



Health Net

CALIFORNIA BENEFIT DESIGN / SCHEDULE OF BENEFITS
MENTAL HEALTH / CHEMICAL DEPENDENCY TREATMENT
THIS DOCUMENT IS FOR PRESENTATION PURPOSES

BENEFITS	Plan Coverage	
Calendar Year Deductible (combined for medical and mental health/chem. dep. plan)	In-Network	Out-of-Network
For each member	None	\$200
For each family	None	\$600
Out-of-Pocket Maximum (combined for medical and mental health/chem. dep. plan)		
For each member	\$1,500	
For each family	\$4,500	
Non-Emergency Services		
Professional Basis for Reimbursement: Non Par Provider	Negotiated Rate	Member pays copay and any charges exceeding Maximum Allowable Amount
Institutional Basis for Reimbursement: Non Par Provider	Negotiated Rate	Member pays copay and any charges exceeding Maximum Allowable Amount
Severe Mental Illnesses		
Outpatient mental health - consultation	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient mental health - group therapy session	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient mental health - telemedical services	\$0	Not Covered
<i>Maximum visits per calendar year</i>	Unlimited	Unlimited
Outpatient mental health - other (includes alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Inpatient care in a hospital, excluding residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
<i>Maximum days per calendar year</i>	Unlimited	Unlimited
Inpatient physician visits	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Other Mental Illnesses		
Outpatient mental health - consultation	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient mental health - group therapy session	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient mental health - telemedical services	\$0	Not Covered
<i>Maximum visits per calendar year</i>	Unlimited	Unlimited

Outpatient mental health - other (includes alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Inpatient care in a hospital, excluding residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
<i>Maximum days per calendar year</i>	Unlimited	Unlimited
Inpatient physician visits	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Chemical Dependency Rehabilitation & Detoxification		
Outpatient chemical dependency - consultation	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient chemical dependency - group therapy session	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Outpatient chemical dependency - telemedical services	\$0	Not Covered
<i>Maximum visits per calendar year</i>	Unlimited	Unlimited
Outpatient chemical dependency - other (includes outpatient detoxification and alternate care: partial hospitalization/ day treatment/ intensive outpatient programs)	\$0	\$0 (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Inpatient care in a hospital, excluding residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Residential treatment centers	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
<i>Maximum days per calendar year</i>	Unlimited	Unlimited
Inpatient physician visits	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
Detoxification	20%	20% (ded waived) Member pays copay and any charges exceeding Maximum Allowable Amount
<i>Maximum days per calendar year</i>	Unlimited	Unlimited