The following benefits shall be modified, as set forth below. If you are not sure if a service is covered, call UPMC Health Plan Member Services to inquire if that service is covered under your benefit plan. In the event that the terms of your Certificate of Coverage conflict with this Amendment, the terms of this Amendment shall control.

A. The Certificate of Coverage to which this Amendment is attached is amended by the addition of the following benefit listed in the Covered Services section in your Certificate of Coverage shall read as follows:

**Autism Spectrum Disorders**

1. Your benefit plan covers all eligible members under the age of twenty-one (21) for the diagnostic assessment and treatment of Autism Spectrum Disorders. The following services, when Medically Necessary for the assessment/treatment of Autism Spectrum Disorders, are covered:

   - Prescription Drug Coverage
   - Services of a psychiatrist and/or psychologist
   - Applied behavioral analysis; and
   - Rehabilitative care and therapeutic care

Coverage for autism spectrum disorder is limited to a maximum benefit of $36,000 per member per year but shall not be subject to any limits on the number of visits to an Autism Service Provider for treatment of Autism Spectrum Disorders. Coverage under this section shall be subject to copayment, deductible and coinsurance provisions and any other general exclusions or limitations of your Certificate of Coverage to the extent as other medical services covered by your Certificate of Coverage.

2. Treatment of Autism Spectrum Disorders pursuant to this Amendment must be:

   - Identified in a Treatment Plan.
   - Prescribed, ordered or provided by a licensed physician, licensed physician assistant, licensed psychologist, licensed clinical social worker or certified registered nurse practitioner.
   - Provided by an Autism Service Provider or a person, entity or group that works under the direction of an Autism Service Provider.

3. The following definitions apply to this Amendment:

   - **Autism Service Provider** – means any of the following: 1.) a person, entity or group providing treatment of Autism Spectrum Disorders, pursuant to a treatment plan, that is licensed or certified in the Commonwealth of Pennsylvania. 2.) any person, entity or group providing treatment of Autism Spectrum Disorders, pursuant to a treatment plan, that is enrolled in the Commonwealth of Pennsylvania’s Medical Assistance program on or before July 1, 2009.

   - **Autism Spectrum Disorders** – any of the pervasive developmental disorders defined by the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM), or its successor, including autistic disorder, Asperger’s disorder and pervasive developmental disorder not otherwise specified.
• **Treatment Plan** – a plan for the treatment of Autism Spectrum Disorders developed by a licensed physician or licensed psychologist pursuant to a comprehensive evaluation or reevaluation performed in a manner consistent with the most recent clinical report or recommendations of the American Academy of Pediatrics.

B. The following exclusions in the Exclusions section of your Certificate of Coverage are amended as follows:

3. **Behavioral Health Services**, Sub-Paragraph B is amended to read: Inpatient or outpatient related to mental retardation, which extends beyond traditional medical management.

3. **Behavioral Health Services**, Sub-Paragraph U is amended to read: Intensive care management services, resource coordination activity, behavioral health rehabilitation services (“BHRS”) for children and adolescents, respite services, and summer camp programs are not covered services. BHRS may be covered for the treatment for Autism Spectrum Disorders in accordance with Act 62 of 2008.

24. **Mental Retardation**, is amended to read: Any amounts that you are required to pay under the Deductible and/or Coinsurance provisions of Medicare or Medicare supplement coverage. Inpatient or outpatient treatment related to mental retardation, which extends beyond traditional medical management.

Upon denial or partial denial by an insurer of a claim for diagnostic assessment of Autism Spectrum Disorders or a claim for treatment of Autism Spectrum Disorders, a Covered Person or an authorized representative shall be entitled to an expedited internal review process as set forth in this Certificate, followed by an expedited independent external review process established and administered by the Insurance Department.

You or an authorized representative may appeal to a court of competent jurisdiction an order of an expedited independent external review disapproving a denial or partial denial. Pending a ruling of such court, we shall pay for those services, if any, that have been authorized or ordered until such ruling.

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