

applied behavior analysis (ABA) coverage for autism spectrum disorder (ASD)

When autism-related disorders are suspected, early diagnosis and intervention can have a positive effect on your child and your family. That's why, effective January 1, 2018, the MHSA Plan will include coverage for **Applied Behavior Analysis (ABA)** treatment for those diagnosed with autism or pervasive developmental disorder (PDD). ABA includes many different techniques to increase useful or desired behaviors – such as communication and social skills – and reduce behaviors that may interfere with learning or may be harmful.

What the plan pays

The plan only pays benefits for covered charges for services and treatment that are **medically necessary and appropriate**, as determined by Beacon Health Options, the claims administrator. **Prior authorization** or **pre-certification** with Beacon Health Options is required prior to services being delivered. You're also required to obtain authorization on a recurring basis for continuing services, as required by Beacon Health Options. Based on an initial review and concurrent review of the case, a case-specific quantity of ABA therapy services will be allocated.

Covered ABA services are paid according to the **Outpatient Office Visit** schedule of benefits. You will be responsible for any cost sharing that applies to you, including the deductible, copayments or coinsurance. You can visit any ABA licensed or certified provider, network or out-of-network. But if you use of an out-of-network provider, covered services will be paid under the out-of-network portion of the MHSA Plan, which means you'll pay a larger share of the costs for service. Beacon Health Options can help you locate a network provider in your area. Review the **Mental Health and Substance Abuse Plan** summary plan description posted online at hr2.chevron.com for more information about how **Outpatient Office Visit** benefits are paid.

Covered ABA services

Covered ABA services may include:

- Psychiatric evaluation to confirm the ASD diagnosis.
- Psychological testing, as necessary to confirm the ASD diagnosis.
- Individual, family, and group therapy.
- Medication management.
- Applied Behavior Analysis (ABA) treatment.
- Intensive Case Management for complex cases (individuals with extraordinary care needs).

The MHSA Plan doesn't cover prescription drugs for ABA treatment. If the covered individual is prescribed a drug as part of treatment, you should check with your medical plan to find out if it can help pay for the drugs you need; otherwise, you'll be responsible for paying the full cost of prescribed outpatient medication.

Covered diagnoses

Covered diagnoses include autism, which is a general term used to describe a group of complex developmental brain disorders known as Pervasive Developmental Disorders (PDD) within the American Psychiatric Association Diagnostic and Statistical Manual 5 (DSM 5). Autism Spectrum Disorder (ASD) is a type of PDD. Your benefit covers Applied Behavior Analysis (ABA) treatment for ASD.

The other covered pervasive developmental disorders are:

- Pervasive Developmental Disorder – Not Otherwise Specified (PDD-NOS)
- Asperger Syndrome
- Rett Syndrome
- Childhood Disintegrative Disorder

Only these diagnoses, along with a diagnosis of being at risk of autism or PDD, will be covered.

How to obtain prior authorization or pre-certification

Prior authorization or pre-certification will be required for benefits to be paid. You can obtain prior authorization or pre-certification with Beacon Health Options by calling them at **1-800-847-2438** after **December 1, 2017**. Once authorization is complete, a Beacon Health Options representative will advise you that ABA therapy will be covered according to the MHSa Plan's benefits when provided or supervised by a ABA licensed or certified provider of services effective January 1, 2018.

If a covered participant is currently receiving services, register with Beacon Health Options between December 1, 2017 and March 31, 2018 by calling 1-800-847-2438. After you register, ABA claims submitted to Beacon Health Options for dates of service from January 1, 2018 through March 31, 2018 will be paid at network benefit levels – even if your provider is out-of-network. This assumes that covered services are medically necessary and that services are provided by an ABA licensed or certified provider. ABA treatment rendered after March 31, 2018 must be performed by a Beacon Health Options network provider to be eligible for the network level of coverage under the MHSa Plan. Use of an out-of-network provider after the transition period will result in payment under the out-of-network level of coverage under the MHSa Plan. All ABA services require authorization, need to meet medical necessity requirements and must be provided by an approved, ABA licensed or certified provider.

For services rendered after March 31, 2018, if your provider is out-of-network, but is appropriately ABA licensed or certified and willing to join the Beacon Health Options ABA network, they can complete the necessary screening requirements and, if they are accepted into the Beacon Health Options network of providers, you may use their services and receive the network level of coverage. Ultimately, application for acceptance into the Beacon Health Options network is the provider's decision.

Mental Health and Substance Abuse Plan (MHSa) is a grandfathered health plan under the Patient Protection and Affordable Care Act. Chevron Corporation believes the Chevron Corporation Mental Health and Substance Abuse Plan (the MHSa Plan) is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-825-5247. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.



The information in this newsletter applies to Chevron health and welfare eligible U.S.-payroll employees. This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health care plans or any company contributions towards the cost of such health care plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

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