

Pennsylvania State Police

Mental Health and Substance Abuse Benefit Summary

CLASSIC BLUE * BENEFITS	BASIC PLAN	MAJOR MEDICAL PLAN
Network	Participating Providers (Non-Participating Providers can bill amounts not paid by plan)	
Deductible <i>Per Calendar Year</i>	None	\$250 Individual \$750 Family Aggregate
Payment Level <i>Based on Provider's Reasonable Charge (PRC)</i>	100% PRC	80% PRC after deductible until out-of-pocket limit is met; then 100% PRC
Out-of-Pocket Limit <i>Includes Partial Hospitalization</i>	Not Applicable	\$380 per Person
Lifetime Maximum	Unlimited	\$1,000,000 per Person
Mental Health - Inpatient <i>Includes Partial Hospitalization</i>	100% PRC 60 Days per Benefit Period	80% PRC after Deductible
Mental Health - Outpatient	Not Covered	80% PRC after Deductible
Substance Abuse - Inpatient Rehabilitation** <i>Includes Partial Hospitalization</i>	100% PRC 30 Days per Benefit Period	80% PRC after deductible
Substance Abuse - Outpatient **	100% PRC 60 Visits per Benefit Period; 120 Visits per Lifetime	80% PRC after deductible
Substance Abuse - Detoxification**	100% PRC 7 Days per Admission; 4 Admissions per Lifetime	80% PRC after deductible

*Classic Blue (Indemnity) coverage considers benefits under the Basic Plan first. If there are any unpaid services or remaining liability, the services are automatically processed under the Major Medical Plan for further consideration.

**Benefits are not provided for care received in or provided by a Non-Participating Substance Abuse Treatment Facility.

PPOBLUE BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Network	PPO Network	Non-PPO Providers (can bill for amounts not paid by plan)
Deductible <i>Per Benefit Period</i>	None	\$250 Individual \$750 Family Aggregate
Payment Level <i>Based on Provider's Reasonable Charge (PRC)</i>	100% PRC	80% PRC after deductible until out-of-pocket limit is met; then 100% PRC
Out-of-Pocket Limit <i>Includes Coinsurance</i>	Not Applicable	\$1,500 Individual \$3,000 Family Aggregate
Lifetime Maximum	Unlimited	\$1,000,000 per Person
Mental Health - Inpatient* <i>Includes Partial Hospitalization</i>	100% PRC 60 Days per Benefit Period (up to 30 Days for Serious Mental Illness)	80% PRC after Deductible
Mental Health -Outpatient*	100% PRC after \$25 Copay 60 Visits per Benefit Period (up to 60 Visits for Serious Mental Illness)	80% PRC after Deductible
Substance Abuse - Inpatient Rehabilitation <i>Includes Partial Hospitalization</i>	100% PRC 30 Days per Benefit Period; 90 Days per Lifetime	80% PRC after Deductible
Substance Abuse - Outpatient	100% PRC after \$25 Copay 60 Visits per Benefit Period; 120 Visits per Lifetime	80% PRC after Deductible
Substance Abuse - Detoxification	100% PRC 7 Days per Admission; 4 Admissions per Lifetime	80% PRC after Deductible

*State mandated benefits provide for up to 30 inpatient days and 60 outpatient visits annually, for serious mental illness diagnosis. Serious mental illness diagnosis includes schizophrenia, schizoaffective disorder, major depressive disorder, bipolar disorder, obsessive-compulsive disorder, panic disorder, anorexia nervosa, bulimia nervosa and delusional disorder.