

To be attached to and made a part of your EDS Member Benefit Booklet:

- I. In connection with the acquisition of Electronic Data Systems Corporation (EDS) by Hewlett-Packard Company on August 26, 2008, any reference to Electronic Data Systems Corporation throughout this summary shall be replaced with Electronic Data Systems, LLC.

In connection with the acquisition of Electronic Data Systems Corporation by Hewlett-Packard Company on August 26, 2008, the authority of the Electronic Data Systems Corporation Benefits Administration Committee ("Benefits Administration Committee") was transferred to the Hewlett-Packard Company Plan Committee ("HP Plan Committee"). Any reference to the Benefits Administration Committee throughout this Summary Plan Description shall be replaced by the HP Plan Committee.

- II. The **SCHEDULE OF COVERAGE** shown on pages A through D of your Benefit Booklet is amended by deleting the Plan Provisions entitled **Deductibles, Out-of-Pocket Maximum Amounts and Orthotics including External Prosthetics and Foot Orthotics** in their entirety and replacing them with the following:

Plan Provisions	In-Network Benefits	Out-of-Network Benefits
Deductibles <ul style="list-style-type: none"> • Calendar Year Deductible <i>Applies to all Eligible Expenses</i> 	<p style="text-align: center;">\$1,150 for Employee only coverage</p> <p style="text-align: center;">\$2,300 for Employee and spouse, Employee and child or Employee and family coverage</p>	<p style="text-align: center;">\$3,300 for Employee only coverage</p> <p style="text-align: center;">\$6,600 for Employee and spouse, Employee and child or Employee and family coverage</p>
Out-of-Pocket Maximum Amounts <i>Includes Calendar Year Deductible</i> <i>Combined In-Network and Out-of-Network</i>	<p style="text-align: center;">\$5,800 for Employee only coverage</p> <p style="text-align: center;">\$11,600 for Employee and spouse, Employee and child or Employee and family coverage</p>	
Orthotics including External Prosthetics and Foot Orthotics	70% of Allowable Amount after Calendar Year Deductible	50% of Allowable Amount after Calendar Year Deductible

- III. The **HEALTH ADVOCATE AND SPECIAL PROGRAMS** section shown on pages 7 through 9 of your Benefit Booklet is deleted in its entirety and replaced with the following:

HEALTH ADVOCATE AND SPECIAL PROGRAMS

Health Advocate Program

We believe helping you to improve your health is as important as lending a hand after you've become ill. That is why we are offering you the **Health Advocate Program**, a health management program designed to give you the information, assistance and decision-making tools needed to manage your health and chronic illnesses.

Through the Health Advocate Program, a Registered Nurse (RN) is available to help you to better understand your condition, identify your risk factors and recommend steps you can take to improve your health.

We do this, in part, by helping you focus on health topics such as:

- Self-management of your clinical condition;
- Diet and nutrition;
- Hospitalization;
- Pregnancy and infertility;
- Chronic and acute illnesses; and
- Family health.

The Health Advocate Program is a benefit available to you as a BCBS member, so all you need to do is call 1-866-737-1337 (1EDS). In addition, a Health Advocate may reach out to you to offer support. Your Health Advocate will help you find information and assist you in making decisions that are best for you.

Remember, the **Health Advocate Program** is designed to supplement the advice and treatment you receive from your Provider, not replace it. We're confident you'll discover that having a **Health Advocate** available to you adds great value to your BCBS health plan while helping you address your health and clinical condition, take charge of it and reach your health care goals.

What is the Health Advocate Program?

The Health Advocate Program is part of BCBS's integrated personal health care management program. It was designed to improve on traditional approaches to health care by providing you with the information, tools and assistance you need to make the best, and most informed health care choices.

At BCBS, we believe health care decisions should be:

- Made timely, effectively and patient-centered;
- Shared between Provider and patient; and
- supported by BCBS Health Advocate.

The Health Advocate Program uses Blue Health Connection, which gives you access to personalized health information in a secure environment. The site offers care and disease management guides, information on alternative medications and much more.

How does the Health Advocate Program Work?

The Health Advocate Program is the foundation of EDS' goal to provide you and your family support and resources focused on your overall health and well being. Health Advocates are RNs dedicated to offering personal care and attention to all eligible EDS employees and their covered dependents. Their purpose is to help Participants maximize their health care resources, provide support and assistance with any health care need (such as hospitalization or dealing with a diagnosis of chronic illness), and ultimately, to help ensure a positive and productive health care experience. BCBS Health Advocates are connected to all aspects of care and are all-around telephonic resources for your health questions and concerns. This confidential, free resource is the loop on your entire health care experience, and can help you make sense of it all – should you choose to take advantage of this expertise.

How does the Health Advocate Program serve the different medical needs of all members?

The Health Advocate Program offers three levels of care to provide the right members with the right care at the right time. Those levels are:

- Guided self-management – This level provides members with 24-hours nurse counseling access, health education, symptom management and shared decision-making as needed. In addition to 24-hour nurse counseling, members receive postcards and phone calls encouraging them to contact us for help with specific health conditions.
- Integrated case and disease management – Members in this level are those with high-cost or high-risk conditions as well as those who may be at risk for future complications as a result of their condition. Members receive telephone-based management as well as help with coordination of services and management of their conditions in accordance with established clinical guidelines.
- Complex case management – this level of care provides on-site and telephone-based management to the members with the most severe medical conditions, addressing their serious, at times, terminal illnesses. Nurses work with the member, Provider and family to ensure that there is a clear understanding of the condition, its prognosis and treatment options as well as to coordinate the Providers services these member require.

What is a Health Coach?

The Blue Cross Blue Shied Health Coach is a health educator who works in conjunction with the Health Advocate team to provide you with information on how to use the many benefits and services offered by BCBS and EDS that encourage lifestyle improvement and maintenance of your overall health. This includes education about issues like osteoporosis, cholesterol, blood pressure, and diet and exercise. It also includes reminders for health screenings and childhood immunizations.

In addition, the Health Coach is available to identify and educate you on important issues, such as:

- weight management;
- stress management and relaxation techniques;
- exercise and activities;
- nutrition and health eating; and
- illness prevention.

Participation in the Health Coach program is free, voluntary, and completely confidential. If you would lied to contact the BCBS Health Coach, please call toll-free 1-866-737-1337 (1EDS). The Blue Cross Blue Shield Health Coach is available Monday through Friday from 8:00 a.m. to 8:00 p.m. (CST), and confidential voice mail is available 24 hours a day.

Other Special Programs

If your are pregnant or have asthma, coronary artery disease, congestive heart failure (CHF), diabetes mellitus or musculoskeletal conditions/chronic pain, or a cancer diagnosis, contact the Health Advocate nurses at 1-866-737-1337 (1EDS) who can provide you with information regarding the following special programs.

Condition Management Program

Provides targeted clinical condition management programs for participants with Congestive Health failure, Coronary Artery Disease, Diabetes Mellitus, or Chronic Pain. A registered Nurse works one on one with the participant to provide education and self-care guideline which empower the participant to take an active role in managing their condition.

- **Coronary Artery Disease (CAD)** – a disease state that involves impairment of blood flow through the coronary arteries due to the plaque build up and an increase in blood lipids on their interior lining, and thereby disabling

their ability to supply the heart muscle with oxygenated blood.

- **Congestive Heart Failure (CHF)** – a syndrome of ventricular dysfunction. Left ventricular heart failure pertains to failure of the left ventricle and right ventricular heart failure pertains to failure of the right ventricle.
- **Diabetes Mellitus (DM)** – disease state which indicates impairment of insulin secretion by the pancreas and variable degrees of insulin resistance.
- **Musculoskeletal condition/Chronic Pain** – pain that is reported to persist greater than one month after resolution of an acute injury, pain that is reported to persist greater than three months without an acute injury, or pain associated with an injury or illness in which the injury or illness is expected to progress.

Oncology Program

Provides targeted management for participants who are or will be beginning active cancer treatment. The goals of the program are to educate the participant about his/her diagnosis, provide education specific to their treatment regime and prevent or minimize adverse reactions to treatment.

Asthma Disease Management Program

The Asthma Disease Management Program is a comprehensive integrated care management program designed for members with asthma. It offers education and guidance for disease management including:

- Asthma Trigger Assessments;
- Asthma Action Plans,
- Smoking cessation/secondhand avoidance interventions and referral;
- Proper use of prescribed medications; and
- Other tools to help members manage their health better.

The goal of the program is to increase member awareness of the current asthma guidelines and awareness of vaccine programs.

Maternity Program

The Maternity Program is designed to achieve optimal birth outcomes using nationally recognized standards of practice and guidelines denoted by the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP).

The Maternity Program is designed to:

- encourage early and continuous prenatal care;
- promote adherence to the Provider plan of care; and
- educate members on risk factors, pregnancy self-management, appropriate health care choices, birth options and benefit utilization.

Whether you are considered at low or high risk, you have a wealth of information, support and medical care available. This includes:

- An interactive audio library of health information
- Assessment and Screenings
 - Baseline – Maternity health risk assessment and screening
 - Trimester – Mother and fetal risk assessments and screenings
 - Postpartum – Assessment for birth outcome and advisement of post delivery care of mother and infant
- Trimester specific mailings geared to education and self-management
- Postpartum services
- 24-hour nurse access via toll-free 1-866-737-1337 (1EDS)
- Social Worker consultations and interface, as appropriate
- Medical Consultant and Health Coach Advisor interface, as appropriate
- A number of services for high risk situations.

- IV. The **CLAIMS FILING AND APPEALS PROCEDURES** section shown on page 13 of your Benefit Booklet is amended by adding the following paragraph to the sub-section entitled *Participant-filed claims*:

Participant-filed claims

For EDS members that reside outside the state of Texas, your PPO Provider will file claims to the local BCBS Plan in the state where services are rendered.

- V. The **COVERED MEDICAL SERVICES** section shown on page 23 of your Benefit Booklet is amended by deleting the first paragraph of the sub-section entitled *Benefits for Mental Health Care, Treatment of Serious Mental Illness and Treatment of Chemical Dependency* in its entirety and replacing it with the following:

Benefits for Mental Health Care, Treatment of Serious Mental Illness and Treatment of Chemical Dependency

Benefits for Eligible Expenses incurred for Mental Health Care, treatment of Serious Mental Illness and treatment of Chemical Dependency are shown on you Schedule of Coverage and will include Marriage and Family Therapy and/or counseling. Refer to the **PREAUTHORIZATION REQUIREMENTS** subsection to determine what services require preauthorization.

- VI. The **MEDICAL LIMITATIONS AND EXCLUSIONS** section shown on pages 31 through 34 of your Benefit Booklet is amended by deleting items 20, 40 and 42 in their entirety and replacing them with the following:

20. Except as specifically included as an Eligible Expense, any Medical Social Services, any outpatient family counseling and/or therapy, bereavement counseling, or vocational counseling.
40. Any medical and surgical services intended primary for the treatment or control of obesity. However, if the eligible member meets the criteria and guidelines determined by BCBSTX, the Plan will cover treatment related to bariatric surgery.
42. Any drugs and medicines purchased for use outside a Hospital which require a written prescription for purchase including all self-injectables. Injectable drugs administered by or under the direct supervision of a Physician or a Professional Other Provider are covered under the Plan. NOTE: Lupron injections are covered under the Plan when diagnosis is cancer related.