

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	Visits 1-3 \$0 copay Visits 4+ \$20 copay per visit	Covered in emergencies only, at in-network level	Routine outpatient services include treatment, such as individual, family, group counseling, and medication management visits.  Non-routine treatments require pre-authorization.  Copay waived for Intensive Outpatient Programs and Partial Hospitalization.
	Inpatient services	\$250 copay per admission	Covered in emergencies only, at in-network level	Inpatient services include psychiatric hospitalization and residential treatment services and require pre-authorization.