

Mental Health/Substance Abuse Benefit

Lake County BCC

Financial Features	PPO Physician Copayment Benefits	HMO Benefit
	Amount Member Pays	
Mental Health – CYM* inpatient/outpatient	30 days/20 visits	30 days/20 visits
Inpatient Hospital Facility Services (per admit)		
In-Network	CYD* + Co-ins*	\$200 copay per day up to \$1,000 per admission
Out-of-Network	CYD + Co-ins	Not Covered
Outpatient Office Visit		
In-Network Family Physician/PCP (FP)	\$20 Copay	Not Applicable
In-Network Specialist (SP)	\$35 Copay	\$25 Copay
Out-of-Network Provider	CYD + Co-ins	Not Covered
Substance Dependency Care & Treatment (LTM)	\$2,500	
Inpatient Hospital Facility Services (per admit)		
In-Network	CYD + Co-ins	Detox Only \$200 copay per day up to \$1,000 per admission
Out-of-Network	CYD + Co-ins	Not Covered
Outpatient Office Visit		20 visits CYM
In-Network Family Physician/PCP (FP)	\$20 Copay	Not Applicable
In-Network Specialist (SP)	\$35 Copay	\$15
Out-of-Network Provider	CYD + Co-ins	Not Covered

* CYM means Calendar Year Maximum
 CYD means Calendar Year Deductible
 Co-ins means Coinsurance

