Mental Health and Substance Abuse (*Provided Exclusively by The Holman Group 800-321-2843*) Benefit Schedule for:

ALADS HMO Members

BENEFITS	Holman HMO Plan Design Unlimited	
Lifetime Maximum		
Deductible	None	
Emergency Room	\$25 co-pay (waived if admitted)	
MENTAL HEALTH and SUBSTANCE ABUSE	In-Network	Out-of-Network ²
Out-patient	\$0.00 co-pay	Not Covered
Sub-Acute ¹	\$0.00 co-pay	Not Covered
In-Patient	\$0.00 co-pay	Emergency Only \$0.00 co-pay
Annual Maximum	100 sub-acute days/calendar year ¹	Not Covered
Annual Out-of-Pocket Maximum	\$500 per member; \$1,500 per family (Coordinated with Medical Plan) *Note: Not more than \$500 for any one member in the family	
Ambulance	Benefit through Medical Plan	
 1 100 days/Calendar year in-network, combined n 2 Holman uses RBRVS (professional) and DRGs (reimbursement for Non-Contracted Providers. Any Centers. Every effort will be made to ensure that E balance billing practices for covered services. RBRVS and DRGs are government approved rein services rendered. They are based upon statistica consideration: (i) the provider's training, qualifications, and (ii) the nature of services provided (iii) the fees usually charged by the provider 	(hospital), as well as billing data collect y disputes are to be negotiated directly Enrollees of Holman Professional Cour nbursement calculations for the reason ally credible information that is updated	ted by FairHealth, to calculate with Holman Professional Counseling healing Centers are not subject to hable and customary value of healthcare at least annually and takes into