

SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS POS SCHEDULE OF BENEFITS

Pre-Authorization is required for all In-Network Inpatient, Outpatient and Severe Mental Illness benefits. All Pre-Authorizations are based on medical necessity AND providers must be contracted with PBH. You do not need to go through your Primary Care Physician, but you must obtain prior authorization through PacifiCare Behavioral Health of California (PBHC). PBHC is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-999-9585.

	In-Network Benefits	Out-of-Network Benefits
Mental Health (MH)		
Inpatient Deductible	None	None
Inpatient Per Admission Fee	None	None
Inpatient, Partial and Day Treatment <i>Days to be determined based on the following ratios:¹</i> <i>Inpatient Treatment - 1 Day</i> <i>Residential Treatment - 50% of 1 Day</i> <i>Day Treatment - 33% of 1 Day</i>	30 Days per Plan Year (combined with Chemical Dependency) Covered at 100% after any applicable admission fee or Copayment	Emergency services and care only
Outpatient Mental Health³	52 Visits per In- and Out-of-Network per Plan Year (combined with Chemical Dependency) ¹ One Group Therapy Session = 50% of one visit One Medication Management Visit = 50% of one visit \$10 Copayment per Visit \$5 Copayment for group sessions	All charges above \$50 per Visit ² All charges above \$25 per group session

Chemical Dependency (CD)

Inpatient Chemical Dependency <i>Includes Detox</i> <i>Days to be determined based on the following ratios:¹</i> <i>Inpatient Treatment - 1 Day</i> <i>Residential Treatment - 50% of 1 Day</i> <i>Day Treatment - 33% of 1 Day</i>	30 Days per Plan Year (combined with Mental Health) 2 Treatments per lifetime	Emergency services and care only
Outpatient Chemical Dependency³	52 Visits per In- and Out-of-Network per Plan Year (combined with Mental Health) ¹ One Group Therapy Session = 50% of one visit One Medication Management Visit = 50% of one visit \$10 Copayment per Visit \$5 Copayment for group sessions	All charges above \$50 per Visit ² All charges above \$25 per group session

Severe Mental Illness (SMI)⁴

Inpatient Deductible	None	None
Inpatient Per Admission Fee	None	None
Inpatient, Partial and Day Treatment	Unlimited Days covered at 100% after any applicable admission fee or copayment	Emergency services and care only
Annual Maximum Benefit for Inpatient Treatment	None	None
Outpatient Mental Health Treatment	Unlimited Visits \$10 Copayment per Visit \$5 Copayment for group sessions	All charges above \$50 per visit ² 20 Visit maximum All charges above \$25 per group session
Lifetime Dollar Maximum for Parity Diagnosis	Benefit Maximum matches Medical Plan lifetime limit (accumulates separately from Medical)	Not Covered

¹ Out-of-Network Maximum of 20 Visits per member per year.

² Patient is responsible for the difference between provider's billed charges and PacifiCare Behavioral Health's reimbursement.

³ The limit specified for outpatient services applies to individual and group counseling sessions. Each group counseling session is equal to one-half (1/2) a session. Copayments for a group counseling session are equal to one-half (1/2) the normal session copayment.

⁴ 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).