

Behavioral Health Benefit Options at a Glance

Toll-Free Number – (866) 882-9791	<ul style="list-style-type: none"> Immediate access to behavioral health and convenience service benefits Contact Horizon to access premier benefit coverage options
Outpatient Mental Health	<ul style="list-style-type: none"> \$35 co-pay when approved by Horizon (In-Network) 40% coinsurance without approval by Horizon after deductible met (Out-of-Network) Member can be balance billed if member chooses to see a non-participating provider. Horizon pays a maximum of \$35 per visit to the non-participating provider
Outpatient Substance Abuse	<ul style="list-style-type: none"> \$35 co-pay when approved by Horizon (In-Network) 40% coinsurance without approval by Horizon after deductible met (Out-of-Network) Member can be balance billed if member chooses to see a non-participating provider. Horizon pays a maximum of \$35 per visit to the non-participating provider
Intensive Outpatient	<ul style="list-style-type: none"> \$35 co-pay when approved by Horizon (In-Network) 40% coinsurance without approval by Horizon after deductible met (Out-of-Network) Member can be balance billed if member chooses to see a non-participating provider. Horizon pays a maximum of \$35 per visit to the non-participating provider
Inpatient Mental Health	<ul style="list-style-type: none"> \$600 co-pay per admission (In-Network) No deductible applied for in-network services 40% coinsurance for out-of-network services after deductible met (Out-of-Network) Balance billing may apply if member chooses services from a non-participating provider
Inpatient Substance Abuse	<ul style="list-style-type: none"> \$600 co-pay per admission (In-Network) No deductible applied for in-network services 40% coinsurance for out-of-network services after deductible met (Out-of-Network) Balance billing may apply if member chooses services from a non-participating provider
Partial Hospitalization	<ul style="list-style-type: none"> \$200 co-pay per admission (In-Network) No deductible applied for in-network services 40% coinsurance for out-of-network services after deductible met (Out-of-Network) Balance billing may apply if member chooses services from a non-participating provider
Residential Treatment	<ul style="list-style-type: none"> 60 days per year maximum 20% coinsurance paid by member for in-network services (In-Network) 40% coinsurance for out-of-network services after deductible met (Out-of-Network) Balance billing may apply if member chooses services from a non-participating provider
Deductible	<ul style="list-style-type: none"> Applies only to out-of-network services \$500 deductible per individual per year \$1,500 deductible per family per year
Out of Pocket Maximum	<ul style="list-style-type: none"> In-network \$2,500 individual/\$5,000 family Out-of-Network \$5,000 individual/\$10,000 family

*Mental health and substance abuse benefit accumulators are combined with medical benefit deductibles and out of pocket maximums.

**Members enrolled in the District's medical plan are automatically enrolled in the Horizon mental health and substance abuse plan as well as the District paid worklife services program.



1-866-882-9791

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