

Summary of Mental Health and Substance Abuse Benefits for Auburn University

Effective January 1, 2018

Summary Document #: 277507868429

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	\$7,350 Individual / \$14,700 Aggregate Family Maximum	
	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) <hr/> PHP: Two (2) PHP Days Equal One (1) Inpatient Day IOP: Two (2) IOP Days Equal One (1) Inpatient Day	Pre-admission Certification Required Call 800-677-4544 Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$200 Copay Per Admission Subject to Calendar Year Deductible	Pre-admission Certification Required Call 800-677-4544 Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months Covered At 80% Of Allowed Amount Subject to Calendar Year Deductible Patient Responsibility: 20% of the Allowed Amount Subject to Calendar Year Deductible and all Billed Charges Not Covered By The Plan
Substance Abuse Program Including: <ul style="list-style-type: none"> Detoxification Rehabilitation PHP <hr/> Treatment Applies To Inpatient Hospital Services Substance Abuse Treatment = Once Per Lifetime	Pre-admission Certification Required Call 800-677-4544 Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months Covered At 100% Of Allowed Amount After Copay, Subject to Calendar Year Deductible Patient Responsibility: \$200 Copay Per Admission Subject to Calendar Year Deductible	NO OUT-OF NETWORK BENEFIT
PROFESSIONAL SERVICES		
<ul style="list-style-type: none"> Outpatient Office Visits Ambulatory Detoxification 	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 Covered At 100% Of Allowed Amount After Copay Patient Responsibility: \$30 Copay Per Visit/Session/Group Therapy Session	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 Covered At 80% Of Allowed Amount Patient Responsibility: 20% of the Allowed Amount and all Billed Charges Not Covered By The Plan
Psychological/Neuropsychological Testing	Pre-certification Required; Call 800-677-4544 Limited To Five (5) Hours Of Psychological/ Neuropsychological Testing Per Member Per Calendar Year Covered At 100% Of Allowed Amount After Copay Patient Responsibility: \$30 Copay Per Hour	Pre-certification Required; Call 800-677-4544 Limited To Five (5) Hours Of Psychological/ Neuropsychological Testing Per Member Per Calendar Year Covered At 80% Of Allowed Amount Patient Responsibility: 20% of the Allowed Amount and all Billed Charges Not Covered By The Plan

	In-Network	Out-of-Network
PROFESSIONAL SERVICES--Continued		
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
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: 20% of the Allowed Amount and 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: 20% of the Allowed Amount and 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 American Behavioral at 800-677-4544 to talk to your personal care manager.		