

**AMENDMENT TO THE ACCESSTN MEMBER HANDBOOK
EFFECTIVE JANUARY 1, 2010**

Notwithstanding any Contract provision, amendment, or endorsement to the contrary, it is agreed that the AccessTN Member Handbook is amended to include the following in Attachment C: Schedule of Benefits under Office Services for Diagnosis and Treatment of Illness or Injury:

Covered Services	Benefits for Covered Services received from Network Providers	Benefits for Covered Services received from Out-of-Network Providers
<p>Specialist Allowance: A \$200 allowance for specified Specialist Care Services are available each Calendar Year, not subject to Deductible or Co-insurance when a Network Provider is used. Treatment by an Out-of Network Provider will be subject to the Deductible and Coinsurance. For details on the Specialist Allowance, please call Member Services at 1-866-636-0080</p>		
Hemoglobin A1c (HbA1c) (Limited to 2 per Calendar Year)	100% of MAC	100% of MAC

And the following in Attachment C: Schedule of Benefits under Outpatient Diagnostic Services:

Covered Services	Benefits for Covered Services received from Network Providers	Benefits for Covered Services received from Out-of-Network Providers
Hemoglobin A1c (HbA1c) (Limited to 2 per Calendar Year)	100% of MAC	100% of MAC

This Amendment modifies the terms and conditions of the Member Handbook. All terms and conditions set forth in the Contract and all prior Amendments and Exhibits remain in full force and effect. If this Amendment conflicts with the terms and conditions in the Contract, the terms of this Amendment will prevail. Please insert this Amendment in Your Member Handbook for future reference.

The Member Handbook may be also viewed and printed from the BlueCross BlueShield of Tennessee Web site at bcbst.com.

Have questions?

If you have any questions about this Amendment or your child's health benefits, please call AccessTN Member Services toll free at 1-866-636-0080 or visit bcbst.com.