

BENEFIT PLAN DESIGN OUTLINE

**Behavioral Health Benefit Overview
"SILVER II" PLAN**

General Comments:

To ensure full payment of benefit, each covered person and his/her dependents must contact ATAP before receiving treatment for mental illness or drug/alcohol addiction.

The number for ATAP is 800-258-6376 or 215-677-8820.

Claims received without an ATAP authorization should be reviewed with ATAP prior to denial. If they confirm that the service was not authorized, no payment will be issued.

General Benefits	In Network Benefits With ATAP Approval	Out of Network Benefits
Deductible	\$0	Not Applicable
Lifetime Maximum	Unlimited to plan allowance	Not Applicable
Annual Copayment Maximum	\$2,000 Individual/\$4,000 Family	Not Applicable
Copays-Office Visits- 4 visits total per plan year for <i>all</i> outpatient services	\$30 Specialist	Not Applicable
Annual Coinsurance Limit	Not Applicable	Not Applicable
Coinsurance	Not Applicable	Not Applicable
Benefit's tracked by Plan Year or Calendar Year?	May-April - Plan Year	Not Applicable
Dependents Covered Through	End of month in which they turn 26	Not Applicable
Additional medical benefits payable by Aicare?	Not applicable	Not Applicable
Inpatient Hospital Copays/Coinsurance - (Waived for the first admission but applied to subsequent admission within 12-month period)	\$150 copay per day up to 5 copays.	Not Applicable
Inpatient Hospital Days	10 days per plan year	Not Applicable

General Benefits	In Network Benefits With ATAP Approval	Out of Network Benefits
Psychiatric - Partial Day Facility Charges - If a member is stepped down from an inpatient unit as a part of a continuum of care plan into a partial hospitalization program, then the copay will be waived. If the member goes into a partial program <i>without</i> the initial hospitalization admission, then the copay will be applied	\$30 copay	Not Applicable
Psychiatric Room & Board Facility Charges - (Waived for the first admission but applied to subsequent admission within 12-month period)	\$150 copay per day up to 5 copays.	Not Applicable
Psychiatric Facility - Miscellaneous Facility Charges	Included in Room & Board Facility Charges	Not Applicable
Psychiatric Facility - Outpatient	\$30 copay	Not Applicable
Psychiatric Testing - Inpatient Professional Charges	Inpatient included in Room & Board Facility Charges.	Not Applicable
Psychiatric Testing - Outpatient Professional Charges	\$30 copay	Not Applicable
Psychotherapy - Inpatient Professional Charges	Included in Room & Board Facility Charges	Not Applicable
Psychotherapy - Outpatient Professional Charges	\$30 copay	Not Applicable
Substance Room & Board Facility Charges - (Waived for the first admission but applied to subsequent admission within 12-month period)	\$150 copay per day up to 5 copays.	Not Applicable
Substance Abuse - Inpatient Physician Visit	Included in Room & Board Facility Charges	Not Applicable
Substance Abuse - Outpatient Physician Visit - Therapist or Certified Addiction Counselor Visits Only.	\$30 copay	Not Applicable
Substance Abuse - Partial Day Facility Charges - If a member is stepped down from an inpatient unit as a part of a continuum of care plan into a partial hospitalization program, then the copay will be waived. If the member goes into a partial program <i>without</i> the initial hospitalization admission, then the copay will be applied.	\$30 copay	Not Applicable
Substance Detox - Inpatient Facility Charges - (Waived for the first admission but applied to subsequent admission within 12-month period)	\$150 copay per day up to 5 copays.	Not Applicable
Substance Abuse Hospital Misc. Facility Charges	Included in Room & Board Facility Charges	Not Applicable
Substance Abuse - Outpatient Facility Charges	\$30 copay	Not Applicable
Pharmacological Management-Inpatient Physician Charges	Included in Room & Board Facility Charges	Not Applicable

