

**Summary of Mental Health and Substance Abuse Benefits for Auburn University
Uprise Health (formerly American Behavioral)
Effective January 1, 2023**

Summary Document #: 559777215383

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	\$500 Per Person Per Year with a Three (3) Member Family Maximum
Calendar Year Out-of-Pocket	\$9,100 Individual / \$18,200 Aggregate Family Maximum

- Your calendar year deductible counts toward your out-of-pocket maximum
- 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.
- 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.

MENTAL HEALTH PROGRAM

1. INPATIENT SERVICES

Benefits	In-Network	Out-of-Network
<ul style="list-style-type: none"> Acute Inpatient Hospitalization Inpatient Electroconvulsive Therapy (ECT) Partial Hospitalization/Day Treatment (PHP) Intensive Outpatient Program (IOP) <p>Residential Services Are NOT COVERED</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>LIMITATIONS: Inpatient Services Limited to 30 Days Total Per Calendar Year Combined In-Network and Out-of-Network</p> <p>Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible</p> <p>Patient Responsibility: \$300 Copay Per Admission Subject to Calendar Year Deductible</p> <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>LIMITATIONS: Inpatient Services Limited to 30 Days Total Per Calendar Year Combined In-Network and Out-of-Network</p> <p>Covered At 80% Of Allowed Amount Subject to Calendar Year Deductible</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p> <p>PHP: Two (2) PHP Days Equal One (1) Inpatient Day IOP: Two (2) IOP Days Equal One (1) Inpatient Day</p>

2. OUTPATIENT OFFICE VISITS

Description	In-Network	Out-of-Network
Outpatient Office Visits	<p>LIMITATIONS: Outpatient Office Visits Limited to 30 Visits/Sessions/Group Therapy Sessions (or any combination thereof) Total Each Calendar Year Combined In-Network and Out-of-Network, Combined Mental Health, Substance Abuse, and Eating Disorder Programs</p> <p>Covered At 100% Of Allowed Amount After Copay</p> <p>Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session</p>	<p>LIMITATIONS: Outpatient Office Visits Limited to 30 Visits/Sessions/Group Therapy Sessions (or any combination thereof) Total Each Calendar Year Combined In-Network and Out-of-Network, Combined Mental Health, Substance Abuse, and Eating Disorder Programs</p> <p>Covered At 80% Of Allowed Amount</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>

3. PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

Description	In-Network	Out-of-Network
Psychological/Neuropsychological Testing	<p>Precertification Required Call 800-677-4544</p> <p>LIMITATIONS: Limited to Five (5) Hours Per Member Per Calendar Year Combined In-Network and Out-of-Network</p> <p>Covered At 100% Of Allowed Amount After Copay</p> <p>Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session</p>	<p>Precertification Required Call 800-677-4544</p> <p>LIMITATIONS: Limited to Five (5) Hours Per Member Per Calendar Year Combined In-Network and Out-of-Network</p> <p>Covered At 80% Of Allowed Amount</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>

SUBSTANCE ABUSE PROGRAM—ONCE PER LIFETIME PER INSURED MEMBER

1. INPATIENT SERVICES		
Benefits	In-Network	Out-of-Network
<ul style="list-style-type: none"> • Detoxification • Partial Hospitalization/Day Treatment (PHP) • Intensive Outpatient Program (IOP) <p>Residential Services Are NOT COVERED</p>	<p>Pre-admission Certification Required Call 800-677-4544 LIMITATIONS: Inpatient Services Limited to 30 Days Total Per Lifetime Per Insured Member</p> <p>Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$300 Copay Per Admission Subject to Calendar Year Deductible</p> <p>PHP: Two (2) PHP Days Equal One (1) Inpatient Day IOP: Two (2) IOP Days Equal One (1) Inpatient Day</p>	<p>NO OUT-OF NETWORK BENEFIT</p>
2. OUTPATIENT OFFICE VISITS		
<p>Ambulatory Detoxification (Office Visit)</p>	<p>LIMITATIONS: Outpatient Office Visits Limited to 30 Visits/Sessions/Group Therapy Sessions (or any combination thereof) Total Each Calendar Year, Combined Mental Health, Substance Abuse, and Eating Disorder Programs</p> <p>Covered At 100% Of Allowed Amount After Copay Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session</p>	<p>NO OUT-OF NETWORK BENEFIT</p>

EATING DISORDERS PROGRAM—ONCE PER LIFETIME PER INSURED MEMBER

1. INPATIENT SERVICES		
Benefits	In-Network	Out-of-Network
<ul style="list-style-type: none"> • Inpatient Hospitalization • Partial Hospitalization/Day Treatment (PHP) • Intensive Outpatient Program (IOP) <p>Residential Services Are NOT COVERED</p>	<p>Pre-admission Certification Required Call 800-677-4544 LIMITATIONS: Inpatient Services Limited to 30 Days Total Per Lifetime Per Insured Member</p> <p>Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$300 Copay Per Admission Subject to Calendar Year Deductible</p> <p>PHP: Two (2) PHP Days Equal One (1) Inpatient Day IOP: Two (2) IOP Days Equal One (1) Inpatient Day</p>	<p>NO OUT-OF NETWORK BENEFIT</p>
2. OUTPATIENT OFFICE VISITS		
<p>Outpatient Office Visits</p>	<p>LIMITATIONS: Outpatient Office Visits Limited to 30 Visits/Sessions/Group Therapy Sessions (or any combination thereof) Total Each Calendar Year, Combined Mental Health, Substance Abuse, and Eating Disorder Programs</p> <p>Covered At 100% Of Allowed Amount After Copay Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session</p>	<p>NO OUT-OF NETWORK BENEFIT</p>

APPLIED BEHAVIOR ANALYSIS (ABA) FOR THE TREATMENT OF AUTISM SPECTRUM DISORDERS		
Benefits	In-Network	Out-of-Network
Applied Behavior Analysis (ABA) for the Treatment of Autism Spectrum Disorders Based on Eligibility and Clinical Criteria Being Met	Pre-certification Required Call 800-677-4544 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	NO OUT-OF NETWORK BENEFIT
PROFESSIONAL SERVICES		
Benefits	In-Network	Out-of-Network
Inpatient Physician Services in Conjunction with Approved Inpatient Services	Covered At 100% Of Allowed Amount Patient Responsibility: None	Covered At 80% Of Allowed Amount Patient Responsibility: All Billed Charges Not Covered by The Plan
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 Plan
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 Uprise, (formerly American Behavioral) at 800-677-4544 to talk to your personal care manager.		