

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 employee assistance program, mental health and substance abuse benefits for all state group insurance program participants and eligible dependents. Magellan is the nation's leading behavioral health and employee assistance company. 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

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:

- Stress
- Depression and anxiety
- Family or parenting issues
- Alcohol or drug dependencies
- Marital or relationship issues
- Adjusting to change
- Child and elder care
- Workplace concerns
- Grief and loss
- Work/life balance

State Plan	State and higher education employees, including eligible dependents, who qualify for enrollment in a health plan, regardless of whether you are enrolled.
Local Education Plan and Local Government Plan	Employees and eligible dependents enrolled in health coverage. Additionally, if you are enrolled in single health coverage, your eligible dependents may also receive EAP services even though they are not enrolled in health coverage.

Online Resources

MagellanHealth.com 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 trainings, 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 EAP 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 specific benefit-covered mental health and substance abuse services depend on your particular healthcare option (see grid on reverse side), but 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 at www.state.tn.us/finance/ins/ or from your agency insurance preparer.



1.800.308.4934

www.MagellanHealth.com

Obtaining Mental Health or Substance Abuse Services

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. Under the PPO option, you may see an out-of-network mental health provider without calling, however, your coinsurance and copayments will be higher if you do not use an in-network provider and receive preauthorization. You may also be at risk of having inpatient benefits totally denied. Under the POS and HMO options, both outpatient and inpatient services must be preauthorized to a network provider prior to the delivery of the service or benefits will be denied.

Intermediate Care

All intermediate levels of care will be counted as inpatient for the purposes of plan limitations. The following guidelines apply:

- Residential treatment is defined as a 24-hour level of residential care that is medically monitored, with 24-hour medical availability and 24-hour onsite nursing services.
(1.5 residential treatment days = 1 inpatient day)
- Partial hospitalization is defined as structured and medically supervised day, evening and/or night treatment programs where program services are provided to patients at least four hours per day and are available at least three days per week, although some patients may need to attend less often.
(2 partial hospitalization days = 1 inpatient day)
- Intensive outpatient is defined as an intensive outpatient program, usually comprised of coordinated and integrated multidisciplinary services, having the capacity for a planned, structured, service provision of at least two hours per day and three days per week, although some patients may need to attend less often.
(5 structured outpatient days = 1 inpatient day)

	PPO		POS	HMO
	In-Network	Out-of-Network	In-Network Only	In-Network Only
Mental Health Inpatient	90% of MAC; Limited to 45 days per year *PPO Ltd 80% of MAC	70% of MAC; Limited to 45 days per year *PPO Ltd 60% of MAC	\$100 copay per admission; Limited to 30 days per year	\$100 copay per admission; Limited to 30 days per year
Substance Abuse Inpatient	90% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays *PPO Ltd 80% of MAC	70% of MAC; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays *PPO Ltd 60% of MAC	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus two 28-day lifetime stays	\$100 copay per admission; Limited to two 5-day detox stays per lifetime; plus one 28-day lifetime stay
Mental Health and Substance Abuse Outpatient	Sessions 1-15: \$5 copay per session Sessions 16-45: \$25 copay per session Limited to 45 sessions per year mental health and substance abuse combined	Sessions 1-15: \$40 copay per session Sessions 16-45: \$100 copay per session Limited to 45 sessions per year mental health and substance abuse combined	\$25 copay per session; Limited to 45 sessions per year mental health and substance abuse combined	\$20 copay per session; Limited to 45 sessions per year mental health and substance abuse combined
Deductible	\$150 per individual (separate from medical deductible)		None	None

MAC = maximum allowable charge

If PPO members use non-network providers, they will be responsible for payment of charges above the MAC.

For the purpose of substance abuse lifetime maximum limitations, a stay is any substance treatment counted as inpatient where the duration is between 1 and 28 inpatient days or 1 and 5 inpatient days for detox. For example, an inpatient stay of 3 days for detox equals one lifetime 5-day detox stay.

*PPO Limited is available to local government plan participants only.