Rider to the Summary Plan Description
Basic and Premier Medical Plans
for City of Memphis
Effective January 1, 2010

A Summary Plan Description (SPD) was published effective January 1, 2007. The following are modifications and clarifications that are effective January 1, 2010 unless otherwise stated. These modifications and clarifications are intended as a summary to supplement the SPD. It is important that you keep this summary with your SPD since this material plus the SPD comprise your complete SPD. This includes changes for the Basic and Premier Plans unless otherwise indicated.

In the event of any discrepancy between this Rider and the SPD, the provisions of this Rider shall govern.

Section 1: What's Covered- -Benefits				
Replace the "Mental Health and Substance Abuse Services - Outpatient" and "Mental Health and Substance Abuse Services - Inpatient and Intermediate" benefit categories with the following. Add Hearing Aids as a new Benefit category. Include Diabetic eye exams as routine. Change Rehab-Outpatient Therapy and Spinal Treatment for the Basic Plan from Copay to Coinsurance.				
Description of Covered Health Services	Must You Notify the Claims Administrator	Your Copayment Amount	Does Copayment Help Meet Out-of-Pocket Maximum?	Do You Need to Meet the Deductible?
Eye Examinations Diabetic Eye exams covered same as routine eye exam.	No	0	No	No
Hearing Aids The Plan pays Benefits for hearing aids required for the correction of a hearing impairment (a reduction in the ability to perceive sound which may range from slight to complete deafness). Hearing aids are electronic amplifying devices designed to bring sound more effectively into the ear. A hearing aid consists of a microphone, amplifier and receiver. Benefits are available for a hearing aid that is purchased as a result of a written recommendation by a Physician. Benefits are provided for the hearing aid and for charges for associated fitting and testing. Benefits do not include bone anchored hearing aids. Bone anchored hearing aids are a Covered Health Service for which Benefits are available under the applicable medical/surgical Covered Health Services categories in this section only for	*Network* No	Basic Plan – 10%; Premier Plan- 0%	Yes – Basic Plan No – Premier Plan	Yes – Basic Plan No-Premier Plan

Covered Persons who have either of the following: • craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; or • hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Any combination of Network Benefits and Non-Network Benefits is limited to $5,000 per calendar year. Benefits are limited to a single purchase (including repair/replacement) every three years.	*Non-Network* No	Basic Plan -30% Premier Plan – Not Covered	Basic Plan –Yes Premier Plan – Not Applicable	Basic Plan –Yes Premier Plan – Not Applicable
Mental Health Services Mental Health Services include those received on an inpatient or Intermediate Care basis in a Hospital or Alternate Facility, and those received on an outpatient basis in a provider's office or at an Alternate Facility. Benefits for Mental Health Services include: ■ mental health evaluations and assessment; ■ diagnosis; ■ treatment planning; ■ referral services; ■ medication management; ■ inpatient services; ■ partial hospitalization/day treatment;	*Network* You must call the Mental Health/ Substance Use Disorder Designee to receive the Benefits.	Same as Physician's Office Services and Hospital - Inpatient Stay		

■ intensive outpatient treatment; ■ services at a Residential Treatment Facility; ■ individual, family and group therapeutic services; and ■ crisis intervention. The Mental Health/Substance Use Disorder Designee, who will authorize the services, will determine the appropriate setting for the treatment. If an Inpatient Stay is required, it is covered on a Semi-private Room basis. Referrals to a Mental Health provider are at the sole discretion of the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating all of your care. Mental Health Services must be authorized and overseen by the Mental Health/Substance Use Disorder Designee. Contact the Mental Health/Substance Use Disorder Designee regarding Benefits for Mental Health Services.		
Authorization Required Please remember that you must call the Mental Health/Substance Use Disorder Designee and get authorization to receive these Benefits. Please call the mental health services phone number that appears on your ID card. Without authorization, you will be responsible for paying all charges and no Benefits will be paid.	***Non-Network*** You must call the Mental Health/ Substance Use Disorder Designee to receive the Benefits.	Same as Physician's Office Services and Hospital - Inpatient Stay

Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders				
The Plan pays Benefits for psychiatric services for Autism Spectrum Disorders that are both of the following: ■ Provided by or under the direction of an experienced psychiatrist and/or an experienced licensed psychiatric provider; and ■ Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning. These Benefits describe only the psychiatric component of treatment for Autism Spectrum Disorders. Medical treatment of Autism Spectrum Disorders is a Covered Health Service for which Benefits are available under the applicable medical Covered Health Services categories as described in this section. Benefits include: ■ diagnostic evaluations and assessment; ■ treatment planning; ■ referral services; ■ medical management; ■ inpatient/24-hour supervisory care; ■ Partial Hospitalization/Day Treatment;	***Network*** You must call the Mental Health/ Substance Use Disorder Designee to receive the Benefits.	Depending upon where the Covered Health Service is provided, Benefits for outpatient *Neurobiological Services - Autism Spectrum Disorder Services* will be the same as those stated under *Physician's Office Services - Sickness and Injury*, and Benefits for inpatient/intermediate *Neurobiological Services - Autism Spectrum Disorder Services* will be the same as those stated under *Hospital - Inpatient Stay* in this *Schedule of Benefits*.		

■ Intensive Outpatient Treatment; ■ services at a Residential Treatment Facility; ■ individual, family, therapeutic group and provider-based case management services; ■ psychotherapy, consultation and training session for parents and paraprofessional and resource support to family; ■ crisis intervention; and ■ transitional care.		
Autism Spectrum Disorder services must be authorized and overseen by the Mental Health/Substance Use Disorder Designee. Contact the Mental Health/Substance Use Disorder Designee regarding Benefits for *Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders.* **Authorization Required** Please remember that you must call the Mental Health/Substance Use Disorder Designee and get authorization to receive these Benefits. Please call the mental health services phone number that appears on your ID card. Without authorization, you will be responsible for paying all charges and no Benefits will be paid.	***Non-Network*** You must call the Mental Health/ Substance Use Disorder Designee to receive the Benefits.	Depending upon where the Covered Health Service is provided, Benefits for outpatient *Neurobiological Services - Autism Spectrum Disorder Services* will be the same as those stated under *Physician's Office Services - Sickness and Injury,* and Benefits for inpatient/intermediate *Neurobiological Services - Autism Spectrum Disorder Services* will be the same as those stated under *Hospital - Inpatient Stay* in this *Schedule of Benefits.*
Substance Use Disorder Services Substance Use Disorder Services include those received on an inpatient or Intermediate Care basis in a Hospital or an Alternate Facility and those received on an outpatient basis in	***Network*** You must call the Mental Health/	Same as Physician's Office Services and Hospital - Inpatient Stay

a provider's office or at an Alternate Facility. Benefits for Substance Use Disorder Services include: ■ Substance Use Disorder or chemical dependency evaluations and assessment; ■ diagnosis; ■ treatment planning; ■ detoxification (sub-acute/non-medical); ■ inpatient services; ■ Partial Hospitalization/Day Treatment; ■ Intensive Outpatient Treatment; ■ services at a Residential Treatment Facility; ■ referral services; ■ medication management; ■ individual, family and group therapeutic services; and ■ crisis intervention.	Substance Use Disorder Designee to receive the Benefits.	
The Mental Health/Substance Use Disorder Designee, who will authorize the services, will determine the appropriate setting for the treatment. If an Inpatient Stay is required, it is covered on a Semi-private Room basis. Referrals to a Substance Use Disorder provider are at the sole discretion of the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating all of your care. Substance Use Disorder Services must be authorized and	***Non-Network*** You must call the Mental Health/ Substance Use Disorder Designee to receive the Benefits.	Same as Physician's Office Services and Hospital - Inpatient Stay

overseen by the Mental Health/Substance Use Disorder Designee. Contact the Mental Health/Substance Use Disorder Designee regarding Benefits for Substance Use Disorder Services. **Authorization Required** Please remember that you must call the Mental Health/Substance Use Disorder Designee and get authorization to receive these Benefits. Please call the mental health services phone number that appears on your ID card. Without authorization, you will be responsible for paying all charges and no Benefits will be paid.				
Rehabilitation Services - Outpatient Therapy (Basic Plan only) Short-term outpatient rehabilitation services for: • Physical therapy. • Occupational therapy. • Speech therapy. • Pulmonary rehabilitation therapy. • Cardiac rehabilitation therapy. Rehabilitation services must be performed by a licensed therapy provider, under the direction of a Physician. Benefits are available only for rehabilitation services that are expected to result in significant physical improvement in your condition within two months of the start of treatment. Please note that we will pay Benefits for speech therapy	*Network* No	10%	Yes	Yes
	Non-Network No	Not Covered	No	No

only when the speech impediment or speech dysfunction results from Injury, stroke or a Congenital Anomaly. Any combination of Network and Non-Network Benefits is limited to 60 visits for all therapies per calendar year.				
Spinal Treatment (Basic Plan Only) Benefits for Spinal Treatment when provided by a Spinal Treatment provider in the provider's office. Benefits include diagnosis and related services and are limited to one visit and treatment per day. Network Benefits for Spinal Treatment is limited to 20 visits per calendar year.	*Network* No *Non-Network* No	10% Not Covered	Yes No	Yes No

Section 2: What's Not Covered- -Exclusions

Under Heading:	The Following Should be Noted:
Mental Health/Substance Use Disorder	**Replace all current exclusions with the following:** 1. inpatient or intermediate care services that were not pre-authorized by the Mental Health/Substance Use Disorder (MH/SUD) Designee; 2. services performed in connection with conditions not classified in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*; 3. services that extend beyond the period necessary for evaluation, diagnosis, the application of evidence-based treatments or crisis intervention to be effective; 4. treatment provided in connection with or to comply with involuntary commitments, police detentions and other similar arrangements unless pre-authorized by the Mental Health/Substance Use Disorder Designee; 5. services or supplies for the diagnosis or treatment of Mental Illness, alcoholism or substance use

disorders that , in the reasonable judgment of the Mental Health/Substance Use Disorder Designee, are any of the following:

- not consistent with generally accepted standards of medical practice for the treatment of such conditions;
- not consistent with services backed by credible research soundly demonstrating that the services or supplies will have a measurable and beneficial health outcome, and therefore considered experimental;
- typically do not result in outcomes demonstrably better than other available treatment alternatives that are less intensive or more cost effective;
- not consistent with the Mental Health/Substance Use Disorder Designee's level of care guidelines or best practices as modified from time to time; or
- not clinically appropriate in terms of type, frequency, extent, site and duration of treatment, and considered ineffective for the patient's Mental Illness, substance use disorder or condition based on generally accepted standards of medical practice and benchmarks.

The Mental Health/Substance Use Disorder Designee may consult with professional clinical consultants, peer review committees or other appropriate sources for recommendations and information regarding whether a service or supply meets any of these criteria.

6. Mental Health Services as treatments for V-code conditions as listed within the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*;
7. Mental Health Services as treatment for a primary diagnosis of insomnia other sleep disorders, sexual dysfunction disorders, feeding disorders, neurological disorders and other disorders with a known physical basis;
8. treatments for the primary diagnoses of learning disabilities, conduct and impulse control disorders, personality disorders, paraphilias (sexual behavior that is considered deviant or abnormal) and other Mental Illnesses that will not substantially improve beyond the current level of functioning, or that are not subject to favorable modification or management according to prevailing national standards of clinical practice, as determined by the MH/SUD Designee;
9. educational/behavioral services that are focused on primarily building skills and capabilities in

	communication, social interaction and learning; 10. tuition for or services that are school-based for children and adolescents under the *Individuals with Disabilities Education Act*; 11. learning, motor skills and primary communication disorders as defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*; 12. mental retardation [[5]and autism spectrum disorder] as a primary diagnosis defined in the current edition of the *Diagnostic and Statistical Manual of the American Psychiatric Association*; 13. methadone treatment as maintenance, L.A.A.M. (1-Alpha-Acetyl-Methadol), Cyclazocine, or their equivalents for drug addiction; 14. Substance Use Disorder Services for the treatment of nicotine or caffeine use; 15. intensive behavioral therapies such as applied behavioral analysis for Autism Spectrum Disorders; 16. routine use of psychological testing without specific authorization; 17. pastoral counseling; and treatment provided in connection with involuntary commitments, police detentions and other similar arrangements, unless pre-authorized by the mental health/substance use disorder designee.
Section 3: Description of Network and Non-Network Benefits	
	The Following Should be Noted:
	Add the following at the end of the section. **Special Mental Health Programs and Services** Special programs and services that are contracted under the Mental Health/Substance Use Disorder Designee may become available to you as part of your Mental Health Services benefit. The Mental Health Services Benefits and financial requirements assigned to these programs or services are based on the designation of the program or service to inpatient, Partial Hospitalization/Day Treatment, Intensive Outpatient Treatment, outpatient or a Transitional Care category of benefit use. Special programs or services provide access to services that are beneficial for the treatment of your Mental Illness which may

	not otherwise be covered under this Plan. You must be referred to such programs through the Mental Health/Substance Use Disorder Designee, who is responsible for coordinating your care or through other pathways as described in the program introductions. Any decision to participate in such program or service is at the discretion of the Covered Person and is not mandatory.
Section 4: When Coverage Begins	
Special Enrollment Period Effective April 1, 2009	**Add the following under the "Who Can Enroll" column:** ■ The Eligible Person previously declined coverage under the Plan, but the Eligible Person and/or Dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP (you must notify the Plan Administrator within 60 days of determination of subsidy eligibility); **Add the following new item at the end of the "Who Can Enroll" column:** termination of your or your Dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage as a result of loss of eligibility (you must notify the Plan Administrator within 60 days of termination);
Section 8: When Coverage Ends	
New Heading:	
Extended Coverage for Full-time Students Effective October 9, 2009	**Add the following language after the language for "Coverage for a Handicapped Child"** **Extended Coverage for Full-time Students** Coverage for an enrolled Dependent child who is a Full-time Student at a post-secondary school and who needs a medically necessary leave of absence will be extended until the earlier of the following: ■ one year after the medically necessary leave of absence begins; or ■ the date coverage would otherwise terminate under the Plan.

	Coverage will be extended only when the enrolled Dependent is covered under the Plan because of Full-time Student status at a post-secondary school immediately before the medically necessary leave of absence begins. Coverage will be extended only when the enrolled Dependent's change in Full-time Student status meets all of the following requirements: ■ the enrolled Dependent is suffering from a serious Sickness or Injury; ■ the leave of absence from the post-secondary school is medically necessary, as determined by the enrolled Dependent's treating Physician; and ■ the medically necessary leave of absence causes the enrolled Dependent to lose Full-time Student status for purposes of coverage under the Plan. A written certification by the treating Physician is required. The certification must state that the enrolled Dependent child is suffering from a serious Sickness or Injury and that the leave of absence is medically necessary. For purposes of this extended provision, the term "leave of absence" shall include any change in enrollment at the post-secondary school that causes the loss of Full-time Student status.

Section 10: Glossary of Defined Terms

	The Following Should be Noted:
	Add the following definitions in alphabetical order. **Autism Spectrum Disorders** - a group of neurobiological disorders that includes *Autistic Disorder*, *Rhett's Syndrome*, *Asperger's Disorder*, *Childhood Disintegrated Disorder*, and *Pervasive Development Disorders Not Otherwise Specified (PDDNOS)*. **Intensive Outpatient Treatment** - a structured outpatient Mental Health or Substance Use Disorder treatment program that may be free-standing or Hospital-based and provides services for at least three hours per day, two or more days per week. **Intermediate Care** – Mental Health or Substance Use Disorder treatment that encompasses the following:

- care at a Residential Treatment Facility;
- care at a Partial Hospitalization/Day Treatment program; or
- care through an Intensive Outpatient Treatment Program.

Partial Hospitalization/Day Treatment - a structured ambulatory program that may be a free-standing or Hospital-based program and that provides services for at least 20 hours per week.

Residential Treatment Facility - a facility which provides a program of effective Mental Health Services or Substance Use Disorder Services treatment and which meets all of the following requirements:

- it is established and operated in accordance with applicable state law for residential treatment programs;
- it provides a program of treatment under the active participation and direction of a Physician and approved by the Mental Health/Substance Use Disorder Designee;
- it has or maintains a written, specific and detailed treatment program requiring full-time residence and full-time participation by the patient; and
- it provides at least the following basic services in a 24-hour per day, structured milieu:
  - room and board;
  - evaluation and diagnosis;
  - counseling; and
  - referral and orientation to specialized community resources.

A Residential Treatment Facility that qualifies as a Hospital is considered a Hospital.

Transitional Care - Mental Health Services/Substance Use Disorder Services that are provided through transitional living facilities, group homes and supervised apartments that provide 24-hour supervision that are either:

- sober living arrangements such as drug-free housing, alcohol/drug halfway houses. These are transitional, supervised living arrangements that provide stable and safe housing, an alcohol/drug-free environment and support for recovery. A sober living arrangement may be utilized as an adjunct to ambulatory treatment when treatment doesn't offer the intensity and structure needed to assist the Covered Person

	with recovery. ■ supervised living arrangement which are residences such as transitional living facilities, group homes and supervised apartments that provide members with stable and safe housing and the opportunity to learn how to manage their activities of daily living. Supervised living arrangements may be utilized as an adjunct to treatment when treatment doesn't offer the intensity and structure needed to assist the Covered Person with recovery.

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