



SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS PPO SCHEDULE OF BENEFITS 01/01/2016

MHN is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-728-9899. All pre-authorizations are based on medical necessity.

| Mental Health | In-Network | Out-of-Network* |
|-----------------------------------------------------------------|--------------------------------|---------------------------------------|
| Out-of-pocket Maximum | None | None |
| Lifetime/Annual Maximum | None | None |
| Inpatient Deductible | None | None |
| Inpatient Per Admission Fee | None | None |
| Inpatient Treatment Benefit (including Partial & Day Treatment) | Unlimited days covered at 100% | Unlimited days covered at 100% of UCR |
| Outpatient Mental Health Visits | No Copayment | No Copayment |
| Chemical Dependency | In-Network | Out-of-Network* |
| Inpatient, Rehabilitation, Detoxification | Unlimited days covered at 100% | Unlimited days covered at 100% of UCR |
| Outpatient Chemical Dependency Visits | No Copayment | No Copayment |
| Severe Mental Illness (SMI) | In-Network | Out-of-Network* |
| Inpatient Deductible | None | None |
| Inpatient Per Admission Fee | None | None |
| Inpatient Treatment Benefit (including Partial & Day Treatment) | Unlimited days covered at 100% | Unlimited days covered at 100% of UCR |
| Outpatient Mental Health Visits | No Copayment | No Copayment |

- Severe Mental Illness diagnoses include: Anorexia Nervosa; Bipolar Disorder; Bulimia Nervosa; Major Depressive Disorder; Obsessive-Compulsive Disorder; Panic Disorder; Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism; Schizoaffective Disorder; Schizophrenia. In addition, the Severe Mental Illness Benefit includes coverage of Serious Emotional Disturbance of Children (SED).
- Intensive outpatient treatment (IOP) is considered as Inpatient benefit

***Payment for charges billed by an Out-of-Network Provider is limited to the usual, customary and reasonable charge (UCR). UCR is the amount determined to be the average amount charged for a medical service or supply within a geographical area. The amount reimbursed will be 100% of UCR. Members are liable for any amount that is determined to exceed UCR.**