examination, including when performed by a Specialist;
- One office visit to perform an annual diabetic foot exam, including when performed by a Specialist;
- Diabetic self-management education services
  - Diabetes self-management education is designed to educate persons with diabetes as to the proper self-management and treatment of their diabetic condition, including information on proper diets. We Cover education on self-management and nutrition when: diabetes is initially diagnosed; a Physician diagnoses a significant change in Your symptoms or condition which necessitates a change in Your self-management education; or when a refresher course is necessary. It must be provided in accordance with the following:
    - By a Physician, other health care Provider authorized to prescribe under Title 8 of the New York Education Law, or their staff during an office visit;
    - Upon the Referral of Your Physician or other health care Provider authorized to prescribe under Title 8 of the New York Education Law to the following non-Physician, medical educators: certified diabetes nurse educators; certified nutritionists; certified dietitians; and registered dietitians in a group setting when practicable; and
    - Education will also be provided in Your home when Medically Necessary.
- Laboratory procedures and tests for the diagnosis and management of diabetes.
- The following equipment and related supplies for the treatment of diabetes when prescribed by Your Physician or other Provider legally authorized to prescribe:
  - Acetone reagent strips
  - Acetone reagent tablets
  - Alcohol or peroxide by the pint
  - Alcohol wipes
  - All insulin preparations
  - Automatic blood lance kit
  - Cartridges for the visually impaired

- Diabetes data management systems
- Disposable insulin and pen cartridges
- Drawing-up devices for the visually impaired
- Equipment for use of the pump including batteries
- Glucagon for injection to increase blood glucose concentration
- Glucose acetone reagent strips
- Glucose kit
- Glucose monitor with or without special features for visually impaired, control solutions, and strips for home glucose monitor
- Glucose reagent tape
- Glucose test or reagent strips
- Injection aides
- Injector (Busher) Automatic
- Insulin cartridge delivery
- Insulin infusion devices
- Insulin pump
- Lancets
- Oral agents such as glucose tablets and gels
- Oral anti-diabetic agents used to reduce blood sugar levels
- Syringe with needle; sterile 1 cc box
- Urine testing products for glucose and ketones
- Additional supplies, as the New York State Commissioner of Health shall designate by regulation as appropriate for the treatment of diabetes;
- This rider does not apply to diabetic insulin as it is not subject to cost-sharing under other sections of this Contract.
- Prescription Drugs for the treatment of diabetes that are on Our Formulary when prescribed by Your Physician or other Provider legally authorized to prescribe.

## **B. Maternity Care**

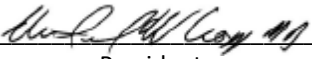
### **1. Cost-Sharing**

You will not be responsible for Your Cost-Sharing for the following Covered Services, including items or Prescription Drugs, You obtain during pregnancy or within 12 months of delivery: Urgent Care Services; outpatient mental health services and outpatient substance use services including partial hospitalization program services; all services listed in the Preventive Care section of this Contract; all services and items listed in the Additional Benefits, Equipment and Devices section of this Contract; all Prescription Drugs covered under this Contract; and all services listed in the Outpatient and Professional Services section of this Contract, except that You will be responsible for the applicable Cost-Sharing for Physician, nurse practitioner, and midwife services for delivery and inpatient Hospital and birthing center services for delivery. You will continue to be responsible for Your Cost-Sharing for: all Emergency Services; inpatient mental health services; inpatient substance use services; all services listed in the Ambulance and Pre-Hospital Emergency Medical Services section of this Contract; all services listed in the Inpatient Services section of this Contract; and all services listed in the Pediatric Vision Care section of this Contract.

**C. Controlling Contract.**

All of the terms, conditions, limitations, and exclusions of Your Contract to which this rider is attached shall also apply to this rider except where specifically changed by this rider.

INDEPENDENT HEALTH BENEFITS CORPORATION

BY:   
President

---