

**MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS SUMMARY**

*Offers confidential assistance and community referral resources for problems involving:*

- ✓ Marital and Family
- ✓ Substance Abuse
- ✓ Depression
- ✓ Emotional Difficulties
- ✓ Adolescent Behavior
- ✓ Stress
- ✓ Legal
- ✓ Grief

**A. ELIGIBILITY**

You and your eligible dependents are eligible to enroll in this health plan on the day you complete the period required by your participating employer.

**B. DEPENDENTS**

Includes the member's lawful spouse or certified domestic partner and dependent children to age 26.

**C. EMPLOYEE ASSISTANCE PROGRAM SESSIONS – OUTPATIENT/IN-NETWORK ONLY**

Individual Sessions  
5

Co-Pay  
\$0.00

**D. OUTPATIENT SESSIONS**

In-Network Providers  
10% CO-PAY

Out-of-Network Providers  
30% CO-PAY

**E. DEDUCTIBLES**

In-Network  
\$500/ Member  
\$1,500/Family

Out-of-Network  
\$1,000/Member  
\$3,000/Family

**F. DEDUCTIBLE FOR NON-NETWORK HOSPITAL OR RESIDENTIAL TREATMENT CENTER IF UTILIZATION REVIEW NOT OBTAINED IN ADDITION TO ADMISSION FEES**

Out-of-Network  
\$250/Admission – Waived for Emergency

**G. HOSPITALIZATIONS**

In-Network  
10% Co-Pay

Out-of-Network  
30% Co-Pay [\$500/Admission – Waived for Emergency]

**H. SUB-ACUTE – 100 DAY/YEAR**

In-Network  
10% Co-Pay

Out-of-Network  
30% Co-Pay [\$500/Admission – Waived for Emergency]

**I. MHN WORK & LIFE SOLUTIONS**

Full-service resource and referral program that provides rapid and complete responses to members' work/life needs. Online and telephonic access for a variety of issues including: Daily Living, Elder Care, Child Care, College, and Adoption, Identity Theft Recovery Services, Legal & Financial Services.

**J. LIFETIME MAXIMUM**

Unlimited

**K. OUT-OF-POCKET MAXIMUMS**

In-Network  
\$3,000/Member  
\$9,000/Family

Out-of-Network  
\$6,000/Member  
\$18,000/Family

**L. BENEFIT RENEWAL**

Benefit renews annually on July 1<sup>st</sup>

Call toll-free 24 hours a day, seven days a week  
(888) 327-0020 TDD: (800) 327-0801