

Benefits for Mammograms are not subject to the Deductible, Coinsurance, or Copayment (if applicable).

### **Mastectomy Services**

Breast cancer treatment including treatment for physical complications relating to a Mastectomy (including lymphedemas), and outpatient post-surgical follow-up in accordance with prevailing medical standards as determined by the Covered Plan Participant's attending Physician and the Covered Plan Participant. Outpatient post-surgical follow-up care for Mastectomy services shall be covered when provided by a Provider in accordance with the prevailing medical standards and at the most medically appropriate setting. The setting may be the Hospital, Physician's office, outpatient center, or home of the Covered Plan Participant. The treating Physician, after consultation with the Covered Plan Participant, may choose the appropriate setting.

### **Maternity Services**

Health Care Services, including prenatal care, delivery and postpartum care and assessment, provided to a Covered Plan Participant, by a Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Hospital, Birth Center, Midwife or Certified Nurse Midwife may be Covered Services. Care for the mother includes the postpartum assessment.

In order for the postpartum assessment to be covered, such assessment must be provided at a Hospital, an attending Physician's office, an outpatient maternity center, or in the home by a qualified licensed health care professional trained in care for a mother. Coverage under this Evidence of Coverage for the postpartum assessment includes coverage for the physical assessment of the mother and any necessary clinical tests in keeping with prevailing medical standards.

Under Federal law, a Group Plan generally may not restrict benefits for any hospital length of

stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery; or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending Provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 as applicable). In any case, under Federal law, a Group Plan can only require that a Provider obtain authorization for prescribing an inpatient hospital stay that exceeds 48 hours (or 96 hours).

### **Mental Health Services**

Diagnostic evaluation, psychiatric treatment, individual therapy, and group therapy provided to a Covered Plan Participant by a Physician, Psychologist, or Mental Health Professional for the treatment of a Mental and Nervous Disorder may be covered. Coverage is included for services for the medical and psychological testing associated with the evaluation and diagnosis of mental retardation. These Health Care Services include inpatient, outpatient, and Partial Hospitalization services.

Partial Hospitalization is a Covered Service when provided under the direction of a Physician and in lieu of inpatient hospitalization.

Benefits for care and treatment of a Mental and Nervous Disorder are limited as set forth in the Schedule of Benefits.

#### Exclusion:

1. Services rendered in connection with a Condition not classified in the diagnostic categories of the International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9 CM) or their equivalents in the most recently published version of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, regardless of the underlying cause, or the effect, of the disorder;
2. services for psychological testing associated with the evaluation and diagnosis of learning disabilities;