

# Magellan Health Services Benefits at a Glance

Level of Care	In-Network Benefit	In-Network Rules	Out-of-Network Benefit	Out-of-Network Rules
<i>Inpatient Hospitalization</i>	<ul style="list-style-type: none"> <li>• 30 days per year are shared between in and out-of-network benefits</li> <li>• \$25 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• 30 days per year are shared between in and out-of-network benefits</li> <li>• \$500 deductible</li> <li>• Plan pays \$250 per day after deductible is met. All other costs after plan payment of \$250 are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> <li>• It is the member's responsibility to obtain preauthorization for initial and concurrent reviews</li> <li>• Failure to obtain preauthorization results in no reimbursement</li> </ul>
<i>Partial Hospitalization</i>	<ul style="list-style-type: none"> <li>• Benefit is derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year</li> <li>• 30 partial days per year are shared between in and out-of-network benefits</li> <li>• Trade at 2 partial days for 1 inpatient day</li> <li>• \$20 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• Benefit derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year</li> <li>• 30 partial days per year are shared between in and out-of-network benefits</li> <li>• Trade at 2 partial days for 1 inpatient day</li> <li>• \$250 deductible</li> <li>• Plan pays \$125 per day after deductible. All costs after plan payment of \$125 are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> <li>• It is the member's responsibility to obtain preauthorization for initial and concurrent reviews</li> <li>• Failure to obtain preauthorization results in no reimbursement</li> </ul>
<i>Residential</i>	<ul style="list-style-type: none"> <li>• 60 days per year</li> <li>• \$12.50 co-pay per day</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• No benefit</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<i>Intensive outpatient (IOP)</i>	<ul style="list-style-type: none"> <li>• 45 IOP visits per year are shared between in and out-of-network benefits</li> <li>• \$100 co-pay per program</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> <li>• \$100/program co-pay applies to a continuous episode of care in IOP. If patient discontinues &amp; restarts program, a new \$100 co-pay is applied.</li> </ul>	<ul style="list-style-type: none"> <li>• 45 IOP visits per year are shared between in and out-of-network benefits</li> <li>• Plan pays \$40 per visit. All other costs after plan payment of \$40 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> <li>• It is the member's responsibility to obtain preauthorization for initial and concurrent reviews</li> <li>• Failure to obtain preauthorization results in no reimbursement</li> </ul>
<i>Outpatient therapy (individual, family, and medication evaluation)</i>	<ul style="list-style-type: none"> <li>• 30 visits per year are shared between in and out-of-network benefits</li> <li>• \$20 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• 30 visits per year are shared between in and out-of-network benefits</li> <li>• Plan pays \$25 per visit. All other costs after plan payment of \$25 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• No preauthorization required</li> </ul>
<i>Outpatient Group Psychotherapy</i>	<ul style="list-style-type: none"> <li>• 60 visits per year are shared between in and out-of-network benefits</li> <li>• \$5 co-pay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• 60 visits per year are shared between in and out-of-network benefits</li> <li>• Plan pays \$15 per visit. All other costs after plan payment of \$15 per visit are member's responsibility</li> </ul>	<ul style="list-style-type: none"> <li>• No preauthorization required</li> </ul>
<i>Ongoing Medication Management</i>	<ul style="list-style-type: none"> <li>• \$10 co-pay per visit</li> <li>• Not subject to Outpatient visit limits</li> </ul>	<ul style="list-style-type: none"> <li>• Preauthorization required</li> </ul>	<ul style="list-style-type: none"> <li>• Plan pays \$25 per visit. All costs after plan payment of \$25 per visit are member's responsibility</li> <li>• Not subject to Outpatient visit limits</li> </ul>	<ul style="list-style-type: none"> <li>• No preauthorization required</li> </ul>
<i>Lifetime Maximums</i>	<ul style="list-style-type: none"> <li>• No lifetime maximum</li> </ul>		<ul style="list-style-type: none"> <li>• \$5 million lifetime maximum</li> </ul>	