

Rider

Mental Health and Substance Use Treatment

This *rider* modifies the terms of your health plan. Please keep this *rider* with your Subscriber Certificate for easy reference.

The benefits described in your Subscriber Certificate for *outpatient* mental health and substance use treatment have been changed.

The cost share amount (any *copayment*, *deductible*, and/or *coinsurance*) that you would normally pay will be waived for the **first three visits for each member in each year** for certain *outpatient covered services* to diagnose and/or treat *mental conditions*. For these *covered services*, you pay nothing. Your number of visits in a year will be calculated based on a calendar year or a *plan year* basis and aligns with the calculation of your *deductible* (if there is one) and *out-of-pocket maximum*. The *Schedule of Benefits* for your plan option will show whether a calendar year or a *plan year* calculation applies to your coverage. (Also refer to *riders*—if there are any—that apply to your coverage in this health plan.) If your *deductible* and *out-of-pocket maximum* are calculated on a *plan year* basis but you do not know when your *plan year* begins, you can ask your *plan sponsor*.

The *outpatient covered services* for which the cost share will be waived are:

- *Outpatient* psychiatric evaluation and management services.
- *Outpatient* psychotherapy services such as individual therapy, group therapy, and family therapy.
- Monitoring and medication management for *members* taking psychiatric drugs.

For any remaining visits in the same year for these *covered services*, you must pay the cost share amount that is described in your Subscriber Certificate, which includes the *Schedule of Benefits* for your plan option and/or any *riders* that apply to your coverage in this health plan.

This *rider* will not apply when:

- The *outpatient covered services* furnished to you are for: intermediate treatments as described in your Subscriber Certificate; psychiatric procedures such as (but not limited to) esketamine treatment, electroconvulsive therapy treatment, and repetitive transcranial magnetic stimulation; or neuropsychological testing and psychological testing.
- Any of the *covered services* described in the bullet directly above are billed in conjunction with other *outpatient covered services* for which the cost share waiver would normally apply.
- Your Subscriber Certificate, which includes the *Schedule of Benefits* for your plan option and/or any *riders*, already provides full coverage for the *outpatient covered services* for which the cost share waiver applies.

In these cases, the *covered services* will not count toward the number of visits available for the cost share waiver and you must pay the cost share amount for *outpatient* mental health and substance use treatment that is described in your Subscriber Certificate, which includes the *Schedule of Benefits* for your plan option and/or any *riders* that apply to your coverage in this health plan.

All other provisions remain as described in your Subscriber Certificate.