

BEHAVIORAL HEALTH BENEFIT PLAN

Copayments

Outpatient office visit in-network	\$20
Outpatient office visit out-of-network	\$30; Balance billing applies
Emergency Room	\$75
Intensive outpatient care in-network	\$20
Intensive outpatient care out-of-network	\$30; Balance billing applies

Deductibles

Single in-network	\$200 combined with medical
Family in-network	\$400 combined with medical
Single out-of-network	\$400 combined with medical
Family out-of-network	\$800 combined with medical

Plan Coinsurance %

Outpatient in-network	100% after office visit copay; 80% for other services
Outpatient out-of-network	60% of fee schedule after copayment; Balance billing applies
Inpatient in-network	80% after deductible
Inpatient out-of-network	60% after deductible; \$350 penalty if not preauthorized; Balance billing applies

Out-Of-Pocket Maximum

Single in-network	\$1,500 combined with medical
Family in-network	\$3,000 combined with medical
Single out-of-network	\$3,000 combined with medical
Family out-of-network	\$6,000 combined with medical

Other

Day Limits	None
Annual Limits	None
Lifetime Limits	None
Benefits Limits	Some