GG-02ALT_MHN Logo - A Health Net Co - black 

**PPO 90/70 Plan**

##### MENTAL HEALTH & SUBSTANCE ABUSE BENEFITS SUMMARY

*Offers confidential assistance* *and community referral resources* *for problems involving*:

✓ Marital and Family ✓ Adolescent Behavior

✓ Substance Abuse ✓ Stress

✓ Depression ✓ Legal

✓ Emotional Difficulties ✓ Grief

1. **ELIGIBILITY**

You and your eligible dependents are eligible to enroll in this health plan on the day you complete the period required by your participating employer.

#### DEPENDENTS

Includes the member's lawful spouse or certified domestic partner and dependent children to age 26.

###### EMPLOYEE ASSISTANCE PROGRAM SESSIONS – OUTPATIENT/IN-NETWORK ONLY

**Individual Sessions Co-Pay**

5 $0.00

###### OUTPATIENT SESSIONS

**In-Network Providers Out-of-Network Providers**

10% CO-PAY 30% CO-PAY

1. **DEDUCTIBLES**

**7/1/2014-12/31/2014 In-Network 7/1/12014-12/31/2014 Out-of-Network**

$500/Member or $1,000/Family $1,000/Member or $2,000/Family

**1/1/2015-6/30/2015 In-Network 1/1/2015-6/30/2015 Out-of-Network**

$500/ Member or $1,500/Family $1,000/Member or $3,000/Family

1. **DEDUCTIBLE FOR NON-NETWORK HOSPITAL OR RESIDENTIAL TREATMENT CENTER IF UTILIZATION REVIEW NOT OBTAINED IN ADDITION TO ADMISSION FEES**

**Out-of-Network**

$250/Admission – Waived for Emergency

1. **HOSPITALIZATIONS**

**In-Network Out-of-Network**

10% Co-Pay 30% Co-Pay [$500/Admission – Waived for Emergency]

1. **SUB-ACUTE – 100 DAY/YEAR**

**In-Network Out-of-Network**

10% Co-Pay 30% Co-Pay [$500/Admission – Waived for Emergency]

1. **MHN WORK & LIFE SOLUTIONS**

Full-service resource and referral program that provides rapid and complete responses to members’ work/life needs. Online and telephonic access for a variety of issues including: Daily Living, Elder Care, Child Care, College, and Adoption, Identity Theft Recovery Services, Legal & Financial Services.

1. **LIFETIME MAXIMUM**

Unlimited

1. **OUT-OF-POCKET MAXIMUMS**

**2014 In-Network 2014 Out-of-Network**

$2,000/Member or $4,000/Family $4,000/Member or $10,000/Family

**2015 In-Network** **2015 Out-of-Network**

$3,000/Member or $6,000/Family $6,000/Member or $12,000/Family

1. **BENEFIT RENEWAL**

Benefit renews annually on July 1st

***Call toll-free 24 hours a day, seven days a week***

***(888) 327-0020 TDD: (800) 327-0801***