

MENTAL HEALTH AND CHEMICAL DEPENDENCY PROGRAM

If you enroll in the **POS** option or **Traditional Indemnity** option, the **Mental Health and Chemical Dependency Program** provides you and your **covered dependents** with benefits for treatment of mental health and **chemical dependency** conditions.

If you select an **HMO** for your medical option, the **Mental Health and Chemical Dependency Program** *does not* apply to you. Instead, you will receive mental health and **chemical dependency** benefits available through your **HMO**. Contact your **HMO** for specific information about the coverage available for treatment of these conditions.

How the Mental Health and Chemical Dependency Program Works

The **Mental Health and Chemical Dependency Program** gives you and your **covered dependents** the flexibility to seek **in-network** care through the **Behavioral Health Care Coordinator** or **out-of-network** care on your own.

In-network benefits provide you with a higher level of coverage and greater number of services. Generally, **network providers** are available in most areas. However, if the type of **provider** you need is not available in your area through the **network**, the **Behavioral Health Care Coordinator** will refer you to a local **provider** and you will receive the **in-network** level of benefits.

If you go **out-of-network**, you will receive a lower level of benefits. This means your share of the cost will be significantly higher. In addition, coverage for certain benefits may be limited or not available **out-of-network**.

Mental Health and Chemical Dependency Program Is Separate From Your Medical Option

The **Mental Health and Chemical Dependency Program** is separate from the coverage available under your medical option and the **Prescription Drug Program**. Therefore, expenses incurred under one program *do not* apply under another.

Medical conditions caused by mental health or **chemical dependency** problems are **covered** under your medical option. However, your mental health and **chemical dependency provider** may ask you to involve your doctor in certain cases, or vice versa.

Amount of Coverage

The following charts show the coverage amounts, **in-network** and **out-of-network**, under the **Mental Health and Chemical Dependency Program**:

PRECERTIFIED IN-NETWORK TREATMENT OF MENTAL HEALTH AND CHEMICAL DEPENDENCY CONDITIONS

Service	In-Network Benefits (upon precertification)*	In-Network Benefit Limits**
Out-patient or In-patient Care		
First 5 Visits/Days per Calendar Year	No charge	
Additional Visits in Same Year	\$25 per visit	Unlimited
Alternative Treatment		
First 5 Days per Calendar Year	No charge	
Days 6-120 in Same Calendar Year	\$25 per day	120 days/year
*You must pre-certify any mental health or chemical dependency service to receive in-network benefits.		
**Visits or days utilized in-network apply toward out-of-network benefit limits. Limits accumulate separately for mental health or chemical dependency treatment.		

OUT-OF-NETWORK TREATMENT OF MENTAL HEALTH AND CHEMICAL DEPENDENCY CONDITIONS

Service	Deductible (\$250 per person)	Copayment	Coinsurance	Amount Above Allowable Amount	Precertification Penalty	Benefit Limits*
Out-patient Care	Applies	None	50%**	You pay, if any	Not applicable	60 visits/year
In-patient (Hospital) Care***	Applies	\$500/admission	50%**	You pay, if any	20% reduction (\$400 maximum per occurrence)	30 days/year
Alternative Treatment	Not covered out-of-network					
* Visits or days utilized in-network apply towards out-of-network benefit limits. Limits accumulate separately for mental health or chemical dependency treatment.						
** Percentage paid by the Medical Plan applies to allowable amounts only.						
*** Must be precertified.						

Covered Out-Patient Care

Benefits are available under the **Mental Health and Chemical Dependency Program** for **out-patient** care provided by **physicians, mental health and chemical dependency professionals**, and facilities.

Physician's Services

The following **physician's** services are **covered** under the **Mental Health and Chemical Dependency Program**:

- Diagnosis and treatment of mental health and **chemical dependency** conditions
- Psychotherapy
- Prescription of therapeutic drugs, medications or other treatments specifically required by law to be performed or supervised by a medical doctor or D.O.
- **Chemical dependency** counseling
- Laboratory tests (including charges from independent medical laboratories)

Services Provided by Mental Health and Chemical Dependency Professionals

The following services are **covered** under the **Mental Health and Chemical Dependency Program** if provided by **mental health and chemical dependency professionals**:

- Diagnosis and treatment of mental health and **chemical dependency** conditions
- Psychological testing
- Psychotherapy
- **Chemical dependency** counseling

However, for services to be **covered**, a **provider** may treat only those conditions, either mental health or **chemical dependency**, appropriate to his/her certification and licensing status.

Through a Facility

The following **out-patient** services are **covered** under the **Mental Health and Chemical Dependency Program**, if provided through eligible facilities and associated **providers**:

- Diagnosis of mental health and **chemical dependency** conditions
- Psychological testing
- Psychotherapy

- **Chemical dependency** counseling
- Laboratory testing performed by the facility

Covered In-Patient Care

To receive the full amount of **in-patient** benefits available under the **Mental Health and Chemical Dependency Program**, you must precertify **in-network** or **out-of-network** admissions to an eligible **hospital**, acute psychiatric facility or acute **chemical dependency** facility.

The following **in-patient** services are **covered** under the **Mental Health and Chemical Dependency Program**:

- Semi-private room and board charges in the appropriate unit for the participant's condition (acute care, intensive care, isolation care or rehabilitation unit)
- Services provided in an **emergency** room
- Services and supplies normally provided by a **hospital** including any professional component of those services such as those provided by a psychiatrist, other **physician** or a **mental health and chemical dependency professional** (may include individual or group therapy for the patient and **covered dependents**, stress management, **occupational therapy** and educational and disease management programs integrated with a course of treatment)
- Detoxification services (except for a newborn, whose charges would be **covered** under your medical option, not the **Mental Health and Chemical Dependency Program**)
- Laboratory services

Covered Alternative Treatment (In-Network Only)

Alternative treatment is **covered** only for **in-network** care that is precertified through the **Behavioral Health Care Coordinator**. It may include **partial hospitalization**, **residential treatment** and the services of a **group home or halfway house**. *No* benefits are provided for **out-of-network** care.

Partial Hospitalization

The following precertified **partial hospitalization** services are only **covered in-network** under the **Mental Health and Chemical Dependency Program**:

- **Covered** services as determined through **precertification** by the **Behavioral Health Care Coordinator** (may include treatments such as individual and group therapy)
- Medications administered during the daily visit

Residential Treatment

The following precertified **residential treatment** services are only **covered in-network** under the **Mental Health and Chemical Dependency Program**:

- Room and board charges
- Drugs and medications administered to you while an **in-patient** at the **residential treatment** facility
- Services normally provided by a **residential treatment** facility, including services provided by the professional staff of the facility

Group Homes and Halfway Houses

The following precertified services of a **group home or halfway house** are only **covered in-network** under the **Mental Health and Chemical Dependency Program**:

- Room and board charges
- Services normally provided by a **group home or halfway house**, including services provided by the professional staff of the facility

In-Network Benefits

When you go **in-network** under the **Mental Health and Chemical Dependency Program**, a higher level of benefits and services is available. Your first 5 authorized visits or days for **in-patient**, **out-patient** and **alternative care** are provided at no cost to you. Thereafter, you only pay a \$25 **copayment** for each visit or day in the **hospital**. No treatment maximums apply for **in-patient** or **out-patient** care, although the number of days available for **alternative treatment** is limited.

The Provider Network

The **provider network** is a system of health care **providers** established by the **Behavioral Health Care Coordinator** who specialize in the treatment of **mental illness** and **chemical dependency**. The **network** includes:

- Psychiatrists (M.D. and D.O.)
- Licensed psychologists (Ph.D.)
- Master's degree level **mental health and chemical dependency professionals** including:
 - Clinical social workers (L.C.S.W. or A.C.S.W.)
 - Marriage, family and child counselors (M.F.C.C.)
 - Certified alcoholism counselors (C.A.C.) or certified **chemical dependency** counselors (C.C.D.C.)
- Master's degree level nurses

The **provider network** also includes treatment facilities, such as **hospitals** and **residential treatment** centers.

For more information, see “How the Mental Health and Chemical Dependency Program Works” and “In-Network Benefits.”

Obtaining In-Network Benefits

To receive **in-network** benefits, you must call **Aetna** and speak with a **Mental Health and Chemical Dependency Program** representative (**Behavioral Health Care Coordinator**). Use the Member Services telephone number printed on your medical ID card and select the appropriate prompt. When you call, the representative will determine the type of **provider** you need to see and will offer you choices of **network providers** to meet your needs. After your initial consultation, the **network provider** will arrange for any necessary treatment. *Note that if you do not precertify your care, you will not receive **in-network** benefits.*

You can find a **network specialist** using **Aetna's** DocFind. Go to www.AetnaNavigator.com and click the DocFind[®] link. Click on the “Find A Specialist” tab. Complete the requested search criteria. Select Provider Category “Behavioral Health” and then select the Provider Type. For the Plan Selection, under Aetna Open Access Plans, choose “Choice POS II (Open Access).”

Emergency Care

Counselors are accessible by telephone 24 hours a day, seven days a week. They can help you through an **emergency** and direct you to a **provider** for immediate assistance. In an **emergency**, you or your **covered dependent** should get care immediately by calling **Aetna** or your doctor, depending on the situation. For example, a drug overdose is a medical **emergency** and the immediate need should be to seek life saving medical treatment. In this case, **Aetna** and the **Mental Health and Chemical Dependency Program** will coordinate their responsibilities.

To receive **emergency** care benefits at the **in-network** level:

- The situation must qualify as a **mental health emergency** under the **Mental Health and Chemical Dependency Program**,
- You must receive treatment in a **hospital** setting (as an **in-patient** or through the emergency room), and
- You, your doctor or a family member must call **Aetna** Member Services within 48 hours after receiving treatment, if you are admitted. (If you are not admitted, it is still recommended that you call **Aetna** Member Services regarding appropriate follow-up care, but no penalty will apply for failing to call.)

If these conditions are not satisfied, benefits for **covered** services will not be paid.

Emergency care rendered by a **non-network provider** in an **out-patient** setting, such as a psychologist's office, is not **covered** at the **in-network** benefit level. For all non-in-patient facility **emergency** treatment, if you do not call **Aetna** Member Services first, you will receive only **out-of-network** benefits.

Receiving Care Away From Home

The **Mental Health and Chemical Dependency Program** is available regardless of where you are when you need care. To receive care when you are away from home, call **Aetna** Member Services at the telephone number printed on your medical ID card and follow their instructions. If you are temporarily traveling outside the United States, **Aetna** will not be able to direct you to a **provider**. However, **emergency** care will be reimbursed at the **in-network** benefit level if you contact **Aetna** Member Services upon your return to the United States.

If you permanently reside outside the United States, both **emergency** and non-emergency care provided overseas will be reimbursed at the **in-network** level. You do not need to call **Aetna** Member Services.

Out-of-Network Benefits

When you seek **out-of-network** care, you may use any **covered** mental health or **chemical dependency provider** you choose. However, the amount of **out-of-network** benefits available is significantly lower than those available for **in-network** care, limitations apply and certain services are not **covered**. Your cost for **out-of-network** care will be much higher than it would be for **in-network** care (see “Amount of Coverage”). You will have to pay:

- An annual **deductible**,
- A **coinsurance** percentage,
- A **copayment** for each hospitalization,
- Any benefit reductions due to failure to precertify a **hospital** admission,
- Any charges for expenses that are not **covered out-of-network** under the **Mental Health and Chemical Dependency Program**, and
- Any charges above the **allowable amount**.

There are other disadvantages as well. You are responsible for getting **precertification** for any **hospital** admissions (see “Precertification”) and submitting claim forms. Note that **out-of-network** benefits are not available if you use **network providers**.

Filing a Claim

Generally, you only need to file a claim for **out-of-network** care. You should include:

- Your (the Avaya Inc. employee’s) name and Social Security number,
- The patient’s name and Social Security number, in the case of a **covered dependent**,
- The service **provider’s** name, credentials and tax identification number,
- The dates of service,
- The CPT code and the diagnostic code, and
- The amount of the charge.

For **in-network** care, payment is arranged through your **provider** and **Aetna**.

Aetna Member Services

Aetna Member Service representatives are available to assist you with issues related to the **Mental Health and Chemical Dependency Program** Monday through Friday during normal business hours, or you can use the **Aetna** Navigator Web site 24 hours a day. You can reach **Aetna** Member Services at the telephone number printed on your medical ID card (see “Important Contacts”) or online at www.AetnaNavigator.com:

- To find out if a claim was paid,
- If you have a service issue with a **network provider**,
- To find out how your **covered dependent** living in another area should obtain care, or
- To get claim forms (generally only required for **out-of-network** care).