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**Overview**

The Plan provides a behavioral health benefit. For complete information regarding exact benefits and exclusions, contact the Plan's participating behavioral health provider, as listed on the state-specific **Quick Reference Guide**.

**Behavioral Health Program**

The Behavioral Health program provides clinical management for a full range of behavioral health services including inpatient hospital and crisis stabilization services, intensive outpatient programs, outpatient services and home health care. These services are available to eligible Plan members experiencing a broad range of psychological and psychiatric disorders from mild, emotional disturbances to severe and persistent mental illness.

We maintain 24-hour access to review a member's clinical status and authorization for medically necessary services is available. Emergency services do not require prior authorization. In cases of emergency, members are instructed to call 911 or proceed to the nearest hospital emergency room. If a primary care physician experiences an emergency with a member, he or she should contact the Behavioral Health toll-free telephone number as soon as possible, after arranging treatment for the member.

Care coordination assistance is available to members in obtaining continued care through alternative agencies and community resources when their benefits are exhausted. The program is designed to also assist providers with the transition of a member's care, if necessary, to a non-network provider or program.

Refer to the state-specific **Quick Reference Guide** for information on contacting the Behavioral Health program.

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