

Summary of Mental Health and Substance Abuse Benefits for Auburn University

Effective January 1, 2019

Summary Document #: 719736942367

IMPORTANT INFORMATION: All benefits are based on the appropriate level of care and medical necessity guidelines. Provider/facility licensure by the state to provide covered services and facility accreditation by The Joint Commission or CARF is required.

Calendar Year Deductible	\$250 Per Person Per Year with a Three (3) Member Family Maximum
Calendar Year Out-of-Pocket Maximum	\$7,900 Individual / \$15,800 Aggregate Family Maximum
<p>1. Your calendar year deductible counts toward your out-of-pocket maximum</p> <p>2. The family calendar year deductible and out-of-pocket maximum is embedded, meaning that each member has his or her own deductible/out-of-pocket maximum in addition to the shared family deductible/out-of-pocket maximum. Any amount paid toward an individual's deductible/out-of-pocket maximum also applies toward the family's deductible/out-of-pocket maximum. This allows individuals in the family to have their costs covered before the family deductible/out-of-pocket maximum has been met. Once the family deductible/out-of-pocket maximum is met, the plan covers charges for any family member.</p> <p>3. Deductible Carryover: When covered charges are applied towards the calendar year deductible for services rendered in October, November, or December, those covered charges will be credited towards the calendar year deductible for the following year.</p>	

	In-Network	Out-of-Network
INPATIENT HOSPITAL FACILITY SERVICES		
<ul style="list-style-type: none"> Acute Inpatient Hospitalization Inpatient Electroconvulsive Therapy (ECT) Partial Hospitalization/Day Treatment (PHP) Intensive Outpatient Program (IOP) <p>PHP: Two (2) PHP Days Equal One (1) Inpatient Day IOP: Two (2) IOP Days Equal One (1) Inpatient Day</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Up To 30 Days Total for Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months</p> <p>Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$200 Copay Per Admission Subject to Calendar Year Deductible</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Up To 30 Days Total for Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months</p> <p>Covered At 80% Of Allowed Amount Subject to Calendar Year Deductible Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
<p>Substance Abuse Program Including:</p> <ul style="list-style-type: none"> Detoxification Rehabilitation PHP IOP <p>Treatment Applies to Inpatient Hospital Services</p> <p>Substance Abuse Treatment = Once Per Lifetime</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Up To 30 Days Total for Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months</p> <p>Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$200 Copay Per Admission Subject to Calendar Year Deductible</p>	NO OUT-OF-NETWORK BENEFIT
PROFESSIONAL SERVICES		
<ul style="list-style-type: none"> Outpatient Office Visits Ambulatory Detoxification Psychological/Neuropsychological Testing <p>Precertification Required for Psychological Testing. Call 800-677-4544</p> <p>Limited to Five (5) Hours of Psychological/Neuropsychological Testing Per Member Per Calendar Year</p>	<p>Up To 30 Visits/Sessions/Group Therapy Sessions (Or Any Combination Thereof) Total for Outpatient Care (Mental Health & Substance Abuse Treatment) Per Member Per Calendar Year</p> <p>Covered At 100% Of Allowed Amount After Copay Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session</p>	<p>Up To 30 Visits/Sessions/Group Therapy Sessions (Or Any Combination Thereof) Total for Outpatient Care (Mental Health & Substance Abuse Treatment) Per Member Per Calendar Year</p> <p>Covered At 80% Of Allowed Amount Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
<p>Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorders</p> <p>Based on Eligibility and Clinical Criteria Being Met</p>	<p>Pre-certification Required; Call 800-677-4544</p> <p>Ages 0-9: Up to \$20,000 per child per calendar year Ages 10-13: Up to \$15,000 per child per calendar year Ages 14-18: Up to \$10,000 per child per calendar year</p>	NO OUT-OF-NETWORK BENEFIT

PROFESSIONAL SERVICES—Continued		
Inpatient Physician Services in Conjunction with Approved Inpatient Services	Up To 30 Days Total for Inpatient Care (<i>Mental Health & Substance Abuse Treatment</i>) Each 12 Consecutive Months Covered At 100% Of Allowed Amount Patient Responsibility: None	Up To 30 Days Total for Inpatient Care (<i>Mental Health</i>) Each 12 Consecutive Months Covered At 80% Of Allowed Amount Patient Responsibility: All Billed Charges Not Covered by The <i>Plan</i>
Anesthesia in Conjunction with Approved ECT Treatment	Covered At 100% Of Allowed Amount Subject to the Inpatient Copay Amount Patient Responsibility: None	Covered At 80% Of Allowed Amount Patient Responsibility: All Billed Charges Not Covered by The <i>Plan</i>
COVERED BY MEDICAL PLAN		
<ul style="list-style-type: none"> • Ambulance • Emergency Department • Imaging • Lab Work 	COVERED BY THE AUBURN UNIVERSITY MEDICAL PLAN THROUGH BCBSAL	COVERED BY THE AUBURN UNIVERSITY MEDICAL PLAN THROUGH BCBSAL
BEHAVIORAL HEALTH CARE MANAGEMENT		
Care management is a service offered by <i>the Plan</i> to assist you with difficult behavioral health care needs. You have a personal care manager who acts as your advocate, assisting you whenever you have questions or concerns. Call American Behavioral at 800-677-4544 to talk to your personal care manager.		