

ALCOHOLISM/SUBSTANCE ABUSE OPTIONAL BENEFIT RIDER  
HIGH DEDUCTIBLE HEALTH PLANS

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

BENEFIT Alcoholism/Substance Abuse Services	IN-NETWORK COPAYMENT	OUT-OF- NETWORK COPAYMENT
<ul style="list-style-type: none"> <li>Inpatient or Partial Hospitalization (up to 30 days per Calendar Year)</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Outpatient (up to 20 visits per Calendar Year) Combined inpatient and outpatient services for Alcoholism/Substance Abuse are limited to 1 episode of treatment per Calendar Year, 3 episodes of treatment per lifetime.</li> </ul>	20%	40%

**The Plan Deductible must be met before any benefits are 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 your GSA for a complete understanding of your benefits.

The following Rider is a summary that describes the Coinsurance 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.

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