

Behavioral Health Benefit Plan	
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 other 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
Benefits Limits	Some