

Federal Legislation Benefit Summary Addendum for Key Account/Large Group

These Benefits are available to you as part of the standard benefits presented on the Benefit Summary. The Benefits shown here may change some of the limitations or exclusions indicated on your Benefit Summary as a result of changes due to federal legislation. Please note that a state mandate may change the Benefits described.

ADDITIONAL CORE BENEFITS

Types of Coverage	Network Benefits	Non-Network Benefits
Mental Health Services		
<i>Benefit limits do not apply.</i>	<i>Benefits for outpatient Mental Health Services will be paid the same as those stated under Primary Physician Office Visit within the Physician Office Services – Sickness and Injury benefit category.</i>	<i>Benefits for outpatient and inpatient/intermediate Mental Health Services will be paid at the plans non-network coinsurance and deductible (when a deductible applies to the plan).</i>
	<i>Benefits for inpatient/intermediate Mental Health Services will be paid at the plans highest network coinsurance and deductible (when a deductible applies to the plan).</i>	
	<i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders.</i>	<i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders. Instead, these services will be subject to the pre-service notification requirements that apply to other Covered Health Services described in the Schedule of Benefits attached to your Certificate of Coverage.</i>
Neurobiological Disorders – Autism Spectrum Disorder Services		
<i>Benefit limits do not apply.</i>	<i>Benefits for outpatient Neurobiological Disorders – Autism Spectrum Disorder Services will be paid the same as those stated under Primary Physician Office Visit within the Physician Office Services – Sickness and Injury benefit category.</i>	<i>Benefits for outpatient and inpatient/intermediate Neurobiological Disorders – Autism Spectrum Disorder Services will be paid at the plans non-network coinsurance and deductible (when a deductible applies to the plan).</i>
	<i>Benefits for inpatient/intermediate Neurobiological Disorders – Autism Spectrum Disorder Services will be paid at the plans highest network coinsurance and deductible (when a deductible applies to the plan).</i>	
	<i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders.</i>	<i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders. Instead, these services will be subject to the pre-service notification requirements that apply to other Covered Health Services described in the Schedule of Benefits attached to your Certificate of Coverage.</i>

Types of Coverage	Network Benefits	Non-Network Benefits
Substance Use Disorder Services		
<i>Benefit limits do not apply.</i>	<p><i>Benefits for outpatient Substance Use Disorder Services will be paid the same as those stated under Primary Physician Office Visit within the Physician Office Services – Sickness and Injury benefit category.</i></p> <p><i>Benefits for inpatient/intermediate Substance Use Disorder Services will be paid at the plans highest network coinsurance and deductible (when a deductible applies to the plan).</i></p> <p><i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders.</i></p>	<p><i>Benefits for outpatient and inpatient/intermediate Substance Use Disorder Services will be paid at the plans non-network coinsurance and deductible (when a deductible applies to the plan).</i></p> <p><i>Prior authorization requirements no longer apply to mental health conditions, neurobiological disorders (autism spectrum disorders) and substance use disorders. Instead, these services will be subject to the pre-service notification requirements that apply to other Covered Health Services described in the Schedule of Benefits attached to your Certificate of Coverage.</i></p>

This Federal Legislation Benefit Summary Addendum is intended only to highlight your Benefits and should not be relied upon to fully determine your coverage. If this Federal Legislation Benefit Summary Addendum conflicts in any way with the Certificate of Coverage (COC), including the Federal Notice, the COC shall prevail. It is recommended that you review your COC, including the Federal Notice for a description of the services and supplies that are covered, those which are excluded or limited, and other terms and conditions of coverage. The Benefits shown here may change some of the exclusions indicated on your Benefit Summary.