



## Coventry ONE<sup>®</sup>

### **HIGH DEDUCTIBLE HEALTH PLAN RIDER FOR MENTAL DISORDERS AND SUBSTANCE-RELATED DISORDERS**

This Rider is an amendment to the Coventry Health Care of Georgia, Inc. Individual Member Contract. The purpose is to provide Covered Services for Mental Disorders and Substance-Related Disorders.

#### **ARTICLE 1 - DEFINITIONS**

**Custodial Care.** Care that includes, but is not limited to, services and supplies primarily to maintain activities of daily living, self care and safety of the patient.

**Detoxification.** Treatment by medication, diet, rest, fluids, and nursing care to restore physiological functioning after the overuse of alcohol, barbiturates, or other addictive drugs.

**Diagnosis (Diagnostic) (Diagnosed).** The classification of a Mental Disorder or Substance-Related Disorder through clinical assessment or laboratory examination.

**Diagnostic Manual.** The most current edition of the Diagnostic and Statistical Manual published by the American Psychiatric Association (APA).

**Group Psychotherapy.** Application of psychotherapeutic techniques by a licensed Provider to a group, including utilization of interactions of members of the group. Usually six (6) to eight (8) persons are a group, and sessions typically last seventy-five (75) minutes or longer.

**Medically Necessary and Treatable.** Any service for prevention, Diagnosis or treatment that is:

- consistent with illness, injury or disorder, as defined in the Diagnostic Manual;
- according to the approved and generally accepted medical or psychiatric practice prevailing at the time the Covered Service is ordered; and
- for an illness, injury or disorder that is subject to clinical improvement with active medical or psychiatric intervention within the durational limits of the Covered Services.

"Generally accepted practice" and "Treatable" are determined by the Medical Director or designee.

**Mental Disorder(s).** A clinically significant syndrome or pattern that is a manifestation of a behavioral, psychological, or biological dysfunction, and is associated with:

- present distress or disability; or
- significantly increased risk of suffering death, pain, disability, or important loss of freedom.

**Partial Hospitalization.** Physician directed intensive or intermediate treatment for less than twenty-four (24) hours but more than four (4) hours in a day in a licensed or certified facility or program.

**Rehabilitation.** Methods and techniques (sometimes termed tertiary prevention) used to achieve optimum patient functioning and adjustment, and to prevent relapses or recurrences of illness.

**Substance-Related Disorders.** Habituation to, abuse of, and/or addiction to a chemical substance. Largely because of psychological craving, a substance-dependent person's life revolves around the need for the specific effect of chemical substance or mood or state of consciousness. The term includes not only the addiction (physical dependence), but also substance abuse (pathological craving). Examples of substances: alcohol, opiates, synthetic analgesics with morphine-like effects, barbiturates, other hypnotics, sedatives, some anti-anxiety agents, cocaine, psychostimulants, marijuana, and psychotomimetic drugs.

**Visits.** A session in an outpatient care setting in which the time frame is dependent on specific standard service codes used by the Provider.

# CoventryONE<sup>®</sup> MENTAL DISORDERS & SUBSTANCE-RELATED DISORDERS RIDER

## ARTICLE 2 - COVERED SERVICES

All Covered Services must be Prior Authorized by Us or Our designee. All In-Network Services are available for Medically Necessary and Treatable Diagnosed conditions and are subject to the limitations, exclusions and payments described in this Rider. There are no Out-of-Network services available under this Rider.

**DEDUCTIBLE REQUIREMENTS:** You must satisfy the Deductible under the Plan before You may receive Coverage under this Rider.

Benefits	Coverage	In-Network	Out-of-Network
<b>Outpatient Visits</b>	48 Visits per Benefit Year 2 Group Psychotherapy sessions may be substituted for 1 outpatient Visit	Deductible applies (Your Plan Deductible amount is listed in Your Schedule of Benefits)	Not Covered
<b>Inpatient Admission &amp; Partial Hospitalization</b>	30 Inpatient Days per Benefit Year (including Detoxification and Rehabilitation) 2 Partial Hospitalization days may be substituted for 1 inpatient day	Deductible applies (Your Plan Deductible amount is listed in Your Schedule of Benefits)	Not Covered

Payments You make for Covered Services under this Rider count toward the Deductible and Out-of-Pocket Maximum under Your Plan. Your Plan Deductible and Out-of-Pocket Maximum amounts are listed in Your Schedule of Benefits.

## ARTICLE 3 - EXCLUSIONS

The Diagnostic terms in this Article 3 are defined in the Diagnostic Manual. These Exclusions apply under all inpatient, Partial Hospitalization and outpatient settings.

Diagnosed conditions excluded:

1. Mental retardation and disorders relating to: learning, motor skills, communication, pervasive developmental, feeding and eating in infancy and early childhood;
2. Conditions not attributable to a Mental Disorder described in the Diagnostic Manual as "V" codes such as: relational problems, anti-social behavior, academic problems and phase-of-life problems; and
3. Delirium, dementia, amnesia, and cognitive disorders without psychiatric complications.

Therapies and treatments not for conditions defined in the Diagnostic Manual are excluded, such as:

- A. Treatments for smoking cessation, weight loss or personal growth;
- B. Acupuncture, biofeedback, hypnotherapy, sleep therapy, weight reduction therapy, vocational rehabilitation, psychoanalysis, marital and sex counseling, or Custodial Care that does not require active psychiatric interventions; and
- C. Services that are court ordered or are a condition of parole or probation.



Chief Executive Officer  
Coventry Health Care of Georgia, Inc.