The group policy specified above has been amended for those employees enrolled in an Open Choice Plan and who reside in the state of Maine. The following summarizes the changes in the group policy, and the Certificate of Insurance describing the policy terms is amended accordingly. This amendment is effective on the date shown above.

1. The following language entitled, Hospice Care Expenses, replaces the language of the same name that currently appears in the Comprehensive Medical Expense Coverage subsection of your Booklet-Certificate.

### Hospice Care Expenses

Charges made for the following furnished to a person for Hospice Care when given as a part of a Hospice Care Program are included as Covered Medical Expenses.

**Facility Expenses**

The charges made in its own behalf by a:

- hospice facility;
- hospital;
- convalescent facility;

which are for:

- Board and room and other services and supplies furnished to a person while a full-time inpatient for:
  
  pain control; and

  other acute and chronic symptom management.

- Not included is any charge for daily board and room in a private room over the Private Room Limit.
- Services and supplies furnished to a person while not confined as a full-time inpatient.
Other Expenses
Charges made by a Hospice Care Agency for:

- Part-time or intermittent nursing care by a R.N. or L.P.N. for up to 8 hours in any one day.
- Medical social services under the direction of a physician. These include:
  - assessment of the person’s:
    - social, emotional, and medical needs; and
    - the home and family situation;
  - identification of the community resources which are available to the person; and
  - assisting the person to obtain those resources needed to meet the person's assessed needs.
- Psychological and dietary counseling.
- Consultation or case management services by a physician.
- Physical and occupational therapy.
- Part-time or intermittent home health aide services for up to 8 hours in any one day. These consist mainly of caring for the person.
- Medical supplies.
- Drugs and medicines prescribed by a physician.

Charges made by the providers below, but only if: the provider is not an employee of a Hospice Care Agency; and such Agency retains responsibility for the care of the person.

- A physician for consultant or case management services.
- A physical or occupational therapist.

- A Home Health Care Agency for:
  - physical and occupational therapy;
  - part-time or intermittent home health aide services for up to 8 hours in any one day; these consist mainly of caring for the person;
  - medical supplies;
  - drugs and medicines prescribed by a physician; and
  - psychological and dietary counseling.

Also included as Covered Medical Expenses are:

- Charges for bereavement counseling given to members of the person’s immediate family who are covered under this plan; and
- Charges for respite care.
Not included are charges made:

- For funeral arrangements.
- For pastoral counseling.
- For financial or legal counseling. This includes estate planning and the drafting of a will.
- For homemaker or caretaker services. These are services which are not solely related to care of the person. These include: sitter or companion services for either the person who is ill or other members of the family; transportation; housecleaning; and maintenance of the house.

President

[Signature]

Ronald S. Williams