

**AMERICAN FAMILY CARE, INC.
EMPLOYEE ASSISTANCE PROGRAM AND
MENTAL & NERVOUS GROUP BENEFITS DESCRIPTION
ADDENDUM TO EMPLOYEE'S MEDICAL PLAN BOOKLET
REVISION DATE JANUARY 1, 2015**

This revised Addendum to the American Family Care, Inc. medical plan booklet(s) replaces any prior addendum or communication provided. **Mental Health Substance Abuse (MHSA)/EAP benefits are only available as detailed in this Addendum.** This revised program is effective 01/01/15.

BEHAVIORAL HEALTH SYSTEMS, INC. (BHS) PREFERRED PROVIDER ORGANIZATION

Effective 01/01/12, the American Family Care, Inc. Employee Assistance Program and all MHSA Group Benefits have been provided through Behavioral Health Systems, Inc. The BHS Preferred Provider Organization (PPO) includes a national network of credentialed inpatient and outpatient providers who specialize in the treatment of MHSA conditions. BHS open network model makes it possible for you to receive services from the provider of your choice, at an in-network level of benefit coverage. Refer to **EXCEPTIONS** and **RESTRICTIONS**.

ELIGIBILITY

EMPLOYEE ASSISTANCE PROGRAM: All American Family Care, Inc. employees and their dependents are eligible to receive one initial assessment and up to two sessions free of charge, but only when provided through BHS. You should contact BHS to arrange an appointment with a qualified BHS PPO professional in your area. Refer to **ACCESS TO BENEFITS** section below.

EXTENDED COVERAGE FOR MHSA BENEFITS: Additional benefits are available to American Family Care, Inc. employees and dependents enrolled in and eligible for coverage under a American Family Care, Inc.-sponsored medical benefit plan. These benefits are subject to the conditions and restrictions stated below. **In order for a Covered Person to be ensured of benefit eligibility, the Person should be precertified and referred through BHS.** This applies to any inpatient or outpatient treatment for a MHSA Condition when that condition is the primary or secondary diagnosis.

ACCESS TO BENEFITS

An initial assessment may be scheduled by calling BHS at 800-245-1150 (toll-free) or 205-879-1150 (Birmingham). When you call, identify yourself as having the American Family Care, Inc.-sponsored EAP or medical benefit plan. BHS will refer you to the nearest qualified PPO assessment provider. **You should obtain an initial assessment through BHS to access preferred appointment times with our providers, and for ease of eligibility verification and claims processing under this Plan.**

NOTE: All benefits are subject to medical necessity review and approval by BHS either before, during, or after treatment. Certain services require precertification. It is your responsibility to make sure that your providers obtain approval from BHS before you are treated. If you do not receive precertification, benefits may not be paid.

YOUR IDENTIFICATION CARD: You may receive a wallet-size Summary of Benefits card for MHSA benefits. You should carry this card at all times and show it to the hospital, doctor or any other supplier of professional care when you need to use your benefits.

EMERGENCY ADMISSIONS: In an emergency, go to an appropriate treatment facility. Notification of emergency admissions is required within 48 hours or the next business day. You should present your BHS identification card upon any emergency admission and ask the hospital to notify BHS as soon as possible.

GENERAL BENEFIT PROVISIONS

Approved MHSA benefits are payable separate from American Family Care, Inc.'s medical group benefits through Behavioral Health Systems, Inc. This applies to any inpatient or outpatient treatment for a MHSA condition when that condition is the primary or secondary diagnosis. Prescription drugs are payable through American Family Care, Inc.'s medical plan or prescription drug benefits. Refer to your Medical Benefit Plan booklet for applicable general information on enrollment, eligibility, wait/pre-existing exclusion periods, COBRA continuation procedures, coordination of benefits, and other coverage issues not specifically addressed in this insert. Major medical out-of-pocket limits do apply. For additional Plan information, contact BHS.

When approval for treatment is obtained through BHS, the following coverages are available **when you use a Behavioral Health Systems participating hospital, doctor or other professional care provider**, and when BHS receives and processes claims for services rendered under this Plan. Please note: certain restrictions apply as to conditions/diagnoses eligible for coverage. Refer to **DEFINITIONS** below or contact BHS if you have a question in this regard. All inpatient/outpatient structured programs must satisfy BHS program qualifications for coverage.

- Initial Evaluation
- Outpatient Counseling (licensed/certified M.D., Ph.D., LPC or equivalent)
 - individual therapy
 - family or group therapy
 - medication check
 - diagnostic testing
- Outpatient Structured Substance Abuse Programs (IOP)
- Partial Hospitalization Programs
- Inpatient Treatment

All covered benefits received under this Plan are payable per the effective BHS fee schedule. BHS administers its own claims processing system, separate and apart from your Medical Plan administrator. We encourage providers to submit all claims for services directly to BHS for processing. You will need to pay any applicable deductible/copayments at the time of your visit. BHS also administers its own appeals process for related claims in strict accordance with applicable governing laws. Copies are available upon request to BHS. BHS is not responsible for the quality of the care rendered by any provider.

BENEFIT LIMITS

The following benefits are only available for treatment which is eligible for coverage, is deemed medically necessary by BHS, and only when a Participating Provider is used:

Inpatient treatment will be covered at 100% of approved charges, subject to a \$250 per day copay, beginning with the 1st day through the 5th day.

Outpatient Structured Substance Abuse Programs (IOPs) will be covered at 100% of approved charges.

Outpatient Office Visits will be covered at 100% of approved charges, subject to a \$30 copay.

Emergency care will be covered at 100% of approved charges, subject to a \$200 facility copay and a \$40 physician copay.

Other Outpatient Services, including labs, ambulance and home health, will be covered at 100% of approved charges.

SUBSTANCE ABUSE CONDITIONS – BENEFIT RESTRICTION: In accordance with American Family Care, Inc.'s applicable substance abuse policies, a **BHS-designated aftercare program of up to 2 years on the first covered (inpatient/IOP/outpatient) episode may be required to be eligible for further coverage.**

BHS IN-NETWORK REQUIREMENT – EXCEPTIONS

Because BHS offers an open network, there is no need to access a non-network provider. At your request, BHS will contact any provider not currently affiliated with BHS, and in most cases, arrangements can be made for you to receive services with the same level of benefit coverage as that offered through the BHS PPO network. When necessary, out-of-network coverage matching that of your current medical benefit plan is available. In those instances when BHS is unable to do so, a non-Participating Provider may be used under the following criteria: 1) that provider satisfies BHS qualifications for coverage, 2) treatment rendered meets BHS medical necessity guidelines, and 3) any necessary precertification requirements are met. BHS provider reimbursement will be limited to the lesser of the BHS-allowable maximum or provider's billed charges, net of applicable deductibles and copayments per the equivalent medical benefit plan out-of-network coverage level. You will be responsible for applicable deductibles, copayments, out-of-pocket amounts, services which do not satisfy the criteria listed above, services which are not considered covered services (refer to **COVERAGE RESTRICTIONS**), and provider fees which exceed the BHS-allowable maximum.

COMPLIANCE WITH FEDERAL REGULATIONS

BHS will administer American Family Care, Inc.'s MHSA Plan in full compliance with any and all applicable federal and state laws and regulations, as they become effective and can be clearly interpreted.

DEFINITIONS/COVERAGE RESTRICTIONS

Mental and Nervous/Substance Abuse (Drug or Alcohol) Condition: Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder, or a maladaptive pattern of psychoactive substance use to the detriment of health or social functioning. Certain plan requirements apply as to conditions eligible for coverage: primary/secondary diagnosis must be DSM-5 codes 291.81 – 314.01 and all V codes (subject to certain code exclusions). Other applicable exclusions include but are not limited to: non-medically necessary treatment, investigational/unproven treatment, elective or personal growth, remedial or evaluative academic services, Dementia/Alzheimer's and amnesic disorders, sleep disorders, non-medically necessary treatment required to regain/maintain professional licensure, methadone or other narcotic maintenance, chronic pain, residential and nursing home or custodial care. Precertification is required for inpatient and partial hospitalization, intensive outpatient programs, psychological testing, ECT, and such other treatment as may be determined. Contact BHS for questions regarding covered services under this Plan. You may request a written list of Covered/Non-Covered Services and Conditions specific to this Plan from BHS.

Participating Providers: A network of BHS-credentialed independent MHSA providers or those providers having a case-specific agreement in place with BHS. Upon request, BHS may be able to arrange a case-specific affiliation with a non-participating provider. BHS employs an open-network approach, which allows our patients greater freedom of choice in provider selection. BHS does not distribute provider directories, because: 1) we update our network daily with new providers so any listing would be outdated; 2) BHS assistance is required in accessing multiple provider specialty areas (i.e., child and adolescent), as well as specialist level (i.e., MD, PhD, masters-level); 3) BHS verifies your eligibility for preferred benefit status when we schedule your appointment with provider; 4) specific provider options are relayed to you specific to your geographic location and specialty area of need; and 5) BHS conducts its precertification and eligibility verification process upon your initial call.

RIGHTS & RESPONSIBILITIES:

You have the right to:

- protection of privacy
- be treated with respect and dignity
- take part in your treatment planning with providers
- voice complaints, grievances or appeal

You have a responsibility to:

- give necessary information to BHS and your providers
- follow through with treatment plans
- take part in setting your treatment goals



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

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Contact BHS:

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205-879-1150

Website:

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