

## JEFFERSON COUNTY COMMISSION

### 2019/2020 Integrated Employee Assistance Program, Mental Health, And Substance Abuse Benefits

All mental health and substance abuse benefits are provided through Behavioral Health Systems, Inc. All services must be deemed medically necessary, either before, during or after treatment. Precertification is required.  
Call your BHS Care Coordinator at 800-245-1150 to discuss your benefits/coverage.

Service	2019/2020 Coverage
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#### Summary of Cost Sharing Provisions

Calendar Year Deductible	\$200 (combined with medical)
Calendar Year Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 family (combined with medical) All benefits apply to the out-of-pocket maximum

#### Employee Assistance Program (EAP): All Full-Time/Select Part-Time, and Eligible Dependents

Up to three (3) visits/consults at no charge each year	100% coverage, no copay
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#### Mental Health: Health Plan Covered Employees & Dependents

<b>Inpatient — Facility</b>	Covered at 100%, subject to calendar year deductible and \$100 copay/day (\$300 max)
<b>Inpatient — Physician</b>	Covered at 100%, subject to calendar year deductible
<b>Outpatient — Facility &amp; Physician</b> (PHP/IOP Psychiatric, ECT)	Covered at 100%, subject to calendar year deductible
<b>Outpatient — Office Visit</b> (office visits, therapy, testing, assessments)	Covered at 100%, subject to \$25 copay per visit

#### Substance Abuse <sup>(1)</sup>: Health Plan Covered Employees & Dependents

<b>Inpatient — Facility &amp; Physician</b>	Covered at 80%, subject to calendar year deductible
<b>Outpatient — Facility</b> (PHP/IOP Substance Abuse)	Covered at 80%, subject to calendar year deductible
<b>Outpatient — Office Visit</b> Medication Assisted Treatment (MAT)	Covered at 100%, subject to \$25 copay per visit

#### Other: Health Plan Covered Employees & Dependents

<b>Emergency Room — Facility</b> Mental Health & Substance Abuse	Covered at 100%, subject to calendar year deductible and \$200 facility copay (waived if admitted)
<b>Emergency Room — Physician</b> Mental Health & Substance Abuse	Covered at 100%, subject to calendar year deductible and \$25 physician copay
<b>Other Covered Services</b> (lab, ambulance, home health visits)	Covered at 80%, subject to calendar year deductible
<b>Residential Inpatient Treatment Programs</b> (e.g., 30/60 days)	No coverage
<b>Out-of-Network Coverage</b>	No coverage

<sup>(1)</sup> Last Chance Agreement required for employees