

**FEDERAL PARITY COMPLIANT**

**PLAN OF BENEFITS**

***BASIC PLAN***

	Network Provider	Out-of-Network Provider
<b>EAP</b>	5-Sessions	N/A
<b>Sessions 1-5</b>	\$0.00 Co-Payment	N/A
<b>Mental Health and Substance Abuse</b>		
<b>Emergency Room</b>	\$250 co-pay (co-pay waived if admitted)	\$250 (co-pay waived if admitted)
<b>Inpatient</b>	\$250 co-pay per ADM + \$1,500 deductible + 20% co-pay	\$250 ADM + \$3,000 deductible + 50% copay of UCR
<b>Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)</b>	Deductible applies, then 20% co-pay	Deductible + \$250 co-pay, then 50% co-pay of UCR \$500 co-pay (skilled nursing) then 50% copay of UCR
<b>Outpatient</b>	\$35 co-pay (no deductible applies)	Deductible, then 50% co-pay of UCR
<b>Lifetime Maximum</b>	UNLIMITED	
<b>Annual Deductible – combined with Medical-Renews Oct 1<sup>st</sup>.</b>	Individual \$1,500 Family \$4,500	Individual \$3,000 Family \$9,000
<b>Co-Insurance Out-of-Pocket Maximum – combined with Medical (does not apply to deductible)</b>	Individual \$6,600 Family \$13,200	Individual \$10,000 Family \$30,000
<p><b>*Calendar year Out of Pocket Maximum</b>  <b>**The Out of Pocket maximum includes any co-insurance or coverage that have a % next to them. Covered expenses applied to in-network oop max do not apply to your out of network oop max and vice-versa.</b></p> <ul style="list-style-type: none"> <li>• Concurrent review required for inpatient admission.</li> <li>• Required pre-authorization subject to medical necessity.</li> <li>• Emergency hospitalization must notify Holman within 48 hours of admission.</li> <li>• Inpatient Out-of-Network emergencies are paid at the same level as In-Network.</li> </ul>		

**User name: holmangroup Password: ICS2530 (Case Sensitive)**



**The Holman Group**  
Managed Behavioral Health Care Services

**TO ARRANGE A CONFIDENTIAL APPOINTMENT CALL:  
800-321-2843 or visit [www.holmangroup.com](http://www.holmangroup.com)**

An EAP counselor is available 24 hours a day, 7 days a week for emergency and urgent assistance. To schedule an appointment, receive a community referral, or for inquiries our office is open 7:30 am to 6:30 pm PST.

## COB Plan

	Network Provider	Out-of-Network Provider
<b>EAP</b>	5-Sessions	N/A
<b>Sessions 1-5</b>	\$0.00 Co-Payment	N/A
<b>Mental Health and Substance Abuse</b>		
<b>Inpatient</b>	30% co-pay	30% co-pay of UCR
<b>Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)</b>	30% co-pay	30% co-pay of UCR
<b>Outpatient</b>	30% co-pay (No deductible applies)	30% co-pay of UCR
<b>Emergency Room</b>	30% co-pay (deductible waived)	30% co-pay (deductible waived)
<b>Lifetime Maximum</b>	UNLIMITED	
<b>Annual Deductible</b>	N/A	N/A
<b>Co-Insurance Out-of-Pocket Maximum</b>	N/A	N/A
<ul style="list-style-type: none"> <li>• Concurrent review required for inpatient admission.</li> <li>• Required pre-authorization subject to medical necessity.</li> <li>• Emergency hospitalization must notify Holman within 48 hours of admission.</li> <li>• Inpatient Out-of-Network emergencies are paid at the same level as In-Network.</li> </ul>		

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BRONZE PLAN - PPO		
	Network Provider	Out-of-Network Provider
<b>Mental Health and Substance Abuse</b>		
<b>Inpatient</b>	30% co-pay	50% co-pay
<b>Structured Outpatient/Partial Day Treatment - AKA Skilled Nursing Limited to 90 days</b>	30% co-pay	50% co-pay
<b>Outpatient</b>	30% co-pay	50% co-pay
<b>Emergency Room</b>	\$100 co-pay per incident, then 30% co-pay (deductible does not apply)	\$100 co-pay per incident, then 30% co-pay (deductible does not apply)
<b>Lifetime Maximum</b>	UNLIMITED	
<b>Annual Deductible</b>	\$5,000 – Individual \$10,000 – Family	\$15,000 – Individual \$30,000 - Family
<b>Out-of-Pocket Maximum</b>	\$6,350 – Individual \$12,700 – Family	\$25,000 – Individual \$50,000 - Family
<ul style="list-style-type: none"> <li>• Concurrent review required for inpatient admission.</li> <li>• Required pre-authorization subject to medical necessity.</li> <li>• Emergency hospitalization must notify Holman within 48 hours of admission.</li> <li>• Covered expenses applied to in-network oop max do not apply to out of network oop max and vice versa.</li> </ul>		



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# Comprehensive Plan

	Network Provider	Out-of-Network Provider
EAP	5-Sessions	N/A
Sessions 1-5	\$0.00 Co-Payment	N/A
<b>Mental Health and Substance Abuse</b>		
Emergency Room	\$250 co-pay (co-pay waived if admitted)	\$250 (co-pay waived if admitted)
Inpatient	\$250 ADM + \$650 deductible + 20%	\$250 ADM + \$1,500 deductible + 50% co-pay of UCR
Structured Outpatient/Partial Day Treatment AKA Skilled Nursing (90 days per confinement)	20% co-pay Deductible (skilled nursing) + 20% co-pay	50% co-pay of UCR \$500 co-pay (skilled nursing), then 50% co-pay of UCR
Outpatient	\$10 co-pay (no deductible applies)	Deductible, then 50% co-pay of UCR
Lifetime Maximum	UNLIMITED	
Annual Deductible – combined with Medical Renews October 1 <sup>st</sup> .	Individual \$650 Family \$1,950	Individual \$1,500 Family \$4,500
Co-Insurance Out-of-Pocket Maximum – combined with Medical (does not apply to deductible)	Individual \$3,000 Family \$9,000	Individual \$9,000 Family \$27,000
<p><b>*Calendar year Out of Pocket Maximum</b>  <b>**The Out of Pocket maximum includes any co-insurance or coverage that have a % next to them.</b></p> <ul style="list-style-type: none"> <li>• Concurrent review required for inpatient admission.</li> <li>• Required pre-authorization subject to medical necessity.</li> <li>• Emergency hospitalization must notify Holman within 48 hours of admission.</li> <li>• Inpatient Out-of-Network emergencies are paid at the same level as In-Network.</li> </ul>		

## SIMNSA

	Network Provider	Out-of-Network Provider
EAP	5-Sessions	N/A

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