Amendment to Plan of Benefits

For Employees of:  TRINITY UNIVERSITY
Administrative Services Contract Holder No.:  ASC-474772

Effective January 1, 2010, the following changes have been made to your Booklet.

I. The following sub-sections are added to the Medical section of your Booklet: and replace any existing sub-sections of equivalent or comparable name:

Treatment of Mental Disorders
Covered expenses include charges made for the treatment of mental disorders by behavioral health providers.

Important Note
Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See Health Plan Exclusions and Limits for more information.

In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a behavioral health provider;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Benefits are payable for charges incurred in a hospital, psychiatric hospital, residential treatment facility or behavioral health provider’s office for the treatment of mental disorders as follows:

Inpatient Treatment
Covered expenses include charges for room and board at the semi-private room rate, and other services and supplies provided during your stay in a hospital, psychiatric hospital or residential treatment facility. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.

Partial Confinement Treatment
Covered expenses include charges made for partial confinement treatment provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a mental disorder. Such benefits are payable if your condition requires services that are only available in a partial confinement treatment setting.

Outpatient Treatment
Covered expenses include charges for treatment received while not confined as a full-time inpatient in a hospital, psychiatric hospital or residential treatment facility.

The plan covers partial hospitalization services (more than 4 hours, but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial hospitalization will only be covered if you would need inpatient care if you were not admitted to this type of facility.

Important Reminder
- Inpatient care, partial hospitalizations and outpatient treatment must be precertified by Aetna if your plan contains a precertification requirement. Refer to How the Plan Works for more information about precertification.
- Please refer to the Schedule of Benefits, or Summary of Coverage, for any copayments/deductibles, maximums and coinsurance limits that may apply to your plan.
Treatment of Substance Abuse
Covered expenses include charges made for the treatment of substance abuse by behavioral health providers.

Important Note
Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See Health Plan Exclusions and Limits for more information.

Substance Abuse
In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a behavioral health provider.
- The program of therapy includes either:
  - A follow up program directed by a behavioral health provider on at least a monthly basis; or
  - Meetings at least twice a month with an organization devoted to the treatment of alcoholism or substance abuse.

Inpatient Treatment
This Plan covers room and board at the semi-private room rate and other services and supplies provided during your stay in a psychiatric hospital or residential treatment facility, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a hospital for the medical complications of substance abuse.
- "Medical complications" include detoxification, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a hospital is covered only when the hospital does not have a separate treatment facility section.

Outpatient Treatment
Outpatient treatment includes charges for treatment received for substance abuse while not confined as a full-time inpatient in a hospital, psychiatric hospital or residential treatment facility.

This Plan covers partial hospitalization services (more than 4 hours, but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of alcohol or drug abuse. The partial hospitalization will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.

Partial Confinement Treatment
Covered expenses include charges made for partial confinement treatment provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of substance abuse.

Such benefits are payable if your condition requires services that are only available in a partial confinement treatment setting.

Important Reminders
- Inpatient care, partial hospitalizations and outpatient treatment must be precertified by Aetna if your plan contains a precertification requirement. Refer to How the Plan Works for more information about precertification.
- Please refer to the Schedule of Benefits, or Summary of Coverage, for any copayments/deductibles, maximums and coinsurance limits that may apply to your plan.
II. The Glossary definitions in your Booklet have been changed as follows.

A. The following definition of Mental Disorder replaces the definition of Mental Disorder currently in your Booklet:

**Mental Disorder**
An illness commonly understood to be a mental disorder, whether or not it has a physiological basis, and for which treatment is generally provided by or under the direction of a behavioral health provider such as a psychiatric physician, a psychologist or a psychiatric social worker.

Any one of the following conditions is a mental disorder under this plan:

- Anorexia/Bulimia Nervosa.
- Bipolar disorder.
- Major depressive disorder.
- Obsessive compulsive disorder.
- Panic disorder.
- Pervasive Mental Developmental Disorder (including Autism).
- Psychotic Disorders/Delusional Disorder.
- Schizo-affective Disorder.
- Schizophrenia.

B. The following definition of Partial Confinement Treatment is added to your Booklet, if not already present, or, replaces the definition of Partial Confinement Treatment currently in your Booklet:

**Partial Confinement Treatment**
A plan of medical, psychiatric, nursing, counseling, or therapeutic services to treat substance abuse or mental disorders. The plan must meet these tests:

- It is carried out in a hospital; psychiatric hospital or residential treatment facility; on less than a full-time inpatient basis.
- It is in accord with accepted medical practice for the condition of the person.
- It does not require full-time confinement.
- It is supervised by a psychiatric physician who weekly reviews and evaluates its effect.
- Day care treatment and night care treatment are considered partial confinement treatment.
C. The following definition of **Substance Abuse** replaces the definition of **Substance Abuse** currently in your Booklet:

**Substance Abuse**

This is a physical or psychological dependency, or both, on a controlled substance or alcohol agent (These are defined on Axis I in the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association which is current as of the date services are rendered to you or your covered dependents.) This term does not include conditions not attributable to a *mental disorder* that are a focus of attention or treatment (the V codes on Axis I of DSM); an addiction to nicotine products, food or caffeine intoxication.

III. Your medical plan of benefits will no longer include any aggregate annual, lifetime, financial, or treatment limits for mental health or substance abuse benefits that are less than the limits applied to medical and surgical benefits. These expenses will now be reimbursed on the same basis as any other covered medical expense. However, Mental Disorders Inpatient Residential Treatment Facility expenses or Substance Abuse Inpatient Residential Treatment Facility expenses may be subject to a maximum number of inpatient days. If applicable, the maximum number of inpatient days for Mental Disorders Inpatient Residential Treatment Facility expenses or Substance Abuse Inpatient Residential Treatment Facility expenses is equivalent to the maximum number of inpatient days for Skilled Nursing Care Facility expenses. Each maximum applies separately.