Behavioral Health Benefit Plan Design

Effective July 1, 2011

Administered by United Behavioral Health 1-800-852-1091

COPAYMENTS	
Outpatient in-network	$20
Outpatient out-of-network	$30
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 some services
Outpatient out-of-network	60% of fee schedule after copayment. Balance billing applies
Inpatient in-network	80% after deductible. Preauthorization required
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
Benefit Limits	Some