

Schedule of Benefits

Effective Date of this Plan July 1, 2020 through June 30, 2025

Behavioral Health for IBEW Local 18 Members Enrolled in Anthem's HMO Plan

Covered Services	Member Cost-share for In-Network Providers ¹	Member Cost-share for Non-Network Providers
Overall Deductible	\$0	Not covered
Out-of-Pocket Limit²	Individual \$500 Two-Party \$1,000 Family \$1,500	Not covered
Routine Outpatient Services³	No copay	Not covered
Non-Routine Outpatient Services⁴ Outpatient Electro-Convulsive Treatment, Psychological Testing, and Applied Behavior Analysis (ABA) Structured/Intensive outpatient program treatment Partial Hospitalization/Day treatment	No Copay No Copay No Copay	Not covered
Inpatient Treatment⁵	No copay	Not covered
Residential Treatment	No copay	Not covered
Emergency Services & Care⁶ Outpatient Hospital Emergency Room Services Ambulance	No Copay No Copay	No Copay No Copay

¹ To be covered at the in-network benefit, services must be clinically necessary and provided by an Optum in-network clinician/facility. Covered services other than Routine Outpatient Services and Emergency Services must be preauthorized (see "Preauthorization Requirement and Utilization Review" section in the Certificate for further information) in order to be covered. If treatment requiring preauthorization is not preauthorized, it will not be covered.

² Anthem members may use covered in-network Mental Health, Substance Use, Medical, and Pharmacy expenses to satisfy the in-network out-of-pocket maximums.

³ Outpatient includes Routine Outpatient Services including: individual, family, and group counseling sessions and medication management visits with a mental health and substance abuse professional.

⁴ Outpatient also includes Non-Routine Services including: psychological testing, outpatient electro-convulsive therapy (ECT), behavioral health treatment for pervasive developmental disorders and autism, Structured/Intensive Outpatient Program treatment, Partial Hospitalization/Day treatment. These services require preauthorization in order to be covered.

⁵ Inpatient Treatment includes Hospital/Facility-based treatment such as Acute Inpatient, Detoxification services, Residential treatment, or Recovery Home treatment. These services require preauthorization in order to be covered. The copayment for an Inpatient admission includes any related Inpatient Professional Services.

⁶ Emergency Services and Care are covered regardless of the Provider's contract status with the Optum. The plan will reimburse these covered expenses to ensure the member's liability is limited to the cost-share (e.g. copayment or coinsurance) of the in-network benefit level. Emergency Services and Care is defined as an additional screening, examination, and evaluation by a physician, or other personnel to the extent permitted by applicable law and within the scope of their licensure and clinical privileges, to determine if a Psychiatric Emergency Medical Condition exists, and the care and treatment necessary to relieve or eliminate the Psychiatric Emergency Medical Condition, within the capability of the facility. The care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition may include admission or transfer to a psychiatric unit within a general acute care hospital or to an acute psychiatric hospital.

Note

- “No copay” means a covered service is paid in full by the plan, with zero dollar responsibility by the member.
- Mental health/substance abuse claims for **Emergency Services and Care** with out-of-network providers should be submitted online at www.liveandworkwell.com; if that is not possible, claims can be submitted on paper to: Optum Claims, P.O. Box 30760, Salt Lake City, UT 84130-0760.

Optum Intake and Member Services

877-449-6710

www.LiveAndWorkWell.com

Access Code: IBEW18