

Employee Assistance Program (EAP)

This program is managed by American Behavioral Benefits with Bradford Health Services providing substance abuse rehabilitation services. This is the only coverage for Mental Health and Substance Abuse Rehabilitation counseling. If you are in need of these services you should call (334) 396-9323.

If your problem can be addressed through counseling in the office there is no charge. If you have family health care coverage your eligible dependents may also use the program. If you must be referred out to a network provider there are two very nominal co-pay structures, one for mental health and one for substance abuse.

Emergency psychiatric treatment services that are judged by American Behavioral case managers as medically justified and occur at non-American Behavioral approved facilities will be covered in full. However, transfers to an approved facility must occur as soon as patient is medically or psychiatrically stable to transfer. If not, benefits will reduce to 50% of the cost and will be limited to a maximum of five days. In all situations, American Behavioral must be notified for certification within 24 hours of admission or on the next business day following the emergency psychiatric admission.

CITY OF MONTGOMERY SUBSTANCE ABUSE TREATMENT BENEFITS SUMMARY

Pre-Service Authorization or Registration Is Required For Certain Services.

For In-Network Pre-Authorization / Registration in Alabama
Call Bradford at 334-440-8534 (Montgomery, AL).

Benefit	In-Network (Bradford programs only)			Out-of-Network (If Applicable)		
	Limitations	Coverage	Member Responsibility	Limitations	Coverage	Member Responsibility
Intensive Outpatient Substance Abuse Services	Based on appropriate level of care and medical necessity criteria	100% of allowed amount* subject to deductible and authorization	\$150 per admission deductible	No Out-of-Network Benefits Available		
Inpatient Substance Abuse Services (Includes partial hospitalization services)	Based on appropriate level of care and medical necessity criteria	100% of allowed amount* subject to deductible and authorization	\$500 per admission deductible			
Notation	Family program and continuing care services are covered, when offered, at in network Bradford-owned facilities.					

*Allowable Amount: The amount of a provider's/facility's charges that Bradford recognizes for payment. This is based on the payment method used by Bradford where services are received. The allowed amount shall be determined by Bradford using pre-established fee schedules and/or per diem rates in every situation possible.

**Administered by:
BRADFORD HEALTH SERVICES**



City of Montgomery

Mental Health Treatment Benefits Summary

Benefits	In-Network			Out-of-Network		
	Limitations	Coverage	Copay	Limitations	Coverage	Copay
Inpatient Hospital Services 1 Partial = 1 Day	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	100% of Allowed Amount. *	Days 1-3: \$100 per day; Days 4-19: full coverage; Days 20-30: \$25 per day.	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	50% Copay	
Pre-Authorization	Pre-Authorization is Required For All Services. Emergency Admissions Require Notification Within 24 Hours of Admission. For Pre-Certification, Call 205-871-7814 Or 800-677-4544					
Anesthesia (<i>In conjunction with ECT</i>)		80% of Allowed Amount. *	20% of Allowed Amount. *		80% of Allowed Amount. *	20% of Allowed Amount.*
Ambulance Services		80% of Allowed Amount. *	20% of Allowed Amount. *		80% of Allowed Amount. *	20% of Allowed Amount. *
Inpatient Physician Services	Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	100% of Allowed Amount. *		Up to 30 days total for Inpatient care (<i>Mental Health Treatment</i>) each contract year, 60 days per lifetime.	50% Copay	
Outpatient Services	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (<i>Mental Health Treatment</i>) each contract year.	100% of Allowed Amount. *	Visits 1-5: \$5 per visit; Visits 6-20: \$20 per visit; Visits 21-30: \$35 per visit.	Up to 30 Visits/Sessions/Group Therapy (or any combination thereof) total for Outpatient care (<i>Mental Health Treatment</i>) each contract year.	50% Copay	
Psychological Testing	Falls under outpatient benefit.	100% of Allowed Amount. *		Falls under outpatient benefit.	50% Copay	
Emergency Department		100% of Allowed Amount. *	\$100 Copay.		80% of Allowed Amount. *	
Electroconvulsive Therapy	Applied toward the Inpatient Mental Health Treatment Benefit.					
NOTATION	In-network and out-of-network days/visits/units shall not be combined so that the combination exceeds the total number of days/visits/units available in the In-Network section of the <i>Mental Health Benefits Summary</i> .					

*Allowed amount: The amount of a provider's/facility's charge that American Behavioral recognizes for payment. This is based on the payment method used by American Behavioral where services are received. The allowed amount shall be determined by American Behavioral using pre-established fee schedules and/or per diem rates in every situation possible.

Administered by:

