

Managed Mental Health

Professional counseling is available through two sources: APS, your employee assistance program; and through Cigna Health Solutions, the managed mental health care company.

- ❖ Generally, the employee assistance program should be used for short term counseling. Use the EAP first in order to maximize your benefits.
- ❖ Cigna Health Solutions must be used when inpatient care for mental health or substance abuse treatment is needed. Cigna also provides counseling services. When using Cigna, employees have to pay co-pays in accordance with the benefit schedules.

The managed mental health and substance abuse benefits are administered by Cigna Health Solutions. This means that managed mental health and substance abuse services are available through a network of selected behavioral care providers in your community. This includes psychiatrists, psychologists, master level social workers, marriage and family counselors, as well as hospital and alcohol or other substance abuse treatment centers.

How To Receive Care

All employees must be enrolled in the medical plan to be eligible for Cigna Health Solutions. An employee who has elected medical coverage through the MCCCDC medical plan may self-refer for managed mental health treatments. If the employee has signed up for a tier of family coverage in the medical plan, those covered dependents are also eligible for managed mental health coverage.

All eligible employees and dependents may call Cigna at 1-800-343-2183 for an appointment. A Cigna intake specialist will review the situation and determine the appropriate action depending on the situation.

- ❖ Emergency situations are immediately referred to a clinician for crises assistance.
- ❖ Non emergency situations will be scheduled for a confidential appointment with a counselor and may be referred to other available resources if appropriate.

Outpatient Care

You have the choice of using Cigna to coordinate your care, or you can see any provider you choose, without a Cigna authorization.

Inpatient Care

You must call Cigna for pre-authorization of any inpatient treatment, regardless of whether you're using in-network or out-of-network benefits. If you or a family member is admitted to the hospital on an emergency basis, Cigna must be notified by the end of the next scheduled business day following admission to the hospital. If pre-authorization is not obtained for in-network treatment,



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payment will be made at the out-of-network level.

An additional reduction of 50% of the out-of-network level will be applied for:

1. failure to obtain out-of-network pre-authorization.
2. failure to call Cigna by the end of the next scheduled business day.
3. failure to comply with the prescribed treatment.

Benefit Levels

In-Network benefits apply when you use Cigna mental health and substance abuse services. You receive:

- ❖ higher benefits; you pay a reduced fee with in-network care.
- ❖ \$25 copay per day for inpatient care.
- ❖ in-network prescription benefits through the medical program.
- ❖ no claim forms to complete.


Out-of-Network benefits apply when you choose a provider that is not contracted with Cigna , or you go to a provider without an Cigna authorization. You receive:

- ❖ Reimbursement for covered services at a lower coinsurance level.
- ❖ \$150 deductible per individual, \$300 per family separate from your medical deductible.
- ❖ claim forms to complete.

How To File A Claim

1. Fill out a claim form for services received, and attach a copy of the bill.
2. Mail the completed form to: Cigna Health Solutions
P.O. Box 46270, Eden Prairie, MN. 55344-6270,
Attn. Claims - EP

For more information about submitting claims, call Cigna Customer Service at 1-800-926-2273. Or you may call the Employee Benefits office and request a Cigna claim form.



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MCCCD Managed Mental Health

Program Feature	In-Network	Out-of-Network
DEDUCTIBLE	None	\$150 individual/\$300 family
<u>Inpatient care</u> Hospital Expenses: Room & Board, Drug, X-ray Lab & Physician charges & Detoxification	\$25 copay per day	Subject to deductible 70% coverage
<u>Intermediate Care</u> Residential & Partial Hospital (Counted as 2 partial days to 1 inpatient day)	\$25 copay per day	Subject to deductible 70% coverage
<u>Inpatient & Intermediate Care</u> Contract year limit	Mental Health & Substance Abuse Combined: 30 days per plan year	
<u>Outpatient Care</u> Outpatient Visits 1-20 21-30 Contract Year Limit	\$10 copay per visit \$20 copay per visit 30 visits per plan year	70% coverage after deductible 60 visits per plan year
<u>Structured Outpatient Substance Abuse Program</u>	\$15 copay per visit Maximum out-of-pocket \$150 per program	Covered under outpatient benefit.
Lifetime Limit	2 Program(s) per lifetime	2 Program(s) per lifetime
LIFETIME LIMIT (Combined for all in and out-of-network benefits)	60 days 285 visits	
PREAUTHORIZATION & REVIEW	<p>Preauthorization required for all Inpatient & Intermediate Care. Failure to obtain preauthorization will result in payment at the out of network benefit levels.</p> <p>An additional 50% reduction of the out-of-network level will be applied for:</p> <ol style="list-style-type: none"> 1. Failure to obtain pre-authorization 2. Failure to call by the end of next business day 3. Failure to comply with prescribed treatment plan <p>All Coverage is subject to medical necessity.</p>	