



Mental Health & Substance Abuse Schedule of Benefits

	Participating	Non-Participating
Deductible	\$500 Individual \$1,500 Family	\$750 Individual \$2,000 Family
Out-of-Pocket Maximums	\$1,000 Individual \$2,500 Family	\$1,500 Individual \$3,000 Family
OUTPATIENT		
Visit Limits	Unlimited visits per benefit as medically necessary	
Copayment	\$20	40% coinsurance* Plan pays 60% of allowable charges
INPATIENT (Facility Based)		
Visit Limits	Unlimited visits per benefit as medically necessary	
Copayment	20% coinsurance* Plan pays 80% of allowable charges	40% coinsurance* Plan pays 60% of allowable charges

*Deductible Applies



Pre-certification from Halcyon Behavioral is required for some Mental Health and Substance Use Disorder Services. For plan limitations and exclusions please refer to the Sakura Finetek USA, Inc. Employee Benefit Plan Document & Summary Plan Description

Call for services: 888.425.4800
24/7/365