



## **TRIVANTAGE PLAN UNIQUE SERVICES AND PROGRAMS AMENDMENT**

This document amends coverage under your Health Care Certificate (Certificate) with Preferred Care. Unless specifically changed by this Amendment, all terms and conditions of your Certificate apply. Effective January 1, 2003, your Preferred Care TriVantage Certificate is amended to provide the following changes:

Paragraph L is replaced with the following:

### **L. Unique Services and Programs**

1. *Active Lifestyles Special Benefits.* If you have selected Active Lifestyles as your Benefit Package:
  - a. benefits are provided up to a maximum of \$300 per Employee per Calendar Year towards a membership at a health and fitness club of your choice that meets Preferred Care criteria. While we highly recommend that a club meet the International Health, Racquet and Sportsclub Association's (IHRSA) guidelines for fitness facilities, we require your health and fitness club be located within our nine county service area, have degreed and/or certified supervisory staff and have CPR certified staff onsite during all club operating hours in order to qualify for coverage. At our discretion, Preferred Care reserves the right to require documentation that your chosen health and fitness club meets our criteria.
  - b. coverage is provided for up to twelve (12) combined visits per Member per Calendar Year for:
    - (1) *Acupuncture.* For acupuncture services received from a participating acupuncture provider.
    - (2) *Massage Therapy.* For massage services received from a participating massage therapist.
    - (3) *Chiropractic Services.* For chiropractic treatment which is not covered under PartIII.A.8. of this certificate. All chiropractic services must be received from a Participating Provider.
2. *Family Focus Special Benefits.* If you have selected Family Focus as your Benefit Package, benefits are provided up to a maximum of \$300 per Employee per Calendar Year towards any combination of the following:
  - a. *Drivers Education/Instruction.* For Drivers Education/Instruction for a Dependent child from a qualified provider. Qualified providers are limited to the following:
    - (1) *High School.* Lessons/classes taught by a certified "Drivers Ed" teacher.
    - (2) *Automobile Association of America (AAA).* AAA lessons/classes taught by instructors who are certified with the Department of Motor Vehicles (DMV)

through a 4-day course specially designed for AAA by the DMV and the State of New York.

- (3) *Driving Schools*. Lessons/classes from an instructor who has received "MV524" certification through the DMV.

At our discretion, Preferred Care reserves the right to require documentation that your chosen driving instructor meets our criteria.

- b. *Swimming Lessons/Lifeguard Training*. For Swimming Lessons/Lifeguard Training for a Dependent child from a qualified provider. Qualified providers are limited to the following:

(1) *Facilities/Instructors/High Schools*. Lessons/training taught by instructors who possess current Water Safety Instruction certification (WSI) provided by the American Red Cross.

(2) *YMCA*. Lessons/training taught by instructors who possess either the YMCA required swimming instruction certification and/or current American Red Cross WSI certification.

At our discretion, Preferred Care reserves the right to require documentation that your chosen swimming/lifeguard training instructor meets our criteria.

3. *Healthy Alternatives Special Benefits*. If you have selected Healthy Alternatives as your Benefit Package, coverage is provided for up to twelve (12) combined visits per Member per Calendar Year for:

- a. *Acupuncture*. For acupuncture services received from a participating acupuncture provider.
- b. *Massage Therapy*. For massage services received from a participating massage therapist.
- c. *Chiropractic Services*. For chiropractic treatment which is not covered under Part III.A.8. of this certificate. All chiropractic services must be received from a Participating Provider.

4. *Claims Submission*. Except for required Copayments, you should not have to make payments to Participating Providers because we will pay them directly. If, however, Covered Benefits under this paragraph are received from non-Participating Providers, we will reimburse you directly for Covered Expenses if:

- a. *The provider meets our criteria as outlined above.*
- b. *You provide us with an itemized bill including the date and place of service, a description and the charge for each service rendered. The bill must clearly indicate the provider's name, address, phone number, and Tax Identification Number.*
- c. *You make the request for reimbursement within six (6) months of the date of service. Requests should be made to:*  
*Preferred Care, Attn: Claims*  
*259 Monroe Avenue*  
*Rochester, New York 14607.*

5. *Health Dollars*. For all Benefit Packages, benefits are provided up to the maximum noted on the attached Explanation of Copayments. Health Dollars may be used to offset the cost of participating programs. Participating programs may include programs such as fitness and exercise programs, recreation programs, massage therapy, health and wellness classes, water safety, and first aid classes.

PREFERRED CARE

A handwritten signature in cursive script, appearing to read "David W. Miller".

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President and Chief Executive Officer