



Joint Health Management Board

Fresno Unified School District

Mental Health & Substance Abuse Schedule of Benefits Plans A & B

	Participating	Non-Participating
MENTAL HEALTH - OUTPATIENT		
Visit Limits	60 visits per Calendar Year, per member	Not covered
Copayment	\$10 copay per visit (deductible waived)	
MENTAL HEALTH - INPATIENT (FACILITY)		
Visit Limits	45 days per Calendar Year, per member Days determined on the following ratio: Inpatient treatment- 1 day Residential treatment- 66.7% of 1 day (1.5 Residential to 1 Inpatient day) Day treatment- 50% of 1 day (2 Day treatment days to 1 Inpatient day)	Not covered*
Copayment	Covered at 100% (deductible waived)	
SUBSTANCE ABUSE – ALL LEVELS OF CARE		
Copayment	Covered at 100% (deductible waived)	Not covered

*Excludes medically appropriate emergency services



Halcyon
Behavioral

All services require pre-authorization.
For plan limitations and exclusions please refer to the
Fresno Unified School District Plan Booklet

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