

## **Summa Insurance Company**

### **Amendment/Rider to your Certificate of Insurance and Schedule of Benefits**

This document is an Amendment/Rider to your Certificate of Insurance and Schedule of Benefits and becomes effective as of April 3, 2025. Your Certificate of Insurance and Schedule of Benefits are hereby amended as indicated below. All other aspects of your Certificate of Insurance and Schedule of Benefits remain unchanged and in full force and effect.

***The following text is added to the applicable covered services in the Certificate of Insurance Section VIII, D. Other Services Covered:***

#### **4. Chiropractic Services**

The cost-sharing requirement, on a per day basis, for services rendered by a licensed chiropractor shall not be greater than the cost-sharing requirement for an office visit to a primary care physician or primary care osteopath physician.

#### **21. Rehabilitation Services**

The cost-sharing requirement, on a per day basis, for services rendered by an occupational therapist or physical therapist shall not be greater than the cost-sharing requirement imposed by the plan for an office visit to a primary care physician or primary care osteopath physician.

***The following covered service has been added to the Certificate of Insurance Section VIII, D. Other Services Covered:***

#### **9. Hearing Aids**

Coverage is provided for the full cost of both of the following without cost sharing:

- One hearing aid per hearing-impaired ear up to \$2,500 every 48 months for a covered person 21 years of age or younger who is verified as being deaf or hearing impaired by a licensed audiologist or by an otolaryngologist or other licensed physician. "Hearing aid" means any wearable instrument or device designed or offered for the purpose of aiding or compensating for impaired human hearing, including all attachments, accessories, and parts thereof, except batteries and cords, that is dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter, or an otolaryngologist;
- All related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter. "Related services" means services necessary to assess, select, and appropriately adjust or fit a hearing aid to ensure optimal performance.

You may choose a higher priced hearing aid and pay the difference in cost above the \$2,500 required coverage required by this section without any financial or contractual penalty to you or to the provider of the hearing aid.

The plan is not required to pay a claim for the cost of a hearing aid if, less than 48 months prior to the date of the claim, you received the coverage required under Section 3902.64 (B) of the Ohio Revised Code from any health benefit plan. The plan shall only provide coverage for hearing aids considered medically appropriate to meet your needs, according to professional standards

established by the state speech and hearing professionals board. The plan shall not exclude coverage for any hearing aid that would be considered medically appropriate to meet your needs, according to professional standards established by the state speech and hearing professionals board.

**The following line items in the Schedule of Benefits have been revised as follows:**

| Other Services                                                                                                                                                                                                               |                                                                                                                                                                                                   |                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chiropractic Services</b><br>(Limited to 15 visits per calendar year)                                                                                                                                                     | Cost share is no greater than the cost share for a Primary Physician Visit                                                                                                                        | Cost share is no greater than the cost share for a Primary Physician Visit                                                                                                                        |
| <b>Rehabilitative Services</b><br>(Physical/occupational limited to 30 visits per calendar year combined) (Speech therapy limited to 30 visits per calendar year) (Cardiac/pulmonary limited to 36 visits per calendar year) | For Occupational Therapy and Physical Therapy, cost share is no greater than the cost share for a Primary Physician Visit.<br><br>For all other Rehabilitative Services, cost share is unchanged. | For Occupational Therapy and Physical Therapy, cost share is no greater than the cost share for a Primary Physician Visit.<br><br>For all other Rehabilitative Services, cost share is unchanged. |

**The following line item has been added to the Schedule of Benefits:**

| Hearing Aids<br>For members age 21 or younger who are verified as being deaf or hearing impaired (Administered through Amplifon)                                                                                                                                                                                               |         |             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------|
| <b>Hearing Aids</b><br>(Coverage includes one hearing aid per hearing-impaired ear up to \$2,500 every 48 months and all related services prescribed by an otolaryngologist or recommended by a licensed audiologist and dispensed by a licensed audiologist, a licensed hearing aid dealer or fitter or an otolaryngologist.) | Covered | Not Covered |

IN WITNESS WHEREOF:

Summa Insurance Company, Inc.

Signed by:  
  
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Bill Epling,  
President