

# Employee Assistance Program Mental Health and Substance Abuse

## Announcing New EAP/MHSA Provider

Effective January 1, 2005, Magellan Health Services will be the company providing employee assistance program, mental health and substance abuse benefits for all state group insurance program participants and their eligible dependents; replacing United Behavioral Health. Over the next few months, Magellan and UBH will work together to assure that all individuals receiving care as of December 31, 2004, will be transitioned, if necessary, to Magellan Behavioral Health providers when clinically appropriate to do so.

Participants currently receiving out-patient benefits through UBH are encouraged to contact Magellan beginning December 17, 2004, to register their care for transition.

## Employee Assistance Program Eligibility

Individuals defined in the chart below are eligible for Employee Assistance Program services and will receive up to six counseling sessions per episode at no cost to the participant. All services are strictly confidential and can be accessed by calling Magellan Behavioral Health 24 hours a day, seven days a week, at 1.800.308.4934.

|                       |   |
|-----------------------|---|
| State Plan            | State and higher education employees and their eligible dependents who qualify for enrollment in a health plan, regardless of whether they are enrolled.  |
| Local Education Plan  | Employees and their eligible dependents who enroll in health coverage. Additionally, if an employee is enrolled in single health coverage, their eligible dependents may also receive EAP services. |
| Local Government Plan | Employees and their eligible dependents who enroll in health coverage. Additionally, if an employee is enrolled in single health coverage, their eligible dependents may also receive EAP services. |

## Mental Health and Substance Abuse Eligibility

Individuals must be enrolled in health coverage to be eligible for mental health and substance abuse benefits. To access services, BlueCross BlueShield and John Deere Health participants should contact 1.800.308.4934. Aetna participants should call 1.800.723.5845. Please refer to the tables on the reverse of this document for schedules of the mental health and substance abuse benefits.

## Online Resources

Beginning January 1, 2005, participants will have access to MagellanHealth.com which provides valuable health information, tools and resources to help with life's challenges as well as opportunities. Members can take self-assessment tests, on-line training, search for available providers and access Mapquest® links to see a map of your provider's location as well as obtain driving directions. BlueCross BlueShield and John Deere Health members will also have the ability to review claims information on-line. To access the site for the first time, members will be prompted to enter the toll-free EAP number (1.800.308.4934). They may then set up their own unique account number and password for confidential and anonymous access to a wide variety of information and resources, available at no cost to the member.

## MHSA Benefits — PPO

| Benefit                     | In-Network   | Out-of-Network   |
|-----------------------------|--|--|
| Deductible                  | \$150 individual   |  |
| Coinsurance Inpatient       | 90% of MAC   | 70% of MAC   |
| Coinsurance Outpatient      | Sessions<br>1-15: \$5 per visit<br>16-45: \$25 per visit   | Sessions<br>1-15: \$40 per visit<br>16-45: \$100 copay per visit |
| Intermediate Care           | <ul style="list-style-type: none"> <li>Residential Treatment:<br/>1 inpatient day = 1.5 residential treatment days</li> <li>Partial Hospitalization:<br/>1 inpatient day = 2 partial hospitalization days</li> <li>Day Treatment:<br/>1 inpatient day = 2 treatment days</li> <li>Structured Outpatient:<br/>1 inpatient day = 5 structured outpatient days</li> </ul> |  |
| Substance Abuse Limitations | <ul style="list-style-type: none"> <li>Lifetime maximum:<br/>Two inpatient stays—maximum of 28 days per stay</li> <li>Lifetime maximum:<br/>Two stays for detoxification—maximum of 5 days per stay</li> </ul>   |  |
| Mental Health Limitations   | <ul style="list-style-type: none"> <li>Inpatient care limit of 45 days per year (a daycare program is considered to be one-half day for purposes of this limitation)</li> <li>Outpatient care limit of 45 visits per year is for mental health/substance abuse combined</li> </ul>   |  |
| Additional Limitations      | <ul style="list-style-type: none"> <li>Preauthorization process must be followed or benefits are reduced to 50% of the MAC of the 90/70% levels indicated</li> <li>Covered persons are responsible for payment of charges above the MAC if non-network providers are used.</li> </ul>  |  |

## MHSA Benefits — PPO Limited (local government only)

| Benefit                     | In-Network   | Out-of-Network   |
|-----------------------------|--|--|
| Deductible                  | \$150 individual   |  |
| Coinsurance Inpatient       | 80% of MAC   | 60% of MAC   |
| Coinsurance Outpatient      | Sessions<br>1-15: \$5 per visit<br>16-45: \$25 per visit   | Sessions<br>1-15: \$40 per visit<br>16-45: \$100 copay per visit |
| Intermediate Care           | <ul style="list-style-type: none"> <li>Residential Treatment:<br/>1 inpatient day = 1.5 residential treatment days</li> <li>Partial Hospitalization:<br/>1 inpatient day = 2 partial hospitalization days</li> <li>Day Treatment:<br/>1 inpatient day = 2 treatment days</li> <li>Structured Outpatient:<br/>1 inpatient day = 5 structured outpatient days</li> </ul> |  |
| Substance Abuse Limitations | <ul style="list-style-type: none"> <li>Lifetime maximum:<br/>Two inpatient stays—maximum of 28 days per stay</li> <li>Lifetime maximum:<br/>Two stays for detoxification—maximum of 5 days per stay</li> </ul>   |  |
| Mental Health Limitations   | <ul style="list-style-type: none"> <li>Inpatient care limit of 45 days per year (a daycare program is considered to be one-half day for purposes of this limitation)</li> <li>Outpatient care limit of 45 visits per year is for mental health/substance abuse combined</li> </ul>   |  |
| Additional Limitations      | <ul style="list-style-type: none"> <li>Preauthorization process must be followed or benefits are reduced to 50% of the MAC of the 80/60% levels indicated</li> <li>Covered persons are responsible for payment of charges above the MAC if non-network providers are used.</li> </ul>  |  |

## MHSA Benefits — POS

| Benefit                     | In-Network   | Out-of-Network |
|-----------------------------|--|----------------|
| Coinsurance Inpatient       | 100% of MAC after \$100 copay per admission  | no benefit     |
| Coinsurance Outpatient      | 100% of MAC after \$25 copay per visit   | no benefit     |
| Intermediate Care           | <ul style="list-style-type: none"> <li>Residential Treatment:<br/>1 inpatient day = 1.5 residential treatment days</li> <li>Partial Hospitalization:<br/>1 inpatient day = 2 partial hospitalization days</li> <li>Day Treatment:<br/>1 inpatient day = 2 treatment days</li> <li>Structured Outpatient:<br/>1 inpatient day = 5 structured outpatient days</li> </ul> |                |
| Substance Abuse Limitations | <ul style="list-style-type: none"> <li>Lifetime maximum:<br/>Two inpatient stays—maximum of 28 days per stay</li> <li>Lifetime maximum:<br/>Two stays for detoxification—maximum of 5 days per stay</li> </ul>   |                |
| Mental Health Limitations   | <ul style="list-style-type: none"> <li>Inpatient care limit of 30 days per year (a daycare program is considered to be one-half day for purposes of this limitation)</li> <li>Outpatient care limit of 45 visits per year is for mental health/substance abuse combined</li> </ul>   |                |
| Additional Limitations      | <ul style="list-style-type: none"> <li>The preauthorization process must be followed for all mental health and substance abuse benefits to be payable. No benefits are payable if services are not preauthorized.</li> <li>In-network services are covered up to the MAC by the claims review organization.</li> </ul>   |                |

## MHSA Benefits — HMO

| Benefit                     | In-Network Benefits Only   |
|-----------------------------|--|
| Coinsurance Inpatient       | \$100 copay per admission  |
| Coinsurance Outpatient      | \$20 copay per visit   |
| Intermediate Care           | <ul style="list-style-type: none"> <li>Residential Treatment:<br/>1 inpatient day = 1.5 residential treatment days</li> <li>Partial Hospitalization:<br/>1 inpatient day = 2 partial hospitalization days</li> <li>Day Treatment:<br/>1 inpatient day = 2 treatment days</li> <li>Structured Outpatient:<br/>1 inpatient day = 5 structured outpatient days</li> </ul> |
| Substance Abuse Limitations | <ul style="list-style-type: none"> <li>Lifetime maximum:<br/>One inpatient stay—maximum of 28 days per stay</li> <li>Lifetime maximum:<br/>Two stays for detoxification—maximum of 5 days per stay</li> </ul>  |
| Mental Health Limitations   | <ul style="list-style-type: none"> <li>Inpatient care limit of 30 days per year (a daycare program is considered to be one-half day for purposes of this limitation)</li> <li>Outpatient care limit of 45 visits per year is for mental health/substance abuse combined</li> </ul>   |
| Additional Limitations      | <ul style="list-style-type: none"> <li>The preauthorization process must be followed for all mental health and substance abuse benefits to be payable. No benefits are payable if services are not preauthorized.</li> </ul>   |