



# Employee Assistance Program

Franklin County Cooperative Health Benefits Plan and United Behavioral Health operating under the brand Optum

## Confidential support by phone, in person and online

We all face challenges in life, big and small. It's good to know you don't have to face them alone. Offered through United Behavioral Health, your Employee Assistance Program (EAP) is here for you and your eligible dependents 24/7. Get help and support to help you with almost any issue:

- Depression, anxiety and stress
- Substance abuse
- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Childcare and eldercare

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Access 24/7 support and resources online at [liveandworkwell.com](https://liveandworkwell.com) (access code: EAP) or by calling **1-800-354-3950**.

Call us before you seek out a therapist. We can help you save time and money.

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### By phone: Talk with a master's-level specialist

Call any time, day or night. Talk with a master's-level professional who specializes in the issues you're facing. The specialist will take the time to listen and understand, and connect you with resources and support. Get access to eight face-to-face counseling sessions at no cost (see below). You can also get a referral to consult with a financial counselor or attorney, as well as mediation services.

### In person: Receive up to eight no-cost sessions with a counselor

You and your eligible dependents and/or household members can each receive up to eight counseling sessions with a licensed practitioner at no cost. This is available to each member, for each issue they're facing, per policy year. In order to receive this benefit, all services must be pre-certified and provided by network practitioners. To make the most of your EAP benefit, call **1-800-354-3950** before you start counseling.

### Online: Explore a wealth of information at [liveandworkwell.com](https://liveandworkwell.com)

At [liveandworkwell.com](https://liveandworkwell.com), you'll find resources to address almost any issue life throws your way. Explore thousands of articles, videos, interactive self-help programs, financial calculators and other tools can help even if you don't have any pressing concerns. Log on to [liveandworkwell.com](https://liveandworkwell.com), access code: EAP.

## It's confidential.

We'll never share your personal records with your employer or anyone else without your permission. All services are confidential and in accordance with federal and state laws.

## About your EAP benefits

In order to make the most of your EAP benefits, it's important to call 1-800-354-3950. All services must be pre-certified and provided by network practitioners. When you call, a mental health professional will refer you to a licensed practitioner in your area.

If care is needed after the initial EAP sessions, the member may be referred for additional care by the practitioner as follows:

- Medical plan participants may be referred to their benefit plan with Franklin County Cooperative Health Benefits Plan (FCCHBP).
- Members who do not have insurance coverage under the FCCHBP may continue privately with the United Behavioral Health provider at a discounted rate.
- Members may be referred to other appropriate community resources.
- When you receive care through the United Behavioral Health network, you have no claims to file. The practitioner will handle the paperwork for you.

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More information about mental health and substance abuse disorder coverage is available at [liveandworkwell.com](http://liveandworkwell.com) or by calling 1-800-354-3950.

Save time and money. Let us help you find network providers.

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**Your potential costs (for care beyond the eight no-cost sessions)**

The cost of services may include your deductible, co-insurance and co-pays. Your deductible is the amount you must pay for covered services before your health plan begins to pay. Check your Summary Plan Description to see when the deductible starts over April 1st. See the chart below to review costs after you meet the deductible.

Your overall deductible is as follows:

Network: \$200 Individual / \$500 Family

Non-Network: \$400 Individual / \$1,000 Family per policy year

*Copays, prescription drugs, and services listed below as “No charge” do not apply to the deductible.*

Type of mental/ behavioral health service	Your cost if you use a:		Limitations and exceptions
	Network provider	Non-network provider	
Outpatient	No copay for first 30 visits	20% co-insurance after deductible	\$20 copay per visit after first 30 visits.
Inpatient	No charge	20% co-insurance after deductible	Pre-notification is required for a non-network facility or benefit reduces to 50% of eligible expenses.
Substance abuse disorder – Outpatient	No copay for first 30 visits	20% co-insurance after deductible	\$20 copay per visit after first 30 visits.
Substance abuse disorder – Inpatient	No charge	20% co-insurance after deductible	Pre-notification is required for a non-network facility or benefit reduces to 50% of eligible expenses.

**Co-insurance:** Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service.

**Co-pay:** Short for co-payment, a fixed amount (for example, \$20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.



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