

Amendment to Plan of Benefits

For Employees of: The City Of Seattle
Administrative Services Agreement No.: 100290

Effective October 1, 2014, the following changes have been made to your Open Choice (PPO) Medical Plan Booklets & Schedule of Benefits.

1. The following information regarding "**Autism Spectrum Disorder**" and "**Habilitative services**" added to your Booklets & Schedule of Benefits.

In regards to your Open Choice (PPO) Medical Plan Books, the following language is added to your booklets:

Autism Spectrum Disorder

Covered expenses include charges made by a **physician** or **behavioral health provider** for the services and supplies for the diagnosis and treatment (including routine behavioral health services such as office visits or therapy and Applied Behavior Analysis) of Autism Spectrum Disorder when ordered by a **physician**, licensed psychologist, or licensed clinical social worker, as part of a Treatment Plan; and the covered child is diagnosed with Autism Spectrum Disorder.

Applied Behavior Analysis is an educational service that is the process of applying interventions:

- That systematically change behavior; and
- That are responsible for the observable improvement in behavior.

Autism Spectrum Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association

Habilitative Services

Habilitative services are covered for the treatment of pervasive developmental delays.

Habilitative services include occupational therapy, physical therapy and speech therapy.

Covered expenses for habilitative services are covered as shown in the Schedule of Benefits.

In regards to your Open Choice (PPO) Medical Schedule of Benefits 1A, 8A, 8B & 12A:

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|---|--|---|--|
| <i>Autism Spectrum Disorder</i> | | | |
| Autism – Physical therapy, Occupational Therapy, Speech Therapy | \$15 per visit copay then the plan pays 100% No Calendar Year deductible applies. | 60% after Calendar Year deductible | 90% per visit No Calendar Year deductible applies. |
| Autism - behavioral therapy | \$15 per visit copay then the plan pays 100% No Calendar Year deductible applies. | 60% after Calendar Year deductible | 90% per visit No Calendar Year deductible applies. |
| Autism - Applied Behavior Analysis | \$15 per visit copay then the plan pays 100% No Calendar Year deductible applies. | 60% after Calendar Year deductible | 90% per visit No Calendar Year deductible applies. |

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|--|--|---|--|
| <i>Habilitative Services</i> | | | |
| Therapy for Children with Developmental Delays | \$15 per visit copay then the plan pays 100% No Calendar Year deductible applies. | 60% after Calendar Year deductible | 90% per visit No Calendar Year deductible applies. |

In regards to your Open Choice (PPO) Medical Schedule of Benefits 2A, 4A, 5A, 10A & 11A:

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|---|---|---|---|
| <i>Autism Spectrum Disorder</i> | | | |
| Autism – Physical therapy, Occupational Therapy, Speech Therapy | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |
| Autism - behavioral therapy | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |
| Autism - Applied Behavior Analysis | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|--|---|---|---|
| <i>Habilitative Services</i> | | | |
| Therapy for Children with Developmental Delays | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |

In regards to your Open Choice (PPO) Medical Schedule of Benefits 3A & 9A:

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|---|--|---|---|
| <i>Autism Spectrum Disorder</i> | | | |
| Autism – Physical therapy, Occupational Therapy, Speech Therapy | \$5 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |
| Autism - behavioral therapy | \$5 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |
| Autism - Applied Behavior Analysis | \$5 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|--|--|---|---|
| <i>Habilitative Services</i> | | | |
| Therapy for Children with Developmental Delays | \$5 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |

In regards to your Open Choice (PPO) Medical Schedule of Benefits 6A:

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|---|---|---|---|
| <i>Autism Spectrum Disorder</i> | | | |
| Autism – Physical therapy, Occupational Therapy, Speech Therapy | \$10 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |
| Autism - behavioral therapy | \$10 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |
| Autism - Applied Behavior Analysis | \$10 per visit copay then the plan pays 100% | 70% after Calendar Year deductible | 100% per visit |
| | No Calendar Year deductible applies. | | No Calendar Year deductible applies. |

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|--|--|---|---|
| <i>Habilitative Services</i> | | | |
| Therapy for Children with Developmental Delays | \$10 per visit copay then the plan pays 100% No Calendar Year deductible applies. | 70% after Calendar Year deductible | 100% per visit No Calendar Year deductible applies. |

In regards to your Open Choice (PPO) Medical Schedule of Benefits 7A:

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|---|---|---|---|
| <i>Autism Spectrum Disorder</i> | | | |
| Autism – Physical therapy, Occupational Therapy, Speech Therapy | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |
| Autism - behavioral therapy | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |
| Autism - Applied Behavior Analysis | 80% after Calendar Year deductible | 60% after Calendar Year deductible | 80% after Calendar Year deductible |

| PLAN FEATURES | NETWORK | OUT-OF-NETWORK | OTHER HEALTH CARE |
|--|---|---|---|
| <i>Habilitative Services</i> | | | |
| Therapy for Children with Developmental Delays | 80% after Calendar Year deductible | 80% after Calendar Year deductible | 80% after Calendar Year deductible |