

**SUMMARY OF MATERIAL MODIFICATIONS AND REDUCTIONS  
TO THE  
WELLMED MEDICAL MANAGEMENT EMPLOYEE HEALTH PLAN**

Effective January 1, 2007, WellMed Medical Management will begin offering a third benefit structure under its health plan, Option C, to employees who reside outside of the San Antonio area. Employees residing outside of San Antonio may select Option C. Employees residing in the San Antonio area may choose either Option A or Option B.

**Changes to All Options for 2007**

Options A, B and C have clarified that In-Network expenses incurred are applied toward the In-Network Out-of-Pocket Maximum only, and expenses incurred at a Non-Participating Provider or at an Out-of-Network Provider apply only toward the Out-of-Pocket Maximum for Non-Network Providers or Out-of-Network Providers.

For prescription drugs purchased at the least expensive area retail pharmacy, a Covered Person must now pay a co-payment of \$10 for generic and \$30 for brand name prescription drugs for a 30-day supply, provided the lowest cost pharmacy in the area is used. If a pharmacy other than the lowest cost pharmacy in the area is used, you must also pay the difference between the price charged by the lowest cost pharmacy and the price charged by the pharmacy you use to fill the prescription. In 2006, no co-payment was charged.

For prescription drugs purchased via the plan's mail order pharmacy, a Covered Person must now pay a co-payment of \$10 for generic and \$60 for brand name prescription drugs for a 90-day supply.

Spinal manipulation and chiropractic services are no longer covered expenses under Option A, B or C.

Birth control implants and devices are now covered expenses under Option A, B and C.

Complications from any non-covered service are not covered.

**Option A Changes for 2007**

All immunizations are now no longer subject to a co-payment instead of only those for children age 0 to 6 years.

**Option B Changes for 2007**

None.

**Option C – Available in 2007**

Option C is a new benefit option that may be selected by participants who do not reside in the San Antonio area.

It has a preferred provider option that generally pays 90% of covered expenses when a preferred provider or In-Network provider is used and a co-payment is not charged for the service.

Out-of-network services are generally reimbursed at 60% of the reasonable and customary charges for the service, after satisfying the deductible.