

2015 SCHEDULE OF BEHAVIORAL HEALTH BENEFITS

The Behavioral Health Benefits of the Plan including in-network providers are administered by an Independent Behavioral Health Services Administrator whose name, phone number and website address are listed on the Quick Reference Chart in the front of this document.

	COORDINATED CARE PLAN		STANDARD PLAN		HEALTH SAVINGS ACCT (HDHP)	
	In-Network Magellan Health	Out-of- Network	In-Network Magellan Health	Out-of- Network	In-Network Magellan Health	Out-of-Network
Annual Deductible (combined with health plan)	None		None		\$1,500 individual/\$3,000 family (In-Network) \$2,500 individual/\$5,000 family (Out-of-Network)	
Annual Out-of-Pocket Maximum (combined with health and prescription plan)	\$5,000 individual \$10,000 family	Unlimited	\$6,450 individual \$12,900 family	Unlimited	\$6,450 individual \$12,900 family	Unlimited
Outpatient Therapy with Social Worker (MSW) (group, individual, family and medication evaluation)	\$20 co-pay, then plan pays 100%	Not covered	\$30 co-pay, then plan pays 100%	Not covered	80%	40%
Outpatient Therapy with PhD or MD (group, individual, family and medication evaluation)	\$40 co-pay, then plan pays 100%	Not covered	\$60 co-pay, then plan pays 100%	Not covered	80%	40%
Intensive Outpatient	\$30 co-pay per day, then plan pays 100%	Not covered	\$50 co-pay per day, then plan pays 100%	Not covered	90%	40%
Residential (Pre-authorization required)	\$150 co-pay per day up to 5 days per admission, then plan pays 100%	Not covered	\$200 co-pay per day up to 5 days per admission, then plan pays 100%	Not covered	90%	40%
Inpatient and Partial Hospitalization/Emergency Admissions (Pre-authorization required)	\$150 co-pay per day up to 5 days per admission, then plan pays 100%	Not covered	\$200 co-pay per day up to 5 days per admission, then plan pays 100%	Not covered	90%	40%