

Behavioral Health Plan

The following chart summarizes the benefits provided under the Behavioral Health Plan. Inpatient care must be precertified by BlueCross BlueShield.

COVERED EXPENSE	SELECT EPO	CHOICE PPO		VALUE CDH PLAN	
	In-Network Only (Deductibles and Co-insurance Limits combined with Medical)	In-Network (Deductibles and Co-insurance Limits combined with Medical)	Out-of-Network (Deductibles and Co-insurance Limits combined with Medical)	In-Network (Deductibles and Co-insurance Limits combined with Medical)	Out-of-Network (Deductibles and Co-insurance Limits combined with Medical)
Mental Health Services					
Inpatient Mental Disorders Co-insurance	90% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Inpatient Mental Disorders Per Confinement Copay	\$250	\$250	\$250	Not applicable	Not applicable
Maximum Inpatient Days Per Year	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Mental Disorders Co-insurance	90% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Mental Disorders Copay (per visit)	100% after \$35 Specialist copay	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Maximum Outpatient Visits Per Year	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Partial Hospitalization	Paid same as outpatient	Paid same as outpatient	Paid same as outpatient	Paid same as outpatient	Paid same as outpatient
Residential Treatment Facility — aligns with Inpatient Hospitalization benefit	90% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Mental Disorders Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Alcoholism/Substance Abuse					
Inpatient Rehabilitation & Detoxification	90% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Inpatient Alcoholism/Substance Abuse Per Confinement Copay	\$250	\$250	\$250	Not applicable	Not applicable
Maximum Inpatient Days Per Year	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Alcoholism/Substance Abuse Co-insurance	90% after deductible	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Outpatient Alcoholism/Substance Abuse Copay/Deductible	100% after \$35 Specialist copay	80% after deductible	60% after deductible	70% after deductible	50% after deductible
Maximum Outpatient Visits Per Year	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Alcoholism/Substance Abuse Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited