

Mental Health and Substance Abuse
(Provided Exclusively by The Holman Group 800-321-2843)

Benefit Schedule for:

ALADS PPO Members

<i>BENEFITS</i>	<i>Holman PPO Plan Design</i>	
Lifetime Maximum	Unlimited	
Calendar year deductible for all Providers	\$300/member; \$900/family (Coordinated with Medical Plan)	
Emergency Room	10% co-pay	
MENTAL HEALTH and SUBSTANCE ABUSE		
	In-Network	Out-of-Network¹
Out-patient	10% co-pay/visit	30% co-pay/visit
Sub-Acute	10% co-pay/visit	30% co-pay/visit
In-Patient	10% co-pay/day	10% (Emergency Only)
Annual Out-of-Pocket Maximum	The following do not apply to out-of-pocket maximums: charges which are not considered a covered expense and any expense applied to deductible \$450 member/year In-Network \$6,000 member/year Out-of-Network	
Ambulance	Benefit through Medical Plan	
<p>¹ Holman uses RBRVS (professional) and DRGs (hospital), as well as billing data collected by Fair Health, to calculate reimbursement for Non-Contracted Providers. Any disputes are to be negotiated directly with Holman Professional Counseling Centers. Every effort will be made to ensure that Enrollees of Holman Professional Counseling Centers are not subject to balance billing practices for covered services.</p> <p>RBRVS and DRGs are government approved reimbursement calculations for the reasonable and customary value of healthcare services rendered. They are based upon statistically credible information that is updated at least annually and takes into consideration:</p> <ul style="list-style-type: none"> (i) the provider's training, qualifications, and length of time in practice (ii) the nature of services provided (iii) the fees usually charged by the provider (iv) prevailing provider rates charged in general geographic areas in which services were rendered (v) other aspects of the economics of the medical provider's practice that are relevant, and (vi) any unusual circumstances in the case 		