

AMERICAN Cast Iron Pipe Company

Behavioral Health Benefits Summary

BHS Exclusive Provider Network BHS Precertification/Medical Necessity Approval Required

Employee Assistance Program

- Initial Assessment & 3 Visits Paid at 100% when BHS PPO Network is Used
- Available to all Employees and their Dependents
- Coverage for all In-Network Qualified/Licensed Professionals
- May be used for Legal and Financial Consultation, Elder Care Guidance, as well as Assessment and Counseling for other Individual and Family Issues

Outpatient

Mental Health

- Covered at 100% of Approved Charges
- \$40 per Visit Copay

Substance Abuse Intensive Outpatient Program (IOP)

- Covered at 100% of Approved Charges
- No Copay or Deductible
- Completion of BHS-Approved Aftercare Program
May be Required for Future Benefit Eligibility

Inpatient

Mental Health and Substance Abuse

- Covered at 100% of Approved Charges
- \$300 Copay per Admission
- Completion of BHS-Approved Aftercare Program
May be Required for Future Benefit Eligibility

Out-of-Network Benefits

- Match Those of the Group Health Plan
- Subject to Applicable Copays and Deductibles
- All Plan Requirements for Precertification, Medical Necessity and Covered Services Apply



BEHAVIORAL HEALTH SYSTEMS

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BHS Common Questions

1. Can I get evening or Saturday appointments?

Many of our providers do offer appointments at these times. However, most mental health providers have office hours like those of your family physician. Therefore, it is not always possible to schedule special appointment times.

2. How does BHS select the providers for its network?

To participate in our open network, a provider must meet our standards for licensure, experience, education, etc. He or she must agree with our philosophy of using the least restrictive treatment setting. Also, the provider must be willing to accept payment rates that are the same as other BHS providers.

3. Why must I have an independent assessment by a BHS network provider?

Your care needs cannot be determined or approved without a face-to-face assessment by a qualified, independent case manager. The assessment results in a treatment plan designed especially for you. After a referral for treatment, your BHS Care Coordinator will follow up with your treatment provider to make sure your care is going smoothly. If you have concerns about your care, you may discuss them with BHS or with your provider. Remember, your provider is there to help you and to provide an objective opinion on your care needs.

4. Do I have to file claims myself?

No. Our network providers have agreed to file claims directly with us. However, you will need to pay your copayment at the time of your visit. **If you receive a bill by mistake for services that have been approved by BHS, call your provider and remind them that you were referred through BHS; or, call BHS.**

5. Can I see a Master's-prepared counselor through BHS?

Yes. Your company provides benefits for many excellent Master's-prepared counselors, therapists, and social workers included in our network.

6. Why am I not provided with a list of BHS network providers?

BHS is your gatekeeper for mental health and substance abuse benefits. You should call us to use your benefits and schedule an appointment with a provider. Since we update our network daily with new providers, any list would be outdated before it reached you. Also, we know which network providers have the skills to meet your special needs.

7. Do managed care programs result in a reduction of care and quality?

Treatment plans are decided on an individual, case by case basis. Employees are finding that managed care is more effective and can reduce costs. A good, managed mental health program offers: a) a wide range of treatment choices, b) quality care and follow-up, c) access to qualified professionals, d) a more generous benefit plan, e) lower out-of-pocket costs, and f) a better outcome.

8. Is there a cost to use the EAP Services?

No. The EAP is a benefit provided to you, at no charge, by your employer. The EAP sessions that are authorized by BHS are covered at 100% and you do not have to process any claims.

9. What if I am not satisfied with the BHS services?

Our goal is to ensure that you receive the care that is needed for your specific situation. In the event that you are dissatisfied with the services provided, contact Clinical Services at BHS regarding the grievance process.

10. Are out-of-network benefits available?

Because BHS offers an open network, there is virtually no need for an out-of-network benefit. At your request, we will contact any provider not currently affiliated with BHS, and in most cases, arrangements can be made for you to receive services with the same level of benefit coverage as that offered through our PPO network. When necessary, out-of-network coverage matching that of your current group health plan is available.