

AMENDMENT

This amendment modifies your WEA Trust Essential Health Plan Certificate of Coverage. This optional benefit provision is added to the Appendix: Optional Benefit Provisions section.

Global Office Visit Benefit

This benefit provision applies to your coverage only if your Benefit Summary indicates “Global Office Visit Benefit.”

This benefit provision modifies the “General Provisions That Apply to All Benefits” section. This provision is inserted in between the subsections entitled “Cost-Sharing Amounts: Deductibles, Coinsurance and Copayments” and “Maximum Out-of-Pocket Limit.”

Reduced Cost-Sharing for In-Network Office Visits and Other In-Network Services

We will not apply the Deductible or a Coinsurance amount to any covered office visit with an In-Network Provider. You are responsible for the In-Network office visit Copayment amount identified on your Benefit Summary.

We will not apply the Deductible or a Coinsurance or Copayment amount to covered In-Network laboratory, ultrasound or x-ray services provided up to seven (7) calendar days before or seven (7) calendar days after the date of an In-Network Provider office visit. You will only be responsible for paying the Copayment amount identified on your Benefit Summary.

Note: This benefit does not apply to routine maternity care services.