

**Mental Health/Substance Abuse Benefits**

The following chart outlines the benefits that apply to members in the CareFirst BlueCross BlueShield Triple Option plan. This summary of benefits replaces the Mental Health/Substance Abuse benefit summary on page 19 of the Benefits Enrollment and Reference Guide. All Inpatient Care requires preauthorization through ComPsych. Call 877-595-5283 for assistance on or after September 1, 2003.

	In-Network (Provider has an agreement with ComPsych)	Out-of-Network (Provider does not have an agreement with ComPsych)
Mental Health Benefits – All inpatient and outpatient covered services require preadmission review and pretreatment certification.		
Inpatient Care  Calendar year maximum of 70 days for combined in and out-of-network.	Authorized Care will be paid at 100% of the ComPsych Allowed Amount no deductible applies.	Authorized Care will be paid at 75% of the ComPsych Allowed Amount no deductible or out-of-pocket (OOP) maximum applies.
Outpatient Care  Calendar Year Maximum of 100 visits for combined in and out-of-network.	Authorized care:  \$30 co-payment for individual therapy; \$20 co-payment for group therapy, no deductible applies. Co-payments do not count toward out-of-pocket maximums.	Authorized care:  Visits 1-20 - 65% of Allowed Amount no deductible or OOP applies; the 21 <sup>st</sup> and all subsequent visits are paid at 50% of the Allowed Amount no deductible or OOP applies.
Substance Abuse Benefits (Maximum of 120 combined days/visits per lifetime) – All inpatient and outpatient covered services require preadmission review and pretreatment certification.		
Alcohol/Drug Withdrawal  Hospital/Non-Hospital Facility - 7 days per calendar year	Authorized Care will be paid at 100% of the ComPsych Allowed Amount no deductible applies.	Authorized Care will be paid at 75% of the ComPsych Allowed Amount no deductible or out-of-pocket maximum applies.
Alcohol/Drug Rehabilitation  Residential Facility – 30 days per calendar year  Outpatient Facility – 120 visits up to \$3,000 per calendar year		
Additional Benefits  Same benefits shown above up to \$3,000 per calendar year	Authorized care:  100% of Allowed Amount; maximum of \$3,000 per calendar year.	Authorized care:  75% of Allowed Amount no deductible or out-of-pocket applies.
ComPsych Allowed Amount is the ComPsych fee schedule for services. Providers who do not have an agreement with ComPsych can bill patients for the difference when their charge is more than the ComPsych Allowed Amount.		

This is a brief overview of the Mental Health benefits. Except in cases of extreme emergency, please contact ComPsych to preauthorize care prior to receiving care and for additional information about treatment options and participating plan providers.