



Mental Health Services Benefit

Parity¹

➤ Inpatient Services	See Inpatient Hospital Care Benefit [^]
➤ Partial Hospitalization Services	See Inpatient Hospital Care Benefit [^] <i>Copay = 1/2 inpatient hospital care benefit</i>
➤ Intensive Outpatient Services	See Inpatient Hospital Care Benefit [^] <i>Copay = 1/4 inpatient hospital care benefit</i>
➤ Outpatient Services	See Physician Services/Specialist Benefit [^]

Non-Parity

➤ Inpatient Mental Health Services and Inpatient Alcohol & Drug Services	You Pay \$80 Copay Per Day ^{**^}
➤ Partial Hospitalization, Mental Health Services and Partial Hospitalization, Alcohol & Drug Services <i>2 days = 1 inpatient day</i>	You Pay \$40 Copay Per Day ^{**^}
➤ Intensive Outpatient, Mental Health Services and Intensive Outpatient, Alcohol and Drug Services <i>4 sessions = 1 inpatient day</i>	You Pay \$20 Copay Per Day ^{**^}
➤ Outpatient Mental Health Services and Outpatient Alcohol & Drug Services	You Pay \$25 Copay Per Visit ^{**^}

Lifetime maximum for alcohol and drug treatment is \$10,000. There is no lifetime maximum for Mental Health Services. Copayments made for the Alcohol and Drug Treatment Benefits and non-parity mental health benefits are NOT applied to the basic health plan Annual Copayment Maximum.

Admissions and continued services must meet medical necessity and require preauthorization and approval through CommunityCare HMO Behavioral Health Services.

Services include, but are not limited to:

- Room and board.
- Individual needs assessment, treatment planning and intake physical examination, if necessary.
- Laboratory tests.
- All professional and other trained staff and auxiliary services provided in the facility that are necessary for patient care and treatment.
- Medications dispensed by the facility in connection with treatment received, including take-home medications.
- Individual, group and family therapy (when a part of primary treatment).

¹Benefits for Treatment for Severe Mental Illness as defined by Mental Health Parity Law:

Severe mental illness is defined as any of the following biologically-based mental illnesses for which the diagnostic criteria are prescribed in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders:

- | | |
|---|---------------------------------|
| • Schizophrenia | • Panic disorder |
| • Bipolar disorder (manic depressive illness) | • Obsessive-compulsive disorder |
| • Major depressive disorder | • Schizoaffective disorder |

Benefits for treatment of severe mental illness are subject to the same preauthorization and utilization review mechanisms and other terms and conditions as all other physical diseases and disorders.

[^]Subject to calendar year deductible

^{*}Combined maximum of 30 days per calendar year

^{**}20-visit limit per calendar year

EXCLUSIONS AND LIMITATIONS:

1. All non-parity services in excess of the maximum thirty (30) days per calendar year in Acute Inpatient Hospital setting, Partial Hospitalization, Intensive Outpatient Services or combination of Inpatient, Partial Hospitalization and Intensive Outpatient days equal to thirty (30) inpatient days per calendar year.
2. Charges associated with any treatment services rendered by a provider, contracting or non-contracting, not preauthorized by CommunityCare HMO Behavioral Health Services.
3. Psychological testing, except when preauthorized and conducted for purposes of diagnosing a psychiatric disorder or evaluating the need for a change of treatment plan.
4. Leaving treatment against medical advice (includes all related services).
5. Examinations or treatment required by a third party, including, but not limited to, obtaining or continuing employment, insurance, government licensing, flight, camp, school, athletics, preadoption, premarital or immunizations for international travel or occupation, etc.
6. Charges associated with support groups are not covered unless part of the contracting provider's treatment program.
7. Treatment for co-dependency, conditions related to gambling, sexual addictions and addictions to tobacco.
8. Alternative treatment programs for anorexia, bulimia, obesity or weight control.
9. Services (including, but not limited to, materials, devices and equipment) to diagnose or treat learning disabilities and disruptive behavior disorders – including, for example, and not by way of limitation, oppositional defiant disorder and conduct disorder.
10. Psychiatric or psychological treatment for developmental disorders, including mental retardation, pervasive developmental disorder, and other or specific developmental disorders, such as Autism, Rett's or Asperger's. This is not an all-inclusive list and is subject to change.
11. Halfway house and court-ordered treatment are not covered.
12. Residential treatment programs are not covered.

Please Note: Outpatient Mental Health Services for crisis intervention and evaluation are a part of the basic health benefit package, and are only covered when preauthorized under those benefit guidelines by CommunityCare HMO Behavioral Health Services. Marital and family counseling are not covered under guidelines for Outpatient Services.

Maximums do not apply to emergency detoxification or the medical treatment of conditions resulting from alcohol and drug addiction. These services are covered under basic health benefits. Detoxification of chemical dependency is a basic health benefit that is covered when preauthorized by CommunityCare HMO Behavioral Health Services.

**Copayments made for supplemental benefits are NOT applied to the
Annual Copayment Maximum.**

Special Note: This is not a contract, but rather a general description of the benefits and exclusions of CommunityCare HMO. For a complete description, contact the CommunityCare HMO Behavioral Health Services department at (918) 594-5262.

**To access care, employees and dependents must call 1-800-774-2677 or
in Tulsa call (918) 594-5262 for authorization of mental health and
chemical dependency or see your employer.**

CommunityCare HMO, P.O. Box 3249, Tulsa, OK 74101-3249
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