

Summary of Material Modifications (SMM) State of Nebraska Group Health Benefit Plan Group Number: 744240

Effective Date of this Amendment: September 1, 2019

A *Summary Plan Description (SPD)* was published effective July 1, 2019. This SMM to the Plan *SPD* is issued by the Plan Sponsor as described below.

Because this SMM is part of a legal document, the Plan Sponsor wants to give you information about the document that will help you understand it.

What are the Modifications to the Plan?

These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this SMM with your *SPD* since this material plus the *SPD* is your complete SPD. In the event of any discrepancy between this SMM and the *SPD*, the provisions of this SMM shall govern.

Obesity Surgery; Modification to Section 6, Additional Coverage Details.

- Obesity Surgery

Obesity Surgery in your spd is replaced in its entirety with the following:

Obesity Surgery

The Plan covers surgical treatment of clinically severe obesity (morbid obesity) provided by or under the direction of a Physician provided all of the following are true:

- you are at least 25 years of age or you are under 25 years of age and there is an imminent risk of death;
- you have a minimum Body Mass Index (BMI) of:
 - 50 and considered to be super-obese and if you are under 25 years of age, your pediatric BMI is greater than the 200th percentile;
 - 40 for three years or more; or
 - 35 with complicating co-morbidities directly related to, or exacerbated by obesity, such as:
 - ◆ hypertension requiring medication for at least one year;
 - ◆ type 2 diabetes requiring medication for at least one year;
 - ◆ obstructive sleep apnea, confirmed by a sleep study, which does not respond to conservative treatment;
 - ◆ cardiovascular disease; and
 - ◆ pulmonary hypertension of obesity;
- you have a documented history of failure to sustain weight loss with medically supervised dietary and conservative treatment for at least 6 months;
- you are an acceptable operative risk; and

- you have been evaluated by a licensed mental health provider who documents that you are motivated to follow all necessary pre-operative and post-operative treatment plans.

Benefits are available for obesity surgery services that meet the definition of a Covered Health Service, as defined in Section 14, *Glossary* and are not Experimental or Investigational or Unproven Services.

Prior Authorization Requirements

For Non-Network Benefits you must obtain prior authorization as soon as the possibility of obesity surgery arises.

It is important that you provide notification regarding your intention to have surgery. Your notification will open the opportunity to become enrolled in programs that are designed to achieve the best outcomes for you.