



Errata Sheet

***Important: Please keep this with your 2010 Evidence of Coverage.**

The Health Choice Generations HMO 2010 Evidence of Coverage has been updated to reflect 2010 cost sharing amounts.

The cost sharing amounts for Inpatient Hospital care and Skilled Nursing Facility (SNF) care benefits found on pages 40, 42, & 43 of the Evidence of Coverage should read as follows:

Benefit	What you must pay when you get these services
Inpatient Hospital Care Page 40	In 2010 the amounts for each benefit period are \$0 or: Days 1-60 \$1,100 Deductible Days 61-90 \$275 per day Days 91-150 \$550 per lifetime reserve day.*
Skilled Nursing Facility (SNF) Care Pages 42-43	In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay are \$0 or: Days 1-20 \$0 per day Days 21-100 \$137.50 per day*

Please refer to this letter instead of the information listed on pages 40,42, & 43 of your 2010 Evidence of Coverage.

If you have any questions please contact Member Services toll free at 1-800-656-8991, Monday through Sunday, 8 am- 8pm. TTY/TTD users should call 1-800-842-4681.

Thank you