

Alacare Home Health Services, Inc.

Premium Health Plan

Behavioral Health Benefits Summary

BHS Exclusive Provider Network **BHS Precertification/Medical Necessity Approval Required**

Employee Assistance Program

- Initial Assessment & 2 Visits Paid at 100% when BHS PPO Network is Used
- Available to Employees the 1st of the Month After Date of Hire 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 Allowed Amount
- \$35 per Visit Copay

Substance Abuse Intensive Outpatient Program (IOP)

- Covered at 90% of Allowed Amount
- Subject to the Calendar Year Deductible
- Completion of BHS-Approved Aftercare Program
May be Required for Future Benefit Eligibility

Inpatient

Mental Health and Substance Abuse

- Covered at 90% of Allowed Amount
- Subject to the Calendar Year Deductible
- 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

Phone: 205-879-1150 Toll Free: 800-245-1150
24 hours a day * 7 days a week emergency access
www.behavioralhealthsystems.com

Alacare Home Health Services, Inc.

Standard Health Plan

Behavioral Health Benefits Summary

BHS Exclusive Provider Network **BHS Precertification/Medical Necessity Approval Required**

Employee Assistance Program

- Initial Assessment & 2 Visits Paid at 100% when BHS PPO Network is Used
- Available to Employees the 1st of the Month After Date of Hire 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 Allowed Amount
- \$40 per Visit Copay

Substance Abuse Intensive Outpatient Program (IOP)

- Covered at 80% of Allowed Amount
- Subject to the Calendar Year Deductible
- Completion of BHS-Approved Aftercare Program
May be Required for Future Benefit Eligibility

Inpatient

Mental Health and Substance Abuse

- Covered at 80% of Allowed Amount
- Subject to the Calendar Year Deductible
- 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



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