

JEFFERSON COUNTY COMMISSION

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	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

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

Substance Abuse ⁽¹⁾: Health Plan Covered Employees & Dependents

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

Other: Health Plan Covered Employees & Dependents

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

⁽¹⁾ Last Chance Agreement required for employees