

HEALTH NET

STANDARD BEHAVIORAL



Plan 657

BENEFIT DESCRIPTION	MEMBER RESPONSIBILITY
MENTAL HEALTH	
Severe mental illness	
Outpatient	
Outpatient copayment	\$15
Maximum visits per calendar year	unlimited
Inpatient	
Inpatient care for mental health in hospital or skilled nursing facility	\$500/admit
Maximum days per calendar year	unlimited
Other mental illness	
Outpatient	
Outpatient copayment	\$15
Maximum visits per calendar year	unlimited
Inpatient	
Inpatient care for mental health in hospital or skilled nursing facility	\$500/admit
Maximum days per calendar year	unlimited
CHEMICAL DEPENDENCY REHABILITATION	
Outpatient	
Individual therapy session	\$15
Group therapy session	\$7.50
Maximum visits per calendar year	unlimited
Detoxification	\$500
Inpatient	
Chemical dependency rehabilitation	\$500/admit
Maximum days per calendar year	unlimited

This is a summary of behavioral benefits under your health plan. You should refer to your Evidence of Coverage for terms and conditions including a full description of benefits, exclusions and limitations under the plan.

The following conditions are considered severe mental illnesses: schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorders, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of children.