



Employee Assistance Program (EAP) and Behavioral Health Benefits administered by United Behavioral Health (UBH)

| Service  | In-Network Benefit  | Out-of-Network Benefit  |
|--|---|---|
| <b>Employee Assistance Program (EAP)</b>                                 | Pre-certified visits, 100% coverage   | N/A   |
| <b>Outpatient Care</b>   | 100% after \$15 co-pay<br>If not precertified, coverage reduced to 70%  | 70% coverage<br>Substance abuse maximum of \$40 per visit.<br>If notification is not obtained, coverage reduced to 35% per visit.<br>Substance abuse maximum of \$20 per visit.                     |
| <b>Inpatient/Intermediate Care</b>                                       | Mental Health: 100% coverage<br><br>Substance abuse: 90% coverage<br><br>To ensure maximum coverage, care must be pre-certified   | 70% coverage after \$300 deductible per admission<br>Substance abuse maximum:<br>\$400 per inpatient day<br>\$200 per intermediate day<br>If notification not obtained, \$200 per admission penalty |
| <b>Out-of-Pocket Maximum</b>   | N/A   | N/A   |
| <b>Calendar Year Maximum</b><br>(In-Network and Out-of-Network combined) | Mental Health<br>Inpatient Days: Unlimited for SMI* diagnosis; 45 days for non-SMI diagnosis<br>Outpatient: Unlimited for SMI diagnosis; 50 visits for non-SMI diagnosis<br>Substance Abuse:<br>Inpatient: 30 days<br>Outpatient: 30 visits |   |
| <b>Lifetime Maximum</b><br>(In-Network and Out-of-Network combined)      | Mental Health: No lifetime maximum<br>Substance abuse: 60 inpatient days; 60 outpatient visits  |   |

\* SMI - Severe Mental Illness

**Notes:**

Due to state laws, benefits will be different for residents of Connecticut, Kansas, Maine, Massachusetts, New York, Washington and Vermont.

Non-network and non-precertified services are subject to penalties and retrospective review for medical necessity. All services must be provided by MHSA specialists. To receive the highest benefit, call UBH at 1-800-788-5614.

Enhanced benefits for Severe Mental Illness (SMI) diagnosis' for residents of Illinois, Maine, Massachusetts, New Hampshire, New Jersey, Pennsylvania, South Dakota and Texas are defined by state mandates.

*This summary highlights some of the features of this benefit plan and is for illustrative purposes only. The benefit plan's actual terms and conditions are contained in the program documents and policy/certificate of insurance issued by United HealthCare Insurance Company (collectively the "Documents"). If there is a conflict between this summary and the Documents, the Documents will govern.*