

# CalPERS Mental Health (MH) and Substance Abuse (SA) Benefit Design

**Inpatient:** MH services provided when ordered and performed by a participating MH professional for the treatment of an acute phase of a MH condition during a certified confinement in a participating hospital. Hospitalization for SA (e.g., alcohol or drug abuse) as medically appropriate to remove toxic substances from the system. Inpatient services provided at no charge.

**Outpatient:** MH services provided when ordered and performed by a participating MH professional. At a minimum, plans must provide services for severe mental illnesses including schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorders, panic disorder, obsessive-compulsive disorder, pervasive developmental disorder or autism, anorexia nervosa, bulimia nervosa and serious emotional disturbances of a child. Plans may provide group therapy at a reduced copayment. Crisis intervention and treatment for SA (e.g., alcohol or drug abuse) provided on an outpatient basis as medically appropriate. Outpatient services provided with no office visit limits.

## Benefit Comparison

| Benefits                                                                | HMO                            | PPO                        |                          |                          |
|-------------------------------------------------------------------------|--------------------------------|----------------------------|--------------------------|--------------------------|
|                                                                         |                                | PERS Select                | PERS Choice              | PERSCare                 |
| <b>Hospital (including Mental Health and Substance Abuse)</b>           |                                |                            |                          |                          |
| Deductible (per admission)                                              | N/A                            | N/A                        | N/A                      | \$250                    |
| Inpatient                                                               | No Charge                      | 20% <sup>1</sup><br>40%    | 20%<br>40%               | 10%<br>40%               |
| Outpatient Facility/<br>Surgery Services                                | No Charge<br>(\$15 for Kaiser) | 20% <sup>1</sup><br>40%    | 20%<br>40%               | 10%<br>40%               |
| <b>Physician Services (including Mental Health and Substance Abuse)</b> |                                |                            |                          |                          |
| Office Visits (co-pay for<br>each service provided)                     | \$15                           | \$35 <sup>2,3</sup><br>40% | \$20 <sup>3</sup><br>40% | \$20 <sup>3</sup><br>40% |
| Inpatient Visits                                                        | No Charge                      | 20%<br>40%                 | 20%<br>40%               | 10%<br>40%               |
| Outpatient Visits                                                       | \$15                           | \$20<br>40%                | \$20<br>40%              | \$20<br>40%              |
| Urgent Care Visits                                                      | \$15                           | \$35<br>40%                | \$35<br>40%              | \$35<br>40%              |
| Preventive Services                                                     | No Charge                      | No Charge                  | No Charge                | No Charge                |

<sup>1</sup> Coinsurance waived for deliveries if enrolled in Future Moms Program.

<sup>2</sup> Reduced to \$10 if enrolled with personal doctor.

<sup>3</sup> \$35 for specialist visit.