

AMENDMENT

to the WEA Trust Preferred Provider, Point of Service, Front-End Deductible, and Health Conversion Plans

If you are an insured under the Trust's Preferred Provider, Point of Service, Front-End Deductible, or Health Conversion Plans, Section 6, Specific Benefit Provisions, is amended to include the following benefit.

Autism Spectrum Disorder Treatment

We reimburse for evidence-based Intensive-Level and Nonintensive-Level services that qualify for coverage under state law, when you have a primary, verified diagnosis of an autism spectrum disorder. An autism spectrum disorder includes autism, Asperger's syndrome, and pervasive developmental disorder, not otherwise specified. For information about benefits for diagnostic testing for autism spectrum disorder, please see "Outpatient Treatment" under the "Mental Health and Substance Abuse Benefits" provision in this section of the policy.

We limit reimbursement to the annual amounts specified by state law, applied per calendar year. These amounts change each year based on the Consumer Price Index. If the full amount allowed by law is not used in a calendar year, there is no carryover of any unused benefit into the following year. You can obtain information on our current maximum reimbursement for Intensive-Level and Nonintensive-Level services by visiting our Web site at weatrust.com, by calling our customer service department, or by visiting the Insurance Commissioner's Web site at oci.wi.gov.

We may require that you obtain a second opinion, at our expense, to confirm a diagnosis of autism spectrum disorder. If we require a second opinion, the provider will be one that is mutually agreeable to you and to us. If you choose to seek a second opinion to confirm a diagnosis of autism spectrum disorder, please see the "Second Opinion Benefits" provision in this section of the policy.

We cover Intensive-Level and Nonintensive-Level services prescribed by a Physician and provided by someone who is qualified, as defined by state law. For the majority of the services provided, the child's parent or legal guardian must be present and engaged in the intervention. Progress must be assessed and documented throughout the course of treatment. We may periodically request and review the treatment plan and summary of progress.

We will send you written notice every three months reporting the covered expenses we have reimbursed and the benefit amount that remains for the year.

Covered Services

Intensive-Level Services

Intensive-Level services mean evidence-based behavioral therapies that help a child with autism spectrum disorder overcome the cognitive, social, and behavioral deficits associated with the disorder. Intensive-Level services may be provided for up to 35 hours per week, but must be provided on average for at least 20 hours per week, over a six-month period of time.

We reimburse for Intensive-Level services, up to the amount specified by law each year, for up to four, consecutive, cumulative years. This four-year period includes any time your child received Intensive-Level services prior to the effective date of coverage under this plan. Services must begin between the ages of two and nine.

If your child requires and qualifies for Intensive-Level services but is unable to receive them for an extended period of time, you or your authorized representative must promptly notify us. If you do not, your child may no longer qualify for Intensive-Level services. We will not deny reimbursement for covered Intensive-Level services if:

- You timely provide a reasonable explanation that we find acceptable; or,
- You send us documentation that your child was waiting for Wisconsin Medicaid Waiver program services.

Nonintensive-Level Services

Nonintensive-Level services are evidence-based therapies designed to sustain and maximize gains made during Intensive-Level services. For a child who has not and will not receive Intensive-Level services, Nonintensive-Level services mean evidence-based therapies that will improve the child's condition.

We reimburse for Nonintensive-Level services up to the amount specified by law each year.

Transition from Intensive to Nonintensive-Level Services

Our reimbursement for Intensive-Level services will end on the earliest of the following dates:

- The date your child receives four consecutive, cumulative years of Intensive-Level services.
- The date your child no longer requires Intensive-Level services as supported by documentation from a provider.
- The date your child no longer receives evidence-based behavioral therapy for at least 20 hours per week, on average, over a six-month period of time and you fail to promptly notify us, or the reason for this interruption is not acceptable to us.

We will send you a written notice to explain why your child no longer qualifies for reimbursement for Intensive-Level services.

If your child is no longer eligible for reimbursement for Intensive-Level services, your child may qualify for Nonintensive-Level services. Once your child begins receiving Nonintensive-Level services, your child can never receive reimbursement for Intensive-Level services.

Services Not Covered

These are examples of services that are not covered:

- Acupuncture.
- Animal-based therapy including hippotherapy (horseback riding).
- Any services that do not qualify for reimbursement under the law.
- Auditory integration training.
- Chelation therapy.
- Child care fees.
- Cost for the facility or location or for the use of a facility or location when treatment, therapy, or services are provided outside an insured's home.
- Cranial sacral therapy.
- Custodial or respite care.
- Hyperbaric oxygen therapy.
- Services which duplicate those provided by a school.
- Special diets or supplements.
- Therapy, treatment, or services for someone residing in a residential treatment center, inpatient treatment, or day treatment facility.
- Treatment rendered by parents or legal guardians who are otherwise qualified providers, supervising providers, therapists, professionals, or paraprofessionals for treatment rendered to their own children.

Amendment Effective Date—This amendment is effective upon renewal of the employer's underlying collectively bargained insurance agreement that occurs on or after November 1, 2009.