Our plans are designed to fit your plans

Premier Plus POS
Our plans help fit the way you live

In a world that’s always changing, one thing’s certain. It’s important to have health care coverage you can depend on. Coverage designed to fit different budgets and lifestyles.

For over 70 years, Blue Cross and Blue Shield Healthcare Plan of Georgia (BCBSHP) has provided health care coverage to our Georgia neighbors. And now, we’re pleased to offer Individual health care plans with added benefits of the Affordable Care Act.

You’re in charge of your health and budget. Our Individual health care plans help keep it that way. We still offer a wide range of coverage choices as unique as you are. And if you have any questions, we’re here to help.

Sounds like a plan.

Experience you can count on

Blue Cross and Blue Shield Healthcare Plan of Georgia is committed to help improve your health. And simplifying your life. That’s why we offer:

- **Access to one of the largest provider networks in Georgia.** With over 15,000 doctors and nearly 150 hospitals* throughout the state, chances are your doctor is in one of our networks. To find a specific doctor, hospital, pharmacy or dentist, simply go to bcbsga.com and click on “Find A Doctor.”

- **A choice of plans designed to fit different budgets and lifestyles.** We have plans that meet a range of health coverage needs and budgets. No matter where you are in life.

- **Optional dental and term life insurance.** To enhance your health and your family’s financial future, we also offer dental and term life coverage. And it’s easy to sign up.

- **Coverage that travels with you.** Wherever life takes you, your health coverage goes with you. The BlueCard® Program makes it easy to find doctors and hospitals throughout the country.

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**Why do you need health care coverage?**

These days, a single day in the hospital can cost thousands of dollars. Health care coverage not only helps you stay healthy. It also gives you peace of mind to know you have help with your unexpected health care bills.

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*ParCount 2011Q3 Report*
Deductible is the amount you have to pay each calendar year for covered services before your health care plan starts paying. For some services, the plan will even begin to pay before the deductible is met. Most often, the higher a plan’s deductible, the lower the premium. You may also have a separate deductible for certain services. These services could include things like prescription drugs or non-network services.

Coinsurance is the percentage of the cost of covered services that you’ll need to pay (after your annual deductible is met). With some plans, you have a choice of coinsurance levels. Selecting a higher coinsurance typically lowers your monthly premium. That’s because it raises your share of the cost.

Copay is a specific dollar amount you have to pay for certain covered services.

Out-Of-Pocket Maximum is the most that you’d pay in a calendar year for deductible and coinsurance for network covered services. Once you reach this maximum, the plan pays at 100% for most network services for the rest of the calendar year. There is a separate out-of-pocket maximum for non-network services.

Prescription Drugs are medicines that must be approved for use by your doctor. Blue Cross and Blue Shield Healthcare Plan of Georgia offers varying levels of prescription drug coverage. Depending on the plan, you may have coverage for generic drugs or generic and brand name drugs.

Generic Drugs are prescription drugs that typically have been in use for some time. They can be made and distributed by many companies. So their cost is often much lower. Generic drugs must, by law, contain the same active ingredients as their brand name equivalent. They must also have the same clinical benefit.

Brand-Name Drugs are prescription drugs that are made and marketed under a registered name. They are most often patented. They may be only offered by certain companies.

Formulary is a list of prescription drugs our health care plans cover. They may include generic, preferred brand name and specialty drugs. These drugs have been rigorously reviewed and selected by a committee of doctors and pharmacists for their quality and how well they work. We’ve negotiated lower prices on these formulary drugs. So you’ll save money when your doctor prescribes them. There can be different formularies for different health care plans.
Premier Plus POS health care plans have the highest level of benefits we offer for a number of services. This plan is great for families or for individuals looking for richer benefits. Premier Plus POS provides a number of benefits before the deductible. It also offers strong coverage for prescription drugs.

### Prescription Drug Coverage

Premier Plus POS offers broad prescription drug coverage before the deductible. There are benefits for generic, brand name and specialty drugs. Ask your doctor to prescribe a generic drug when possible. That way, you'll get the highest level of benefits that we offer. If you buy a brand name drug when a generic drug is available, you’ll have to pay the cost difference between brand and generic (plus your copay or coinsurance). See your Benefit Guide for more details.

### How to Customize your Premier Plus POS Plan

With Premier Plus POS, you can change the plan to better meet your needs. Premier Plus POS offers a choice of:

**Deductible:** Premier Plus POS deductibles range from $750 to $10,000. You can most often lower your premium by choosing a higher deductible. Simply choose the deductible and premium combination that works best for you.

**Coinsurance:** Premier Plus POS offers a choice of coinsurance options. You can even get one with no coinsurance at all for most care, depending on the deductible you choose. The zero coinsurance choices typically have higher deductibles, which can lower your premium.

**Dental Coverage and Life Insurance:** Add these plans to further help protect yourself or your family. See the dental and life information in the back of this brochure for more details.
### Benefits

#### Calendar Year Deductible

<table>
<thead>
<tr>
<th></th>
<th>NETWORK:</th>
<th>NON-NETWORK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$750</td>
<td>$750</td>
</tr>
<tr>
<td>Family</td>
<td>$1,500</td>
<td>$1,500</td>
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</table>

#### Network Coinsurance Options

<table>
<thead>
<tr>
<th></th>
<th>20%</th>
<th>20%</th>
<th>20%</th>
<th>20%</th>
<th>20%</th>
<th>0%</th>
<th>0%</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Calendar Year Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th></th>
<th>NETWORK:</th>
<th>NON-NETWORK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Family</td>
<td>$7,500</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

#### Add Your Chosen Deductible to the Amount Below

<table>
<thead>
<tr>
<th></th>
<th>NETWORK:</th>
<th>NON-NETWORK:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$5,000</td>
<td>$5,000</td>
</tr>
<tr>
<td>Family</td>
<td>$15,000</td>
<td>$15,000</td>
</tr>
</tbody>
</table>

### Your Share of Costs (after deductible, unless waived or not subject to the deductible)

#### NETWORK:

- (deductible waived for unlimited number of non-preventive, primary care/specialty visits): $35 Copay for primary care physician; $50 Copay for specialist

#### NON-NETWORK:

- 50% Coinsurance

#### Preventive Care Services

- NETWORK: 0% Coinsurance; not subject to deductible
- NON-NETWORK: 50% Coinsurance; not subject to deductible

#### Maternity

Not Covered

#### Optional Coverage (at additional cost)

- Dental², Life

### Prescription Drug Coverage

#### Prescription Drug Coverage:

- Retail (up to 34 days supply):
  - Tier 1: $15 copay; Tier 2: $30 copay; Tier 3: $60 copay; Tier 4: 25% coinsurance; $2,500 OOP maximum per member per year

- *If a brand drug is chosen when generic is available, member pays the applicable copay PLUS the difference between the brand and generic.

#### Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health Care, Hospice Care, Mental Health, Physical/Occupational Therapies, Substance Abuse, Speech Therapy, Vision Exam

- Premier plans include drug coverage.

### Important Notes

- Network and non-network deductibles are separate and do not accumulate toward each other.
- **Network or NON-NETWORK:** $250 Copay, not subject to deductible (Copay waived only if admitted)
- **Other Covered Benefits include but are not limited to:**
  - Ambulance, Chiropractic Care, Durable Medical Equipment, Home Health Care, Hospice Care, Mental Health, Physical/Occupational Therapies, Substance Abuse, Speech Therapy, Vision Exam

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¹ Coinurance is designated by the deductible you choose.
² Limitations such as waiting periods apply. Please check your Contract/Certificate or ask your agent for details.

**NOTE:** Network and non-network deductibles are separate and do not accumulate toward each other.
Blue Choice® Dental

In addition to helping you keep a great smile, regular dental check-ups can help find early warning signs of health issues. That's why it's important to take good care of your oral health. Get dental coverage from Blue Cross and Blue Shield of Georgia and enjoy:

- Day one coverage for routine dental care. That means there are no waiting periods for cleanings and X-rays.
- No deductible for diagnostic and preventive benefits.
- $50 deductible for Basic and Major dental benefits.
- Quality dental benefits up to $1,000 per member per year.
- Participating and Non-Participating coverage. But you may save more when you choose a dentist from our broad network. To find a provider, visit bcbsga.com and click “Find a Doctor.”

Monthly Dental Rates (rates subject to change)

- Adult $27/month
- Child $27/month
- Family $76/month

Give yourself every advantage...

Good health and a bright smile.

Preventive & Diagnostic Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Blue Choice Dental pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Oral Exam</td>
<td>$16</td>
</tr>
<tr>
<td>Periodic Oral Exam - limited to 2 exams per member per year</td>
<td>$16</td>
</tr>
<tr>
<td>Bitewing X-rays - single film</td>
<td>$9</td>
</tr>
<tr>
<td>Bitewing X-rays - two films</td>
<td>$16</td>
</tr>
<tr>
<td>Single (periapical) X-rays - first film</td>
<td>$9</td>
</tr>
<tr>
<td>Single X-rays - additional films</td>
<td>$9</td>
</tr>
<tr>
<td>Bitewing X-rays - four films</td>
<td>$23</td>
</tr>
<tr>
<td>Full mouth X-rays - limited to one set every 3 years</td>
<td>$47</td>
</tr>
<tr>
<td>Routine Cleaning - limited to 2 per adult per year</td>
<td>$26</td>
</tr>
<tr>
<td>Routine Cleaning - limited to 2 per child per year</td>
<td>$37</td>
</tr>
<tr>
<td>Cleaning with Fluoride - limited to 2 per child per year</td>
<td>$14</td>
</tr>
</tbody>
</table>

Basic Dental Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Blue Choice Dental pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filling - one surface, primary</td>
<td>$35</td>
</tr>
<tr>
<td>Filling - one surface, permanent</td>
<td>$42</td>
</tr>
<tr>
<td>Filling - two surfaces, primary</td>
<td>$47</td>
</tr>
<tr>
<td>Filling - two surfaces, permanent</td>
<td>$52</td>
</tr>
<tr>
<td>Filling - three surfaces, primary</td>
<td>$55</td>
</tr>
<tr>
<td>Filling - three surfaces, permanent</td>
<td>$62</td>
</tr>
<tr>
<td>Filling - four or more surfaces, primary</td>
<td>$68</td>
</tr>
<tr>
<td>Filling - four or more surfaces, permanent</td>
<td>$76</td>
</tr>
<tr>
<td>Extraction - single tooth (simple)</td>
<td>$43</td>
</tr>
<tr>
<td>Extraction - each additional tooth (simple)</td>
<td>$43</td>
</tr>
<tr>
<td>Surgical Extraction</td>
<td>$72</td>
</tr>
<tr>
<td>Removal of Impacted Tooth - soft tissue</td>
<td>$100</td>
</tr>
<tr>
<td>Removal of Impacted Tooth - partial bony</td>
<td>$126</td>
</tr>
<tr>
<td>Removal of Impacted Tooth - complete bony</td>
<td>$150</td>
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</table>

Major Dental Care

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Blue Choice Dental pays</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scaling/Root Planing per Quadrant</td>
<td>$48</td>
</tr>
<tr>
<td>Gingivectomy - per tooth</td>
<td>$30</td>
</tr>
<tr>
<td>Gingivectomy - per quadrant</td>
<td>$140</td>
</tr>
<tr>
<td>Root Canal - 1 canal</td>
<td>$150</td>
</tr>
<tr>
<td>Root Canal - 2 canals</td>
<td>$180</td>
</tr>
<tr>
<td>Root Canal - 3 canals</td>
<td>$230</td>
</tr>
<tr>
<td>Crown (except stainless steel)</td>
<td>$250</td>
</tr>
<tr>
<td>Stainless Steel Crown</td>
<td>$60</td>
</tr>
<tr>
<td>Pontic</td>
<td>$250</td>
</tr>
<tr>
<td>Complete Denture (upper or lower)</td>
<td>$300</td>
</tr>
<tr>
<td>Partial Denture (upper or lower)</td>
<td>$275</td>
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<tr>
<td>Denture Reline (chair-side)</td>
<td>$65</td>
</tr>
<tr>
<td>Denture Reline (lab)</td>
<td>$85</td>
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</tbody>
</table>

* Coverage begins after your Plan has been in effect for 6 continuous months.

* Coverage begins after your Plan has been in effect for 12 continuous months.
Term Life Insurance

Losing a loved one is painful enough without having to worry about finances. Help protect your family with term life insurance from Greater Georgia Life Insurance Company. Plus, there are no health exams or extra forms to worry about. It’s that simple.

Georgia Individual Term Life Insurance

<table>
<thead>
<tr>
<th>Age</th>
<th>$15,000</th>
<th>$25,000</th>
<th>$50,000</th>
<th>$75,000</th>
<th>$100,000</th>
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</thead>
<tbody>
<tr>
<td>1-19</td>
<td>$1.50</td>
<td>$2.50</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>20-29</td>
<td>$2.80</td>
<td>$4.65</td>
<td>$9.30</td>
<td>$11.25</td>
<td>$13.00</td>
</tr>
<tr>
<td>30-39</td>
<td>$3.25</td>
<td>$5.40</td>
<td>$10.80</td>
<td>$13.50</td>
<td>$16.00</td>
</tr>
<tr>
<td>40-49</td>
<td>$7.50</td>
<td>$12.50</td>
<td>$25.00</td>
<td>$33.75</td>
<td>$42.00</td>
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<tr>
<td>50-59</td>
<td>$20.90</td>
<td>$34.80</td>
<td>$69.60</td>
<td>$97.50</td>
<td>$125.00</td>
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<tr>
<td>60-64</td>
<td>$29.40</td>
<td>$49.00</td>
<td>$98.00</td>
<td>$142.50</td>
<td>$185.00</td>
</tr>
</tbody>
</table>

Additional information

Automatic premium payment saves time

Hate writing checks? After your first payment, our Electronic Fund Transfer (EFT) program will automatically withdraw funds from your bank account each month to pay for your health plan premium. You’ll save on postage. And you won’t have to worry about a lapse in coverage because you forgot to mail your payment. To sign up, just fill out the billing section of the Enrollment Application.
Get a free look with a money-back guarantee!

If you’re approved for coverage, you’ll get your health plan policy by mail. You’ll then have 30 days to review it. If you decide that the coverage isn’t right for you, you may cancel your policy within those 30 days. Your premiums will be refunded (less any claims that were already paid).
If you have questions or want more details about your choices, call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent today!

Ready to choose a plan?

- First, read all the materials included with this brochure. Then call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent.
- Ask questions. If you aren’t sure how a plan works or have other questions, your agent will help you.
- Fill out an application. The quickest and easiest way to do this is online. Your agent can help you. Your agent can also tell you how to mail or fax your application.
Individual and Family Health Care Plans for Georgia

Individual health coverage. Your plans. Your choice.

Make sure you have all the facts.

This brochure is only one piece of your plan information. Please make sure you have all the facts about the benefits offered by these plans. Know what’s covered, and what isn’t. To learn more about exclusions (services that are not covered), limitations and terms of coverage, please see the Coverage Details and Benefit Guide. These materials should be in your information kit. If you printed this from your computer, they should be at the end of this document. If you don’t have these materials, call your Blue Cross and Blue Shield Healthcare Plan of Georgia agent.

This brochure is a brief summary of benefits and services. It is not your Contract/Certificate. If anything is different between this brochure and your Contract/Certificate, the Contract/Certificate is correct. Benefits and premiums can change.

This summary of benefits follows federal and state rules. This includes applicable rules of federal health care reform laws. As we get more guidance on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may have to make more changes to this summary of benefits.

Ready to enroll?

Call your Blue Cross and Blue Shield Healthcare Plan of Georgia sales representative or agent today!

To view a Summary of Benefits and Coverage please visit www.healthcare.gov.

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent, Blue Cross and Blue Shield Healthcare Plan of Georgia or visit us on the web.

Life and Disability products underwritten by Greater Georgia Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Blue Cross and Blue Shield of Georgia, Inc. and Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. are independent licensees of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
Before choosing a health care plan, please review the following information along with the other materials enclosed.

Enrollment Guidelines For Individual Health Plans:

To Enroll, You Must Be:
- Age 19-64;
- A permanent legal resident of Georgia;
- Not eligible for Medicare.

If Your Application Is Approved:
Your coverage can start on any day of the month. The earliest effective date you may receive is the day after the application is received by Blue Cross and Blue Shield of Georgia (BCBSGa). If the application does not specify an effective date the day BCBSGa approves the application will become the effective date.

Your Qualified Dependents Include:
- Spouse age 64 or younger;
- Domestic Partner age 64 or younger;
- Children (under 26 years of age), or the children (under 26 years of age) of your enrolling spouse or qualified domestic partner.

Medical Underwriting Requirement
We believe that the cost of our plans should be consistent with your expected health care needs and risk factors. That’s why we offer various levels of coverage. To determine individual medical risk factors, all applications are subject to medical underwriting. Depending on the results of the underwriting review:
- You may be offered coverage at the lowest premium rate, or
- You may be offered the plan you selected at a higher rate, or
- You may not qualify for the plan listed in this brochure.

If you do not qualify for the plan you’ve chosen from this brochure or if you have discontinued group coverage, please contact your Blue Cross and Blue Shield of Georgia representative for information regarding other Individual coverage options.

Access to the MIB
Information regarding your insurability will be treated as confidential. Blue Cross and Blue Shield of Georgia or its reinsurers may, however, make a brief report therein to MIB, a not-for-profit membership organization of insurance companies, which operates an information exchange on behalf of its Members. If you apply to another MIB Member company for life or health insurance coverage, or a claim for benefits is submitted to such a company, MIB, upon request, will supply such company with the information in its file.

Upon receipt of a request from you, MIB will arrange disclosure of any information it may have in your file. Please contact MIB at 866-692-6901 (TTY 886-346-3642). If you question the accuracy of information in MIB’s file, you may contact MIB and seek a correction in accordance with the procedures set forth in the federal Fair Credit Reporting Act.

The address of MIB’s Information Office is
50 Braintree Hill Park, Suite 400
Braintree, MA 02184-8734

Information for consumers about MIB may be obtained on its website at www.mib.com.

Blue Cross and Blue Shield of Georgia, or its reinsurers, may also release information in its file to other insurance companies to whom you may apply for life or health insurance, or to whom a claim for benefits may be submitted.

Waiting Periods
For applicants age nineteen (19) and older there is a specific twelve-month waiting period for coverage of any condition, disease or ailment for which medical advice or treatment was recommended by your health care provider or received within twelve months preceding the effective date of coverage. If you apply for coverage within 63 days of terminating your membership with another “creditable” health care plan, then you can use your prior coverage for credit toward the twelve-month waiting period. Blue Cross and Blue Shield of Georgia will credit the time you were enrolled on the previous plan. Consult with your Blue Cross and Blue Shield of Georgia agent or representative if you have a question about the underwriting process.

Utilization Management and Case Management
Our Utilization Management (UM) services offer a structured program that monitors and evaluates member care and services. The UM clinical team, which is made up of health care professionals who hold active professional licenses and certificates, perform the prior authorization, concurrent and retrospective review processes explained below. The UM team follows criteria to assist in decisions regarding requests for health care and other covered benefits, and complies with specific timeframes to ensure requests are handled in a timely manner. Our case management services help you to better understand and manage your health conditions.

Prospective Review/Pre-Admission Review
Prospective review (also known as pre-service or pre-admission review) is the process of reviewing a request for a medical procedure or service before it takes place. The review occurs to ensure that: 1) the procedure is medically necessary and 2) the procedure meets your health care plan’s specific guidelines prior to being performed.

Requests for prospective review may include but are not limited to:
- inpatient hospitalizations
- outpatient procedures
- diagnostic procedures
- therapy services
- durable medical equipment
Prospective review is required for all elective inpatient admissions and certain outpatient services. The review process evaluates medical necessity and the best level of care and assigns expected length of stay if needed.

**Concurrent Review**

Concurrent review is an ongoing evaluation of a member’s hospital stay, as well as ongoing extensions of services that may be needed (such as acute care facilities, skilled nursing facilities, acute rehabilitation facilities, and home health care services). The review includes physicians, member-assigned health care professionals (or member authorized representative) and takes place by telephone, electronically and/or onsite.

Concurrent review uses pre-set decision criteria in order to approve medical care (deemed to be medically necessary) and assign the right level of care for continued medical treatment. Review decisions are based on the medical information obtained at the time of the review. Concurrent review also helps to coordinate care with behavioral health programs.

**Retrospective Review**

The retrospective review process consists of obtaining information to determine medical necessity as it relates to services provided without approval or notice ahead of time (e.g. without pre-service notification). Relevant clinical information is required for the retrospective review process. Review decisions are based only on the medical information the doctor or other provider had at the time the member received medical care.

**Case Management**

Case managers are licensed healthcare professionals who work with you to help you understand your benefits and support your health care needs. The case manager works with you and your doctor to help you better understand and manage your health conditions.

**Benefits Which Are Not Covered By These Individual Health Care Plans:**

Remember, all health care plans are different and, as with many plans, there are some exclusions. To choose the plan that best meets your needs, it’s important to understand not only what it offers, but what is does not.

Your contract does not provide benefits for:

- The 12 months following the effective date of the policy for any illness, injury or other condition for which medical advice, diagnosis, care or treatment was recommended or received 12 months prior to the effective date unless you have any prior creditable coverage towards this waiting period. The pre-existing condition limitation does not apply to applicants under age nineteen (19).
- Services and supplies not medically necessary or not consistent with the diagnosis;
- Treatment for which payment is made by any local, state or federal government (except Medicaid);
- Services paid under Medicare or the Veterans Administration;
- Any injury or disease related to war, declared or undeclared, or military service; Convalescent or custodial care;
- Hair transplants;
- Eyeglasses/contact lenses/radial keratotomy and the examinations associated with them (except one annual vision exam under Premier);
- Hearing aids;
- Experimental services;
- Weight reduction or treatment for obesity;
- Physical, occupational or speech therapy for developmental delay;
- Services related to artificial insemination or in-vitro fertilization;
- Cosmetic services, except as otherwise stated in the contract.
- Pregnancy related or maternity services

Also not covered is dental care and treatment and oral surgery unless the optional dental rider is purchased. Dental care is also subject to specific exclusions and limitations on services, such as two oral or periodontal exams per member per year. A full disclosure of all benefits, exclusions and limitations is included in the Contract for this coverage or any optional coverage amendments. Please review these carefully upon enrollment.

This is not your policy and is intended as a brief summary of benefits and services. If there is any difference between this brochure and the policy Contract booklet, the provisions of the Contract booklet shall prevail.

This summary of benefits complies with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.