

## PLAN CONDITIONS

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Single Modality Plan:

MENTAL HEALTH SERVICES

\$49.00 / month

### Definition:

*A psychological method that encourages a person to change and overcome problems. The psychotherapy process assists each individual in achieving improved well-being and mental health, to resolve or mitigate troublesome behaviors, beliefs, compulsions, thoughts, or emotions, and to improve relationships and social functioning.*

### Plan Guidelines:

Plans are 12 months memberships, renewable annually. Benefits begin after a 15-day grace period from date of purchase for membership verification: a welcome packet with your Membership Card, Program Agreement, Plans Conditions, Plan Instructions and additional information on products and services available to you through CamCare.

- Coverage for services are plan specific as outlined below
  - Covered Services Reimbursement Rates are determined by Plan Policy for "Fee-For-Services / Consultation Fees / Diagnostics Testing Fees.
  - Covered Service Reimbursement Claims may be applied but not limited to copayments, deductibles and/or co-insurance.
- If seeking a Method, Service or Condition for treatment that is not listed on this plan – an "authorization for coverage" request form may be submitted for approval on coverage for reimbursement.
- Providers (*licensed*) or Allied Practitioners (*certified*) must have valid education and training on the services they provide. (see *Practitioner/Allied Practitioner Policies*).
- To submit a claim, complete a benefit reimbursement form, attach a valid receipt (*within 30 days from the date-of-service*) from your practitioner's office send via: member portal, fax, email, postal/courier service, phone pic (see *Membership Program Agreement*).
- For Internal and Fraud Protection purposes verification on all claims are performed.
- Reimbursement(s) are issued upon completion of verifications process, Payment distribution options: check, direct deposit or money transfer services (*please allow up to 30 days for payment processing, see Membership Program Agreement*).

### Plan Benefits

### Services:

- Appointment / Session
- Consultation
- Counseling
- Group
- Therapy
- Assessment
- Psychotherapy
- Telemedicine / Telehealth / Tele-Wellness
- Other (*authorization for coverage*)

## PLAN CONDITIONS

### Methods:

- Psychotherapy
- Coaching
- Counselling
- Other (*authorization for coverage*)

### Conditions:

- Single / Multiple
- Other (*authorization for coverage*)

### Plan Benefit Reimbursement Rate (PBRR) 50%

	DISPENSATION
Annual Mental Health Services Plan	\$588.00 yr. or \$49 month
Member Benefit Reimbursement Rate	50%
New Client / Initial Consult / Annual Assessment - CAP	\$165.00
Benefit Reimbursement Assessment - CAP	\$82.50
Fee-Per-Service Cap	\$140.00
Benefit Reimbursement Per Service Cap	\$70.00
Annual Spending Cap	\$1800.00
Visits per month Cap	4

### Providers:

Laws regulating the practice of Psychotherapy and Counseling services the United States vary from state to state.

**Psychotherapy / Counseling Providers** – must have Accredited Certification/Training from US Institutions and practice within the scope of their training.

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| <ul style="list-style-type: none"> <li>• Psychiatrist (MD)</li> <li>• Psychologist (Psy-D)</li> <li>• Clinical Social Worker (LCSW)</li> <li>• Counselor/Therapist (MA, MS)</li> </ul> | <ul style="list-style-type: none"> <li>• Social Worker (MSW, Ph.D)</li> <li>• Marriage, Family, Pastoral, School, Rehabilitation, Substance Abuse,</li> </ul> | <p>Behavioral, Mental Health, Spiritual, Geriatric, Counselors (Cert.)</p> |
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### Address:

**CamCare**

c/o Benefits Reimbursement Dept.

P.O. Box 51905

Boston, MA 02205

**Tel:** 800-917-7329 **Fax:** 617-356-8262 **Email:** [reimbursements@camcare.org](mailto:reimbursements@camcare.org)

All plans, products and information are intended for your general knowledge and well-being and are not a substitute for medical advice and or treatment for specific medical conditions. You should always check with your healthcare provider before starting any health or wellness programs.

Claims Reimbursement is subject to Members Program Agreement on the date of service, coordination of benefits, authorization/notification guidelines when applicable, adherence to plan conditions, policies and procedures. In the event of a conflict between the payment guidelines and the providers fees the terms and conditions of this agreement shall take precedence.