

Covered Services	In-Network* You Pay	Out-of-Network** You Pay
Behavioral Health Care (precertification may be required – please refer to the Precertification section)		
Mental Health Treatment <ul style="list-style-type: none"> • inpatient • outpatient office visit • outpatient facility 	After you meet the deductible, you pay \$150 per confinement copay, then 10% coinsurance \$20 copay per visit after you meet the deductible 10% coinsurance after you meet the deductible	After you meet the deductible, you pay \$150 per confinement copay, then 40% coinsurance 40% coinsurance after you meet the deductible 40% coinsurance after you meet the deductible
Substance Abuse Treatment <ul style="list-style-type: none"> • inpatient • outpatient office visit • outpatient facility 	After you meet the deductible, you pay \$150 per confinement copay, then 10% coinsurance \$20 copay per visit after you meet the deductible 10% coinsurance after you meet the deductible	After you meet the deductible, you pay \$150 per confinement copay, then 40% coinsurance 40% coinsurance after you meet the deductible 40% coinsurance after you meet the deductible

* For in-network services, Plan payment will not exceed the negotiated charge.

** For out-of-network charges, Plan payment is generally 60% of the recognized charge.