

<b>MANDATED BENEFITS</b>		<b>MISSOURI</b>
1	ALCOHOLISM	Inpatient Alcoholism Treatment: Up to 30 days per Benefit Period per person, while confined in a hospital or in a residential or nonresidential facility certified by the Department of Mental Health.
2	MENTAL ILLNESS	Available as a MANDATED OFFER
3	COLORECTAL CANCER SCREENING	Colorectal Cancer examinations and laboratory tests as prescribed by a physician, in accordance with the published American Cancer Society Guidelines.
4	CONTRACEPTIVES	Allowable Expenses for contraceptive drugs, devices or aids prescribed by a physician.
5	DENTAL ADJUNCTIVE SERVICES	Allowable Expenses for benefit to be paid for administration of general anesthesia and hospital charge for dental care provided for the following individuals: A) A child under the age of five (5); B) A person who is severely disabled; or C) A person who has a medical or behavioral condition which requires hospitalization or general anesthesia when dental care is provided.
6	MAMMOGRAMS	Allowable Expenses for: A) One baseline mammogram between the ages of 35 and 39; B) One mammogram per Benefit Period after age 39; and C) Mammograms for any woman upon recommendation of a doctor, where such woman or her sister has a prior history of breast cancer.
7	OSTEOPOROSIS	Allowable expenses related to the diagnosis, treatment, and management of osteoporosis. Coverage includes charges for a bone mass measurement test when the test is medically indicated for the insured individual. Covered charges DO NOT include any of the following: A) Services that are not provided by a doctor; B) Vitamins or Minerals; C) Exercise programs, equipment and supplies; D) Dietary counseling; E) Smoking cessation; and F) Services that are of a routine or preventive care nature and not directly related to osteoporosis treatment.
8	OVARIAN CANCER TESTING	Allowable Expenses related to the coverage for surveillance test for ovarian cancer.
9	PAP SMEARS CERVICAL SMEARS	Allowable Expense for pelvic examination and pap smear.
10	PROSTATE SPECIFIC ANTIGEN TESTING	Allowable Expenses for prostate exam.
11	INHERITED METABOLIC DISEASE	Allowable Expenses for formula and low protein modified food products recommended by a doctor for the treatment of an insured individual who is less than six (6) years of age with phenylketonura or any inherited disease of amino and organic acids.
12	EOSINOPHILIC GASTROINTESTINAL DISORDER	
13	MORBID OBESITY	
14	DEPENDENT CHILD IMMUNIZATIONS	Dependent children from birth to five (5) years of age for immunizations against - measles, mumps, rubella, rubeola, poliomyelitis, hepatitis B, diphtheria, varicella, haemophilus influenzae type B, pertussis and tetanus. DOES NOT APPLY TO ANY DEDUCTIBLE, COINSURANCE OR COPAYMENT.
15	EARLY INTERVENTION SERVICES	Allowable Expenses provided by the Missouri First Steps Systems to an insured child from birth to age 3.
16	TESTING FOR LEAD POISONING	Allowable Expenses for the testing of pregnant women and children less than six (6) years of age for lead poisoning.

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17	<b>HUMAN LEUKOCYTE ANTIGEN TESTING</b>	For A, B, and DR antigens for utilization in bone marrow transplantation. Testing must be performed in a facility accredited and licensed as required by Missouri law. Charges are limited to \$75.00 per insured per lifetime.
18	<b>NEWBORN HEARING SCREENING</b>	<p>Initial hearing screening, necessary rescreening, diagnostic audiological assessment and follow-up and initial amplification for newborns residing the State. Hearing Screening includes:</p> <ol style="list-style-type: none"> <li>1. Automated or diagnostic auditory brainstem response (ABR)</li> <li>2. Otoacoustin Emissions (OAE)</li> <li>3. Other technologies approved by the Department of Health.</li> </ol> <p>Initial Amplification means Medically Necessary device prescribed by a Doctor to correct significant hearing loss, as demonstrated by objective diagnostic testing, in an infant. Benefits are limited to an external initial hearing aid.</p> <p>Necessary Rescreening means Medically Necessary retesting by ABR, OAE, or other technologies approved by the Department of Health of an infant who has previously failed an objective hearing screening.</p> <p>Diagnostic Audiological Assessment means an assessment that must be Medically Necessary, appropriate to the age of the infant and recognized as standard of care in the medical community.</p>
19	<b>CANCER CLINICAL TRIAL BENEFIT</b>	<p>Allowable Expenses for benefits will be provided for routine patient care costs for an insured individual engaging in a Phase III or IV cancer clinical trial for the purposes of prevention, early detection, or treatment of cancer.</p> <p>Allowable Expenses for routine patient care costs include coverage for:</p> <ol style="list-style-type: none"> <li>1. All items and services that are otherwise generally available to an insured individual that are provided in the clinical trial;</li> <li>2. Reasonable and medically Necessary services needed to administer the drug or device under evaluation in the clinical trial; and</li> <li>3. Drugs and devices that have been approved for sale by the Food and Drug Administration (FDA) regardless of whether approved by the FDA for use in treating the insured individual's particular condition.</li> </ol> <p>Allowable Expenses for benefits will be provided only if the following requirements are met:</p> <ol style="list-style-type: none"> <li>1. The clinical trial is approved or funded by an entity listed below: <ol style="list-style-type: none"> <li>a. One of the National Institutes of Health (NIH).</li> <li>b. A NIH Cooperative Group or center. A "Cooperative Group" means a formal network of facilities that collaborate on research projects and have an established NIH-approved Peer Review Program operating within the group, including the NCI Clinical Cooperative Group and the NCI Community Clinical Oncology Program.</li> <li>c. The FDA in the form of an investigational new drug application.</li> <li>d. The Federal Departments of Veteran Affairs or Defense.</li> <li>e. An institutional review board in Missouri that has an appropriate assurance approved by the Department of Health and Human Services assuring compliance with and implementation of regulations for the protection of human subjects (45 CFR 46).</li> <li>f. A qualified research entity that meets the criteria for NIH Center support grant eligibility.</li> </ol> </li> <li>2. The providers participation in the clinical trial have obtained the insured individual's informed consent for participation in the clinical trial in a manner that is consistent with current legal and ethical standards and has provided a copy of the document to Us.</li> </ol>

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3. The providers participating in the clinical trial have provided Us with a list which includes all of the following:

- a. The phase for which the clinical trial is approved;
- b. The entity approving the trial;
- c. Whether the trial is for treatment of cancer or other serious or life threatening disease, and if not cancer, the particular disease; and
- d. The number of participants in the trial.

Allowable Expenses for benefits are not provided for:

- 1. The investigational item or service itself;
- 2. Items and services provided solely to satisfy data collection and analysis needs and that are not used in the direct clinical management of the insured individual; and
- 3. Items and services customarily provided by the research sponsor free of charge for a participant in the trial.

20 TEMPOROMAN-DIBULAR  
JOINT DYSFUNCTOIN

21 PRE-EXISTING  
CONDITIONS

**MANDATED OFFER**

**CHEMICAL DEPENENCY**

- Coverage for Outpatient treatment through a nonresidential treatment program, or through partial or full-day program services, to a maximum of twenty-six (26) days per benefit period.
- Coverage for residential treatment programs, up to twenty-one (21) days per benefit period.
- Coverage for medical or social setting detoxification, up to six (6) days per benefit period.

Except for medical detoxification in a life-threatening situation, as determined by the treating physician, the coverage listed above is subject to a lifetime frequency cap of ten (10) episodes of treatment.

**MENTAL ILLNESS**

- Coverage for Outpatient treatment, including treatment partial or full-day program services, for mental health services for a recognized mental illness, is treated the same as any other illness.
- Coverage for Inpatient hospital treatment for a recognized mental illness is treated the same as any other illness, up to ninety (90) days per benefit period.
- These benefits are subject to any deductible, coinsurance, or copayment provisions of the Certificate.

**MENTAL HEALTH**

- Coverage for two sessions per year to a licensed psychiatrist, licensed psychologist, licensed professional counselor, or licensed clinical social worker acting within the scope of such license. Coverage under this section shall be for the purpose of diagnosis or assessment, but not dependent upon findings. These benefits are subject to any deductible, coinsurance, or copayment provisions of the Certificate.

**DEFINITIONS:**

“Chemical Dependency” means the psychological or physiological dependence upon and abuse of drugs, including alcohol, characterized by drug tolerance or withdrawal and impairment of social or occupational role functioning or both.

“Recognized Mental Illness” means those conditions classified as “mental disorders” in the American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders, but shall not include mental retardation.

1  
**MENTAL ILLNESS  
&  
CHEMICAL  
DEPENDENCY**

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**MISSOURI**

**MANDATED OFFER**

**Allowable Expenses for benefits for the periodic review of a child's physical and emotional status by a physician or pursuant to a physician's supervision. The review shall include:**

- a. history,
- b. complete physical examination,
- c. developmental assessment,
- d. anticipatory guidance,
- e. appropriate immunizations, and
- f. laboratory tests in keeping with prevailing medical standards.

**The benefits are available from birth to age twelve (12) at approximately the following age intervals:**

- a. birth,
- b. two months,
- c. four months,
- d. six months,
- e. nine months,
- f. twelve months,
- g. eighteen months,
- h. two years,
- i. three years,
- j. four years,
- k. five years,
- l. six years,
- m. eight years,
- n. ten years, and
- o. twelve years.

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**CHILD HEALTH RIDER**