

EMPLOYEE ASSISTANCE PROGRAM BEHAVIORAL HEALTH AND SUBSTANCE ABUSE BENEFITS



Welcome!

Optum Health is the company contracted by the state group insurance program to provide behavioral health services, which include both employee assistance and substance abuse treatment for all state group insurance program participants and eligible dependents. All services are strictly confidential and can be accessed by calling 855.HERE4TN (855.437.3486) 24 hours a day, seven days a week.

Employee Assistance Program Eligibility

All EAP services must be preauthorized. The chart below defines eligibility for employee assistance program services. You and your eligible dependents may receive up to five counseling sessions per episode at no cost to you. All services are confidential. The EAP can provide support and resources for:

- Family and relationships
- Anxiety and depression
- Dealing with addiction
- Legal and financial
- Child and elder care
- Workplace conflicts
- Grief and loss
- Work/life balance

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|--|---|
| State Plan | All full-time state and higher education employees and eligible dependents, under-65 retirees and COBRA participants. |
| Local Education and Local Government Plans | All employees, under-65 retirees and COBRA participants enrolled in a state-sponsored healthcare option. An employee's eligible dependents may receive EAP services even if the dependents are not enrolled in health coverage. |

Online Resources

Here4TN.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 training courses, search for available providers and access a map of your provider's location, as well as obtain driving directions. It also provides the ability to review claims information online. No password is required to access the site. Personalized information and tools are available when you register.

Behavioral Health and Substance Abuse Eligibility

You and your dependents must be enrolled in health coverage to be eligible for behavioral health and substance abuse services. No matter which healthcare option you have selected, you have convenient and confidential access to behavioral health and substance abuse benefits. Your cost depends on your particular healthcare option (see grid on reverse side). Subject to clinical necessity, 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 Optum or refer to the *Plan Document*, available on the publications page of the Benefits Administration website at tn.gov/finance or from your agency benefits coordinator.

Obtaining Behavioral Health or Substance Abuse Services

To receive the maximum benefit coverage for your care, you must use a network provider and obtain preauthorization as required. You can call Optum toll free at 855.HERE4TN any time, day or night, to speak confidentially with a trained professional for a referral. Although you may see an out-of-network provider without a referral, your coinsurance and copayments will be higher and you will be responsible for charges above the maximum allowable charge (MAC). You may also be at risk of having inpatient benefits totally denied if Optum determines that services are not clinically necessary.

2017 Copays, Coinsurance, Deductibles and Out-of-Pocket Maximums

Table 1: Outpatient Behavioral Health and Substance Abuse Treatment

Member copay/coinsurance amounts. Outpatient services are not subject to a deductible in the PPOs. Costs do apply to the annual out-of-pocket maximum. ^{[1], [2]}

| Healthcare Option | In-Network | Out-of-Network |
|--------------------------|------------|----------------|
| Partnership PPO | \$25 | \$45 |
| Standard PPO | \$30 | \$50 |
| Limited PPO | \$35 | \$55 |
| HealthSavings CDHP | 20% | 40% |
| Local HealthSavings CDHP | 30% | 50% |

Table 2: Inpatient Behavioral Health and Substance Abuse Treatment

Member coinsurance amounts. Services are subject to a deductible and eligible expenses apply to the annual out-of-pocket maximum. ^{[1], [2]}

| Healthcare Option | In-Network | Out-of-Network |
|--------------------------|------------|----------------|
| Partnership | 10% | 40% |
| Standard | 20% | 40% |
| Limited | 30% | 50% |
| HealthSavings CDHP | 20% | 40% |
| Local HealthSavings CDHP | 30% | 50% |

Table 3: Deductibles ^[3]

| | In-Network | Out-of-Network |
|---------------------------------|------------|----------------|
| Partnership PPO | | |
| Employee only | \$500 | \$1,000 |
| Employee + children | \$750 | \$1,500 |
| Employee + spouse | \$1,000 | \$2,000 |
| Employee + spouse + children | \$1,250 | \$2,500 |
| Standard PPO | | |
| Employee only | \$1,000 | \$2,000 |
| Employee + children | \$1,500 | \$3,000 |
| Employee + spouse | \$2,000 | \$4,000 |
| Employee + spouse + children | \$2,500 | \$5,000 |
| Limited PPO | | |
| Employee only | \$1,600 | \$3,000 |
| Employee + children | \$2,200 | \$4,000 |
| Employee + spouse | \$2,500 | \$4,600 |
| Employee + spouse + children | \$3,200 | \$6,000 |
| HealthSavings CDHP | | |
| Employee only | \$1,500 | \$3,000 |
| Employee + children | \$3,000 | \$6,000 |
| Employee + spouse | \$3,000 | \$6,000 |
| Employee + spouse + children | \$3,000 | \$6,000 |
| Local HealthSavings CDHP | | |
| Employee only | \$2,000 | \$4,000 |
| Employee + children | \$4,000 | \$8,000 |
| Employee + spouse | \$4,000 | \$8,000 |
| Employee + spouse + children | \$4,000 | \$8,000 |

Table 4: Out-of-Pocket Maximums ^[3]

| | In-Network | Out-of-Network |
|---------------------------------|------------|----------------|
| Partnership PPO | | |
| Employee only | \$3,600 | \$4,000 |
| Employee + children | \$5,400 | \$6,000 |
| Employee + spouse | \$7,200 | \$8,000 |
| Employee + spouse + children | \$9,000 | \$10,000 |
| Standard PPO | | |
| Employee only | \$4,000 | \$4,500 |
| Employee + children | \$6,000 | \$6,750 |
| Employee + spouse | \$8,000 | \$9,000 |
| Employee + spouse + children | \$10,000 | \$11,250 |
| Limited PPO | | |
| Employee only | \$6,600 | \$10,000 |
| Employee + children | \$13,200 | \$20,000 |
| Employee + spouse | \$13,200 | \$20,000 |
| Employee + spouse + children | \$13,200 | \$20,000 |
| HealthSavings CDHP | | |
| Employee only | \$2,500 | \$4,500 |
| Employee + children | \$5,000 | \$9,000 |
| Employee + spouse | \$5,000 | \$9,000 |
| Employee + spouse + children | \$5,000 | \$9,000 |
| Local HealthSavings CDHP | | |
| Employee only | \$3,500 | \$5,000 |
| Employee + children | \$7,000 | \$10,000 |
| Employee + spouse | \$7,000 | \$10,000 |
| Employee + spouse + children | \$7,000 | \$10,000 |

^[1] The following behavioral health services are treated as "inpatient" for the purpose of determining member cost-sharing: residential treatment, partial hospitalization and intensive outpatient therapy.

^[2] Prior authorization is required for psychological testing, electroconvulsive therapy, applied behavior analysis and transcranial magnetic stimulation. When using out-of-network providers, benefits for clinically necessary services will be reduced by half if prior authorization is required but not obtained, subject to the maximum allowable charge (MAC). If services are not clinically necessary, no benefit will be provided.

^[3] Deductibles and out-of-pocket maximums are for medical services, pharmacy and behavioral health and substance abuse treatment services combined. Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted.