

Behavioral Health Benefits

Your Choices

If you enroll in a State medical plan, you and your enrolled dependents will automatically receive Behavioral Health coverage. However, the network of providers for these benefits varies depending on the medical plan in which you are enrolled.

If you are enrolled in...	Your Behavioral Health benefits are managed by...
EPO plan	The EPO plan network
PPO or POS plan	APS Healthcare network (APS)

How the Plans Work





EPO PLANS

Your EPO plan must authorize all of your inpatient Behavioral Health services to be eligible for coverage. In addition, out-of-network services are not covered under any of the EPO plans. Please see chart on page 38 for details.

You must be enrolled in a State medical plan to have Behavioral Health benefits.



PPO AND POS PLANS

Your Behavioral Health benefits are provided by APS Healthcare. The following types of services are covered under this plan:

-  Inpatient facility and professional services;
-  Partial hospitalization;
-  Intensive Outpatient Program; and
-  Outpatient facility and professional services.

To get the most from your benefits, you should contact APS before receiving any services. For a participating list of providers, contact APS at 1-877-239-1458 or visit [www. APSHelpLink.com](http://www.APSHelpLink.com).

Notes about Your Behavioral Health Coverage

-  Inpatient Care – There is no limit to medically necessary and treatable preauthorized inpatient days.
-  Outpatient Care – There is no limit on the number of medically necessary/treatable visits per year.

Eligible Behavioral Health services are covered at the same level. Substance abuse detoxification and rehabilitation services are covered under inpatient, partial hospitalization, or outpatient services when medically necessary. See the benefit chart on page 38 for how the plan will pay benefits.

If you experience a non-life threatening emergency or crisis, contact the APS Help Line at 1-877-239-1458 for immediate assistance. If you experience a life-threatening emergency, you should seek treatment at the nearest emergency room. You must notify APS within 24 hours of an emergency admission to certify care. APS team members are available 24 hours a day, seven days a week, 365 days a year.

Behavioral Health Coverage for PPO and POS Plan Participants

TYPE OF SERVICE	IN-NETWORK CARE	OUT-OF-NETWORK CARE
Inpatient Facility and Professional Services	100% of APS' negotiated fee maximums when preauthorized by Plan	80% of APS' negotiated fee maximums
Partial Hospitalization Services and Residential Crisis Services	100% of APS' negotiated fee maximums	80% of APS' negotiated fee maximums
Outpatient Facility	100% of APS' negotiated fee maximums	80% of APS' negotiated fee maximums
Office and Professional Services (excluding Intensive Outpatient Services)	\$15 copay for PCP/Specialist	80% of APS' negotiated fee maximums
Intensive Outpatient Services	\$15 copay for PCP/Specialist	80% of APS' negotiated fee maximums
Outpatient Medication Management Services	\$15 copay for PCP/Specialist	80% of APS' negotiated fee maximums
Annual Deductible Individual Family	Not Applicable	Not Applicable
Annual Out of Pocket Maximum Individual Family (Combined with Medical)	None None	\$3,000 \$6,000
Lifetime Maximum	Unlimited	

Behavioral Health Coverage for EPO Plan Participants

TYPE OF SERVICE	IN-NETWORK CARE	OUT-OF-NETWORK CARE
Inpatient Facility and Professional Services	100% of the allowed benefit when preauthorized by Plan	Not Covered
Partial Hospitalization Services and Residential Crisis Services	100% of the allowed benefit	Not Covered
Outpatient Facility	100% of the allowed benefit	Not Covered
Office and Professional Services (excluding Intensive Outpatient Services)	Balance up to the allowed benefit after member co-pay. \$15 copay for PCP/Specialist	Not Covered
Intensive Outpatient Services	Balance up to the allowed benefit after member co-pay. \$15 copay for PCP/Specialist	Not Covered
Outpatient Medication Management Services	Balance up to the allowed benefit after member co-pay. \$15 copay for PCP/Specialist	Not Covered
Annual Deductible Individual Family	Not Applicable	Not Applicable
Annual Out of Pocket Maximum Individual Family	Not Applicable	Not Applicable
Lifetime Maximum	Unlimited	

Claims Processing for APS Out-of-Network Services

Your provider may ask you to pay the bill at the time of service. You must pay the provider and submit a claim form and an itemized bill to APS for reimbursement.

The itemized bill should be on the provider's letterhead/stationery and include:

- ✿ Diagnosis and type of treatment rendered (including CPT code);
- ✿ Charges for the services performed;
- ✿ Date of service; and
- ✿ Patient's name and date of birth and employee's or retiree's Social Security number.

After you have completed the claim form and attached the itemized bill, mail the information directly to:

APS Healthcare
SOM Claims
P.O. Box 1440
Rockville, MD 20849-1440

APS will send the payment for covered services directly to you at the address on file with the Employee Benefits Division. You will receive an Explanation of Benefits (EOB) any time APS processes a claim. An EOB is not a bill; it is an explanation of how APS processed your claim.

For More Information

If you are enrolled in a PPO or POS medical plan and have questions about the Behavioral Health Plan, call APS at 1-877-239-1458 or visit www.APSHelpLink.com. Company Code: SOM2002. If you are enrolled in an EPO medical plan, you may call the plan at the number on the inside cover of this guide. You may also contact the Employee Benefits Division at 410-767-4775 or 1-800-30-STATE (1-800-307-8283).