SPECIAL NOTICE REGARDING REFERENCES TO AUTISM SPECTRUM DISORDER.

Effective January 1, 2017, your Member Handbook is amended by the following changes.

The information under Behavioral Health Benefits, Autism Spectrum Disorder Treatment is deleted in its entirety and is replaced with the following:

Autism Spectrum Disorder Treatment:

We cover diagnosis and psychiatric and psychological care for the following diagnoses:

- Autistic disorder childhood autism, infantile psychosis, and Kanner's syndrome;
- Childhood disintegrative disorder Heller's syndrome;
- Rett's syndrome; and
- Specified pervasive developmental disorders Asperger's disorder, atypical childhood psychosis, and borderline psychosis of childhood.

The information under Covered Services #5 Autism Spectrum Disorder is deleted in its entirety and is replaced with the following:

5. Autism Spectrum Disorder -

Services and supplies for the treatment of autism spectrum disorder. We cover: Behavioral health treatment;

Pharmacy care;

Psychiatric care;

Psychological care: and

Therapeutic care.

Therapeutic care.		
Benefit	Description	
Applied behavioral	• Limited to the following diagnoses:	
analysis ("ABA") up to	 Autistic disorder – childhood autism, infantile 	
a maximum of twenty-	psychosis, and Kanner's syndrome;	
five (25) hours per	 Childhood disintegrative disorder – Heller's 	
week	syndrome;	
	 Rett's syndrome; and 	
	 Specified pervasive developmental disorders – 	
	Asperger's disorder, atypical childhood psychosis,	
	and borderline psychosis of childhood.	
	• Member must continually and consistently show	
	progress and improvement.	
	• You pay the ABA Cost-share.	
Physical, occupational,	Limited to the following diagnoses:	

Benefit	Description
and speech therapies – does not count toward the Rehabilitation Services visit limitations your child may otherwise be entitled to	 Autistic disorder – childhood autism, infantile psychosis, and Kanner's syndrome; Childhood disintegrative disorder – Heller's syndrome; Rett's syndrome; and Specified pervasive developmental disorders – Asperger's disorder, atypical childhood psychosis, and borderline psychosis of childhood. You pay physical, occupational, and/or speech therapy Cost-share {based on the setting}.
Autism Screening	 Members at age eighteen (18) months and twenty-four (24) months. Provided during well-child visits at no Cost-share. Preauthorization is not required.

The information under Limitations, Behavioral health services is deleted in its entirety and is replaced with the following:

Benefit	Limitation Description
Behavioral health services	 Autism Screening is limited to children at ages eighteen (18) months and twenty-four (24) months. Developmental Screening is limited to children up to the age of three (3) years. Compulsive disorders treatment is limited to programs for feeding and eating disorders. Residential treatment center care limited to 100 days per Plan Year. Medical detoxification limited to 100 days per Plan Year. Behavioral health case management limited to eight (8) hours per month and twenty-four (24) hours per Plan Year. Psychosocial rehabilitation limited to eight (8) hours per month and twenty-four (24) hours per Plan Year. Psychological testing limited to eight (8) hours per Plan Year. Applied behavioral analysis limited to twenty-five (25) hours per week and to the following diagnoses: Autistic disorder – childhood autism, infantile psychosis, and Kanner's syndrome; Childhood disintegrative disorder – Heller's syndrome; Rett's syndrome; and Specified pervasive developmental disorders – Asperger's

Benefit	Limitation Description
	disorder, atypical childhood psychosis, and borderline
	psychosis of childhood.

Except as amended, your Handbook remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR MEMBER HANDBOOK FOR FUTURE REFERENCE.