

**SAN DIEGO COUNTY AND IMPERIAL COUNTY SCHOOLS  
PPO PLAN 2  
MENTAL HEALTH & CHEMICAL DEPENDENCY  
SCHEDULE OF BENEFITS**

**EFFECTIVE: JANUARY 1, 2023**

Mental Health	In-Network (CIGNA Contracted Provider)	Out-of-Network*
Out-of-pocket Maximum – <u>Combined with Medical Plan OOP Maximum</u>	\$4,000 Individual \$8,000 Family	\$6,000 Individual \$12,000 Family
Lifetime/Annual Maximum	None	None
Calendar Year Deductible – <u>Combined with Medical Plan Deductible</u>	\$550 Individual \$1,650 Family	\$1,050 Individual \$3,150 Family
Inpatient Treatment Benefit (including Partial & Day Treatment)	Unlimited days covered at 80% after deductible	Unlimited days covered at 50% of UCR after deductible
Outpatient Mental Health Visits	100% after \$30 Copayment	50% of UCR after deductible
Chemical Dependency	In-Network (CIGNA Contracted Provider)	Out-of-Network*
Inpatient, Rehabilitation, Detoxification	Unlimited days covered at 80% after deductible	Unlimited days covered at 50% of UCR after deductible
Outpatient Chemical Dependency Visits	100% after \$30 Copayment	50% of UCR after deductible
Severe Mental Illness (SMI)	In-Network (CIGNA Contracted Provider)	Out-of-Network*
Inpatient Treatment Benefit (including Partial & Day Treatment)	Unlimited days covered at 80% after deductible	Unlimited days covered at 50% of UCR after deductible
Outpatient Mental Health Visits	100% after \$30 Copayment	50% of UCR after deductible

- Severe Mental Illness diagnoses include: Anorexia Nervosa; Bipolar Disorder; Bulimia Nervosa; Major Depressive Disorder; Obsessive-Compulsive Disorder; Panic Disorder; Pervasive Developmental Disorder, including Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Asperger's Disorder and Pervasive Developmental Disorder not otherwise specified, including Atypical Autism; Schizoaffective Disorder; Schizophrenia. In addition, the Severe Mental Illness Benefit includes coverage of Serious Emotional Disturbance of Children (SED).
- Intensive outpatient treatment (IOP) is considered as Inpatient benefit

\* Payment for charges billed by an Out-of-Network Provider is limited to the usual, customary and reasonable charge (UCR). UCR is the amount determined to be the average amount charged for a medical service or supply within a geographical area. The amount reimbursed will be 100% of UCR. Members are liable for any amount that is determined to exceed UCR.