

Summary of Mental Health Benefits for The City of Montgomery

Effective June 1, 2020

Summary Document #: 835090364822

IMPORTANT INFORMATION: 1. All benefits are based on the appropriate level of care and medical necessity guidelines. Provider/facility licensure by the state to provide covered services and facility accreditation by The Joint Commission or CARF is required. 2. In-network and out-of-network days/visits/units shall not be combined so that the combination exceeds the total number of days/visits/units available in this section of the *Mental Health and Substance Abuse Benefits Summary*

	In-Network	Out-of-Network
INPATIENT HOSPITAL FACILITY SERVICES		
<ul style="list-style-type: none"> Acute Inpatient Hospitalization Inpatient Electroconvulsive Therapy (ECT) Partial Hospitalization/Day Treatment (PHP) <hr/> <p>PHP: One (1) PHP Day Equals One (1) Inpatient Day</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered At 100% Of Allowed Amount* After Copay</p> <p>Patient Responsibility:</p> <ul style="list-style-type: none"> Days 1-3: \$100 Per Day Copay Days 4-19: Full Coverage Days 20-30: \$25 Per Day Copay 	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered At 50% Of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
Intensive Outpatient Program (IOP)	NOT COVERED	
PROFESSIONAL SERVICES		
<ul style="list-style-type: none"> Outpatient Office Visits Psychological/Neuropsychological Testing <p>Pre-certification Required for Psychological/Neurological Testing if more than five (5) hours are requested or services are provided by an out-of-network provider. Call 800-677-4544</p> <hr/> <p>LIMITATIONS: Up To 30 Visits/Sessions/ Group Therapy Sessions (Or Any Combination Thereof) Total for Outpatient Mental Health Care Each Contract Year</p>	<p>Covered At 100% Of Allowed Amount* After Copay</p> <p>Patient Responsibility:</p> <ul style="list-style-type: none"> Visits 1-5: \$5 Copay Per Visit Visits 6-20: \$20 Copay Per Visit Days 21-30: \$35 Copay Per Visit 	<p>Covered At 50% Of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
<p>Inpatient Physician Services in Conjunction with Approved Inpatient Services</p> <p>LIMITATIONS: Up To 30 Days Total for Inpatient Mental Health Care Each Contract Year, and Up to 60 Days Total for Inpatient Mental Health Care Per Lifetime</p>	<p>Covered At 100% Of Allowed Amount*</p> <p>Patient Responsibility: None</p>	<p>Covered At 50% Of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
<p>Anesthesia in Conjunction with Approved ECT Treatment</p>	<p>Covered At 80% Of Allowed Amount* Subject to the Inpatient Copay Amount</p> <p>Patient Responsibility: 20% Of Allowed Amount</p>	<p>Covered At 80% Of Allowed Amount*</p> <p>Patient Responsibility: All Billed Charges Not Covered by The Plan</p>
COVERED BY MEDICAL PLAN		
<ul style="list-style-type: none"> Ambulance Imaging 	<p>COVERED BY THE CITY OF MONTGOMERY MEDICAL PLAN</p>	<p>COVERED BY THE CITY OF MONTGOMERY MEDICAL PLAN</p>
BEHAVIORAL HEALTH CARE MANAGEMENT		
<p>Care management is a service offered by <i>the Plan</i> to assist you with difficult behavioral health care needs. You have a personal care manager who acts as your advocate, assisting you whenever you have questions or concerns. Call American Behavioral at 800-677-4544 to talk to your personal care manager.</p>		

***Allowed Amount:** The maximum amount on which payment for covered health care services is based. The allowed amount can often be considerably less than a provider's actual charge, so when you use an out-of-network provider, you can incur substantial out-of-pocket expenses.

Summary of Substance Abuse Benefits for The City of Montgomery

Effective June 1, 2020

Summary Document # 492321101388

IMPORTANT INFORMATION

All benefits are based on the appropriate level of care and medical necessity guidelines.

	In-Network	Out-of-Network
INPATIENT HOSPITAL FACILITY SERVICES		
<ul style="list-style-type: none"> Acute Inpatient Hospitalization/Substance Detoxification Partial Hospitalization/Day Treatment (PHP) <p>LIMITATION: Up To 21 Days Total per 12 Consecutive Months Combined Inpatient Hospitalization/Substance Detoxification, PHP, and IOP</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered At 100% Of Allowed Amount* After Per Admission Deductible</p> <p>Patient Responsibility: \$500 per Admission Deductible</p>	<p>NO OUT-OF-NETWORK BENEFIT</p>
<p>Intensive Outpatient Program (IOP)</p> <p>LIMITATION: Up To 21 Days Total per 12 Consecutive Months Combined Inpatient Hospitalization/Substance Detoxification, PHP, and IOP</p>	<p>Pre-admission Certification Required Call 800-677-4544</p> <p>Covered At 100% Of Allowed Amount* After Per Admission Deductible</p> <p>Patient Responsibility: \$150 per Admission Deductible</p>	

NOTE: Family program and continuing care services are provided through American Behavioral. Call 800-677-4544 to initiate these services.

***Allowed Amount:** The maximum amount on which payment for covered health care services is based. The allowed amount can often be considerably less than a provider's actual charge, so when you use an out-of-network provider, you can incur substantial out-of-pocket expenses.