

## Member Assistance Program Services

The Member Assistance Program (MAP) is designed to provide you with quality care for your specific needs. By calling 1-800-513-2611, you have access to a full range of mental health and substance abuse treatment services. These services are provided to you and your covered dependents.

## Nationwide Network

When you call the MAP, our staff will assist you in accessing our provider network. **Located in urban and rural areas throughout the country, our network includes:**

- Psychiatrist
- Psychologist
- Licensed Clinical Social Workers
- Licensed Marriage and Family Therapist
- Licensed Clinical Professional Counselors

### Our nationwide network also included:

- Hospitals
- Community mental health centers
- Other treatment programs

Through these resources, we can provide you with personalized care to meet your specific needs. And, because our network is so large, the care you need is never far away.

## MagellanAssist.com

The Magellan Assist web site has the information, self-help tools and resources that can help guide you through life's challenges as well as life's opportunities! You will also be able to locate a network provider and find information regarding your behavioral health benefits. Visit [www.magellanassist.com](http://www.magellanassist.com) today.

## Easy Access to Services

Using the MAP is easy, convenient and confidential. Just call the MAP at 1-800-513-2611. You can access the program 24 hours a day, 7 days a week. When you call, a staff member will verify your coverage, collect some basic information and answer your questions. You will then speak to a care manager. A care manager will help you select a network provider who best suits your needs and is convenient to your home or workplace.

## Important Guidelines about the MAP

To receive the highest benefit coverage, call the MAP before seeking care. Notification is required for services at all levels of care to avoid penalties, a reduction in benefits or non-authorization of benefits.

### Below are important guidelines to keep in mind when using MAP services:

- **Inpatient services** must be authorized by the MAP prior to admission or within 48 hours of an emergency admission. Failure to notify the MAP within 48 hours will result in a penalty. No benefits are reimbursable for services that are not authorized.
- **Alternative Treatment Programs** (partial hospitalization and intensive outpatient) must be authorized by the MAP prior to admission. Failure to notify the MAP will result in a penalty. No benefits are reimbursable for services that are not authorized.
- **Outpatient services** are authorized by calling the MAP for a referral and authorization to an in-network provider. If you select a provider without a referral and authorization, benefits will be reimbursable at the out-of-network benefit level.

When you call the MAP, a staff member will be able to help you pre-authorize necessary services. He or She will also help you obtain the highest benefit coverage. So it makes sense to always call the MAP before you receive any behavioral health treatment.

## Frequently Asked Questions

### What do I do in case of an emergency?

In a life-threatening situation, call 911 or go to the nearest hospital emergency room. You should also call the MAP as soon as possible. You must contact the MAP within 48 hours to avoid a penalty.

### May I choose my own Outpatient Provider?

Yes. However, you need to call the MAP for a referral and authorization. If you do not obtain authorization, you will receive reimbursement at the out-of-network benefit level. This will result in higher out-of-pocket costs.

### Do I need a referral from my doctor?

No. You should call the MAP directly to access mental health or substance abuse services.

### What about confidentiality?

The MAP treats all records and services with confidence. The information that you share is kept confidential unless you sign a consent form for release of information, or as required by law.

### What about my rights?

To learn more about your rights and responsibilities, call the MAP. You may also obtain a copy of the MAP's rights and responsibilities state from your provider.

### Do I have to submit claims?

Claims for all in-network services are handled between your network provider and the MAP. This allows you to focus on getting care instead of dealing with paperwork. If you receive out-of-network services, you will need to submit claims. Claims should be sent to Magellan Behavioral Health at P.O. Box 909782, Chicago m, Illinois, 60690

**All mental health and substance abuse services are subject to medical necessity. Services that are determined not medically necessary will not be reimbursed.**

	<b>In-Network (Enhanced Benefit)</b>	<b>Out-of-Network (Standard Benefit)</b>
<b>Outpatient</b>	100% coverage after \$15 co-payment per visit	50% coverage up to \$35 per visit;* 50 visit maximum per plan year
<b>Inpatient</b>	<p>\$50 per day co-payment, up to a maximum of \$275 per admission for facility charges</p> <p>100% coverage of additional facility charges</p> <p>100% coverage of professional charges, after \$15 co-payment**</p>	<p>\$50 per day co-payment, up to a maximum of \$250 per admission for facility charges</p> <p>60% coverage of additional facility charges</p> <p>50% coverage of professional charges up to \$35 per visit; 50 visits maximum per plan year.</p>
<b>Alternative Treatment</b>	<p>\$25 per day co-payment, up to a maximum of \$125 per admission for facility charges</p> <p>100% coverage of additional facility charges</p> <p>100% coverage of professional charges, after \$15 co-payment**</p>	<p>\$25 per day co-payment, up to a maximum of \$125 per admission for facility charges</p> <p>60% coverage of additional facility charges</p> <p>50% coverage of professional charges up to \$35 per visit; 50 visits maximum per plan year.</p>

\*All outpatient services received at the out-of-network benefit level must be provided by a licensed clinical social worker, licensed clinical professional counselor, licensed marriage and family therapist, licensed psychologist, or licensed psychiatrist to be eligible for coverage.

\*\*Out-of-network professional charges are covered at 50% up to \$35 per visit; 50 visit minimum per plan year.

**Out-of-Area-Benefits**

If you do not live within 25 miles of a PPO facility for inpatient or an alternative level of treatment, the following benefits apply:

**Outpatient**

- Applicable in-network or out-of-network benefit level. As listed above

**Inpatient**

- \$50 per day co-payment, up to a maximum of \$250 per admission.
- 80% coverage of additional facility charges.
- Professional charges are reimbursed at the applicable in-network or out-of-network benefit level.
- Maximum out-of-pocket expense of \$1,500 per plan year.

**Alternative Treatment**

- \$25 per day co-payment, with a maximum of \$125 per admission
- 80% coverage of additional facility charges.
- Professional charges are reimbursed at the applicable in-network or out of network benefit level
- Maximum out-of-pocket expense of \$1,500 per plan year