

BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM SUMMARY

Maricopa County offers both an Employee Assistance Program (EAP) and Behavioral Health Benefit administered by Magellan Health Services (Magellan). All employees (including contract and temporary) and their dependents are eligible for the EAP Program. Dependents under EAP are defined differently than under your health and dental plans. EAP services are available to anyone living in your household and children attending school out-of-state or who live out-of-state, if you are responsible for their benefits. However, the Behavioral Health benefit is limited to those employees who have elected Cigna medical coverage (except for Cigna Choice Fund Health Savings Account) and to their covered dependents.

Protecting your confidentiality is Magellan's top priority. All records, including personal information, referrals and evaluations, are kept confidential in accordance with federal and state laws. Release of information can be given only with your written consent, except where required by law (e.g., when child abuse is suspected or when posing a danger to self or others).

EAP PROGRAM SUMMARY

Sometimes employees face problems that they cannot solve. Concerns can become overwhelming and affect work performance, personal happiness, family relations and personal health. When this occurs, professional help may be needed to resolve the problem before it becomes a larger issue.

The Employee Assistance Program (EAP) offered through Magellan is an employer-paid benefit that provides short-term counseling for both personal and work-related issues for you and your dependents. There is no premium charged to you for this benefit and there is no copayment when you use this service. You will be assisted by a behavioral health professional who will ensure that you receive treatment at the most appropriate level for your situation.

Your EAP provides a full range of counseling and referral services for individual, family and marital concerns, stress and job-related matters, child and domestic abuse, chemical and alcohol dependency assessment, and legal or financial issues. Counseling is available by phone or in-person, depending on your preference.

Counseling

Your EAP benefit provides up to eight individual counseling sessions for you and your dependents per person, per problem, per year. If sufficient need is shown, upon your approval, your counselor may encourage other members of your family to participate in your sessions.

Legal Consultation

Your EAP provides legal consultation services. You can call and be referred to an attorney for a prepaid initial in-person consultation or for an immediate telephonic consultation on issues such as estate planning, family and divorce law, civil and criminal matters, and more. One free one-hour consultation per plan year is covered. Ongoing services are offered at discounted rates.

Financial Counseling

Your EAP also includes services to help you reach your financial goals. When you call, you'll be put in touch with a financial expert who can provide information and answer questions on a

wide range of topics, including planning for retirement, debt consolidation, and more. Unlimited telephonic service is covered. Additionally, one free, initial in-person one hour session is covered per plan year.

For more information regarding the EAP benefit or to make an appointment, contact Magellan at 1-888-213-5125, 24 hours a day, seven days a week or online at www.magellanhealth.com/member.

For details about the EAP benefit, refer to the Magellan brochure located on the EBC/Intranet at <http://ebc.maricopa.gov/ehi> or on the Internet Web site at www.maricopa.gov/benefits.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE BENEFIT SUMMARY

The behavioral health benefit, which is provided to you and covered dependents enrolled in a Cigna medical plan (except for Cigna Choice Fund Health Savings Account), provides services that support your well-being. You can receive confidential counseling whenever you and/or your eligible dependents are faced with a personal challenge. These services help you deal with a wide range of issues, including:

- Alcohol or drug dependency
- Anger management
- Autism
- Compulsive gambling
- Depression
- Eating disorders
- Grief and loss
- Severe stress and anxiety
- And more

Provided below is a summary of your benefits. It is important for you to understand that in-network benefits received through a participating provider are payable only if each service is determined to be medically necessary and pre-authorized by Magellan before you start treatment. Certain out-of-network services (such as inpatient, residential, intensive outpatient, and partial hospitalization), also require pre-authorization by Magellan before services are received. However, out-of-network outpatient individual or group counseling services do not require pre-authorization.

For details about the Magellan behavioral health and substance abuse benefit, refer to the Behavioral Health and Substance Abuse Plan Description on the EBC/Intranet at <http://ebc.maricopa.gov/ehi> or on the Internet Web site at www.maricopa.gov/benefits.

For more information regarding the Magellan behavioral health and substance abuse benefit, claims payment, to obtain pre-authorization or to find a participating in-network provider, contact Magellan, 24 hours a day, seven days a week at 1-888-213-5125.

Out-of-network claims should be mailed to Magellan, P. O. Box 1098, Maryland Heights, MO 63043.

Level of Care	In-Network Benefit	In-Network Rules	Out-of-Network Benefit	Out-of-Network Rules
Inpatient Hospitalization	30 days per year (in- and out-of-network combined) \$25 co-pay per day	Preauthorization required	30 days per year (in- and out-of-network combined) \$500 deductible; Plan pays \$250 per day after deductible is met. All other costs after plan payment of \$250 per day are member's responsibility.	Pre-authorization required. It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews. Failure to obtain pre-authorization results in no reimbursement.
Partial Hospitalization	Benefit is derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year. 60 partial day per year (in- and out-of-network combined) Benefit is traded at 2 partial days for 1 inpatient day. \$20 co-pay per day.	Preauthorization required	Benefit derived from trading unused inpatient hospitalization days for up to 30 partial hospitalization days per year. 30 partial days per year (in- and out-of-network combined) Benefit is traded at 2 partial days for 1 inpatient day. \$250 deductible. Plan pays \$125 per day after deductible. All costs after plan payment of \$125 per day are member's responsibility.	Pre-authorization required. It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews. Failure to obtain Pre-authorization results in no reimbursement.
Residential Treatment	60 days per year; \$12.50 co-pay per day	Pre-authorization required	No benefit	N/A
Intensive Outpatient (IOP)	45 IOP visits per year (in- and out-of-network combined) \$100 co-pay per program.	Pre-authorization required. \$100/program co-pay applies to a continuous episode of care in IOP. If patient discontinues & restarts program, a new \$100 co-pay is applied.	45 IOP visits per year (in- and out-of-network combined) Plan pays \$40 per visit. All other costs after plan payment of \$40 per visit are member's responsibility.	Pre-authorization required. It is the member's responsibility to obtain pre-authorization for initial and concurrent reviews. Failure to obtain pre-authorization results in no reimbursement.
Outpatient Therapy (individual, family, and medication evaluation)	Unlimited visits; \$25 co-pay per visit.	Preauthorization required.	Unlimited visits; Plan pays \$25 per visit. All other costs after plan payment of \$25 per visit are member's responsibility.	No pre-authorization required
Outpatient Group Psychotherapy	Unlimited visits; \$10 co-pay per visit.	Pre-authorization required	Unlimited visits; Plan pays \$15 per visit. All other costs after plan payment of \$15 per visit are member's responsibility.	No pre-authorization required
Ongoing Medication Management	Unlimited visits; \$10 co-pay per visit.	Pre-authorization required	Unlimited visits; Plan pays \$25 per visit. All other costs after plan payment of \$25 per visit are member's responsibility	No pre-authorization required
Lifetime Maximums	No lifetime maximum		No lifetime maximum	
Autism Coverage			No maximum limit	

