

Behavioral Health Medical Benefits Summary: 2008 (Non-Medicare)

PLAN	BEHAVIORAL HEALTH ¹			
	Mental Health Inpatient	Mental Health Outpatient	Substance Abuse Inpatient	Substance Abuse Outpatient
Health Net (HMO)²	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
Health Net Primary EPO²	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15
Kaiser—CA (HMO)	\$250 copayment per occurrence or admittance	\$15 for individual visit; \$7 for group visit	\$250 copayment per occurrence or admittance. \$100 copayment for home transitional residential recovery services up to 60 days per calendar year	\$15 for individual visit; \$5 for group visit
Western Health Advantage (HMO)²	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15
Blue Cross PLUS In-Network (POS)²	\$250 per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
Out-of-Network	N/A	N/A	N/A	N/A
Blue Cross PPO In-Network (PPO)²	\$250 per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance (preauthorization required)	\$15 copayment
Out-of-Network	40% (\$200 non-notification penalty per admission)	40% with notification (60% without). Limited to 20 visits per year.	40% (\$200 non-notification penalty per admission)	40% (\$200 non-notification penalty per course of treatment)
Core (Fee-for-service)	20%	20%	20%	20%
CIGNA Choice Fund (HRA/PPO) In-Network	\$250 copayment per admittance (preauthorization required)	Visits 1–3: No copayment. Visits 4+: \$15 (waived for children through age 6)	\$250 copayment per admittance	\$15 copayment
Out-of-Network	N/A	N/A	N/A	N/A

Note: Benefits show what member pays.

This is a summary only. Important details—such as limitations, exclusions, exceptions, and other qualifiers—may not be included. For detailed information, call the plan or see their website for specific benefits, provider information, and plan booklets.

1 Behavioral Health benefits for Blue Cross PLUS, Blue Cross PPO, Health Net HMO, Health Net Primary EPO, CIGNA Choice Fund, and Western Health Advantage plans provided through United Behavioral Health (UBH). Kaiser members have access to the Kaiser benefits shown, and in addition, may use the UBH in-network benefits and network.

2 In compliance with California's Mental Health Parity Legislation, eligible in-network copays incurred for mental health diagnoses contained in the California Mental Health Parity Law will be applied toward your medical annual Out-of-Pocket Limit. United Behavioral Health (UBH) will automatically report these copays to your medical carrier (dates of service incurred on and after January 1, 2008 without diagnosis or treatment information), so you will not be required to keep track of these costs. For your information, a list of eligible diagnoses can be found on UBH's website at <https://www.liveandworkwell.com/public>. Enter Access Code 11280 to get into the site.