

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in your medical policy. If there is a difference between this summary and your policy, the terms of your policy will apply.

Providers, this summary is for members, to review the terms of your participation agreement, please visit

SITUATION	CHOICE PLUS HSA NETWORK	CHOICE PLUS HSA NON-NETWORK
	Administered by: <ul style="list-style-type: none"> • United Behavioral Health- Employer Division • Call: 1-844-562-6280 	
	Employee Assistance Program (EAP) Administered by: Optum Health <ul style="list-style-type: none"> • Call: 1-800-563-4760 Member is allowed 5 EAP visits per calendar year at no charge.	
<p>Mental Health Services include those received on an inpatient basis in a Hospital or Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • diagnostic evaluations and assessment; • treatment planning; • referral services; • medication management; • individual, family, therapeutic group and provider-based case management services • crisis intervention. • Partial 	<p>Services received on an inpatient basis in a Hospital or Alternate Facility: 80% of eligible expenses after satisfying the deductible.</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: 80% of eligible expenses after satisfying the deductible.</p> <p>Partial hospitalization/intensive outpatient treatment: 80% of eligible expenses after satisfying the deductible.</p> <p>You are not required to provide pre-service authorization when you seek these services from Network providers. Network</p>	<p>Services received on an inpatient basis in a Hospital or Alternate Facility: 60% of eligible expenses after satisfying the deductible.</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: 60% of eligible expenses after satisfying the deductible.</p> <p>Partial hospitalization/intensive outpatient treatment: 60% of eligible expenses after satisfying the deductible.</p> <p>Prior Authorization Required You must provide pre-service authorization as described below.</p>

<div data-bbox="71 37 164 58" data-label="Page-Header"> <p>1/26/2019</p> </div> <div data-bbox="141 69 547 100" data-label="Text"> <p>Hospitalization/Day Treatment;</p> </div> <div data-bbox="103 126 464 287" data-label="List-Group"> <ul style="list-style-type: none"> • services at a Residential Treatment Facility; • Intensive Outpatient Treatment; </div> <div data-bbox="100 342 540 594" data-label="Text"> <p>The Mental Health/Substance Use Disorder Administrator determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.</p> </div> <div data-bbox="100 648 555 854" data-label="Text"> <p>You are encouraged to contact the Mental Health/Substance Use Disorder Administrator for referrals to providers and coordination of care.</p> </div>	<div data-bbox="680 37 1114 58" data-label="Page-Header"> <p>Medical Benefits Overview - UnitedHealthcare</p> </div> <div data-bbox="586 69 1000 100" data-label="Section-Header"> <p>providers are responsible for</p> </div> <div data-bbox="586 126 1039 331" data-label="Text"> <p>obtaining prior authorization from the Mental Health/Substance Use Disorder Administrator before they provide these services to you.</p> </div> <div data-bbox="586 386 1021 550" data-label="Section-Header"> <p>Network provider ONLY will be responsible for obtaining the following prior authorization requirements:</p> </div> <div data-bbox="586 562 1034 987" data-label="List-Group"> <ul style="list-style-type: none"> • Mental Health Services - inpatient services (including services at a Residential Treatment facility); partial hospitalization/day treatment; intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation. </div> <div data-bbox="586 1041 1036 1425" data-label="Text"> <p>For a scheduled admission, Network provider must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> </div> <div data-bbox="586 1480 1031 1728" data-label="Text"> <p>In addition, Network provider must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator before the following services are received.</p> </div> <div data-bbox="586 1740 920 2026" data-label="List-Group"> <ul style="list-style-type: none"> • partial hospitalization/day treatment • intensive outpatient program treatment; • outpatient electro-convulsive treatment; • psychological testing; </div>	<div data-bbox="1066 126 1523 287" data-label="Section-Header"> <p>When Benefits are provided for any of the services listed below, the following services require prior authorization:</p> </div> <div data-bbox="1066 300 1516 856" data-label="List-Group"> <ul style="list-style-type: none"> • Mental Health Services - inpatient services (including services at a Residential Treatment facility); partial hospitalization/day treatment; intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; transcranial magnetic stimulation; extended outpatient treatment visits beyond 52 minutes in duration, with or without medication management. </div> <div data-bbox="1066 911 1507 1293" data-label="Text"> <p>For a scheduled admission, you must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> </div> <div data-bbox="1066 1348 1513 1554" data-label="Text"> <p>In addition, you must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator before the following services are received.</p> </div> <div data-bbox="1066 1566 1403 1990" data-label="List-Group"> <ul style="list-style-type: none"> • partial hospitalization/day treatment; • intensive outpatient program treatment; • outpatient electro-convulsive treatment; • psychological testing; • transcranial magnetic stimulation; • extended outpatient </div>
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	<ul style="list-style-type: none"> • psychological testing, • transcranial magnetic stimulation 	<p>treatment visits beyond 52 minutes in duration, with or without medication management.</p>
<p>The Plan pays Benefits for psychiatric services for Autism Spectrum Disorders that are both of the following:</p> <ul style="list-style-type: none"> • Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider; and • Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning. <p>These Benefits describe only the psychiatric component of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available as described under the Enhanced Autism Spectrum Disorders benefit below.</p> <p>Benefits include the following services provided on either an outpatient or inpatient basis:</p> <ul style="list-style-type: none"> • diagnostic evaluations and assessment; • treatment planning; • referral services; • medication management; • individual, family, 	<p>Services received on an inpatient basis in a Hospital or Alternate Facility: 80% of eligible expenses after satisfying the deductible.</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: 80% of eligible expenses after satisfying the deductible.</p> <p>Partial hospitalization/intensive outpatient treatment: 80% of eligible expenses after satisfying the deductible.</p> <p>You are not required to provide pre-service authorization when you seek these services from Network providers. Network providers are responsible for obtaining prior authorization from the Mental Health/Substance Use Disorder Administrator before they provide these services to you.</p> <p>Network provider ONLY will be responsible for obtaining the following prior authorization requirements:</p> <ul style="list-style-type: none"> • Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorder - inpatient services (including services at a 	<p>Services received on an inpatient basis in a Hospital or Alternate Facility: 60% of eligible expenses after satisfying the deductible.</p> <p>Services received on an outpatient basis in a provider's office or at an Alternate Facility: 60% of eligible expenses after satisfying the deductible.</p> <p>Partial hospitalization/intensive outpatient treatment: 60% of eligible expenses after satisfying the deductible.</p> <p>Prior Authorization Required You must provide pre-service authorization as described below.</p> <p>When Benefits are provided for any of the services listed below, the following services require prior authorization:</p> <ul style="list-style-type: none"> • Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorder - inpatient services (including services at a Residential Treatment facility); partial hospitalization/day treatment; intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing; extended

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1/26/2019	services (including services at a	
<p>therapeutic group and provider-based case management services</p> <ul style="list-style-type: none">● crisis intervention● Partial Hospitalization/Day Treatment● services at a Residential Treatment Facility;● Intensive Outpatient Treatment. <p>Covered Health Services include Autism Spectrum Disorder services that are focused on educational/behavioral intervention that are habilitative in nature and that are backed by credible research demonstrating that the services or supplies have a measurable and beneficial health outcome. Benefits are provided for intensive behavioral therapies (educational/behavioral services that are focused on primarily building skills and capabilities in communication, social interaction and learning such as Applied Behavioral Analysis (ABA)).</p> <p>The Mental Health/Substance Use Disorder Administrator determines coverage for all levels of care. If an Inpatient Stay is required, it is covered on a Semi-private Room basis.</p> <p>You are encouraged to contact the Mental Health/Substance Use Disorder Administrator for referrals to providers and coordination of care.</p>	<p>Residential Treatment facility); partial hospitalization/day treatment; intensive outpatient program treatment; outpatient electro-convulsive treatment; psychological testing.</p> <p>Pre-service authorization is also required for Benefits provided for Intensive Behavioral Therapy, including Applied Behavioral Analysis (ABA).</p> <p>For a scheduled admission, Network provider must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>In addition, Network provider must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator before the following services are received.</p> <ul style="list-style-type: none">● partial hospitalization/day treatment;● intensive outpatient program treatment;● outpatient electro-convulsive treatment;● psychological testing	<p>outpatient treatment visits beyond 52 minutes in duration, with or without medication management. Pre-service authorization is also required for Benefits provided for Intensive Behavioral Therapy, including Applied Behavioral Analysis (ABA).</p> <p>For a scheduled admission, you must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator prior to the admission, or as soon as is reasonably possible for non-scheduled admissions (including Emergency admissions).</p> <p>In addition, you must obtain prior authorization from the Mental Health/Substance Use Disorder Administrator before the following services are received.</p> <ul style="list-style-type: none">● partial hospitalization/day treatment;● intensive outpatient program treatment;● outpatient electro-convulsive treatment;● psychological testing;● extended outpatient treatment visits beyond 52 minutes in duration, with or without medication management.

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