

**UC Post Docs**  
**CALIFORNIA BENEFIT DESIGN / SCHEDULE OF BENEFITS**  
**MENTAL HEALTH / CHEMICAL DEPENDENCY TREATMENT**

<b>BENEFITS</b>	<b>Plan Coverage</b>
<b>Calendar Year Deductible (combined for medical and mental health/chem. dep. plan)</b>	
For each member	n/a
For each family	n/a
<b>Out-of-Pocket Maximum (combined for medical and mental health/chem. dep. plan)</b>	
For each member	\$1,500
For each family	\$4,500
<b>Emergency Services in an Emergency Room (mental health/chemical dependency treatment)</b>	
Professional services	\$0
Use of emergency room (facility services) <sup>1</sup>	\$35
Ground Ambulance.	\$0
Air ambulance	\$0
<b>Laboratory Services (mental health/chemical dependency treatment)</b>	
Laboratory services	\$0
<b>Severe Mental Illnesses <sup>2</sup></b>	
Outpatient mental health - consultation <sup>3</sup>	\$10
<b>Outpatient mental health - consultation/telemedical services<sup>3</sup></b>	<b>\$0</b>
Outpatient mental health - group therapy session	\$5
<i>Maximum visits per calendar year</i>	unlimited
Outpatient mental health - other (includes alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0
Inpatient care in a hospital, excluding residential treatment centers	\$0
Residential treatment centers	\$0
<i>Maximum days per calendar year</i>	unlimited
Inpatient physician visits	\$0
<b>Other Mental Illnesses</b>	
Outpatient mental health - consultation <sup>3</sup>	\$10
<b>Outpatient mental health - consultation/telemedical services<sup>3</sup></b>	<b>\$0</b>
Outpatient mental health - group therapy session	\$5
<i>Maximum visits per calendar year</i>	unlimited
Outpatient mental health - other (includes alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0
Inpatient care in a hospital, excluding residential treatment centers	\$0
Residential treatment centers	\$0
<i>Maximum days per calendar year</i>	unlimited
Inpatient physician visits	\$0
<b>Chemical Dependency Rehabilitation</b>	
Outpatient chemical dependency - consultation <sup>3</sup>	\$10
Outpatient chemical dependency - group therapy session	\$5
<i>Maximum visits per calendar year</i>	unlimited

Outpatient chemical dependency - other (includes alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0
Inpatient care in a hospital, excluding residential treatment centers	\$0
Residential treatment centers	\$0
<i>Maximum days per calendar year</i>	unlimited
Inpatient physician visits	\$0
<b>Detoxification</b>	
Detoxification	\$0
<i>Maximum days per calendar year</i>	unlimited
<sup>1</sup> The copayment will not be required if the member is admitted as a hospital inpatient directly from the emergency room. <sup>2</sup> The following conditions are considered severe mental illnesses: Anorexia nervosa, bulimia nervosa, bipolar disorder, major depressive disorders, pervasive developmental disorder (e.g., autism), panic disorder, schizophrenia, schizo affective disorder and serious emotional disturbances of children. <sup>3</sup> Telemedicine - As of 01/01/2017 - Services only covered thru TELEDOC program.	