

**AMERICAN CAST IRON PIPE COMPANY
EMPLOYEE ASSISTANCE PROGRAM AND
MENTAL & NERVOUS GROUP BENEFITS DESCRIPTION
ADDENDUM TO EMPLOYEE'S MEDICAL PLAN BOOKLET
JANUARY 1, 2016**

This revised Addendum to the American Cast Iron Pipe Company medical plan booklet(s) replaces any prior addendum or communication provided. **Mental Health Substance Abuse (MHSA)/EAP benefits are only available as detailed in this Addendum.** This revised program is effective 01/01/16.

BEHAVIORAL HEALTH SYSTEMS, INC. (BHS) PREFERRED PROVIDER ORGANIZATION

Effective 01/01/16, the American Cast Iron Pipe Company Employee Assistance Program and all MHSA Group Benefits are provided through Behavioral Health Systems, Inc. The BHS Preferred Provider Organization (PPO) includes a national network of credentialed inpatient and outpatient providers who specialize in the treatment of MHSA conditions. BHS open network model makes it possible for you to receive services from the provider of your choice, at an in-network level of benefit coverage. Refer to **EXCEPTIONS** and **RESTRICTIONS**.

ELIGIBILITY

EMPLOYEE ASSISTANCE PROGRAM: All American Cast Iron Pipe Company employees and their dependents are eligible to receive one initial assessment and up to three sessions free of charge, but only when provided through BHS. You should contact BHS to arrange an appointment with a qualified BHS PPO professional in your area. Refer to **ACCESS TO BENEFITS** section below.

EXTENDED COVERAGE FOR MHSA BENEFITS: Additional benefits are available to American Cast Iron Pipe Company employees and dependents enrolled in and eligible for coverage under an American Cast Iron Pipe Company-sponsored medical benefit plan. These benefits are subject to the conditions and restrictions stated below. **In order for a Covered Person to be ensured of benefit eligibility, the Person should be precertified and referred through BHS.** This applies to any inpatient or outpatient treatment for a MHSA Condition when that condition is the primary or secondary diagnosis.

ACCESS TO BENEFITS

An initial assessment may be scheduled by calling BHS at 800-245-1150 (toll-free) or 205-879-1150 (Birmingham). When you call, identify yourself as having the American Cast Iron Pipe Company-sponsored EAP or medical benefit plan. BHS will refer you to the nearest qualified PPO assessment provider. **You should obtain an initial assessment through BHS to access preferred appointment times with our providers, and for ease of eligibility verification and claims processing under this Plan.**

NOTE: All benefits are subject to medical necessity review and approval by BHS either before, during, or after treatment. Certain services require precertification. It is your responsibility to make sure that your providers obtain approval from BHS before you are treated. If you do not receive precertification, benefits may not be paid.

YOUR IDENTIFICATION CARD: You may receive a wallet-size Summary of Benefits card for MHSA benefits. You should carry this card at all times and show it to the hospital, doctor or any other supplier of professional care when you need to use your benefits.

EMERGENCY ADMISSIONS: In an emergency, go to an appropriate treatment facility. Notification of emergency admissions is required within 48 hours or the next business day. You should present your BHS identification card upon any emergency admission and ask the hospital to notify BHS as soon as possible.

GENERAL BENEFIT PROVISIONS

Approved MHSA benefits are payable separate from American Cast Iron Pipe Company's medical group benefits through Behavioral Health Systems, Inc. This applies to any inpatient or outpatient treatment for a MHSA condition when that condition is the primary or secondary diagnosis. Prescription drugs are payable through American Cast Iron Pipe Company's medical plan or prescription drug benefits. Refer to your Medical Benefit Plan booklet for applicable general information on enrollment, eligibility, wait/pre-existing exclusion periods, COBRA continuation procedures, coordination of benefits, and other coverage issues not specifically addressed in this insert. For additional Plan information, contact BHS.

When approval for treatment is obtained through BHS, the following coverages are available **when you use a Behavioral Health Systems participating hospital, doctor or other professional care provider**, and when BHS receives and processes claims for services rendered under this Plan. Please note: certain restrictions apply as to conditions/diagnoses eligible for coverage. Refer to **DEFINITIONS** below or contact BHS if you have a question in this regard. All inpatient/outpatient structured programs must satisfy BHS program qualifications for coverage.

- Initial Evaluation
- Outpatient Counseling (licensed/certified M.D., Ph.D., LPC or equivalent)
 - individual therapy
 - family or group therapy
 - medication check
 - diagnostic testing
- Outpatient Structured Substance Abuse Programs (IOP)
- Partial Hospitalization Programs
- Inpatient Treatment

All covered benefits received under this Plan are payable per the effective BHS fee schedule. BHS administers its own claims processing system, separate and apart from your Medical Plan administrator. We encourage providers to submit all claims for services directly to BHS for processing. You will need to pay any applicable deductible/copayments at the time of your visit. BHS also administers its own appeals process for related claims in strict accordance with applicable governing laws. Copies are available upon request to BHS. BHS is not responsible for the quality of the care rendered by any provider.

BENEFIT LIMITS

The following benefits are only available for treatment which is eligible for coverage, is deemed medically necessary by BHS, and only when a Participating Provider is used:

Inpatient treatment will be covered at 100% of approved charges, subject to a \$300 copay per admission. The Covered Person is responsible for the copay.

Outpatient Structured Substance Abuse Programs (IOPs) will be covered at 100% of approved charges.

Outpatient Office Visits will be covered at 100% of approved charges, subject to a \$40 copay per session.

Emergency care will be covered at 100% of approved charges, subject to a \$185 facility copay.

Other Outpatient Services, including labs, ambulance and home health, will be covered at 100% of approved charges.

SUBSTANCE ABUSE CONDITIONS – BENEFIT RESTRICTION: In accordance with American Cast Iron Pipe Company's applicable substance abuse policies, **a BHS-designated aftercare program of up to 2 years on the first covered (inpatient/IOP/outpatient) episode may be required to be eligible for further coverage.**

BENEFITS FOR COVERED CONDITIONS AND EXCLUSIONS

For the purpose of definition, and except as otherwise excluded below, Covered Conditions generally include treatment rendered in connection with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) categories 291.81 – 314.01 and V Codes. Covered Conditions include but are not limited to:

291.81 – 292.9 and 303.90 – 305.90	Substance Abuse Disorders
295.4 – 295.9 and 297.1 – 298.9	Schizophrenia and Other Psychotic Disorders
296.4 – 296.89	Bipolar Disorders
296.2 – 296.36, 296.99 and 300.4	Depressive Disorders
300.0 – 300.29, 300.7 and 309.21	Anxiety Disorders
300.3	Obsessive Compulsive Disorder and Related Disorders
308.3 and 309.81 – 309.89 and 309.9	Trauma and Stress Related Disorders
300.12 – 300.15 and 300.6	Dissociative Disorders
300.11, 300.19 and 300.7 – 300.89	Somatic Disorders
301.0 – 301.9	Personality Disorders
307.1 and 307.50 – 307.59	Eating Disorders
309.0 – 309.4	Adjustment Disorders
312.34 and 312.81 – 313.81	Disruptive, Impulse Control and Conduct Disorders
314.00 – 314.01	Attention-Deficit/Hyperactivity Disorder
V15.41 – V69.9	Relationship, Grief, Communication, and Other Short-Term Non-Acute Conditions

Covered Services and Conditions

The following constitute covered mental health or substance abuse services or conditions when approved by BHS:

- A. Treatment or services rendered in connection with mental illnesses classified in the DSM-5 categories listed above.
- B. Treatment or services determined by BHS to be medically necessary either before, during or after care is rendered.
- C. Covered services rendered by a licensed behavioral health provider who is approved by BHS for the type of service being rendered, unless specifically allowed otherwise by the plan or by BHS as determined on a case by case basis.
- D. Treatment or services rendered by an out-of-network provider to the extent out-of-network benefits are allowed by the plan.
- E. Initial assessment/psychological testing/other psychological diagnostic services for the purpose of diagnosing a mental, nervous or substance abuse condition.
- F. Treatment or services rendered in connection with a secondary diagnosis which is a covered diagnosis as defined above and is the primary focus of treatment.
- G. Treatment or services for gambling disorders, when reasonably expected to improve in response to the treatment provided or recommended.
- H. Treatment of chronic pain or any pain disorder that cannot be attributed to a general medical condition.

Non-Covered Services and Conditions

The following services or conditions **do not** constitute covered mental health or substance abuse services or conditions, unless shown to be required by federal or state law or regulation, or which are demonstrated to be more restrictive than the treatment limitations applied to substantially all medical/surgical benefits in the same classification:

- I. Evaluative and Educational:

- A. Speech, occupational, physical and recreational therapy.
 - B. Evaluation, testing or other services for the purpose of assessing or resolving educational performance questions or other academic problems, or for the purpose of establishing functional capacity related to medical conditions.
 - C. Remedial education, tutoring, and treatment or services related to learning disorders.
 - D. Testing and other services which schools or other institutions/agencies are required to provide under federal, state or other laws.
 - E. Therapeutic boarding school, including any mental health/substance abuse treatment or services provided as a component of the school program.
 - F. Services for Autism Spectrum Disorder, intellectual disability or other developmental disorder.
- II. Administrative, Legal, and Judicial:
- A. Administrative psychiatric services, including but not limited to expert testimony, medical records review, report preparation, and record maintenance/copying.
 - B. Psychiatric or psychological examinations, testing or treatment for any administrative purpose, including but not limited to obtaining or maintaining employment, determining disability, obtaining approval for elective surgical or other medical procedures, or relating to legal advice or proceedings.
 - C. Evaluation, testing or treatment while confined in a prison, jail or other penal institution.
 - D. Care or treatment provided by any federal or state hospital, facility, or treatment program, or covered in whole or part under the laws, including workers compensation laws, of any federal, state, county, city, or other governmental agency that provides or pays for care, except as required by law.
 - E. Treatment for alleged or convicted sexual offenders or perpetrators of sexual/physical violence or abuse.
 - F. Any condition where the primary focus of treatment is illegal or criminal behavior.
- III. Self Care and Improvement:
- A. Dietary management consultation and any other services provided for the purpose of weight loss.
 - B. Retreats, workshops, seminars or courses for the purpose of self improvement or personal growth and development.
 - C. Biofeedback.

- D. Services or expenses for treatment which does not require a licensed provider, given the level of simplicity and the patient's condition, will not further restore or improve the patient's symptoms, behaviors, or level of functioning, or is not reasonable as to number, frequency, or duration.

IV. Maintenance and Rehabilitation:

- A. Custodial care or nursing home care.

V. Services Unproven Or Not Symptom Focused:

- A. Treatment, treatment protocols, medical devices, drugs or procedures which BHS considers to be experimental/investigational or unproven, including services that are part of a clinical trial.
- B. Assessment, consultation or treatment conducted via telephone, on-line or by any means other than direct face-to-face care.

VI. Other:

- A. Disorders related to speech, communication or language.
- B. Any sexual paraphilic disorder, gender dysphoria or disorders of sexual functioning.
- C. Caffeine use.
- D. Simple intoxication, or assessment/care rendered to a patient while under the influence of alcohol or other substances.
- E. Any neurocognitive disorder related to head injury, infection, disease (including Alzheimer's disease or delirium), other medical condition or substance use; or unspecified cognitive disorder (799.59) or any other nonspecific condition related to cognitive functioning.
- F. Sleep disorders, including any substance-induced forms.
- G. Malingering.
- H. Dissociative Identity Disorder (formerly Multiple Personality Disorder).
- I. Procedures determined by BHS to be redundant when performed in combination with other procedures.

VII. Non-Authorized Services:

- A. Except in cases of an emergency admission, a finding of medical necessity upon retrospective review, or as otherwise allowed by the plan, any inpatient treatment or services delivered without BHS preauthorization. Coverage for emergency care requires BHS notification within 48 hours of the time the care was rendered, or the next business day. Certain other services require BHS preauthorization, including partial hospital programs (PHP), intensive outpatient programs (IOP), ECT (electroconvulsive therapy), and psychological testing.
- B. Services for which the patient is not obligated to pay, or for which there would be no charge if the patient had no health care coverage.
- C. Treatment or services received after the date the member's coverage has ended, regardless of whether the member is an inpatient on that date. In instances where a member is eligible for but has not yet elected COBRA, payment of benefits will not occur until COBRA continuation and benefit eligibility is confirmed.
- D. Services delivered after any applicable Plan limits have been exceeded, including but not limited to calendar year maximums.
- E. Claims received after a period of 24 months from the date treatment or services were rendered, except as otherwise required by the plan.

- F. Travel, lodging, room and board, and other expenses even if associated with medically necessary services approved by BHS.
- G. Charges for missed provider appointments.

Corporation's Medical Plan shall be financially responsible for providing covered medical services (including emergency medical services) and for any medical tests or services which normally are not included as a part of a psychiatric treatment program, unless specifically authorized by BHS for treatment of a mental health or substance abuse problem.

BHS shall not be responsible for providing or arranging for provision of the mental health or drug abuse services covered by this Agreement to any Person who is receiving such services on a continuing inpatient basis on the effective date of this Agreement.

BHS IN-NETWORK REQUIREMENT – EXCEPTIONS

Because BHS offers an open network, there is no need to access a non-network provider. At your request, BHS will contact any provider not currently affiliated with BHS, and in most cases, arrangements can be made for you to receive services with the same level of benefit coverage as that offered through the BHS PPO network. When necessary, out-of-network coverage matching that of your current medical benefit plan is available. In those instances when BHS is unable to do so, a non-Participating Provider may be used under the following criteria: 1) that provider satisfies BHS qualifications for coverage, 2) treatment rendered meets BHS medical necessity guidelines, and 3) any necessary precertification requirements are met. BHS provider reimbursement will be limited to the lesser of the BHS-allowable maximum or provider's billed charges, net of applicable deductibles and copayments per the equivalent medical benefit plan out-of-network coverage level. You will be responsible for applicable deductibles, copayments, out-of-pocket amounts, services which do not satisfy the criteria listed above, services which are not considered covered services (refer to **COVERAGE RESTRICTIONS**), and provider fees which exceed the BHS-allowable maximum.

COMPLIANCE WITH FEDERAL REGULATIONS

BHS will administer American Cast Iron Pipe Company's MSHA Plan in full compliance with any and all applicable federal and state laws and regulations, as they become effective and can be clearly interpreted.

DEFINITIONS/COVERAGE RESTRICTIONS

Mental and Nervous/Substance Abuse (Drug or Alcohol) Condition: Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder, or a maladaptive pattern of psychoactive substance use to the detriment of health or social functioning. Certain plan requirements apply as to conditions eligible for coverage: primary/secondary diagnosis must be DSM-5 codes 291.81 – 314.01 and all V codes (subject to certain code exclusions). Other applicable exclusions include but are not limited to: non-medically necessary treatment, investigational/unproven treatment, elective or personal growth, remedial or evaluative academic services, Dementia/Alzheimer's and amnesic disorders, sleep disorders, methadone or other narcotic maintenance, chronic pain, nursing home or custodial care. Precertification is required for inpatient and partial hospitalization, intensive outpatient programs, psychological testing, ECT, and such other treatment as may be determined. Contact BHS for questions regarding covered services under this Plan. You may request a written list of Covered/Non-Covered Services and Conditions specific to this Plan from BHS.

Participating Providers: A network of BHS-credentialed independent MSHA providers or those providers having a case-specific agreement in place with BHS. Upon request, BHS may be able to arrange a case-specific affiliation with a non-participating provider. BHS employs an open-network approach, which allows our patients greater freedom of choice in provider selection. BHS does not distribute provider directories, because: 1) we update our network daily with new providers so any listing would be outdated; 2) BHS assistance is required in accessing multiple provider specialty areas (i.e., child and adolescent), as well as specialist level (i.e., MD, PhD, masters-level); 3) BHS verifies your eligibility for preferred benefit status

when we schedule your appointment with provider; 4) specific provider options are relayed to you specific to your geographic location and specialty area of need; and 5) BHS conducts its precertification and eligibility verification process upon your initial call.

RIGHTS & RESPONSIBILITIES:

You have the right to:

- protection of privacy
- be treated with respect and dignity
- take part in your treatment planning with providers
- voice complaints, grievances or appeal

You have a responsibility to:

- give necessary information to BHS and your providers
- follow through with treatment plans
- take part in setting your treatment goals



BEHAVIORAL HEALTH SYSTEMS

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