

# American Family Care

## Behavioral Health Benefits Summary

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

#### **Employee Assistance Program**

- Initial Assessment & Two (2) Visits Paid at 100% when BHS PPO Network is Used
- Available to all Full Time Employees and 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 and Substance Abuse**

- Covered at 100% of Allowed Amount
- \$30 per Visit Copay
- No Deductible

##### **Substance Abuse Intensive Outpatient Program (IOP)**

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

#### **Inpatient**

##### **Mental Health and Substance Abuse**

- Covered at 100% of Allowed Amount
- No Deductible
- \$250 per Day Copay for Days 1-5
- 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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