

# Employee Assistance Program Mental Health and Substance Abuse Benefits

## Welcome!

Magellan Health Services is the company contracted by the state group insurance program to provide an employee assistance program and administer claims for mental health and substance abuse benefits for all state group insurance program participants and eligible dependents. All services are strictly confidential and can be accessed by calling Magellan 24 hours a day, seven days a week, at 1.800.308.4934.

## Employee Assistance Program Eligibility

All EAP services must be preauthorized. The chart below defines eligibility for employee assistance program services. You and your eligible dependents may receive up to six counseling sessions per episode at no cost to you.

All services are strictly confidential. The EAP can handle problems related to:

- Financial strain and planning
- Family/marital
- Grief and loss
- Everyday stress
- Workplace
- Legal
- Behavioral health
- Addiction
- Elder care
- Chronic illness
- Parenting

State Plan	All full-time state and higher education employees and eligible dependents, under-65 retirees and COBRA participants.
Local Education and Local Government Plans	All employees, under-65 retirees and COBRA participants enrolled in a state-sponsored health plan. An employee's eligible dependents may receive EAP services even if the dependents are not enrolled in health coverage.

## Online Resources

MagellanHealth.com/member/ provides valuable health information, tools and resources to help with life's challenges as well as opportunities. This site offers you the ability to take self-assessment tests, on-line training courses, search for available providers and access Mapquest® links to see a map of your provider's location, as well as obtain driving directions. It also provides the ability to review claims information online. To access the site for the first time, you will be prompted to enter the toll-free customer service number (1.800.308.4934). You may then set up your own unique account number and password for confidential and anonymous access to a wide variety of information and resources.

## Mental Health and Substance Abuse Eligibility

You and your dependents must be enrolled in health coverage to be eligible for mental health and substance abuse services. No matter which healthcare option you have selected, you have convenient and confidential access to mental health and substance abuse benefits. Your cost for mental health and substance abuse services depends on your particular healthcare option (see grid on reverse side). Subject to clinical necessity, services generally include:

- Outpatient assessment and treatment
- Individual and group treatment
- Inpatient assessment and treatment
- Alternative care such as partial hospitalization and intensive outpatient treatment
- Treatment follow-up and aftercare

Certain services are specifically excluded under the terms and conditions of the state group insurance program. For more information, contact Magellan Health Services or refer to the *Plan Document*, available on the publications page of the Benefits Administration website at [www.state.tn.us/finance/ins/](http://www.state.tn.us/finance/ins/) or from your agency benefits coordinator.



## Obtaining Mental Health or Substance Abuse Services

Preauthorization is required. To receive the maximum benefit coverage for your care, you must use a network provider and obtain preauthorization. You can call Magellan toll-free at 1.800.308.4934 any time, day or night, to speak confidentially with a trained professional for a referral. Although you may see an out-of-network provider without a referral, your coinsurance and copayments will be higher and you will be responsible for charges above the maximum allowable charge (MAC). You may also be at risk of having inpatient benefits totally denied if Magellan determines that services are not clinically necessary.

**Table 1: Outpatient Mental Health and Substance Abuse Treatment**

Member copay amounts. Outpatient services are not subject to a deductible and do not apply to the annual out-of-pocket maximum.<sup>1,2</sup>

PPO Option	In-Network	Out-of-Network
Partnership	\$25	\$45
Standard	\$30	\$50
Limited	\$30	\$50

**Table 2: Inpatient Mental Health and Substance Abuse Treatment**

Member coinsurance amounts. Services are subject to a deductible and eligible expenses apply to the annual out-of-pocket maximum.<sup>1,2</sup>

PPO Option	In-Network	Out-of-Network
Partnership	10%	40%
Standard	20%	40%
Limited	25%	50%

**Table 3: Deductibles<sup>3</sup>**

Partnership PPO	In-Network	Out-of-Network
Employee only	\$350	\$700
Employee + children	\$700	\$1,400
Employee + spouse	\$700	\$1,400
Employee + spouse + children	\$900	\$1,800
Standard PPO	In-Network	Out-of-Network
Employee only	\$700	\$1,400
Employee + children	\$1,400	\$2,800
Employee + spouse	\$1,400	\$2,800
Employee + spouse + children	\$1,800	\$3,600
Limited PPO	In-Network	Out-of-Network
Employee only	\$750	\$1,500
Employee + children	\$1,500	\$3,000
Employee + spouse	\$1,500	\$3,000
Employee + spouse + children	\$2,000	\$4,000

**Table 4: Out-of-Pocket Maximums<sup>3</sup>**

Partnership PPO	In-Network	Out-of-Network
Employee only	\$1,350	\$2,700
Employee + children	\$2,700	\$5,400
Employee + spouse	\$2,700	\$5,400
Employee + spouse + children	\$3,500	\$7,000
Standard PPO	In-Network	Out-of-Network
Employee only	\$1,700	\$3,400
Employee + children	\$3,400	\$6,800
Employee + spouse	\$3,400	\$6,800
Employee + spouse + children	\$4,500	\$9,000
Limited PPO	In-Network	Out-of-Network
Employee only	\$6,000	\$12,000
Employee + children	\$12,000	\$24,000
Employee + spouse	\$12,000	\$24,000
Employee + spouse + children	\$16,000	\$32,000

<sup>1</sup> The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization and intensive outpatient therapy.

<sup>2</sup> Prior authorization required. When using out-of-network providers, benefits for clinically necessary services will be reduced by half if prior authorization is required but not obtained, subject to the maximum allowable charge (MAC). If services are not clinically necessary, no benefit will be provided.

<sup>3</sup> Deductibles and out-of-pocket maximums are for medical services and mental health and substance abuse treatment services combined. No single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members. Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted.