

EMPLOYEE ASSISTANCE PROGRAM
OPTUM
EFFECTIVE 1/1/2026 - 12/31/2026



| TYPE OF PLAN | | EMPLOYEE ASSISTANCE PROGRAM ¹ |
|---|--|--|
| GENERAL PLAN INFORMATION | | IN-NETWORK BENEFITS |
| Contact Information - 24-Hours per Day/7-Days per Week | | |
| | Phone | (888) 444-8624 |
| | Web | www.liveandworkwell.com |
| | Access Code | CSEBO |
| EAP Benefits | | Copays/Coinsurance |
| | 5 Face-To-Face Visits per Problem per Year | \$0 |
| Covered Visits² | | Copays/Coinsurance |
| | Child/Parenting Services | \$0 |
| | Adult/Elder Support | \$0 |
| | Financial Resources | \$0 |
| | Legal/Mediation Resources | \$0 |
| | Chronic Condition Support | \$0 |
| | Life Learning/Educational Support Services | \$0 |
| | Convenience Services | \$0 |

¹The Employee Assistance Program is a benefit that is provided to each benefit-eligible employee of the OUHSD at no charge. You do not need to "select" this plan, eligible employees will automatically have access to these benefits.

²You must obtain prior-authorization through Optum prior to face-to-face consulting services. Please contact (888) 444-8624 to obtain authorization for face-to-face visits and for access to the full WorkLife program.

Note: This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Certificate of Insurance or Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.