

Schedule 3.1
MENTAL HEALTH AND SUBSTANCE ABUSE CARE
SCHEDULE OF BENEFITS

All **Inpatient Services** must be pre-certified, except emergencies, by Halcyon Behavioral at (888) 425-4800

FAILURE TO PRE-CERTIFY MEDICALLY NECESSARY SERVICES THAT REQUIRE PRE-CERTIFICATION MAY RESULT IN A REDUCTION OF YOUR BENEFITS BY UP TO 50%.

For maximum coverage, all outpatient care must be performed by a Halcyon Behavioral Network provider.

Outpatient Care- First Outpatient treatment visit, one per family, is provided at no cost to you or your family.

SUMMARY OF SERVICE (Mental Health Treatment)	Halcyon Behavioral Network Provider Benefits	Non-Network Provider Benefits
Inpatient Mental Health Care All inpatient services must be pre-authorized by Halcyon Behavioral	\$250 co-pay then *80% of Halcyon’s contract rate after the Deductible	\$250 co-pay then *50% after the Deductible
Outpatient Mental Health Care	*80% of Halcyon’s contract rate after the Deductible	*50% after the Deductible
SUMMARY OF SERVICES (Substance Abuse Treatment)	Halcyon Behavioral Network Provider Benefits	Non-Network Provider Benefits
Inpatient Substance Abuse Care All inpatient services must be pre-authorized by Halcyon Behavioral	\$250 co-pay then *80% of Halcyon’s contract rate after the Deductible	\$250 co-pay then *50% after the Deductible
EMERGENCY SERVICES		
Emergency Inpatient Services If your Inpatient Hospital claim is deemed “Medically Necessary” and an “Emergency” you will be reimbursed at the Network Provider Benefit; otherwise the claim will be paid at the Non-Network Provider Benefit. Please refer to the Definition section of your plan booklet for an explanation of these terms.		
Emergency Outpatient Services \$200 co-payment per visit; waived if admitted as an inpatient directly from the Emergency Department	\$200 co-pay then *80% after the deductible	\$200 co-pay then *80% after the Deductible
Aftercare support groups are provided at no cost to the employee.		
Utilization Management Halcyon Behavioral will monitor the need and appropriateness of care rendered for both inpatient and outpatient services on an ongoing basis.		
All Inpatient and Partial Hospitalization must be pre-certified by Halcyon Behavioral		

Only those Active employees who have a Payroll Deduction Sheet on file indicating their election to contribute the necessary monthly employee contribution will receive full benefits. If the Trust Fund receives only the City’s contribution, a reduction will be applied to Fund payments for benefits. The reduction will be equal to the percentage of the Trust Fund rate not received, plus an additional 5%. The percentage reduction will be made in addition to and AFTER all other Trust Fund benefit calculations are made.