

# SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS POS SCHEDULE OF BENEFITS

Pre-Authorization is required for all In-Network visits. All Pre-Authorizations are based on medical necessity AND providers must be contracted with PBH. You do not need to go through your Primary Care Physician, but you must obtain prior authorization through PacifiCare Behavioral Health of California (PBHC). PBHC is available to you toll-free, 24 hours a day, 7 days a week, at 1-800-999-9585.

## In-Network Benefits

## Out-of-Network Benefits

### Mental Health (MH)

<b>Inpatient Deductible</b>	None	None
<b>Inpatient Per Admission Fee</b>	None	None
<b>Inpatient, Partial and Day Treatment</b> <i>Days to be determined based on the following ratios:</i> <i>Inpatient Treatment - 1 Day</i> <i>Residential Treatment - 70% of 1 Day</i> <i>Day Treatment - 60% of 1 Day</i>	30 Days per Calendar Year Covered at 100% after any applicable admission fee or Copayment	Emergency services and care only
<b>Outpatient Mental Health</b>	\$10 Copayment per visit 52 Visits per Calendar Year (combined with CD maximum) <sup>1</sup>	All charges above \$50 per visit

### Chemical Dependency (CD)

<b>Inpatient Chemical Dependency</b> <i>Includes Detox</i>	30 Days per Calendar Year 2 Treatments per lifetime	Emergency services and care only
<b>Outpatient Chemical Dependency</b>	52 Visits per Calendar Year (combined with MH maximum) <sup>1</sup>	

### Severe Mental Illness (SMI)<sup>2</sup>

<b>Inpatient Deductible</b>	None	None
<b>Inpatient Per Admission Fee</b>	None	None
<b>Inpatient, Partial and Day Treatment</b>	Unlimited Days covered at 100% after any applicable admission fee or copayment	Emergency services and care only
<b>Annual Maximum Benefit for Inpatient Treatment</b>	None	None
<b>Outpatient Mental Health Treatment</b>	Unlimited Visits \$10 Copayment per Visit	All charges above \$50 per visit
<b>Lifetime Dollar Maximum for Parity Diagnosis</b>	Benefit Maximum matches Medical Plan lifetime limit (accumulates separately from Medical)	Not Covered

<sup>1</sup> Out-of-Network Maximum of 20 visits per member per year.

<sup>2</sup> Severe Mental Illness diagnoses include: Anorexia Nervosa; Bipolar Disorder; Bulimia Nervosa; Major Depressive Disorder; Obsessive-Compulsive Disorder; Panic Disorder; Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism; Schizoaffective Disorder; Schizophrenia. In addition, the Severe Mental Illness Benefit includes coverage of Serious Emotional Disturbance of Children (SED).