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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

ALABAMA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

ALASKA

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Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: The Kroger Company	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans	Summit

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

ARKANSAS

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Lowe’s, ExxonMobil	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s, ExxonMobil	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe’s, ExxonMobil, Dollar General, Kroger, Windstream	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Lowe’s, ExxonMobil, Dollar General, Kroger, Windstream	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

ARIZONA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • HonorHealth • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: HonorHealth, Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Kroger, Lowe’s	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Kroger, HonorHealth, Lowe’s, Sprouts Farmers Market, Ross Stores	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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This information is confidential and the proprietary information of Magellan.

Revision Date: 5/9/2023

AZ Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

CALIFORNIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable: Blue Shield of California	Magellan National Compensation Schedule (MNCS)
Health Plans (Behavioral Health Services)	MediCal	MediCal
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Blue Shield of California, Health Plan San Mateo	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Blue Shield of California, County of Sacramento, State of California	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

COLORADO

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Kroger, Sprouts, Lowe’s	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Kroger, Sprouts, Lowe’s	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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This information is confidential and the proprietary information of Magellan.

Revision Date: 7/27/2023

CO Payor Participation Schedule Exhibit A



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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

CONNECTICUT

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
US Family Health Plan (St. Vincent’s)	Tricare Prime Military Health Plan	Magellan National Compensation Schedule (MNCS)
Yale University/Yale Health Plan	Yale University Employees Yale University Student Health Plan	Yale Health Plan
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

DISTRICT OF COLUMBIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups	Summit
Employer Benefit Plans (Autism Services)	Employer Groups	Autism
MedStar Family Choice (Behavioral Health Services)	District Medicaid Plan	Medicaid
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Critical Incident Stress Management (CISM) Services	Employer Groups	CISM
Out of Area Health Plans	PPO Plans	Summit
Out of Area Health Plans	HMO Plans	Pinnacle

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

DELAWARE

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan's provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Health Plans (Behavioral Health Services) or AmeriHealth, Independence Blue Cross	Health Plans: AmeriHealth HMO®/POS, Keystone Health Plan East HMO/POS, Keystone 65	Pinnacle
Employer Benefit Plans (Behavioral Health Services) or AmeriHealth, Independence Blue Cross	Employer Groups: AmeriHealth PPO®, AmeriHealth Administrators®, Personal Choice®, Personal Choice 65 sm PPO, Independence Administrators	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

FLORIDA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Health Plans (Behavioral Health Services)	Health Plans including Medicare Advantage as applicable: Devoted Health, Health First Commercial, Health First Medicare Advantage, Positive Healthcare Medicare Advantage, Doctor’s Health Plan Medicare Advantage, Care Plus Medicare Advantage	Pinnacle
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: ExxonMobil, Lowe’s	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

GEORGIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

HAWAII

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Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • OSI Restaurant Partners 	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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This information is confidential and the proprietary information of Magellan.

Revision Date: 7/27/2023

HI Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

IOWA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan's provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Lowe's, Dollar General, RSM US LLP, Emerson Process Management	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe's	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe's, Dollar General, RSM US LLP	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans	Summit

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

IDAHO

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Lowe’s	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans (Autism Services)	Employer Groups	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans	Magellan National Compensation Schedule (MNCS)

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This information is confidential and the proprietary information of Magellan.

Revision Date: 5/9/2023

ID Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

ILLINOIS

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Ameren • Advocate Physician Partners • Lowe’s Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Advocate Physician Partners, Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Kroger	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Kroger	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

INDIANA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

KANSAS

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services) Magellan – Aetna Claims TPA	Employer Groups: Lowe’s, Vulcan Materials ExxonMobil	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s, ExxonMobil	Autism
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Lowe’s, Kroger, Dollar General	EAP
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe’s, Kroger, Dollar General	CISM
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

KENTUCKY

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

LOUISIANA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • New Orleans-International Longshoremen Association (ILA) Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Medicaid Benefit Plans (Louisiana Coordinated System of Care)	Medicaid Plan: Louisiana Coordinated System of Care	CSoC
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Brookshire Grocery, Dollar General, Lowe’s	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Brookshire Grocery, Dollar General, Lowe’s	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 7/27/2023

LA Payor Participation Schedule Exhibit A



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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MASSACHUSETTS

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups	Summit
Employer Benefit Plans (Autism Services)	Employer Groups	Autism
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Critical Incident Stress Management (CISM) Services	Employer Groups	CISM
Out of Area Health Plans	PPO Plans	Summit
Out of Area Health Plans	HMO Plans	Pinnacle

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MARYLAND

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan's provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Health Plans Employer Groups: <ul style="list-style-type: none"> • AmeriHealth Administrators® 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO and HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member's ID card for assistance. Coverage is limited to specific contiguous counties in Maryland and varies by Plan.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MAINE

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MICHIGAN

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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This information is confidential and the proprietary information of Magellan.

Revision Date: 4/1/2023

MI Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MINNESOTA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans: Lowe’s	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe’s	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Lowe’s	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MISSOURI

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Ameren	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s, ExxonMobil	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe’s, Ameren, Dollar General, Starbucks	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Lowe’s, Ameren, Dollar General, Starbucks	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MISSISSIPPI

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan's provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe's • Michelin North America Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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This information is confidential and the proprietary information of Magellan.

Revision Date: 6/1/2023

MS Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

MONTANA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEBRASKA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Lowe’s	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Dollar General, Lowe’s, Kroger	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Dollar General, Lowe’s, Kroger	EAP
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NORTH CAROLINA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans (Autism Services)	Employer Groups	Autism
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Critical Incident Stress Management (CISM) Services	Employer Groups	CISM
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NORTH DAKOTA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: ExxonMobil, Lowe’s	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: ExxonMobil, Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: ExxonMobil, Lowe’s	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: ExxonMobil, Lowe’s	EAP
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEW HAMPSHIRE

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 5/17/2023

NH Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEW JERSEY

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • AmeriHealth Administrators® • Lowe’s • Michelin North America Health Plans: <ul style="list-style-type: none"> • US Family Health Plan • Health Partners Plan <ul style="list-style-type: none"> ○ KidzPartner (CHIP) ○ Medicare Advantage 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 5/17/2023

NJ Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEVADA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: <ul style="list-style-type: none"> • Kroger • Sprouts • Lowe’s 	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 7/27/2023

NV Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEW YORK

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • US Family Health Plan 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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EXHIBIT A
U.S. IPA PROVIDERS, INC. PAYOR PARTICIPATION SCHEDULE
NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

NEW YORK

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan's provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Health Plans (Behavioral Health Services)	Health Plans	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

OHIO

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable: Devoted Health	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans (Autism Services)	Employer Groups	Autism
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

OKLAHOMA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Health Plans (Behavioral Health Services)	Health Plans	Pinnacle
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: Avaya, ExxonMobil	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Avaya, ExxonMobil	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Avaya, ExxonMobil	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

OREGON

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health 	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: <ul style="list-style-type: none"> • Kroger • Lowe’s 	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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This information is confidential and the proprietary information of Magellan.

Revision Date: 7/5/2023

OR Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

PENNSYLVANIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • AmeriHealth Administrators® • Lowe’s • Michelin North America Health Plans: <ul style="list-style-type: none"> • US Family Health Plan • Health Partners Plan <ul style="list-style-type: none"> ○ KidzPartner (CHIP) ○ Medicare Advantage 	Magellan National Compensation Schedule (MNCS)
Pennsylvania HealthChoices	Pennsylvania HealthChoices	Bucks, Cambria, Lehigh, Montgomery, or Northampton County HealthChoices
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 5/17/2023

PA Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

RHODE ISLAND

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups	Summit
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	HMO Plans including Medicare Advantage as applicable	Pinnacle
Out of Area Health Plans	PPO Plans	Summit

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****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.



**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

SOUTH CAROLINA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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EXHIBIT A

PAYOR PARTICIPATION SCHEDULE

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

TENNESSEE

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

TEXAS

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable: <ul style="list-style-type: none"> • Devoted Health • Blue Cross Blue Shield of Texas (BCBS TX) <ul style="list-style-type: none"> • Blue Advantage HMO and HMO Plus • MyBlue Health HMO 	Magellan National Compensation Schedule (MNCS)
Medicaid Health Plans (Behavioral Health Services)	Medicaid Health Plans: Blue Cross Blue Shield of Texas (BCBS TX) <ul style="list-style-type: none"> • CHIP • STAR • STAR KIDS Dell Children’s Health Plan <ul style="list-style-type: none"> • STAR • CHIP 	Medicaid
Employer Benefit Plans (Autism Services)	Employer Groups: Lowe’s	Autism
Blue Cross Blue Shield of Texas (Autism Services)	Health Plans: Blue Cross Blue Shield of Texas (BCBS TX) <ul style="list-style-type: none"> • Blue Advantage HMO and HMO Plus • MyBlue Health 	Autism BCBS TX
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Lowe’s, Kroger, Dollar General, Whataburger	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Lowe’s, Kroger, Dollar General, Whataburger, Brookshires, Texas Instruments	EAP
Out of Area Health Plans	PPO or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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****Payor:** The health insurance program, self-funded employer benefit plan, state or federal agency or other entity contracting directly or indirectly with Magellan that administers, funds, insures or is otherwise responsible under a Benefit Plan for paying Participating Providers for Covered Services rendered to Members. If a Payor is not listed, refer to the customer service number indicated on the member’s ID card for assistance.

This information is confidential and the proprietary information of Magellan.

Revision Date: 4/25/2023

TX Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

UTAH

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Packaging Corporation of America Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: <ul style="list-style-type: none"> • Kroger • Lowe’s 	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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This information is confidential and the proprietary information of Magellan.

Revision Date: 7/5/2023

UT Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

VIRGINIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans	Magellan National Compensation Schedule (MNCS)
Commonwealth of Virginia Department of Medical Assistance Services (DMAS)	State Medicaid Plan	Medicaid
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

WASHINGTON

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan *	Reimbursement Schedule
Employer Benefit Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s Health Plans including Medicare Advantage as applicable	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: <ul style="list-style-type: none"> • Kroger • Lowe’s 	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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This information is confidential and the proprietary information of Magellan.

Revision Date: 7/5/2023

WA Payor Participation Schedule Exhibit A



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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

WISCONSIN

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups or Health Plans: Lowe’s, Packaging Corporation of America	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans: Lowe’s	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups: Kroger	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups: Kroger	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

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**EXHIBIT A
PAYOR PARTICIPATION SCHEDULE**

NETWORK PARTICIPATION & PRODUCT/BENEFIT PROGRAMS

WEST VIRGINIA

This Payor Participation Schedule applies to the Payors and Benefit Plans listed below. Magellan reserves the right to add, delete, or modify the Products and Benefit Plans contained herein. Such updates will be contained on Magellan’s provider website. Provider shall be compensated in accordance with the applicable reimbursement schedule corresponding to that Benefit Plan*. Additional reimbursement schedules may be added upon mutual agreement of the parties. Magellan may terminate one or more Payors hereunder without terminating or amending the Agreement.

Payor**	Product/Benefit Plan*	Reimbursement Schedule
Employer Benefit Plans or Health Plans (Behavioral Health Services)	Employer Groups: <ul style="list-style-type: none"> • Lowe’s • Michelin North America Health Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)
Employer Benefit Plans or Health Plans (Autism Services)	Employer Groups or Health Plans	Autism
Employer Benefit Plans (Critical Incident Stress Management Services)	Employer Groups	CISM
Employer Benefit Plans (Department of Transportation Substance Abuse Professional Services)	Employer Groups	DOT SAP
Employer Benefit Plans (Employee Assistance Program Services)	Employer Groups	EAP
Out of Area Health Plans	PPO Plans or HMO Plans including Medicare Advantage as applicable	Magellan National Compensation Schedule (MNCS)

***Provider may not participate in all networks. Applicable reimbursement schedule(s) for the network(s) in which provider participates will be attached to the Agreement under Exhibit B.**

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Revision Date: 4/1/2023

WV Payor Participation Schedule Exhibit A



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