

**SIXTH MODIFICATION TO POINT OF SERVICE  
(POS) HEALTH BENEFITS ADMINISTRATION SERVICES CONTRACT**

THIS SIXTH MODIFICATION AGREEMENT is made this 4<sup>th</sup> of June 2012 by and between CareFirst of Maryland, Inc.. (Contractor) and the State of Maryland, acting through the Department of Budget and Management.

IN CONSIDERATION of the promises and the covenants herein contained, the parties agree to modify the Contract dated 18<sup>th</sup> of March, 2009, as amended by a First Modification dated July 1, 2009, a Second Modification dated October 8, 2009 a Third Modification dated November 17, 2010 a Fourth Modification dated July 1, 2011 and a Fifth Modification dated August 12, 2011 between the Contractor, and the State of Maryland acting through the Department of Budget and Management as follows:

- Effective July 1, 2012, the plan design for the Point of Service benefits option of the State Employee and Retiree Health and Welfare Benefits Program is amended to comply with the Memorandums of Understanding between the State and the exclusive representatives, with the exception of Bargaining Unit 1 (SLEOLA), dated July 1, 2010, as amended from time to time, pertaining to wages, hours and other terms and conditions of employment, in the following manner:

Type of Service	Current Plan Design		Revised Plan Design POS	
	In- network	Out of network	In- network	Out of network
<b>Hospital Inpatient Services</b>				
Inpatient Care/Hospitalization (requires preauthorization)	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Anesthesia	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Surgery	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Organ Transplant	100% of allowed benefit per plan year for cornea, kidney and bone marrow; heart, heart-lung single or double lung, liver and pancreas	80% of allowed benefit after deductible per plan year for cornea, kidney and bone marrow; heart, heart-lung, single or double lung, liver and pancreas	90% of allowed benefit per plan year for cornea, kidney and bone marrow heart, heart-lung single or double lung, liver and pancreas	70% of allowed benefit after deductible per plan year for cornea, kidney and bone marrow; heart, heart-lung, single or double lung, liver and pancreas
<b>Hospital Outpatient Services</b>				
Chemotherapy/Radiation	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Diagnostic Lab Work and X-rays	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Outpatient Surgery	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible

Anesthesia	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
<b>Therapies</b>				
Benefit therapies	100% after \$25 co-pay when preauthorized by Plan	80% of allowed benefit after deductible	100% after \$30 co-pay when preauthorized by Plan	70% of allowed benefit after deductible
<b>Common Services</b>				
Physician Office Visits – Primary Care	100% after \$15 co-pay	80% of allowed benefit after deductible	100% after \$15 co-pay	70% of allowed benefit after deductible
Physician Office visits-Specialist	100% after \$25 co-pay	80% of allowed benefit after deductible	100% after \$30 co-pay	70% of allowed benefit after deductible
Routine annual GYN Exam (including PAP test)	100% of allowed benefit	80% of allowed benefit after deductible	100% of allowed benefit	70% of allowed benefit after deductible
Allergy Serums administered as part of a Physicians Office co-pay	Not Covered	Not Covered	100% after \$15 co-pay for PCP 100% after \$30 co-pay Specialist	70% of allowed benefit after deductible
Rabies Vaccinations administered as part of a Physicians Office Visit co pay	Not Covered	Not Covered	100% after \$15 co-pay for PCP; 100% after \$30 co-pay Specialist; 100% after \$30 co-pay for Urgent Care; 100% after \$75 + \$75 co-pay for ER;	70% of allowed benefit after deductible
Hearing Examinations and hearing aids (required prior notification if over \$1,000)	\$15 (PCP), \$25 (Specialist) co-pay for exam; 100% of allowed benefit 100% for basic model hearing aid per ear every 3 years	80% of allowed benefit after deductible ; 80% for basic model hearing aid; 1 exam and hearing aid per ear every 3 years	\$15 (PCP), \$30 (Specialist) co-pay for exam; 100% for basic model hearing aid 1 exam and hearing aid per ear every 3 years for each employee/retiree and dependent	Not covered except 70% of allowed benefit after deductible ; for hearing aid as mandated for minor children;

<p><b>Immunizations</b> Immunizations are only covered as recommended by the American Medical Association and the American Academy of Pediatrics. (The immunization benefit includes influenza (flu shots, one per plan year; all ages) Pneumococcal, HPV, Meningitis and Shingles vaccines, immunizations required for participation in college admission, and Lyme disease immunizations when medically necessary. Travel immunizations are not covered.</p>	100% of allowed benefit	80% of allowed benefit after deductible	100% of allowed benefit	70% of allowed benefit after deductible
<p><b>Mammography</b> Screening: one baseline (age 35-39), one mammogram every year (40+). No age limitation on diagnostic mammogram.</p>	100% of allowed benefit	80% of allowed benefit after deductible	100% of allowed benefit for routine preventative diagnosis; 90% for diagnostic mammogram.	70% of allowed benefit after deductible
<p><b>Physical Exams</b> 1 exam per year for all members and their dependents age 22 and older.</p>	100% of allowed benefit	Not Covered	100% of allowed benefit	Not covered
<p><b>Well Baby Care</b> Birth to 36 months: 12 visits total; 3-21: 1 visit per plan year</p>	100% of allowed benefit	Not Covered	100% of allowed benefit	Not Covered
<p><b>Allergy testing</b></p>	100% after \$15 co-pay (primary care physician) or \$25 co-pay (specialist)	80% of allowed benefit after deductible	100% after \$15 co-pay (primary care physician) or \$30 co-pay (specialist)	70% of allowed benefit after deductible
<b>Emergency Treatment</b>				
<p><b>Ambulance Services</b></p>	100% of allowed benefit for medical emergency	100% of allowed benefit for medical emergency	90% of allowed benefit for non-emergent care transportation. 100% for medical emergency.	70% of allowed benefit for non-emergent care transportation. 100% for medical emergency.
<p><b>Emergency Room (ER) Services</b> - inside and outside of service area. Co-pays are waived if admitted. If criteria are not met for the medical emergency, plan coverage is 50% of allowed amount plus the two \$75 co-pays</p>	100% of allowed benefit after \$50 co-pay for ER Facility and \$50 co-pay for ER Physician Services	100% of allowed benefit after \$50 co-pay for ER Facility and \$50 co-pay for ER Physician Services	100% of allowed benefit after \$75 co-pay for ER Facility and \$75 co-pay for ER Physician Services	100% of allowed benefit after \$75 co-pay for ER Facility and \$75 co-pay for ER Physician Services
<b>Maternity Benefits</b>				
<p><b>Maternity Benefits</b></p>	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
<p><b>Newborn Care</b></p>	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible

Other Services and Supplies				
Acupuncture Services for chronic pain management	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
<b>Cardiac Rehabilitation</b>	100% of allowed benefit: 36 sessions in 12 week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure	80% of allowed benefit after deductible: 36 sessions in 12 week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure	90% of allowed benefit: 36 sessions in 12 week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure	70% of allowed benefit after deductible: 36 sessions in 12 week period with physician supervision and in a medical facility; medical necessity with physician referral and history of heart attack in past 12 months, CABG surgery, angioplasty, heart valve surgery, heart transplant, stable angina pectoris, compensated heart failure
Chiropractic Services	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Diabetic Nutritional Counseling as mandated by Maryland Law	100% of allowed benefit	80% of allowed benefit after deductible	100% of allowed benefit	70% of allowed benefit after deductible
Durable Medical Equipment- Must be medically necessary as determined by the attending physician	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Extended Care Facilities- skilled nursing care and extended care facility benefits are limited to 180 days per calendar year as long as skilled nursing care is medically necessary. Inpatient care primarily for or solely for rehabilitation is not covered.	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Family Planning and Fertility testing	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Home Health Care	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Hospice Care	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
In-Vitro Fertilization (IVF) and artificial insemination- IVF and AI are limited to 3 attempts of artificial insemination and 3	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible

attempts of IVF per live birth up to \$100,000 max per lifetime				
Medical Supplies including diabetic supplies	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Norplant Surgery Only	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Private Duty Nursing	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
Surgical Second Opinion	100% of allowed benefit	80% of allowed benefit after deductible	90% of allowed benefit	90% of allowed benefit after deductible
Urgent Care Centers	100% of allowed benefit after \$20 co-pay	80% after deductible plus \$20 co-pay	100% of allowed benefit after \$30 co-pay	70% of allowed benefit after deductible
Whole Blood Charges	100%	80% of allowed benefit after deductible	90% of allowed benefit	70% of allowed benefit after deductible
<b>Vision Services</b>				
Vision medical- Any services that deal with the medical health of the eyes	100% of allowed benefit after \$15 co-pay (PCP) or \$25 co-pay (specialist)	80% of allowed benefit after deductible	100% of allowed benefit after \$15 co-pay (PCP) or \$30 co-pay (specialist)	70% of allowed benefit after deductible
<b>Coinsurance Out of Pocket Maximum; cross over applies to INN and OON</b>	None	\$3000 per individual \$6000 per family	\$1000 per individual/\$2000 per family	\$3000 per individual \$6000 per family

2. The changes referenced in section 1 above do not affect Bargaining Unit 1 (SLEOLA). Bargaining Unit 1 (SLEOLA) active employees will retain the medical plan benefits in effect on June 30, 2012. Eligibility files provided to the Contractor will contain an indicator in order to facilitate appropriate reporting and experience tracking.

3. This Modification amends the Contract specifically as described herein. Except as specifically revised by the terms of this Modification, all of the terms of the Contract shall remain in full force and effect and shall apply to this Modification.

IN WITNESS THEREOF, the parties have executed this Sixth Modification as of the date set forth.

CONTRACTOR: CAREFIRST  
Of MARYLAND, Inc.

THE STATE OF MARYLAND  
DEPARTMENT OF BUDGET AND  
MANAGEMENT

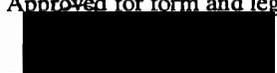
  
BY: \_\_\_\_\_ Date 5/17/12

  
By: T. Eloise Foster Date 6/4/12  
Secretary

  
Witness \_\_\_\_\_ Date 5/17/12

  
Witness \_\_\_\_\_ Date 6.4.12

Approved for form and legal sufficiency this 29<sup>th</sup> day May 2012

  
Assistant Attorney General