

Behavioral Health Benefit Plan Design

Effective July 1, 2011

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

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 some 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
Benefit Limits	Some