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Summary plan description for Active Employees

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# Mental Health



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HP Inc.

Effective: January 1, 2023

## Table of Contents

Welcome.....	3
Coverage Details.....	4
Mental health services.....	8
Substance Use Disorder Services.....	10
Exclusions - What the plan will not cover.....	11
Claims procedures.....	15
Coordination of Benefits (COB).....	18
Glossary.....	19
Attachment 1: Nondiscrimination and accessibility requirements.....	22
Attachment 2: Getting help in other languages.....	23

## Welcome

### Quick Reference Box

- Member services and claim inquiries: (844) 819-4773
- Claims submittal address: ComPsych Corporation, P.O. Box 8379, Chicago, IL 60680
- Online assistance: [www.guidanceresources.com](http://www.guidanceresources.com). Register with Web ID "HP"

HP Inc. ("HP") is pleased to provide you with this Summary Plan Description (SPD), which describes the health Benefits available to you and your covered family members under the ComPsych GuidanceResources active employee Mental Health Services for HP's medical plan. It includes summaries of:

- Services that are covered, called Covered Health Services;
- services that are not covered, called Exclusions;
- how Benefits are paid; and
- your rights and responsibilities under the Plan.

This SPD is designed to be used in conjunction with the HP Inc. U.S. Benefits Summary Plan Description, available on [myhpbenefits.com](http://myhpbenefits.com), to meet your information needs and the disclosure requirements of the Employee Retirement Income Security Act of 1974 (ERISA). It supersedes any previous printed or electronic SPD for this Plan. HP intends to continue this Plan, but reserves the right, in its sole discretion, to modify, change, revise, amend, or terminate the Plan at any time, for any reason, and without prior notice. This SPD is not to be construed as a contract of or for employment. If there should be an inconsistency between the contents of this summary and the contents of the Plan, your rights shall be determined under the Plan and not under this summary.

ComPsych is a private healthcare claims administrator. ComPsych's goal is to give you the tools you need to make wise healthcare decisions. ComPsych also administers claims on behalf of HP. Although ComPsych will assist you in many ways, it does not guarantee any Benefits. HP is solely responsible for paying Benefits described in this SPD.

Please read this SPD thoroughly to learn how the HP plan works. If you have questions call ComPsych at 1-844-819-4773.

### How To Use This SPD

- Read the entire SPD and share it with your family. Then keep it in a safe place for future reference.
- Many of the sections of this SPD are related to other sections. You may not have all the information you need by reading just one section.
- You can find copies of your SPD and any future amendments at [www.myhpbenefits.com](http://www.myhpbenefits.com) or request printed copies by contacting the HP Benefits Center.
- Capitalized words in the SPD have special meanings and are defined in the Glossary.
- If eligible for coverage, the words "you" and "your" refer to Covered Persons as defined in the Glossary.
- HP is also referred to as Company.
- If there is a conflict between this SPD and any benefit summaries (other than Summaries of Material Modifications) provided to you, this SPD will control.

## Coverage Details

*Offered through ComPsych GuidanceResources*

### What this section includes:

- **Benefits available for Mental Health/ Substance Use Disorder Services;**
- **Any benefit limitations and exclusions that exist for Mental Health/ Substance Use Disorder Services; and**
- Definitions of terms used throughout this section related to the Plan.

### Looking for a Network Provider?

While Network status may change from time to time, [www.guidanceresources.com](http://www.guidanceresources.com) has the most current source of Network information. Use [www.guidanceresources.com](http://www.guidanceresources.com) (register with Web ID "HP") to search for Mental Health/Substance Use Disorder providers available in your Plan.

The administrator for the Mental Health/ Substance Use (MH/SU) Disorder Services is ComPsych. Please refer to the number on the back of your medical plan ID card to contact the plan administrator in advance of any services requiring prior authorization.

## Mental health coverage highlights - CDHP w/HRA

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan:	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	90%	60%
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	90%	60%
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	90%	60%

## Mental health coverage highlights – Premium PPO

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan:	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	60%
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	100% after \$20 Copay	60%
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	60%
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	100% after \$20 Copay	60%
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	60%
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	100% after \$20 Copay	60%

## Mental health coverage highlights – Standard CMP

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan:	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable

## Mental health coverage highlights – Premium CMP

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan:	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	80% after \$100 copay	Not applicable

## Mental health coverage highlights – EPO

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan:	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	Not applicable
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	Not applicable
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>Inpatient</li> <li>Outpatient</li> </ul>	90%	Not applicable

## Mental health coverage highlights – HDHP w/HSA

The table below provides an overview of the Plan's Mental Health coverage.

Covered Health Services	Percentage of Eligible Expenses Payable by the Plan (after deductible is met):	
	Network	Non-Network
<b>Mental Health Services</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	80%	60%
<b>Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	80%	60%
<b>Substance-Related and Addictive Disorders Services</b> <ul style="list-style-type: none"> <li>• Inpatient</li> <li>• Outpatient</li> </ul>	80%	60%

## Mental health services

Mental Health Services include those received on an inpatient or outpatient basis in a Hospital and an Alternate Facility or in a provider's office. All services must be provided by a properly qualified, licensed mental health provider.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment
- Partial Hospitalization/Day Treatment.
- Intensive Outpatient Treatment.
- Outpatient treatment.
- Rehabilitation Services

Services include the following:

- Diagnostic evaluations, assessment and treatment planning.
- Treatment and/or procedures such as electro-convulsive therapy and transcranial magnetic stimulation.
- Medication management and other associated treatments.
- Individual, family and group therapy.
- Provider-based case management services including dual diagnosis and higher levels of care.
- Crisis intervention.

The Mental Health/Substance Use Disorder Administrator provides administrative services for all levels of care. You are encouraged to contact the Mental Health/Substance Use Disorder administrator for referrals to providers and coordination of care.

## Prior Authorization Requirement for all plans

- A scheduled admission for Mental Health Services (including Partial Hospitalization/Day Treatment and Intensive Outpatient) and/or admission for services at a Residential Treatment facility): you must obtain authorization from the Claims Administrator at least two business days before admission.
- A non-scheduled admission (including Emergency admissions): you must provide notification within 2 business days.

In addition, you must obtain prior authorization from the Claims Administrator before the following services are received. Services requiring prior authorization: Partial Hospitalization/Day Treatment; Intensive Outpatient Treatment programs; electro-convulsive treatment; psychological testing; transcranial magnetic stimulation; applied behavioral analysis.

If you fail to obtain prior authorization from or provide notification to the Claims Administrator as required, Benefits will be subject to a \$350 reduction.

## Neurobiological Disorders - Mental Health Services for Autism Spectrum Disorders

The Plan pays Benefits for behavioral services for Autism Spectrum Disorder including Intensive Behavioral Therapies such as Applied Behavior Analysis (ABA) that are the following:

- Focused on the treatment of core deficits of Autism Spectrum Disorder.
- Provided by a Board-Certified Applied Behavior Analyst (BCBA) or other qualified provider under the appropriate supervision.
- Focused on treating maladaptive/stereotypic behaviors that are posing danger to self, others and property and impairment in daily functioning.



These Benefits describe only the behavioral component of treatment for Autism Spectrum Disorder. Medical treatment of Autism Spectrum Disorder is a Covered Health Service for which Benefits are available as described under the applicable medical Covered Health Services categories as described in this section.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment.
- Partial Hospitalization/Day Treatment.
- Intensive Outpatient Treatment.
- Outpatient treatment.

Services include the following:

- Diagnostic evaluations, assessment and treatment planning.
- Treatment and/or procedures.
- Medication management and other associated treatments.
- Individual, family and group therapy.
- Provider-based case management services.
- Crisis intervention.

## Prior Authorization Requirement for all plans

- A scheduled admission for Neurobiological Disorders - Autism Spectrum Disorder Services (including Partial Hospitalization/Day Treatment, Intensive Outpatient and an admission for services at a Residential Treatment facility): you must obtain authorization from the Claims Administrator at least two business days before admission.
- A non-scheduled admission (including Emergency admissions): you must provide notification within 2 business days.

In addition, you must obtain prior authorization from the Claims Administrator before the following services are received. Services requiring prior authorization: Partial Hospitalization/Day Treatment; Intensive Outpatient Treatment programs; psychological testing; Intensive Behavioral Therapy, including Applied Behavior Analysis (ABA).

If you fail to obtain prior authorization from or provide notification to the Claims Administrator as required, Benefits will be subject to a \$350 reduction.

## Substance Use Disorder Services

Substance Use Disorder Services include those received on an inpatient or outpatient basis in a Hospital, an Alternate Facility, or in a provider's office. All services must be provided by a properly qualified, licensed mental health provider.

Benefits include the following levels of care:

- Inpatient treatment.
- Residential Treatment.
- Partial Hospitalization/Day Treatment.
- Intensive Outpatient Treatment.
- Outpatient Treatment.
- Rehabilitation Services.
- Detox Treatment.

Services include the following:

- Diagnostic evaluations, assessment and treatment planning.
- Treatment and/or procedures.
- Medication management and other associated treatments, including administration of treatment for opioids.
- Individual, family and group therapy.
- Provider-based case management services.
- Crisis intervention.

The Mental Health/Substance Use Disorder Administrator provides administrative services for all levels of care. You are encouraged to contact the Mental Health/Substance Use Disorder Administrator for referrals to providers and coordination of care.

### Prior Authorization Requirement for all plans

- A scheduled admission for Substance Use Disorder Services (including Partial Hospitalization/Day Treatment and Intensive Outpatient and admission for services at a Residential Treatment facility): you must obtain authorization from the Claims Administrator at least 2 business days before admission.
- A non-scheduled admission (including Emergency admissions): you must provide notification within 2 business days.

In addition, for Non-Network Benefits you must obtain prior authorization from the Claims Administrator before the following services are received. Services requiring prior authorization: Partial Hospitalization/Day Treatment; Intensive Outpatient Treatment programs; psychological testing; transcranial magnetic stimulation; electro-convulsive therapy.

If you fail to obtain prior authorization from or provide notification to the Claims Administrator as required, Benefits will be subject to a \$350 reduction.

## Exclusions – What the plan will not cover

The Plan does not pay Benefits for the following services, treatments or supplies even if they are recommended or prescribed by a provider or are the only available treatment for your condition.

Limits may also apply to some Covered Health Services that fall under more than one Covered Health Service category. When this occurs, those limits are also stated in *Additional Coverage Details*. Please review all limits carefully, as the Plan will not pay Benefits for any of the services, treatments, items or supplies that exceed these benefit limits.

Please note that in listing services or examples, when the SPD says "this includes," or "including but not limiting to", it is not ComPsych's intent to limit the description to that specific list. When the Plan does intend to limit a list of services or examples, the SPD specifically states that the list "is limited to."

### Alternative Treatments

- acupressure;
- aromatherapy;
- hypnotism;
- biofeedback;
- Rolfing (holistic tissue massage);
- art therapy, music therapy, dance therapy, horseback therapy and other forms of alternative treatment as defined by the National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health. This exclusion does not apply to services provided by a naturopath acting within the scope of his or her license; and
- wilderness therapy.

### Comfort and Convenience

Supplies, equipment and similar incidentals for personal comfort. Examples include:

- television;
- telephone;
- air conditioners;
- beauty/barber service;
- guest service;
- air purifiers and filters;
- batteries and battery chargers;
- dehumidifiers and humidifiers;
- ergonomically correct chairs;
- electric scooters;
- non-Hospital beds and comfort beds;
- devices and computers to assist in communication and speech except for speech aid devices and tracheo-esophageal voice devices for which Benefits are provided as described under Durable Medical Equipment in Section 2, Additional Coverage Details; and
- home remodeling to accommodate a health need (including, but not limited to, ramps, swimming pools, elevators, handrails, and stair glides).

## Experimental or Investigational or Unproven Services

Experimental or Investigational Services and Unproven Services, unless the Plan has agreed to cover them as defined in the *Glossary*.

This exclusion applies even if Experimental or Investigational Services or Unproven Services, treatments, devices or pharmacological regimens are the only available treatment options for your condition.

## Medical Supplies and Appliances

non-prescribed medical supplies. Disposable medical supplies are covered when prescribed by a physician due to a medical condition.

## Mental Health, Neurobiological Disorders - Autism Spectrum Disorder Services and Substance-Related and Addictive Disorders Services

In addition to all other exclusions listed, the exclusions listed directly below apply to services described under *Mental Health*

- Services performed in connection with conditions not classified in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association.
- Outside of an initial assessment, services as treatments for a primary diagnosis of conditions and problems that may be a focus of clinical attention, but are specifically noted not to be mental disorders within the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Outside of initial assessment, services as treatments for the primary diagnoses of learning disabilities, gambling disorder, and paraphilic disorders.
- Services that are solely educational in nature or otherwise paid under state or federal law for purely educational purposes.
- Care in a nursing home, home for the aged, convalescent home, school, institution for developmentally delayed children, or custodial care in a skilled nursing facility.
- Tuition for or services that are school-based for children and adolescents required to be provided by, or paid for by, the school under the Individuals with Disabilities Education Act.
- Outside of initial assessment, unspecified disorders for which the provider is not obligated to provide clinical rationale as defined in the current edition of the Diagnostic and Statistical Manual of the American Psychiatric Association.
- Transitional Living services.

## Nutrition and Health Education

- nutritional or cosmetic therapy using high dose or mega quantities of vitamins, minerals or elements, and other nutrition-based therapy. Examples include supplements, electrolytes and foods of any kind (including high protein foods and low carbohydrate foods);
- Individual and group nutritional counseling, unless to treat an eating disorder. This exclusion does not apply to nutritional counseling services that are billed as Preventive Care Services or to nutritional education services that are provided by appropriately licensed or registered health care professionals when both of the following are true:
  - nutritional education is required for a disease in which patient self-management is an important component of treatment; and
  - there exists a knowledge deficit regarding the disease which requires the intervention of a trained health professional;

- food of any kind. Foods that are not covered include:
  - enteral feedings and other nutritional and electrolyte formulas, including infant formula and donor breast milk, unless the amount of oral intake does not provide adequate calories for nutritional requirements and is only for oral motor stimulation or palatable pleasure; unless they are the only source of nutrition or unless they are specifically created to treat inborn errors of metabolism such as phenylketonuria (PKU). Infant formula available over the counter is always excluded;
  - foods to control weight, treat obesity (including liquid diets), lower cholesterol or control diabetes;
  - oral vitamins and minerals;
  - meals you can order from a menu, for an additional charge, during an Inpatient Stay; and
  - other dietary and electrolyte supplements; and
- health club memberships and programs, and spa treatments

## Providers

### Services:

- performed by a provider who is a family member by birth or marriage, including your Spouse, brother, sister, parent or child; or himself or herself;
- performed by a provider with your same legal residence;
- ordered or delivered by a Christian Science practitioner;
- performed by an unlicensed provider or a provider who is operating outside of the scope of his/her license; and
- provided at a diagnostic facility (Hospital or free-standing) without a written order from a provider.

## Services Provided under Another Plan

### Services for which coverage is available:

- under another plan, except for Eligible Expenses payable as described under Coordination of Benefits (COB);
- under workers' compensation, no-fault automobile coverage or similar legislation if you could elect it, or could have it elected for you;
- while on active military duty; and
- for treatment of military service-related disabilities when you are legally entitled to other coverage and facilities are reasonably accessible.

## Travel

- health services provided in a foreign country, unless required as Emergency Health Services; and
- travel or transportation expenses, even if ordered by a Physician.

## All Other Exclusions

- autopsies and other coroner services and transportation services for a corpse;
- charges for:
  - missed appointments;
  - room or facility reservations;
  - completion of claim forms;
  - record processing; or
  - services, supplies or equipment that are advertised by the Provider as free;

- charges by a Provider sanctioned under a federal program for reason of fraud, abuse or medical competency;
- charges prohibited by federal anti-kickback or self-referral statutes;
- diagnostic tests that are:
  - delivered in other than a Physician's office or health care facility; and
  - self-administered home diagnostic tests, including but not limited to HIV and Pregnancy tests;
- expenses for health services and supplies:
  - that do not meet the definition of a Covered Health Service in the Glossary;
  - that are received as a result of war or any act of war, whether declared or undeclared, while part of any armed service force of any country. This exclusion does not apply to Covered Persons who are civilians injured or otherwise affected by war, any act of war or terrorism in a non-war zone;
  - that are received after the date your coverage under this Plan ends, including health services for medical conditions which began before the date your coverage under the Plan ends;
  - for which you have no legal responsibility to pay, or for which a charge would not ordinarily be made in the absence of coverage under this Benefit Plan;
  - that exceed Eligible Expenses or any specified limitation in this SPD; and
  - for which a non-Network provider waives the Annual Deductible or Coinsurance amounts.
- foreign language and sign language services.
- habilitative services for maintenance/preventive treatment.

## Claims procedures

### Network Benefits

- In general, if you receive Covered Health Services from a Network provider, ComPsych will pay the Physician or facility directly. If a Network provider bills you for any Covered Health Service other than your Coinsurance, please contact the provider or call ComPsych at 1-844-819-4773 for assistance.
- Keep in mind, you are responsible for meeting the applicable Annual Deductible and paying any Coinsurance owed to a Network provider at the time of service, or when you receive a bill from the provider.

### Non-Network Benefits

- If you receive a bill for Covered Health Services from a non-Network provider, you (or the provider if they prefer) must send the bill to ComPsych for processing. To make sure the claim is processed promptly and accurately, a completed claim form must be attached and mailed to ComPsych.

### If Your Provider Does Not File Your Claim

You can obtain a claim form by visiting [www.guidanceresources.com](http://www.guidanceresources.com) or calling 1-844- 819-4773. If you do not have a claim form, simply attach a brief letter of explanation to the bill and verify that the bill contains the information listed below. If any of these items are missing from the bill, you can include them in your letter:

- Your name and address;
- The patient's name, date of birth and relationship to the Employee;
- Employee SSN;
- The name, address and tax identification number of the provider of the service(s);
- A diagnosis from the Physician;
- The date(s) of service;
- An itemized bill from the provider that includes:
  - The Current Procedural Terminology (CPT) codes;
  - A description of, and the charge for, each service;
  - A statement indicating either that you are, or you are not, enrolled for coverage under any other health insurance plan or program. If you are enrolled for other coverage you must include the name and address of the other carrier(s).

Failure to provide all the information listed above may delay any reimbursement that may be due you.

After ComPsych has processed your claim, you will receive payment for Benefits that the Plan allows. It is your responsibility to pay the non-Network provider the charges you incurred, including any difference between what you were billed and what the Plan paid.

### Payment of Benefits

When you assign your Benefits under the Plan to a non-Network provider with ComPsych's consent, and the non-Network provider submits a claim for payment, you and the non-Network provider represent and warrant that the Covered Health Services were actually provided and were medically appropriate.

To be recognized as a valid assignment of Benefits under the Plan, the assignment must reflect the Covered Person's agreement that the non-Network provider will be entitled to all the Covered Person's rights under the Plan and applicable state and federal laws, including legally required notices and procedural reviews concerning the Covered Person's Benefits, and that the Covered Person will no longer be entitled to those rights. If an assignment form does not comply with this requirement, but directs that your benefit payment should be made directly to the provider, ComPsych may in its discretion make payment of the Benefits directly to the provider for your convenience, but will treat you, rather than the provider, as the beneficiary of your claim. If Benefits are assigned or payment to a non-Network provider is made, HP Inc. reserves the right to offset Benefits to be paid to the provider by any amounts that the provider owes HP Inc. pursuant to *Refund of Overpayments, Coordination of Benefits* in your medical SPD.

ComPsych will pay Benefits to you unless:

- The provider submits a claim form to ComPsych that you have provided signed authorization to assign Benefits directly to that provider.
- You make a written request for the non-Network provider to be paid directly at the time you submit your claim.

ComPsych will only pay Benefits to you or, with written authorization by you, your Provider, and not to a third party, even if your provider purports to have assigned Benefits to that third party.

## Form of Payment of Benefits

Payment of Benefits under the Plan shall be in cash or cash equivalents, or in the form of other consideration that ComPsych in its discretion determines to be adequate.

## Claim Denials and appeals if your claim is Denied

If a claim for Benefits is denied in part or in whole, you may call ComPsych at 1-844-819-4773 before requesting a formal appeal. If ComPsych cannot resolve the issue to your satisfaction over the phone, you have the right to file a formal appeal as described below.

## How to Appeal a Denied Claim

If you wish to appeal a denied pre-service request for Benefits, post-service claim or a rescission of coverage as described below, you or your authorized representative must submit your appeal in writing within 180 days of receiving the adverse benefit determination. You do not need to submit urgent care appeals in writing. This communication should include:

- The patient's name, date of birth and relationship to the Employee;
- Employee SSN;
- the provider's name;
- the date(s) of service;
- the reason you disagree with the denial; and
- any documentation or other written information to support your request.

ComPsych Corporation  
Attn: Appeals  
455 N Cityfront Plaza Dr.  
NBC Tower - 13<sup>th</sup> Floor  
Chicago, IL 60611



## Types of claims

The timing of the claims appeal process is based on the type of claim you are appealing. If you wish to appeal a claim, it helps to understand whether it is an:

- urgent care request for Benefits;
- pre-service request for Benefits;
- post-service claim; or
- concurrent claim.

## Review of an Appeal

ComPsych will conduct a full and fair review of your appeal. The appeal may be reviewed by:

- an appropriate individual(s) who did not make the initial benefit determination; and
- a health care professional with appropriate expertise who was not consulted during the initial benefit determination process.

Once the review is complete, if ComPsych upholds the denial, you will receive a written explanation of the reasons and facts relating to the denial.

## Filing a Second Appeal

Your Plan offers two levels of appeal. If you are not satisfied with the first level appeal decision, you have the right to request a second level appeal from ComPsych within 60 days from receipt of the first level appeal determination.

**Note:** Upon written request and free of charge, any Covered Persons may examine documents relevant to their claim and/or appeals and submit opinions and comments. ComPsych will review all claims in accordance with the rules established by the U.S. Department of Labor.

## Coordination of Benefits (COB)

Coordination of Benefits (COB) applies if you are covered by more than one health benefits plan. As such, the benefits received under this Plan may be adjusted. For more information, see the HP U.S. Benefits Summary Plan Description.

## Refund of Overpayments

If the Plan pays for Benefits for expenses incurred on account of a Covered Person, that Covered Person, or any other person or organization that was paid, must make a refund to the Plan if:

- The Plan's obligation to pay Benefits was contingent on the expenses incurred being legally owed and paid by the Covered Person, but all or some of the expenses were not paid by the Covered Person or did not legally have to be paid by the Covered Person.
- All or some of the payment the Plan made exceeded the Benefits under the Plan.
- All or some of the payment was made in error.

The amount that must be refunded equals the amount the Plan paid in excess of the amount that should have been paid under the Plan. If the refund is due from another person or organization, the Covered Person agrees to help the Plan get the refund when requested.

If the refund is due from the Covered Person and the Covered Person does not promptly refund the full amount owed, the Plan may recover the overpayment by reallocating the overpaid amount to pay, in whole or in part, future Benefits for the Covered Person that are payable under the Plan. If the refund is due from a person or organization other than the Covered Person, the Plan may recover the overpayment by reallocating the overpaid amount to pay, in whole or in part, (i) future Benefits that are payable in connection with services provided to other Covered Persons under the Plan. The reallocated payment amount will equal the amount of the required refund or, if less than the full amount of the required refund, will be deducted from the amount of refund owed to the Plan. The Plan may have other rights in addition to the right to reallocate overpaid amounts and other enumerated rights, including the right to commence a legal action.

## Glossary

**Autism Spectrum Disorders** - a group of neurobiological disorders that includes Autistic Disorder, Rhett's Syndrome, Asperger's Disorder, Childhood Disintegrated Disorder, and Pervasive Development Disorders Not Otherwise Specified (PDDNOS).

**COBRA** - see Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

**Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)** - a federal law that requires employers to offer continued health insurance coverage to certain employees and their dependents whose group health insurance has been terminated.

**Covered Health Services** - those health services, including services or supplies, which the Claims Administrator determines to be:

- Provided for the purpose of preventing, evaluating, diagnosing or treating a Sickness, Injury, Mental Illness, substance-related and addictive disorders, condition, disease or its symptoms.
- Medically Necessary.
- Described as a Covered Health Service in this SPD under Plan Highlights and Additional Coverage Details.
- Provided to a Covered Person who meets the Plan's eligibility requirements, as described under Eligibility in the Introduction.
- Not otherwise excluded in this SPD under Exclusions and Limitations.

**Medically Necessary** - health care services that are all of the following as determined by the Claims Administrator or its designee, within the Claims Administrator's sole discretion. The services must be:

- In accordance with Generally Accepted Standards of Medical Practice.
- Clinically appropriate, in terms of type, frequency, extent, service site and duration, and considered effective for your Sickness, Injury, Mental Illness, substance-related and addictive disorders disease or its symptoms.
- Not mainly for your convenience or that of your doctor or other health care provider.
- Not more costly than an alternative drug, service(s), service site or supply that is at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of your Sickness, Injury, disease or symptoms.

*Generally Accepted Standards of Medical Practice* are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, relying primarily on controlled clinical trials, or, if not available, observational studies from more than one institution that suggest a causal relationship between the service or treatment and health outcomes.

If no credible scientific evidence is available, then standards that are based on Physician specialty society recommendations or professional standards of care may be considered. The Claims Administrator reserves the right to consult expert opinion in determining whether health care services are Medically Necessary. The decision to apply Physician specialty society recommendations, the choice of expert and the determination of when to use any such expert opinion, shall be within the Claims Administrator's sole discretion.

The Claims Administrator develops and maintains clinical policies that describe the *Generally Accepted Standards of Medical Practice* scientific evidence, prevailing medical standards and clinical guidelines supporting its determinations regarding specific services. These clinical policies (as developed by the Claims Administrator and revised from time to time), are available to Covered Persons on [www.guidanceresources.com](http://www.guidanceresources.com) or by calling 1-844-819-4773, and to Physicians and other health care professionals on [www.compsych.com/providers](http://www.compsych.com/providers).

**Mental Health Services** - Covered Health Services for the diagnosis and treatment of those mental health or psychiatric categories that are listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or the *Diagnostic and Statistical Manual of the American Psychiatric Association*. The fact that a condition is listed in the current edition of the *International Classification of Diseases section on Mental and Behavioral Disorders* or *Diagnostic and Statistical Manual of the American Psychiatric Association* does not mean that treatment for the condition is a Covered Health Service.

**Mental Health/Substance Use Disorder Services Administrator** - the organization or individual designated by HP Inc. who provides or arranges Mental Health and Substance Use Disorder Services under the Plan.

**Mental Illness** - those mental health or psychiatric diagnostic categories listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a condition is listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment for the condition is a Covered Health Service.

**Residential Treatment** - treatment in a facility which provides Mental Health Services or Substance Use Disorder Services treatment. The facility meets all of the following requirements:

- It is established and operated in accordance with applicable state law for Residential Treatment programs.
- It provides a program of treatment under the active participation and direction of a Physician and approved by the Mental Health/Substance Use Disorder Administrator.
- It has or maintains a written, specific and detailed treatment program requiring full- time residence and full-time participation by the patient.
- It provides at least the following basic services in a 24-hour per day, structured milieu:
  - Room and board.
  - Evaluation and diagnosis.
  - Counseling.
  - Referral and orientation to specialized community resources.

A Residential Treatment facility that qualifies as a Hospital is considered a Hospital.

**Specialist Physician** - a Physician who has a majority of his or her practice in areas other than general pediatrics, internal medicine, obstetrics/gynecology, family practice or general medicine. For Mental Health Services and Substance Use Disorder Services, any licensed clinician is considered on the same basis as a Specialist Physician.

**Substance Use Disorder Services** - Covered Health Services for the diagnosis and treatment of alcoholism and substance use disorders that are listed in the current edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association. The fact that a disorder is listed in the edition of the International Classification of Diseases section on Mental and Behavioral Disorders or Diagnostic and Statistical Manual of the American Psychiatric Association does not mean that treatment of the disorder is a Covered Health Service.

**Transitional Living** - Mental Health Services/Substance Use Disorder Services that are provided through facilities, group homes and supervised apartments that provide 24- hour supervision that are either:

- Sober living arrangements such as drug-free housing, alcohol/drug halfway houses. These are transitional, supervised living arrangements that provide stable and safe housing, an alcohol/drug-free environment and support for recovery. A sober living arrangement may be utilized as an

adjunct to ambulatory treatment when treatment doesn't offer the intensity and structure needed to assist the Covered Person with recovery.

- Supervised living arrangements which are residences such as facilities, group homes and supervised apartments that provide members with stable and safe housing and the opportunity to learn how to manage their activities of daily living. Supervised living arrangements may be utilized as an adjunct to treatment when treatment doesn't offer the intensity and structure needed to assist the Covered Person with recovery.

## Attachment 1: Nondiscrimination and accessibility requirements

When the Plan uses the words "Claims Administrator" in this Attachment, it is a reference to ComPsych, on behalf of itself and its affiliated companies.

The Claims Administrator on behalf of itself and its affiliated companies complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ComPsych does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Claims Administrator provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: Qualified interpreters
- Information written in other languages

If you need these services, please call the 1-844-819-4773, TTY 711 or the Plan Sponsor.

If you believe that the Claims Administrator has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in writing by mail or email with the Civil Rights Coordinator identified below. A grievance must be sent within 60 calendar days of the date that you become aware of the discriminatory action and contain the name and address of the person filing it along with the problem and the requested remedy.

A written decision will be sent to you within 30 calendar days. If you disagree with the decision, you may file an appeal within 15 calendar days of receiving the decision.

### **Claims Administrator Civil Rights Coordinator:**

**ComPsych Director of Quality**

**455 N Cityfront Plaza Dr. NBC Tower - 13<sup>th</sup> Floor Chicago, IL 60611**

**1-844-819-4773, TTY 711**

If you need help filing a grievance, the Civil Rights Coordinator identified above is available to help you.

You can also file a complaint directly with the U.S. Dept. of Health and Human services online, by phone or mail:

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services, 200 Independence Avenue, SW Room 509F, HHH Building, Washington, D.C. 20201

For clinical support in any language, call ComPsych at 1-844-818-4773, 24 hours a day, seven days a week. For claims support in any language, call ComPsych's Customer Experience line at 1-800-542-6995, Monday through Friday, between 7:30 a.m. - 5:30 p.m. CST.



Language	Translated Taglines
12. Choctaw	Chim anumpa ya, apela micha nana aiimma yvt nan aivlli keyu ho ish isha hinla kvv chim aivlhpesa. Tosholi ya asilgha chi hokmvt chi achukmaka holisso kallo iskitini ya tvli aianumpuli holhtena ya ibai achvffa yvt peh pila ho ish i paya cha O ombetipa. TTY 711
13. Cushite-Oromo	Kaffaltii male afaan keessaniin odeeffannoofi deeggarsa argachuuf mirga ni qabdu. Turjumaana gaafachuufis sarara bilbilaa kan bilisaa waraqaa eenyummaa karoorra fayyaa keerratti tarreefame bilbiluun, O tuqi. TTY 711
14. Dutch	U heeft het recht om hulp en informatie in uw taal te krijgen zonder kosten. Om een tolk aan te vragen, bel ons gratis nummer die u op uw ziekteverzekeringskaart treft, druk op 0. TTY 711
15. French	Vous avez le droit d'obtenir gratuitement de l'aide et des renseignements dans votre langue. Pour demander à parler à un interprète, appelez le numéro de téléphone sans frais figurant sur votre carte d'affilié du régime de soins de santé et appuyez sur la touche 0. ATS 711.
16. French Creole-Haitian Creole	Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo gratis manm lan ki endike sou kat ID plan sante ou, peze 0. TTY 711
17. German	Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um einen Dolmetscher anzufordern, rufen Sie die gebührenfreie Nummer auf Ihrer Krankenversicherungskarte an und drücken Sie die 0. TTY 711
18. Greek	Έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας χωρίς χρέωση. Για να ζητήσετε διερμηνέα, καλέστε το δωρεάν αριθμό τηλεφώνου που βρίσκεται στην κάρτα μέλους ασφάλισης, πατήστε 0. TTY 711
19. Gujarati	તમને વિનંતી છે કે તમે મદદ અને તમારું ભાષા સેવાઓ મેળવવાનો અધિકાર છે. આ ભાષા માટે વિનંતી કરવા, તમારા કાર્ડ પર ID કાર્ડ પર યોગ્ય સેવાઓ આપેલ ટોલ-ફ્રી ફોન નંબર ૨ ઉપર કોલ કરો, ૦ દબાવો. TTY 711
20. Hawaiian	He pono ke kōkua 'ana aku iā 'oe ma ka maopopo 'ana o kēia 'ike ma loko o kāu 'ōlelo pono i me ka uku 'ole 'ana. E kama'ilio 'oe me kekahi kanaka unuhi, e kāhea i ka helu kelepona kāki 'ole ma kou kāleka olakino, a e kaomi i ka helu 0. TTY 711.
21. Hindi	आप को पंजाब अपनी भाषा में सहಾಯता एवं जानकारी प्राप्त करने का अधिकार है। दभाषण के लिए अनुरोध करने के लिए, अपने हेल्थ प्लान ID कार्ड पर सचीबद्ध टोल-फ्री नंबर पर फोन कर, 0 दबाएं। TTY 711
22. Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu tus xov tooj rau tswv cuab hu dawb uas sau muaj nyob ntawm koj daim yuaj them nqi kho mob, nias 0. TTY 711.
23. Ibo	Inwere ikike inweta enyemaka nakwa imuta asusụ gi n'efu n'akwughị ụgwọ. Maka ikpọturụ onye nsugharị okwu, kpọọ akara ekwentị nke dị n'akwụkwọ njirimara gi nke emere maka ahụike gi, pịa 0. TTY 711.
24. Ilocano	Adda karbengam nga makaala ti tulong ken impormasyon iti pagsasaom nga libre. Tapno agdawat iti maysa nga agipatarus, tumawag iti toll-free nga numero ti telepono nga para kadagiti kameng nga nakalista ayan ti ID card mo para ti plano ti salun-at, ipindut ti 0. TTY 711





Language	Translated Taglines
36. Navajo	T'áá jíik'eh doo b'áq̄h 'alínígóó bee baa hane'ígíí t'áá ni nizaád bee níká'e'eyeego bee ná'ahoot'i. 'Ata' halne'í la yínikeedgo, ninaaltsoos nit[iz7 'ats'77s bee baa'ahay1 bee n44hazin7g77 bik11' b44sh bee hane'7 t'11 j77k'eh bee hane'7 bik17g77 bich'8' hodíilnih dóó 0 bit 'adidíilchíí. TTY 711
37. Nepali	तपाईंलाई आफ्नो भाषामा निःशुल्क सहयोग र जानकारी प्रदान गर्न अधिकार तपाईंलाई छ। अनवुदादक फोन गरिपठाउँ अनो अनरोध गर्न तपाईंको स्वोस्व थय योजना परचय काउन्सल सचूकीकृत टोल फ्री सदस्य फोन नम्बरमा सम्पर्क गर्नहुने 0 विध्वन् हुने 0 TTY 711
38. Nilotic-Dinka	Yin naŋ löŋ bë yi kuony në wë réyic de thöŋ du äbac ke cin wëu tääue ke piny. Äcän bä ran yë kɔc ger thok thiëëc, ke yin cɔl namba yene yup abac de ran töŋ ye kɔc wäär thok tɔ në ID kat duön de pänakim yic, thäny 0 yic. TTY 711.
39. Norwegian	<b>Du har rett til å få gratis hjelp og informasjon på ditt eget språk. For å be om en tolk, ring gratisnummeret for medlemmer som er oppført på helsekortet ditt og trykk 0. TTY 711</b>
40. Pennsylvania Dutch	Du hoscht die Recht fer Hilf unn Information in deine Schprooch griege, fer nix. Wann du en Iwwersetzer hawwe willscht, kannscht du die frei Telefon Nummer uff dei Gesundheit Blann ID Kaarde yuuse, dricke 0. TTY 711
41. Persian-Farsi	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید برای درخواست مترجم شفاهی با شماره تلفن رایگان قید شده در کارت شناسایی برنامه بهداشتی خود تماس حاصل نموده و 0 را فشار دهید. TTY 711
42. Punjabi	ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਮੁਫਤ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਦਫ਼ਤਰੀ ਲਈ ਤੁਹਾਡੇ ਹੈਲਥ ਪਲਾਨ ਆਈਡੀ ਵਿੱਚ ਗੇਟ ਟਾਲ ਫ਼ਰੀ ਮੈਂਬਰ ਫ਼ੋਨ ਨੰਬਰ ਟੀਟੀਵਾਈ 711 ਤੇ ਕਾਲ ਕਰੋ, 0 ਦੱਬੋ।
43. Polish	Masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Po usługi tłumacza zadzwoń pod bezpłatny numer umieszczony na karcie identyfikacyjnej planu medycznego i wciśnij 0. TTY 711
44. Portuguese	Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para o número de telefone gratuito que consta no cartão de ID do seu plano de saúde, pressione 0. TTY 711
45. Romanian	Aveți dreptul de a obține gratuit ajutor și informații în limba dumneavoastră. Pentru a cere un interpret, sunați la numărul de telefon gratuit care se găsește pe cardul dumneavoastră de sănătate, apăsați pe tasta 0. TTY 711
46. Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по бесплатному номеру телефона, указанному на обратной стороне вашей идентификационной карты и нажмите 0. Линия TTY 711
47. Samoan-Fa'asamoa	E iai lou āiā tatau e maua atu ai se fesoasoani ma fa'amatalaga i lau gagana e aunoa ma se totogi. Ina ia fa'atalosagaina se tagata fa'aliliu, villi i le telefoni mo sui e le totogia o loo lisi atu i lau peleni i lau pepa ID mo le soifua maloloina, oomi le 0. TTY 711.



Language	Translated Taglines
56. Tongan-Fakatonga	Oku ke ma'u 'a e totonu ke ma'u 'a e tokoni mo e 'u fakamatala 'i ho'o lea fakafonua ta'etotongi. Ke kole ha tokotaha fakatonulea, ta ki he fika telefoni ta'etotongi ma'ae kau memipa 'a ee 'oku lisi 'I ho'o kaati ID ki ho'o palani ki he mo'uilelei, Lomi'l 'a e 0. TTY 711
57. Trukese (Chuukese)	Mi wor omw pwung om kopwe nounou ika amasou noum ekkewe aninis ika toropwen aninis nge epwe awewetiw non kapasen fonuom, ese kamo. Ika ka mwochen tungoren aninisin chiakku, kori ewe member nampa, ese pwan kamo, mi pachanong won an noum health plan katen ID, iwe tiki "0". Ren TTY, kori 711.
58. Turkish	Kendi dilinizde ücretsiz olarak yardım ve bilgi alma hakkınız bulunmaktadır. Bir tercüman istemek için sağlık planı kimlik kartınızın üzerinde yer alan ücretsiz telefon numarasını arayınız, sonra 0'a basınız. TTY (yazılı iletişim) için 711
59. Ukrainian	У Вас є право отримати безкоштовну допомогу та інформацію на Вашій рідній мові. Щоб подати запит про надання послуг перекладача, зателефонуйте на безкоштовний номер телефону учасника, вказаний на вашій ідентифікаційній карті плану медичного страхування, натисніть 0. TTY 711
60. Urdu	سے بات کرنے کے لئے، ٹول فری فون نمبر پر کال کریں جو آپ کو اپنی زبان میں مفت مدد اور معلومات ممبر حاصل کرنے کا حق ہے۔ کسی ترجمان کے ہیلتھ پلان آئی ڈی کارڈ پر درج ہے، 0 دبائیں۔ TTY 711
61. Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi số điện thoại miễn phí dành cho hội viên được nêu trên thẻ ID chương trình bảo hiểm y tế của quý vị, bấm số 0. TTY 711
62. Yiddish	העלט פלאן פון אפצאל. צו איר האט די רעכט צו באקומען הילף און אינפארמאציע אין אייער שפראך פריי אויף אייער וואס שטייט פארלאנגען א דאלמעטשער, רופט דעם טאל פרייע מעמבער טעלעפאן נומער ID קארטל, דרוקט 0. TTY 711
63. Yoruba	O ní ẹtọ lati rí iranwo àti ifitónilétí gbà ní èdè rẹ láìsanwó. Látí bá ògbufọ kan sọọ, pè sọrí nọmbà ẹrọ ibánisọrọ láìsanwó ibodè ti a tò sọrí kádi idánimọ ti ètò ilera rẹ, tẹ '0'. TTY 711