

# Here are Your Behavioral Health Benefits

*Living well means taking care of your physical health and your mental health. MHN can help.*

Your behavioral health benefits provide treatment for mental health issues and substance use disorders. Your benefits allow you to work with:

- Therapists
- Clinical Social Workers
- Psychologists
- Marriage and Family Therapists
- Psychiatrists

If you'd like to find a network provider on your own, try the [provider search on MHN's member website](#). You won't need approval for outpatient appointments. Please call MHN at \_\_\_\_\_ to let us know whom you are going to visit. This is so we can confirm that the provider remains in our network. And, we can explain your plan's coverage and copayment.



## What services are covered?

Your mental health and substance use disorder benefits may include:

- Sessions with a therapist, psychologist, or psychiatrist.
- Treatment in settings that meet your medical needs. This could be care for a few hours per day, several days a week (called "alternate levels of care"). Or, for 24-hour care (called "inpatient treatment").<sup>1</sup>
- Treatment follow-up and aftercare.

## How do I get help?

Simply call \_\_\_\_\_ MHN customer service reps are available 24/7 to take your call. Plus, Clinicians are always there for you if you need them and will:

- Answer any questions you have about your benefits.
- Find out your needs and suggest an MHN provider for you.
- Get help right away if there's a crisis or emergency.
- Help you get an appointment (Within 48 hours if urgent. Or, if not urgent, within 10 business days).

(continued)

**Need help?**

**Call**

**Or visit us at:**

## Why use an in-network provider?

It's best to use an in-network provider when you can. This is because:

- Your portion of the **cost will most likely be much lower** than it would be with an out-of-network provider.
- You'll know the provider meets **high standards** of:
  - Education
  - Training
  - Experience
- **MHN can help** if you have any problems with the provider.
- There are **no claims** to file.

Please call MHN, or refer to your plan documents (*Evidence of Coverage* or *Certificate of Coverage*) for details about:

- Who qualifies for plan benefits (usually full-time employees and their dependents).
- Covered services when you use an MHN network provider.
- What services are covered when you use an out-of-network provider (some plans only cover in-network services).
- Your out-of-pocket costs.
- Benefit exclusions and limits.
- Your rights and duties as an MHN member.

You can also ask your employer for these details.



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