

BEHAVIORAL HEALTH BENEFIT PLAN

Copayments

- Outpatient office visit in-network: \$20
- Outpatient office visit out-of-network: \$30 (balance billing applies)
- 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 Percent

- 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

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