

Auburn University Traditional Plan

Employee Assistance Program, Mental Health And Substance Abuse Treatment Benefits Summary Plan Description

Emergency Admissions Require Notification Within 48 Hours Of Admission.
Call 800-925-5327 for benefit and eligibility information. Effective: January 1, 2016

Benefit	In Network			Out-of-Network		
	Limitations	Coverage	Member Responsibility	Limitations	Coverage	Member Responsibility
EAP Services	Up To Three (3) Free, Confidential EAP Counseling Sessions Per Plan Year.					
Calendar Year Deductible	\$150.00 Per Person Per Year With a Three (3) Family Member Maximum					
Outpatient Services	Up To 30 Visits/ Sessions/Group Therapy Sessions (Or Any Combination Thereof) Total For Outpatient Care (Mental Health & Substance Abuse Treatment) Each Plan Year	100% Of Allowed Amount* after copay	\$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) Each Plan Year	80 % Of Allowed Amount*	Any Amount <u>Not Covered</u> by the Plan
Psychological / Neuropsychological Testing	Limited To Five (5) Hours Of Psychological/ Neuropsychological Testing For Each Plan Year	100% Of Allowed Amount* after copay	\$30 copay per hour	Limited To Five (5) Hours Of Psychological/ Neuropsychological Testing For Each Plan Year	80% Of Allowed Amount*	Any Amount <u>Not Covered</u> by the Plan
Inpatient Hospital Services Including <ul style="list-style-type: none"> Partial Hospitalization Program (PHP) Intensive Outpatient Program (IOP) PHP= 2:1 IOP—2:1	Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months	100% Of Allowed Amount* after copay	\$100 copay per admission	Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months	80% Of Allowed Amount* after copay	\$100 per admission copay and Any Amount <u>Not Covered</u> by the Plan
Substance Abuse Program Substance Abuse Treatment = 1 Per Lifetime Includes: <ul style="list-style-type: none"> Detoxification Rehabilitation Partial Hospitalization Program (PHP) 	Treatment applies to inpatient hospital services. Up to 30 days total. combination of inpatient detox, rehabilitation, and PHP	100% Of Allowed Amount* after copay	\$100 copay per admission	NO OUT-OF-NETWORK BENEFIT		
Inpatient Physician Services	Up To 30 Days Total For Inpatient Care (Mental Health & Substance Abuse Treatment) Each 12 Consecutive Months	100% Of Allowed Amount*	None	Up To 30 Days Total For Inpatient Care (Mental Health Treatment) Each 12 Consecutive Months	80 % Of Allowed Amount*	Any Amount <u>Not Covered</u> by the Plan
Electroconvulsive Therapy	Applied Toward The Inpatient Mental Health Treatment Benefit.					
Anesthesia (In Conjunction With ECT)		100% Of Allowed Amount*	Subject to inpatient copay amounts		80 % Of Allowed Amount*	Any Amount <u>Not Covered</u> by the Plan
Ambulance Services		80 % Of Allowed Amount*	20% of the allowed amount		80 % Of Allowed Amount*	Any Amount <u>Not Covered</u> by the Plan
Emergency Department	Covered under the medical plan					
Notation	In Network And Out-Of-Network Days/Visits/Units Shall Not Be Combined So That The Combination Exceeds The Total Number Of Days/Visits/Units Available In The In Network Section Of The Employee Assistance Program, Mental Health And Substance Abuse Treatment Benefits Summary Plan Description.					

*Allowed Amount: The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.