

Alcoholism/Substance Abuse Optional Benefit Rider

High Deductible Health Plans

Your employer has elected the following Inpatient and Outpatient Alcoholism/Substance Abuse Benefits:

BENEFIT	In-Network Copayment	Out-of-Network Copayment
<p>ALCOHOLISM/SUBSTANCE ABUSE SERVICES</p> <ul style="list-style-type: none"> • Inpatient or Partial Hospitalization (up to 30 days per Calendar Year) • Outpatient (up to 20 visits per Calendar Year) <p>Combined inpatient and outpatient services for Alcoholism/Substance Abuse are limited to one episode of treatment per Calendar Year, three episodes of treatment per lifetime.</p>	<p>20%</p> <p>20%</p>	<p>40%</p> <p>40%</p>

The Plan Deductible must be met before Benefits will be paid.

Benefits are subject to:

1. the Exclusions identified in Section VII. (Exclusions),
 2. the Benefit Certification requirements of Section V. (Benefit Certification), and
 3. the Limitations identified in Section VI. (Limitations)
- of the Group Subscriber Agreement (GSA). Please see the GSA for a complete understanding of your benefits.

This rider is a summary that describes the Co-insurance amounts that apply to your substance abuse services. Some services require Benefit Certification from PIC. Benefits may have limits and certain services are excluded altogether. For a more complete description, please refer to the sections of the Group Subscriber Agreement that discuss How the Plan Works, General Information, Benefits, Benefit Certification, Limitations and Exclusions.