

AMENDMENT

to the WEA Trust Point of Service Plan

If you are an insured under the Trust's Point of Service Plan, the provision entitled Reimbursement Levels for General Medical Services in Section 4, General Provisions That Apply to All Benefits, is deleted and replaced with the following:

Reimbursement Levels

Reimbursement Levels for General Medical and Mental Health Services—Depending on your choice of provider, we reimburse for covered general medical (excluding chiropractic services) and mental health services at one of the three levels described below. The coinsurance, deductible, and stop loss amounts that apply to each level are specified on your Benefit Summary.

- **Level 1 Reimbursement**—You receive reimbursement at Level 1 only if you have designated a Primary Care Provider and receive covered services from your Primary Care Provider or other providers in the Level 1 Network.

- **Level 2 Reimbursement**—You receive reimbursement at Level 2 when you choose to receive covered services from any Level 2 provider.
- **Level 3 Reimbursement**—You receive reimbursement at Level 3 when you choose to receive covered services from any non-Network provider.

If you believe the services you require are not available from providers in the Level 1 Network, call our ombudsperson and discuss the application of the policy's reimbursement rules to your medical situation.

The provision entitled Reimbursement for Mental Health and Substance Abuse Services in Section 4, General Provisions That Apply to All Benefits, is deleted. This provision is no longer necessary because the coinsurance and stop loss amounts for your mental health and substance abuse services are now the same as for other general medical services.

The Mental Health and Substance Abuse Benefits provision in Section 6, Specific Benefit Provisions, is deleted and replaced with the following:

Mental Health and Substance Abuse Benefits

We reimburse for services prescribed and performed by *qualified providers* for treating mental health and substance abuse disorders that meet our definition of Illness if those services are medically necessary and medically appropriate as we have explained these terms in Section 4. When we determine whether services are medically necessary and appropriate, we consider all of the following:

- The clinical information documenting your condition at the time services are required.
- Your treatment history.
- The proposed treatment plan.

Benefits include inpatient, transitional, and outpatient treatment, whichever alternative is the most cost-effective and medically appropriate for receiving necessary services safely and effectively. You can read about our cost-effectiveness limit in Section 4. We have identified *qualified providers* of each type of treatment in the subsection to which they apply.

Note: We cover court-ordered treatment only if the treatment meets our criteria for medical necessity and medical appropriateness.

Special Factors That Affect Reimbursement

Preauthorization—Some mental health and substance abuse services may require our advance approval. For a list of services that require preauthorization, see your Benefit Summary or our Web site at weatrust.com.

Reimbursement Limit for Treatment at Certain Facilities—We reimburse only up to the amount mandated by Wisconsin law for inpatient and transitional treatment at a facility that does not meet our definition of a Hospital but has been certified by the State of Wisconsin for treating mental health and substance abuse disorders (e.g., private, state, and county mental health facilities). After we have paid the mandated amount for all inpatient and transitional care during a Benefit Period, we reimburse for additional inpatient and transitional treatment **only** if received at a general medical and surgical Hospital as defined in Section 2. There is one exception: This limit does not apply to a facility that is a Network provider.

Inpatient Treatment

We cover hospital confinement for the inpatient treatment of mental health and substance abuse disorders for each day for which clinical records substantiate that hospital confinement is medically necessary and medically appropriate.

Reminder: We require you to notify us of any planned overnight hospitalization in advance. You must also inform us of any emergency admission within 72 hours of being admitted or as soon as it is medically feasible for you to do so, whichever is later. When you call, we will let you and your Physician know whether the proposed facility and services meet the policy's requirements for reimbursement. We will also periodically check on the status of your recovery and let you know when hospitalization will no longer be covered. See Section 7 for details of our hospital admission notification requirements.

Covered Inpatient Treatment Services

The following are examples of circumstances under which we consider hospital confinement medically necessary and medically appropriate for the treatment of mental health and substance abuse disorders:

- Brief periods of hospital confinement during which the individual is an active danger to herself or himself or others and therefore requires suicide or homicide precautions and continuous monitoring and intervention by skilled professionals.
- A period during which the patient requires medications that must be continuously monitored by skilled professionals.
- A period during which the patient's illness has led to such severe physical or mental decline that the patient can no longer responsibly tend to his or her own general safety and physical well-being.
- A period during which the patient experiences acute and dangerous substance withdrawal symptoms that require continuous monitoring and intervention by skilled professionals.

In all cases, hospital confinement ceases to be medically necessary and medically appropriate when:

- The acute stage has passed.
- The patient no longer needs continuous monitoring, observation, and intervention by skilled professionals.
- The patient's condition has stabilized.

At that time, a less intensive and less restrictive type of treatment may be medically necessary and appropriate.

Qualified Providers of Inpatient Treatment

General medical and surgical Hospitals are qualified providers of covered inpatient treatment.

Inpatient treatment received in states outside Wisconsin in a private psychiatric hospital is covered only if the facility has been certified by the State of Wisconsin or the hospital is a member of our Network.

Transitional Treatment

Covered Transitional Treatment Services

We cover transitional treatment services provided by qualified providers for each day for which clinical records substantiate that the treatment is medically necessary, medically appropriate, and cost-effective.

Transitional treatment is medically necessary, medically appropriate, and cost-effective only if the required intensity and frequency of treatment cannot be provided safely and effectively through outpatient treatment services.

Transitional treatment refers to mental health and alcohol or other substance abuse treatment that is not inpatient but is more intensive than outpatient treatment. Examples of types of transitional treatment include:

- Day treatment or evening treatment programs.
- Partial hospitalization.
- Intensive outpatient treatment.

Qualified Providers of Transitional Treatment

Qualified providers are those whose services and treatment programs we are required by law to cover and who have been certified by the State of Wisconsin. You can call us to find out if the services you anticipate receiving fulfill this requirement.

Transitional treatment received in states outside of Wisconsin is covered only if the facility has been certified by the State of Wisconsin, or the provider is a member of our Network.

Outpatient Treatment

Covered Outpatient Treatment Services

We cover face-to-face outpatient treatment provided by qualified mental health providers for each visit for which clinical records substantiate that treatment is medically necessary and appropriate.

We cover psychological and neuropsychological testing **only** if we authorize the services in advance. See Section 7 for information about our preauthorization requirements and reimbursement limits that apply. We preauthorize such testing only if **all** of the following apply:

- A thorough clinical assessment by a qualified provider has been conducted. A thorough clinical assessment includes a review of mental status, social functioning, applicable medical information, history, and applicable collateral information.
- There is significant uncertainty about a diagnosis that affects the choice of treatment interventions.
- The patient's symptoms are complex or unusual so that diagnosis and clarification of symptoms can be accomplished only through such testing.
- There are distinct treatment options based on the differential diagnosis that is clarified through the testing.
- The testing is likely to produce the required diagnosis and clarification necessary for planning treatment.

We cover nutritional counseling, when part of an approved treatment plan prescribed by a psychiatrist, provided by a certified or registered dietitian, and necessary for the effective treatment of a life-threatening illness (e.g., anorexia nervosa).

Qualified Providers of Outpatient Treatment

A qualified outpatient mental health provider is a provider who is a member of our Network or a state-licensed:

- Psychiatrist. This is a state-licensed Physician with a specialty in psychiatry.
- Psychologist.
- Independent Clinical Social Worker (LCSW).
- Independent Social Worker (LISW).
- Professional Counselor (LPC).

Unless the provider is a member of our Network, services by these providers are covered only if the outpatient clinic in which the services are provided has been certified by the State of Wisconsin:

- Registered nurse with a master's degree and certified as a specialist in psychiatric and mental health nursing.
- Certified Substance Abuse Counselor (CSAC).

Services received in states outside of Wisconsin are covered only if the provider is licensed or certified by the state in which covered services are received and the services received are within the scope of the provider's license or certification. We do not reimburse for these services until you prove to our satisfaction that your out-of-state provider meets these requirements.

Services Not Covered

These are examples of mental health and substance abuse services that are not covered:

- Residential mental health and eating disorder programs.
- Custodial or long term care. See Section 5 for a description of custodial care. Examples include group homes and halfway houses for supportive and maintenance care for mental or substance abuse illnesses.
- Psychological testing and assessments that are not likely to yield additional information that is useful for healing and curing or planning medical treatment. Examples include, but are not limited to, testing to assist with custody placement, vocational assessments, and academic assessments.

- Services for academic problems in the absence of a diagnosed mental health illness, or for which the child's school is legally obligated to provide, whether or not the school actually provides them and whether or not you choose to use those services.
- Treatment of a behavioral or psychological problem that, although it may appropriately be the focus of desired professional attention or treatment, is not attributable to a clinically diagnosed mental health illness. Examples include antisocial behavior, uncomplicated bereavement, codependency, occupational problems such as job dissatisfaction or uncertainty about career choices, parent-child problems such as impaired communication or inadequate discipline, marital problems, and other interpersonal problems.
- Services associated with excessive eating, compulsive gambling, or nicotine addiction (except for specified prescription drugs and over-the-counter tobacco cessation aids, described later in this Section).
- Mental health services for, or in connection with, developmental delays (e.g., Rett's Disorder).
- Inpatient treatment that continues after the medical necessity of hospitalization has passed and the patient is awaiting placement.
- Inpatient treatment of a chronic mental health or substance abuse disorder unless clinical records document significant physical decline or the patient represents an active danger to herself, himself, or others.

Amendment Effective Date—These amendments are effective upon renewal of the underlying collectively bargained insurance agreement that occurs on or after January 1, 2010.