Summary of Mental Health and Substance Abuse Benefits for Auburn University PPO Plan

Uprise Health (formerly American Behavioral)
Effective January 1, 2024

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 4th Quarter Carryover Deductible: Any covered expenses incurred in the last 3 months of any benefit period which may have been allocated toward all or a portion of the Calendar Year Deductible for that year may also be allocated toward next year's Calendar Year Deductible
Calendar Year Out-of-Pocket	**$9,450** Individual / **$18,900** Aggregate Family Maximum

1. Your calendar year deductible counts toward your out-of-pocket maximum.
2. The deductible amounts for mental health and substance abuse combine with medical for total deductible.
3. 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.
4. **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
• Acute Inpatient Hospitalization • Residential • Inpatient Electroconvulsive Therapy (ECT) • Partial Hospitalization/Day Treatment (PHP) • Intensive Outpatient Program (IOP)	**Pre-admission Certification Required** **Call 800-677-4544** Covered At **100%** Of Allowed Amount After Copay, Subject to Calendar Year Deductible **Patient Responsibility:** **$300** Copay Per Admission Subject to Calendar Year Deductible	**Pre-admission Certification Required** **Call 800-677-4544** Covered At **80%** Of Allowed Amount Subject to Calendar Year Deductible **Patient Responsibility:** All Allowed charges Not Covered by The *Plan*

2. OUTPATIENT OFFICE VISITS

Description	In-Network	Out-of-Network
Outpatient Office Visits	Covered At **100%** Of Allowed Amount After Copay **Patient Responsibility:** **$30** Copay Per Visit/ Session/Group Therapy Session	Covered At **80%** Of Allowed Amount **Patient Responsibility:** All Allowed charges Not Covered by The *Plan*

3. PSYCHOLOGICAL/NEUROPSYCHOLOGICAL TESTING

Description	In-Network	Out-of-Network
Psychological/Neuropsychological Testing	**Precertification Required** **Call 800-677-4544** Covered At **100%** Of Allowed Amount After Copay **Patient Responsibility:** **$30** Copay Per Visit/Session/Group Therapy Session	**Precertification Required** **Call 800-677-4544** Covered At **80%** Of Allowed Amount **Patient Responsibility:** All Allowed charges Not Covered by The *Plan*

SUBSTANCE ABUSE PROGRAM		
1. INPATIENT SERVICES		
Benefits	**In-Network**	**Out-of-Network**
• Detoxification • Partial Hospitalization/Day Treatment (PHP) • Intensive Outpatient Program (IOP) • Residential Treatment Services	**Pre-admission Certification Required** **Call 800-677-4544** Covered At **100%** Of Allowed Amount After Copay, Subject to Calendar Year Deductible **Patient Responsibility:** **$300** Copay Per Admission Subject to Calendar Year Deductible	**Pre-admission Certification Required** **Call 800-677-4544** Covered At **80%** Of Allowed Amount Subject to Calendar Year Deductible **Patient Responsibility:** All Allowed charges Not Covered by The Plan
2. OUTPATIENT OFFICE VISITS		
Ambulatory Detoxification (Office Visit)	Covered At **100%** Of Allowed Amount After Copay **Patient Responsibility:** **$30** Copay Per Visit/Session/Group Therapy Session	Covered At **80%** Of Allowed Amount **Patient Responsibility:** All Allowed charges Not Covered by The Plan
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** Covered At **100%** Of Allowed Amount **Patient Responsibility:** **None** **Exclusion: In-home care not covered**	Covered At **80%** Of Allowed Amount **Patient Responsibility:** All Allowed charges Not Covered by The *Plan* **Exclusion: In-home care not covered**
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 Allowed 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 Allowed charges Not Covered by The *Plan*
COVERED BY MEDICAL PLAN		
• 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 *the Plan* 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.		