

SCHEDULE OF BENEFITS

PRE-AUTHORIZATION IS REQUIRED FOR ALL EAP SESSIONS, INPATIENT BENEFITS AND IN-NETWORK OUTPATIENT BENEFITS. YOU DO NOT NEED TO GO THROUGH YOUR PRIMARY CARE PHYSICIAN, BUT YOU MUST OBTAIN PRIOR AUTHORIZATION THROUGH PACIFICARE BEHAVIORAL HEALTH OF CALIFORNIA (PBHC). PBHC IS AVAILABLE TO YOU TOLL-FREE, 24 HOURS A DAY, 7 DAYS A WEEK, AT 1-800-234-5465.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

EMPLOYEE SERVICES	• 5 IN-NETWORK FACE-TO-FACE SESSIONS PER INCIDENT; WORK/LIFE, LEGAL, HEALTH MANAGEMENT, INTERNET ACCESS
EMPLOYER SERVICES	• MANAGEMENT REFERRALS, SUPERVISORY TRAININGS, CISD, UTILIZATION REPORTING
SPECIALIZED EDUCATION WELLNESS SEMINAR PACKAGE	• VIOLENCE IN THE CLASSROOM, STRESS IN THE EDUCATIONAL SYSTEM, DEALING WITH CULTURAL DIVERSITY, HANDLING JOB BURNOUT, CONFLICT RESOLUTION SKILLS, JUGGLING FAMILY AND CAREER ISSUES

	IN-NETWORK	OUT-OF-NETWORK
MENTAL HEALTH SERVICES – ALL SERVICES BASED ON MEDICAL NECESSITY		
INPATIENT DEDUCTIBLE	NONE	NOT COVERED
INPATIENT PER ADMISSION FEE	NONE	NOT COVERED
INPATIENT TREATMENT ANNUAL MAXIMUM BENEFIT INCLUDING RESIDENTIAL, PARTIAL AND DAY TREATMENT <i>Days to be determined based on the following ratios:</i> <i>Inpatient Treatment - 1 Day</i> <i>Residential Treatment - 70% of 1 Day</i> <i>Partial and Day Treatment - 60% of 1 Day</i>	UNLIMITED DAYS AT 100% COVERAGE AFTER ANY APPLICABLE ADMISSION FEE	NOT COVERED
OUTPATIENT MENTAL HEALTH VISITS	50 VISITS AT \$0 COPAYMENT	MAXIMUM OF 40 VISITS PER CALENDAR YEAR 50% OF UCR UP TO \$40 PER VISIT

CHEMICAL DEPENDENCY/ SUBSTANCE ABUSE SERVICES

INPATIENT AND OUTPATIENT INCLUDES DETOXIFICATION	\$25,000 PER CALENDAR YEAR	\$200 DEDUCTIBLE PER CALENDAR YEAR, 50% OF UCR UP TO A MAXIMUM OF \$1,000 PER CALENDAR YEAR
CHEMICAL DEPENDENCY AND SUBSTANCE ABUSE COMBINED IN-NETWORK AND OUT-OF-NETWORK MAXIMUM OF \$25,000 PER CALENDAR YEAR; \$35,000 PER LIFETIME.		

SEVERE MENTAL ILLNESS¹ (COMPLIES WITH CA ASSEMBLY BILL 88) – ALL SERVICES BASED ON MEDICAL NECESSITY

INPATIENT DEDUCTIBLE	NONE	NOT COVERED
INPATIENT PER ADMISSION FEE	NONE	NOT COVERED
INPATIENT, RESIDENTIAL, PARTIAL AND DAY TREATMENT	UNLIMITED DAYS COVERED AT 100%	NOT COVERED
ANNUAL MAXIMUM BENEFIT FOR INPATIENT TREATMENT	NONE	NOT COVERED
OUTPATIENT MENTAL HEALTH VISITS	UNLIMITED VISITS AT \$0 COPAYMENT	NOT COVERED
LIFETIME DOLLAR MAXIMUM FOR PARITY DIAGNOSIS	APPLIED TO MEDICAL PLAN LIFETIME DOLLAR MAXIMUM BENEFIT	NOT COVERED

¹ SEVERE MENTAL ILLNESS DIAGNOSES ARE COVERED IN-NETWORK ONLY AND INCLUDE: ANOREXIA NERVOSA, BIPOLAR DISORDER, BULIMIA NERVOSA, MAJOR DEPRESSIVE DISORDER, OBSESSIVE-COMPULSIVE DISORDER, PANIC DISORDER, PERSISTENT DEVELOPMENTAL DISORDER OR AUTISM, SCHIZOAFFECTIVE DISORDER, SCHIZOPHRENIA. IN ADDITION, THE SEVERE MENTAL ILLNESS BENEFIT INCLUDES COVERAGE OF SERIOUS EMOTIONAL DISTURBANCE OF CHILDREN (SED).