



Bronze Plan

Mental Health & Substance Abuse Schedule of Benefits

Benefits	In-Network	Out-Of-Network
Deductible	\$100 Individual \$200 Family	\$250 Individual \$500 Family
Out-of-Pocket Maximums	\$1,500 Individual \$3,000 Family (Includes: Deductible, Copays, and Coinsurance)	\$10,000 Individual \$20,000 Family
Outpatient		
Visit Limits	Unlimited visits per benefit as medically necessary	
Copayment	100% of allowable charges, deductible waived after \$20 copayment	60% plan pay of allowable charges after deductible*
Inpatient		
Visit Limits	Unlimited visits per benefit as medically necessary	
Copayment	80% of allowable charges*	60% plan pay of allowable charges after deductible; benefit maximum of \$600 per day*

*Subject to Deductible



For access to your benefits, call the Intake Line at: (888)425-4800

Pre-certification from Halcyon Behavioral is required for some Mental Health and
Substance Use Disorder Services

For plan limitations and exclusions please refer to the Chukchansi Group Plan
Document

www.chukchansimhsa.com

Effective: 7/1/2023



Gold Plan – Tribal Elder

Mental Health & Substance Abuse Schedule of Benefits

Benefits	In-Network	Out-of-Network
Deductible	None	\$500 Individual \$1,000 Family
Out-of-Pocket Maximums	None	None
Outpatient		
Visit Limits	Unlimited visits as medically necessary	
Copayments	None	None
Inpatient		
Visit Limits	Unlimited visits as medically necessary	
Copayments	None	30% of allowed charges



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Silver Plan

Mental Health & Substance Abuse Schedule of Benefits

Benefits	In-Network
Deductible	None
Out-of-Pocket Maximums	\$2,500 Individual \$5,000 Family (Does Not Include: Non-Network Copays/Coinsurance and Amounts over Usual & Customary Charges)
Outpatient	
Visit Limits	Unlimited visits per benefit as medically necessary
Copayment	100% of allowable charges, after \$20 copayment
Inpatient	
Visit Limits	Unlimited visits per benefit as medically necessary
Copayment	90% of allowable charges, after \$250 copayment per admission



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