



Your Guide to Behavioral Health Services

From your Abbott Care Coordinators

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This information is intended to describe the key features of the benefit plans and programs available to employees at participating Abbott U.S. facilities as of 1/1/2021. All statements are subject to change and shall not be considered as modifying the express terms of the legal documents pertaining to each plan or program. Abbott reserves the right to amend or cancel benefit plans and programs at any time.

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Abbott Care Coordinators are ready to connect you with the help you need.

As your one resource to contact for anything related to your Abbott healthcare benefits, your Abbott Care Coordinators are ready to respond to all your questions and needs, from simple ID card replacement to complicated claims resolution.

Did you know your Care Coordinator team includes registered nurses and social workers with behavioral health expertise?

Our Abbott Care Coordinators are part of a multidisciplinary team of experts focused on behavioral health (including mental health and substance abuse) support services, including:

- Preauthorization process
- Necessity of care review
- Care coordination
- Discharge planning
- Navigation to the proper level of care
- Assistance with accessing and paying for medication
- Finding in-network providers and facilities

The benefit of this team-based approach is that participants receive comprehensive support. Abbott's Care Coordinator team is integrated and able to collaborate — which is a win-win for your (or your family member's) mental and physical well-being.



The level of care you need is determined through collaborative clinical review.

Treatment and care for mental health-related issues depends on the nature and severity of the patient's mental condition and the type of treatment prescribed.

Your Abbott Care Coordinators can help you obtain preauthorization for the following services.

Inpatient services

- Treatment for patients suffering more acute conditions requiring around-the-clock care, such as contemplating suicide or undergoing detoxification
- Require an overnight stay, or longer, in a psychiatric hospital or a psychiatric unit of a general hospital
- Include monitoring and adjusting of medications

Residential treatment environments

- Longer-term care for individuals in a more comfortable, less hospital-like setting
- Include 24/7 live-in healthcare facilities with on-site nursing, to help treat chronic psychiatric disorders (e.g., schizophrenia or bipolar disorder) that impair an individual's ability to function independently
- Weekly meetings with a board-certified psychiatrist are required
- Provide longer stays than inpatient facilities, to help stabilize the patient, who is then moved to a lower level of care

Partial hospitalization programs (PHPs)

- Also called "day programs," because patients do not live at a facility
- Attendance may be several hours a day, five to seven times per week
- Programs are less intensive than inpatient hospitalization and commonly offer group therapy, educational sessions, and individual counseling
- Weekly meetings with a board-certified psychiatrist are required

Intensive outpatient programs (IOPs)

- Programs are like PHPs, but attendance is only a few hours a day, three to five times per week (depending on the individual and how quickly they stabilize)
- Patient commutes to a treatment center for therapy, which is often held in the evening, to accommodate work schedules
- Final step before stepping down to outpatient services

Outpatient services (no preauthorization required)

- Held in a variety of outpatient settings (e.g., community mental health centers, hospital outpatient clinics, private practices), these services consist of weekly or biweekly office visits with no overnight stay
- Depending on the mental health professional/facility, services may include individual therapy, group therapy, and medication management

Securing the preauthorization needed to begin care.

For behavioral health services that require preauthorization, medical providers must take the appropriate steps in the process outlined below. By following this process, the plan ensures preauthorization requests are reviewed according to nationally accepted standards of medical care. It also helps you understand how treatment will be covered under your Abbott medical plan — including whether there's a deductible and/or coinsurance, and if it's in-network or not.

Preauthorization process

- Provider contacts Abbott Care Coordinators (number on insurance card) to confirm eligibility, determine coverage, and initiate preauthorization
- Each preauthorization request is evaluated to determine whether the prescribed or recommended behavioral health treatments and procedures meet medical necessity criteria under the plan
- If a request does not meet the criteria, it will be reviewed by a medical director who will consider all available information and, if necessary, consult the requesting provider
- Abbott Care Coordinators will inform your healthcare provider if a proposed service has been approved or denied, or they may ask the provider for more information to complete the review
- Abbott Care Coordinators will also notify you or your authorized caregiver of the decision. You can check the status of a request or the outcome of a preauthorization decision by calling the Abbott Care Coordinator team

If this process isn't followed, your benefits may be reduced or denied.



Behavioral health services are covered the same as any other health conditions

The Mental Health Parity Act of 1996 and the Mental Health Parity and Addiction Equity Act of 2008 prevent medical plans from providing better benefits coverage for medical/surgical services than for behavioral health (including mental health and substance abuse) services. Treatment limitations and financial requirements applicable to behavioral health benefits must be no more restrictive than the most frequent or common medical/surgical limitations and requirements. There must also be parity for nonquantitative treatment limitations, such as medical management requirements. For example, when a plan has parity, participants must be provided the same number of office visits for a mental health condition, such as depression or schizophrenia, as they would for a chronic physical condition, like diabetes.

If coverage is denied, you have the right to appeal.

If preauthorization isn't granted, you, the provider or the facility can appeal by contacting your Abbott Care Coordinators. For the quickest attention and resolution, appeals should be submitted in writing directly to Abbott Care Coordinators:

Abbott Care Coordinators
5420 Blazer Parkway
Dublin, OH 43017
Fax: 866-849-8920

The Abbott Health Care Plans have two mandatory levels of appeal. If you are still not satisfied after the second-level appeal determination, you may be eligible for external review by an independent reviewer. You are required to exhaust both levels of appeal and the external review program (if available) before you may pursue any legal action for benefits.

Please refer to your Summary Plan Description for comprehensive details pertaining to appeals.

Questions?

Call your Abbott Care Coordinators
888-614-1011 (Monday-Friday, 7:30 a.m.-9 p.m. CT)



Abbott also provides behavioral health resources you can access on your own.

Teladoc has you covered from head to toe.



Abbott provides you and your dependents enrolled in an Abbott medical plan with 24/7 access to U.S. board-certified doctors and pediatricians by phone or video. You can also talk with a therapist or psychiatrist when you're feeling anxious, stressed, down or just not like yourself. And, if your mental health condition isn't improving, Teladoc will provide guidance from the right specialists to further your treatment. To get started or to learn more, go to **Teladoc.com**.

Get personalized support from Spring Health. spring health

Your mental health benefit, Spring Health, offers a personal approach to mental health for you, your household family members and covered dependents age 6 and older. Eligible individuals can receive:

- A short mental health assessment, which finds the right care options for you
- Six therapy sessions covered at no cost per person per year.* Meet with a therapist in as soon as two days
- Guidance from a dedicated Spring Health Care Navigator, who can connect you to care
- Access to experts and resources for legal or financial assistance, child and elder care, travel and more

When you're ready to try Spring Health or want to learn more:

- Call **800-626-0738**
- Visit **abbott.springhealth.com** | Work-life access code: **abbott**
- Access Spring Health from your Castlight account. Don't have Castlight? Get started at **iLiveLifeWell.com**

* Six therapy sessions per year are available for members age 6 and older. Additional sessions subject to costs.

Behavioral support really makes a difference: real-life examples.*†

MATTHEW:

Matthew is a 39-year-old member with a history of alcohol and drug use that began with prescribed opioids following an accident when he was a teenager. Matthew has since undergone increasing levels of treatment to achieve sobriety. His most recent treatment was at an inpatient facility, where he was diagnosed with mitral valve prolapse and started on a treatment plan. Patrick, Quantum Health's Behavioral Health Care Coordinator, followed up with Matthew and worked with Matthew's therapy teams to get him into the necessary inpatient and outpatient facilities, treatments and programs.

In addition to connecting Matthew to an in-network primary care provider (PCP), psychiatrist and therapist, Patrick referred him to his employer's employee assistance program (EAP) for counseling during his upcoming out-of-state move, as well as to recovery resources and support groups in his new location. Patrick also gave Matthew his direct contact information, to connect as needed on his journey to recovery.



OLIVIA:

Olivia had been battling substance use disorder for years. She had completed a seven-day residential program stay and was staying at a sober living facility. She received an email from her Behavioral Health Personal Care Guide (PCG) trying to get in contact with her for a postdischarge call to offer support and ensure there were no barriers to her recovery.

Olivia called the PCG back and they had a long conversation about her efforts for recovery. She recounted losing her job and her marriage and giving a child up for adoption because of her drug and alcohol use. The PCG was able to ensure Olivia had a psychiatrist to follow up with and provided her with a list of in-network PCPs because she stated she did not have one at present.

Olivia confided to her PCG that she had met up with a friend the night before and used substances. She was afraid to tell anyone that she had relapsed, especially the counselors at her sober living facility, as she feared she would have to return to an inpatient facility. The PCG gave the member empathetic support, because she was very down on herself about the relapse. They discussed Olivia's fears and doing what was best for her in this circumstance. The PCG gave the member the strength to tell her counselor about her relapse, and she was indeed readmitted to the residential level of care, where she obtained the more intensive care she needed.



Questions?

Think of the Abbott Care Coordinators as your personal team of nurses, benefits experts and claims specialists who are available to support your unique healthcare needs.

Contact your Abbott Care Coordinators at 888-614-1011 (Monday-Friday, 7:30 a.m.-9 p.m. CT) for help:

- Understanding your behavioral health coverage and available programs
- Locating in-network providers/facilities
- Identifying next steps for starting or continuing care

** To ensure the anonymity of our members, names and photos have been changed.*

† Examples are provided for illustrative purposes only. Results may vary depending on the specific facts and circumstances.