POS - AUTISM SPECTRUM DISORDER
(PREFERRED BENEFITS LEVEL ONLY)

The Certificate (including the Schedule of Copayments and Deductibles and any Rider or amendments to the Certificate) has been amended to add Coverage for the treatment of Autism Spectrum Disorder as required by the State of Michigan. These additional services are effective for new and renewing Employer plans on or after October 15, 2012.

The following is a summary of the Coverage provided by the Autism Spectrum Disorder Rider which has been made a part of the Agreement between the Employer and us. Unless otherwise stated, the following provisions apply under your Preferred Benefits Level only and are subject to all of the terms and conditions in your Certificate as well as the terms and conditions set forth in this summary.

1. DEFINITIONS

In addition to the terms defined in the Certificate, the following terms are defined for the purposes of this Autism Spectrum Disorder Rider.

**Autism Diagnostic Observation Schedule.** Protocol available through Western Psychological Services for diagnosing and assessing Autism Spectrum Disorder.

**Autism Spectrum Disorder.** A developmental disorder of brain function which is classified as one of the pervasive developmental disorders defined by the Diagnostic and Statistical Manual:
- Autistic Disorder
- Asperger’s Disorder
- Pervasive Developmental Disorder Not Otherwise Specified

**Applied Behavior Analysis.** The design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human behavior, including the use of direct observation, measurement and functional analysis of the relationship between environment and behavior. This outpatient treatment involves evidence based behavioral modification techniques under supervision of a psychiatrist, psychologist or licensed Health Professional specializing in autism treatments, in which positive or negative reinforcement is used to encourage or reduce certain behaviors. The treatment is delivered in a highly structured and intensive program with one-to-one instruction by a trained therapist, typically 15 - 30 hours per week over the duration of one to two years.

**Diagnosis of Autism Spectrum Disorders.** Assessments, evaluations, or tests, including the Autism Diagnostic Observation Schedule, performed by a licensed Physician or a licensed psychologist to diagnose whether an individual has a diagnosis of Autism Spectrum Disorder.

**Treatment Plan.** A written, comprehensive and individualized intervention plan that incorporates specific treatment goals and objectives. The plan is (a) developed by a Health Professional who has the appropriate behavioral health credentials and who is operating within his or her scope of practice when the treatment of an Autism Spectrum Disorder is first prescribed; or (b) ordered by a Physician or licensed psychologist.

2. COVERED SERVICES

The Certificate is amended to include Coverage for outpatient treatment of Autism Spectrum Disorder when performed by an approved Priority Health Participating Provider. Prior Approval for autism treatment is required by Priority Health. Call our Behavioral Health Department at 616 464-8500 or 800 673-8043 for assistance.

Coverage is available for Covered Dependent children through age 18 and includes the following:
- Diagnostic evaluation and testing, including Autism Diagnostic Observation Schedule, when performed by a Physician or licensed psychologist
- Applied Behavior Analysis when provided by a board certified Health Professional who has the appropriate credentials
- Evidence based mental health outpatient therapy services for the treatment of Autism Spectrum Disorder
- Evidence based physical therapy, occupational therapy and speech therapy services for the treatment of Autism Spectrum Disorder

*Note: Autism screening for children at 18 and 24 months is Covered under preventive health care services and not this Autism Spectrum Disorder Rider. See the preventive health care services category in your Schedule of Copayments and Deductibles. Your Certificate includes a summary of Covered preventive health care services. Priority Health’s complete Preventive Health Care Guidelines are available in our Member Center on our website at priorityhealth.com, or you may request a copy from our Customer Service Department.*
3. COPAYMENTS

Covered Autism Spectrum Disorder services are subject to the same Preferred Benefits Level Deductibles (if any), Copayments and Coinsurance that apply to the corresponding benefit categories shown on your Schedule of Copayments and Deductibles. Examples of Autism Spectrum Disorder services benefit categories include Physician office visits, outpatient mental health services and speech therapy. *Note: Any day or visit limitations under these benefit categories do not apply to Autism Spectrum Disorder services. All other terms and limitations apply.*

4. LIMITATIONS

Covered Services for Autism Spectrum Disorder under this Rider:

- must be Medically/Clinically Necessary as determined in accordance with our medical policies; and
- will be considered when performed by an approved Priority Health facility or agency along with other criteria set forth in our medical policies; and
- is limited to specific treatments outlined in our medical policies.

Covered services for Applied Behavioral Analysis treatment under this Rider are **limited to a $50,000.00 benefit maximum per Contract Year** as allowed by the State of Michigan.

5. NON-COVERED SERVICES

- Autism treatment not approved in advance by Priority Health.
- Treatments or services provided by a Non-Participating Provider unless otherwise approved in advance by Priority Health.
- Treatments for Autism Spectrum Disorder that are in conflict with Priority Health’s medical policies, including non-evidence based services for the treatment of Autism Spectrum Disorder.

6. MISCELLANEOUS PROVISIONS

This Rider supersedes any amendment or Rider providing Coverage for Autism Spectrum Disorder benefits previously issued by us. If there is any conflict between the provisions of this Rider and the Certificate, the provisions of this Rider shall prevail. All other terms and conditions of the Certificate shall remain in full force and effect.

This Rider does not carry any additional right to conversion beyond those rights provided in the Certificate.

Nothing contained in this Rider varies, alters, waives, or extends any of the terms, conditions, provisions, or limitations of the Certificate other than as stated above.

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