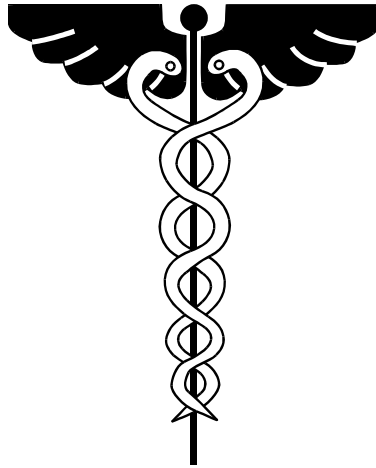


**Williamson Medical Center  
Options 1 & 2**

**Health Benefit Plan  
Summary of Material  
Modification**



## 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 Blue Cross BlueShield of Tennessee, Inc. This SMM is effective August 1, 2022.**

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

1. Under the heading Attachment C, Schedule of Benefits for Option 1; the following sections have been modified to read as follows:

	Williamson Medical Center and Affiliates	Network Services received from Network Providers	Out-of-Network Services received from Out-of-Network Providers
<b>Maximum</b>	Unlimited		
<b>Deductible <sup>1</sup></b>			
Individual	\$500	\$1,500	\$2,000
Family	\$1,000	\$3,000	\$4,000
<b>Out-of-Pocket Maximum <sup>2</sup></b>			
Individual	\$2,000	\$4,100	\$12,500
Family	\$4,000	\$8,200	\$25,000

### DEDUCTIBLE:

1. There are 3 separate Deductible amounts – one for services rendered by Williamson Medical Center, one for services rendered by Network Providers, and one for Out-of-Network Providers.<sup>1</sup>

Satisfying the Deductible under the Network Provider benefits also satisfies the Deductible for Williamson Medical Center, and vice versa.

The Deductible will apply to the Individual Out-of-Pocket and Family Out-of-Pocket Maximum(s).

The Deductible will be considered met for a Covered Family Member once that Covered Family Member meets his or her individual Deductible, or once the family Deductible is met, whichever occurs first. If you are a Subscriber with no Covered Dependents on your Coverage, the Deductible will be considered met once Your individual Deductible is met.

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<sup>1</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williamson Medical Center and Affiliates Tier.

### OUT OF POCKET:

2. There are 3 Out-of-Pocket Maximums – one for services rendered by Williamson Medical Center, one for Network Providers, and one for services rendered by Out-of-Network Providers.<sup>2</sup>

When the network Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services from Network Providers incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

When the out-of-network Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services from Out-of-Network Providers incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

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<sup>2</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williamson Medical Center and Affiliates Tier.

Satisfying the Out-of-Pocket Maximum under the Network Provider benefits also satisfies the Out-of-Pocket Maximum for Williamson Medical Center, and vice versa.

When the Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge) are not considered when determining if the Out-of-Pocket Maximum has been satisfied.

The Out-of-Pocket Maximum will be considered met for a Covered Family Member once that Covered Family Member meets his or her individual Out-of-Pocket Maximum, or once the family Out-of-Pocket Maximum is met, whichever occurs first. If you are a Subscriber with no Covered Dependents on your Coverage, the Out-of-Pocket Maximum will be considered met once Your individual Out-of-Pocket Maximum is met.

Covered Services	Benefits for Covered Services received from Williamson Medical Center and Affiliates	Benefits for Covered Services received from Network Providers	Benefits for Covered Services received from Out-of-Network Providers
<b>Services Received at the Practitioner's office</b>			
<b>Office Exams and Consultations<sup>3</sup></b>			
Diagnosis and treatment of illness or injury, including medical and behavioral health conditions	100% after Deductible	60% after Deductible	50% of the Maximum Allowable Charge after Deductible

<sup>3</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williams on Medical Center and Affiliates Tier.

- Under the heading Attachment C, Schedule of Benefits for Option 2; the following sections have been modified to read as follows:

	Williamson Medical Center and Affiliates	Network Services received from Network Providers	Out-of-Network Services received from Out-of-Network Providers
<b>Maximum</b>	Unlimited		
<b>Deductible<sup>1</sup></b>			
Individual	\$1,000	\$2,500	\$2,500
Family	\$2,000	\$5,000	\$5,000
<b>Out-of-Pocket Maximum<sup>2</sup></b>			
Individual	\$3,000	\$4,850	Unlimited
Family	\$6,000	\$9,700	Unlimited

**DEDUCTIBLE:**

- There are 3 separate Deductible amounts – one for services rendered by Williamson Medical Center, one for services rendered by Network Providers, and one for Out-of-Network Providers.<sup>4</sup>

<sup>4</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williams on Medical Center and Affiliates Tier.

Satisfying the Deductible under the Network Provider benefits also satisfies the Deductible for Williamson Medical Center, and vice versa.

The Deductible will apply to the Individual Out-of-Pocket and Family Out-of-Pocket Maximum(s).

The Deductible will be considered met for a Covered Family Member once that Covered Family Member meets his or her individual Deductible, or once the family Deductible is met, whichever occurs first. If you are a Subscriber with no Covered Dependents on your Coverage, the Deductible will be considered met once Your individual Deductible is met.

**OUT OF POCKET:**

- There are 3 Out-of-Pocket Maximums – one for services rendered by Williamson Medical Center, one for Network Providers, and one for services rendered by Out-of-Network Providers.<sup>5</sup>

When the network Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services from Network Providers incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

When the out-of-network Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services from Out-of-Network Providers incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

Satisfying the Out-of-Pocket Maximum under the Network Provider benefits also satisfies the Out-of-Pocket Maximum for Williamson Medical Center, and vice versa.

When the Out-of-Pocket Maximum is satisfied, benefits are payable at 100% for Covered Services incurred by the Member during the remainder of that Annual Benefit Period, excluding Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge).

Penalties and any balance of charges (the difference between Billed Charges and the Maximum Allowable Charge) are not considered when determining if the Out-of-Pocket Maximum has been satisfied.

The Out-of-Pocket Maximum will be considered met for a Covered Family Member once that Covered Family Member meets his or her individual Out-of-Pocket Maximum, or once the family Out-of-Pocket Maximum is met, whichever occurs first. If you are a Subscriber with no Covered Dependents on your Coverage, the Out-of-Pocket Maximum will be considered met once Your individual Out-of-Pocket Maximum is met.

<sup>5</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williamson Medical Center and Affiliates Tier.

Covered Services	Benefits for Covered Services received from Williamson Medical Center and Affiliates	Benefits for Covered Services received from Network Providers	Benefits for Covered Services received from Out-of-Network Providers
<b>Services Received at the Practitioner's office</b>			
<b>Office Exams and Consultations<sup>6</sup></b>			
Diagnosis and treatment of illness or injury, including medical and behavioral health conditions	100% after Deductible	60% after Deductible	20% of the Maximum Allowable Charge after Deductible

<sup>6</sup> All Rheumatologists claims (billed directly by a Rheumatologist) will be included in the Williamson Medical Center and Affiliates Tier.

**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  
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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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