

ATTACHMENT "A"

PRICE SCHEDULE:

The following rates per individual and per family per month are based on projections of access rate and utilization of Behavioral Health Services priced at discounted rates. These rates are guaranteed for the one (1) year term of this Agreement and apply to Members for which Subscriber has a payment obligation based on their enrollment in the Subscriber's Health Plan. Behavioral Health Services needed beyond these projections will be offered without additional charges to Subscriber and Members will only be responsible for their Patient Liability. All Behavioral Health Services provided will be in accordance with the payment obligation made by Subscriber to Member. See Attachment "C".

Membership Fee: The following monthly membership fee per family shall be paid to BHS for participation in the BHSMDP.

Single	\$1.43
2 Party	\$2.87
Family -	\$5.02

Payment by Subscriber shall be paid directly to BHS by the last day of the month for which services are rendered.

Employee Assistance Program Services (Blomquist Hale, Gateway EAP)

No Health Plan Benefit	\$3.00
On Health Plan Benefit	\$4.00

Payment by Subscriber shall be paid directly to Blomquist Hale by the last day of the month for which services are rendered.

UNI-BHN Behavioral Health Services: Behavioral Health Treatment Delivery System Services and Psychiatrist Services.

Single	\$9.99
2 Party	\$19.96
Family -	\$34.94

Payment by Subscriber shall be paid directly to UNI-BHN by the last day of the month for which services are rendered.

Total Membership Fee, EAP and UNI Behavioral Health Services:

Single	\$15.42
2 Party	\$26.83
Family	\$43.96

ATTACHMENT "B"

SERVICES BY PROVIDER

I. Blomquist Hale Consulting Group, Inc. Employee Assistance Program Services

Service	Service Description
Workplace Based Education & Orientation:	Organizational Development Consultation to reduce workplace stressors; Supervisor Training in "troubled employee" recognition & initiation of services; Employee Education: self - help skills & orientation to access of EAP services.
Crisis Intervention	Call to 24 hour "hot line" with immediate response from crisis clinician. Initiation of same day / next day outpatient services.
Problem Resolution Counseling	Counselors assist individuals/families to identify difficulties and implement strategies that confront problems using a solution-focused counseling approach.
Access – Appointment	Services will be available 24 hours/day, 7 days/week. One telephone number operating 24 hours/day 7 days/week will provide access to all program services.

II. University Neuropsychiatric Institute – Behavioral Health Network (UNI-BHN): Behavioral Health Treatment Delivery System Services

Service	Service Description
Inpatient	Inpatient hospital services focused on stabilization and early transition to treatment in an outpatient setting.
Partial Hospitalization	A nonresidential treatment program that includes the major diagnostic services and psychosocial and prevocational treatment modalities found in a comprehensive inpatient program. Short term partial hospital or day treatment is designed to provide a "bridge" between inpatient and outpatient services.
Intensive Outpatient Program (IOP)	A nonresidential service that provides a coordinated intensive, and comprehensive treatment program consisting of regularly scheduled sessions within a structured, therapeutic milieu. The program consists of fewer hours per day than partial hospitalization.
Office Based Therapy	Treatment in an office setting for persons with illness that will not respond to problem resolution services. <ul style="list-style-type: none"> • provided by a therapist • selection of a therapist based on knowledge of the individual's needs, obtained face to face, and knowledge of therapist's skills obtained through analysis of objective data.

III. Psychiatrist Service Providers: Psychiatrist Services

Service	Service Description
Psychiatrist Medication Evaluation and Management	Psychiatrist evaluation, education, physical assessment and start of medication with appropriate follow-up and therapy.
Psychiatrist Patient Management	Patient admission, evaluation, physical assessment, medication management, and discharge services rendered by a psychiatrist in conjunction with extended intensive crisis intervention services, inpatient rapid stabilization services, partial hospitalization, or intensive outpatient program services

ATTACHMENT "C"

DESCRIPTION OF PAYMENT OBLIGATIONS MADE BY SUBSCRIBER TO MEMBER

IN-NETWORK MENTAL HEALTH/ALCOHOL & DRUG SERVICES

Outpatient Services: Subscriber is obligated to pay for medically necessary outpatient visits for mental health/alcohol and drug services provided during the year that are not excluded as defined in this agreement. All visits must be pre-approved. Member pays \$25.00 for each outpatient visit when using pre-approved providers.

Inpatient Services: Subscriber is obligated to pay for medically necessary inpatient mental health/alcohol and drug services provided during the year that are not excluded as defined in this agreement. All inpatient services and providers/facilities must be pre-approved unless services are required to stabilize a patient in the case of an emergency. The member is responsible for 20% of the discounted rate for both facility and professional services.

Special Notes: MHPA requires that certain benefits for mental health and medical be comparable. Examples are as follows:

- i. Lifetime limits for mental health benefits will be the same as for medical benefits.
- ii. Cumulative limits such as maximum annual out of pocket expenses will be the same for comparable medical and mental health benefits and both satisfy the same comparable annual limit. For example, if the annual individual maximum limit for out of pocket medical expenses was \$5000 then the same limit (\$5000) would be applied to the individual maximum out of pocket mental health expense; and the one annual \$5000 maximum would be satisfied by medical expenses, mental health expenses or a combination of both.
- iii. Financial requirements (deductibles, copays, coinsurance, etc.) and treatment limitations (annual visit limits, episode visit limits etc.) will be comparable for mental health and medical benefits in the following six categories:
 - a. Inpatient in-network
 - b. Inpatient out-of-network
 - c. Outpatient in-network
 - d. Outpatient out-of-network
 - e. Emergency care
 - f. Prescription drugs
- iv. Because the mental health benefits are administered separate from the medical benefits, the duty to notify the other party that a limit has been reached lies with the patient. For example, if an out of pocket maximum of \$5000 exists, the patient will be responsible for tracking their accumulated out of pocket expenses for both mental health and medical services and notifying each party as well as providing the necessary documentation that their maximum has been reached.

For Subscriber to have an in-network payment obligation, all services and providers/facilities must be pre-approved by Blomquist Hale Consulting. For all services that are not medically necessary, the member is responsible for 100% of the fees. The services pre-paid for by participation in the BHS Mental Health Discount Program are for mental health procedures performed by mental health providers for patients with a primary diagnosis of mental health. Mental health refers to both mental health as well as alcohol and drug services.

APPROVED PROVIDER NETWORK: BHS Medical Discount Program Providers - University Neuropsychiatric Institute - Behavioral Health Network. Any services rendered by an out-of-network provider must be pre-approved by Blomquist Hale Consulting prior to services being rendered unless services are required to stabilize a patient in the case of an emergency.

OUT-OF-NETWORK MENTAL HEALTH/ALCOHOL & DRUG SERVICES

Outpatient Services: Subscriber is obligated to pay for medically necessary outpatient visits for mental health/alcohol and drug services provided during the year that are not excluded as defined in this agreement. Member pays 40% of the allowable charges for each outpatient visit when using an out-of-network provider.

Inpatient Services: Subscriber is obligated to pay for medically necessary inpatient mental health/alcohol and drug services provided during the year that are not excluded as defined in this agreement. All inpatient services and providers/facilities must be pre-approved unless services are required to stabilize a patient in the case of an emergency. The member is responsible for 40% of the allowable charges for both facility and professional services after paying the first \$1,000 per person per year. For inpatient services that are not pre-approved, Subscriber has no payment obligation and the member is responsible for 100% of the fees.

Special Notes: MHPA requires that certain benefits for mental health and medical be comparable. Examples are as follows:

- i. Lifetime limits for mental health benefits will be the same as for medical benefits.
- ii. Cumulative limits such as maximum annual out of pocket expenses will be the same for comparable medical and mental health benefits and both satisfy the same comparable annual limit. For example, if the annual individual maximum limit for out of pocket medical expenses was \$5000 then the same limit (\$5000) would be applied to the individual maximum out of pocket mental health expense; and the one annual \$5000 maximum would be satisfied by medical expenses, mental health expenses or a combination of both.
- iii. Financial requirements (deductibles, copays, coinsurance, etc.) and treatment limitations (annual visit limits, episode visit limits etc.) will be comparable for mental health and medical benefits in the following six categories:
 - a. Inpatient in-network
 - b. Inpatient out-of-network
 - c. Outpatient in-network
 - d. Outpatient out-of-network
 - e. Emergency care
 - f. Prescription drugs
- iv. Because the mental health benefits are administered separate from the medical benefits, the duty to notify the other party that a limit has been reached lies with the patient. For example, if an out of pocket maximum of \$5000 exists, the patient will be responsible for tracking their accumulated out of pocket expenses for both mental health and medical services and notifying each party as well as providing the necessary documentation that their maximum has been reached.

For all services that are not medically necessary, the member is responsible for 100% of the fees. The services pre-paid for by participation in the BHS Mental Health Discount Program are for mental health procedures performed by mental health providers for patients with a primary diagnosis of mental health. Mental health refers to both mental health as well as alcohol and drug services.

EXCLUDED CONDITIONS AND SERVICES

Excluded Conditions: Grief, adjustment disorder, personality disorders, psychosexual disorders, paraphilias, mental retardation, autism, gambling addiction, kleptomania, pyromania, tourette's, conduct disorders, oppositional disorders, learning disabilities, mental or emotional conditions without manifest psychiatric disorder or non-specific conditions, enuresis and encopresis. However, access to a brief solution-focused problem solving intervention is available for any life problem through the EAP without exception.

Excluded Services: Biofeedback, hypnosis, massage, weight control training, smoking cessation, residential treatment unless deemed medically necessary and preapproved (limited to the same annual day limits as exist in the medical plan for skilled-nursing facility services), long-term acute hospitalization or custodial care, vocational counseling, encounter groups, office calls in conjunction with repetitive therapeutic injections, behavioral modification (other than the services available through the EAP), court ordered services, diagnostic work-ups to rule out organic disorders, psychological evaluations for legal purposes such as custodial rights, hospital charges while on leave of absence and treatment therapies for developmental delay or child developmental programs. ADD/ADHD services are included for assessment and medication management only. Any inpatient service where the patient self-discharges against medical advice is also excluded.

* The BHS Mental Health Discount Program is NOT INSURANCE. The membership fee paid to BHS gives an employer access to providers at discounted rates and is not a payment for services. Providers are paid directly; therefore, they guarantee to provide their services and the quality thereof, rather than BHS or its administrators making those guarantees.