

**JEFFERSON COUNTY COMMISSION
EMPLOYEE ASSISTANCE PROGRAM AND
MENTAL & NERVOUS GROUP BENEFITS DESCRIPTION
ADDENDUM TO EMPLOYEE'S MEDICAL PLAN BOOKLET
REVISION DATE: OCTOBER 1, 2012**

This revised Addendum to the Jefferson County Commission medical plan booklet(s) replaces any prior addendum or communication provided. **Mental Health Substance Abuse (MHSA)/EAP benefits are only available as detailed in this Addendum.** This revised program is effective 10/01/12.

BEHAVIORAL HEALTH SYSTEMS, INC. (BHS) PREFERRED PROVIDER ORGANIZATION

Effective 6/01/94, the Jefferson County Commission Employee Assistance Program and all MHSA Group Benefits have been provided through Behavioral Health Systems, Inc. The BHS Preferred Provider Organization (PPO) includes a national network of credentialed inpatient and outpatient providers who specialize in the treatment of MHSA conditions. BHS open network model makes it possible for you to receive services from the provider of your choice, at an in-network level of benefit coverage. Refer to **EXCEPTIONS** and **RESTRICTIONS**.

ELIGIBILITY

EMPLOYEE ASSISTANCE PROGRAM: All active, eligible employees and their dependents as well as retirees may receive one initial assessment per plan year, free of charge, but only when provided through BHS. You must contact BHS to arrange an appointment with a qualified BHS PPO professional in your area. Refer to **ACCESS TO BENEFITS** section below.

EXTENDED COVERAGE FOR MHSA BENEFITS: Additional benefits are available to Jefferson County Commission employees, dependents and retirees enrolled in and eligible for coverage under a Jefferson County Commission-sponsored medical benefit plan. These benefits are subject to the conditions and restrictions stated below. **In order for a Covered Person to be ensured of benefit eligibility, the Person should be precertified and referred through BHS.** This applies to any inpatient or outpatient treatment for a MHSA Condition when that condition is the primary or secondary diagnosis.
Pre-Existing Conditions: Refer to your Medical Plan.

ACCESS TO BENEFITS

An initial assessment may be scheduled by calling BHS at 800-245-1150 (toll-free) or 205-879-1150 (Birmingham). When you call, identify yourself as having the Jefferson County Commission-sponsored EAP or medical benefit plan. BHS will refer you to the nearest qualified PPO assessment provider. **You should obtain an initial assessment through BHS to be eligible for treatment benefits under this Plan.**

NOTE: All benefits are subject to medical necessity review and approval by BHS either before, during, or after treatment. It is your responsibility to make sure that approval is received from BHS before you are treated, to ensure benefit eligibility under this Plan. If you do not receive approval, benefits may not be paid.

YOUR IDENTIFICATION CARD: You may receive a wallet-size Summary of Benefits card for MHSA benefits. You should carry this card at all times and show it to the hospital, doctor or any other supplier of professional care when you need to use your benefits.

EMERGENCY ADMISSIONS: In an emergency, go to an appropriate treatment facility. Notification of emergency admissions is required within 24 hours or the next business day. You should present your BHS identification card upon any emergency admission and ask the hospital to notify BHS as soon as possible.

GENERAL BENEFIT PROVISIONS

Approved MHSA benefits are payable separate from Jefferson County Commission's medical group benefits through Behavioral Health Systems, Inc. This applies to any inpatient or outpatient treatment for a MHSA condition when that condition is the primary or secondary diagnosis. Prescription drugs are payable through Jefferson County Commission's medical plan. Refer to your Medical Benefit Plan booklet for applicable general information on enrollment, eligibility, wait/pre-existing exclusion periods, COBRA continuation procedures, coordination of benefits, and other coverage issues not specifically addressed in this insert. Major medical out-of-pocket limits do not apply. For additional Plan information, contact BHS.

When approval for treatment is obtained through BHS, the following coverages are available **when you use a Behavioral Health Systems participating hospital, doctor or other professional care provider**, and when BHS receives and processes claims for services rendered under this Plan. Please note: certain restrictions apply as to conditions/diagnoses eligible for coverage. Refer to **DEFINITIONS** below or contact BHS if you have a question in this regard. All inpatient/outpatient structured programs must satisfy BHS program qualifications for coverage.

- Initial Evaluation
- Outpatient Counseling (licensed/certified M.D., Ph.D., LPC or equivalent)
 - individual therapy
 - family or group therapy
 - medication check
 - diagnostic testing
- Outpatient Structured Substance Abuse Programs (IOP)
- Partial Hospitalization Programs
- Inpatient Treatment

All covered benefits received under this Plan are payable per the effective BHS fee schedule. BHS administers its own claims processing system, separate and apart from your Medical Plan administrator. All claims for services rendered must be received directly from the provider and processed by BHS. You will need to pay any applicable deductible/copayments at the time of your visit. BHS also administers its own appeals process for related claims in strict accordance with applicable governing laws. Copies are available upon request to BHS. BHS is not responsible for the quality of the care rendered by any provider.

BENEFIT LIMITS

The following benefits are only available for treatment which is eligible for coverage, approved by BHS, is deemed medically necessary, and only when a Participating Provider is used:

Inpatient treatment for mental and nervous conditions will be covered at 100% of approved charges, after satisfying a per admission copay of \$100 per day (\$300 maximum per admission). The covered Person is responsible for the copay.

Outpatient treatment for mental and nervous conditions received through a BHS participating provider will be subject to an annual maximum of 15 visits per Person. The Covered Person is responsible for a \$25 copay pursuant to the BHS fee schedule.

SUBSTANCE ABUSE EMPLOYEE ASSISTANCE PROGRAM: One episode of substance abuse rehabilitation (including detoxification, if medically necessary) is available to all active, full-time employees and eligible dependents covered at 80% of approved charges. Employees and dependents must comply with an aftercare program of up to two years. **Additionally, employees must execute an EAP Last Chance Agreement through BHS.**

This coverage is only available for treatment which has been approved by BHS and only when a participating provider is used.

COMPLIANCE WITH FEDERAL REGULATIONS

BHS will administer Jefferson County Commission's MHSA Plan in full compliance with any and all applicable federal and state laws and regulations, as they become effective and can be clearly interpreted.

DEFINITIONS/COVERAGE RESTRICTIONS

Mental and Nervous Condition: Neurosis, psychoneurosis, psychopathy, psychosis, or mental or emotional disease or disorder. Certain plan requirements apply as to conditions eligible for coverage: primary/secondary diagnosis must be DSM-IV-TR codes 291.0 – 314.9 and 995.2 – 995.83 and all V codes (subject to certain code exclusions). Other applicable exclusions include but are not limited to: non-medically necessary treatment, supportive or maintenance level care, court-ordered treatment, investigational/unproven treatment, elective or personal growth, remedial or evaluative academic services, pathological gambling, Dementia/Alzheimer's and amnesic disorders, sleep disorders, methadone or other narcotic maintenance, chronic pain, residential, nursing home or custodial care, hypnosis, inpatient admission without precertification and weekend admissions absent medical necessity. Contact BHS for questions regarding covered services under this Plan. You may request a written list of Covered Conditions/exclusions specific to this Plan from BHS.

Substance Abuse (Drug or Alcohol) Condition: Maladaptive pattern of psychoactive substance use (i.e., drug or alcohol) to the detriment of health or social functioning.

Participating Providers: A network of BHS-credentialed independent MHSA providers or those providers having a case-specific agreement in place with BHS. Upon request, BHS may be able to affiliate a case-specific arrangement with a non-participating provider. BHS employs an open-network approach, which allows our patients greater freedom of choice in provider selection. BHS does not distribute provider directories, because: 1) we update our network daily with new providers so any listing would be outdated; 2) BHS assistance is required in accessing multiple provider specialty areas (i.e., child and adolescent), as well as specialist level (i.e., MD, PhD); 3) BHS verifies your eligibility for preferred benefit status when we schedule your appointment with provider; 4) specific provider options are relayed to you specific to your geographic location and specialty area of need; and 5) BHS conducts its precertification and eligibility verification process upon your initial call.

RIGHTS & RESPONSIBILITIES:

You have the right to:

- protection of privacy
- be treated with respect and dignity
- take part in your treatment planning with providers
- voice complaints, grievances or appeal

You have a responsibility to:

- give necessary information to BHS and your providers
- follow through with treatment plans
- take part in setting your treatment goals



BEHAVIORAL HEALTH SYSTEMS

Behavioral Healthcare Programs for Business & Industry Since 1989

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Contact BHS:

800-245-1150
205-879-1150

Website:

www.behavioralhealthsystems.com