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**Disclosure Form Part One**

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**Disclosure Form Part One**

*(continued)*

**Mental Health Services**

**You Pay**

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Inpatient psychiatric hospitalization.....	No charge
Individual outpatient mental health evaluation and treatment .....	\$10 per visit
Group outpatient mental health treatment.....	\$5 per visit

**Substance Use Disorder Treatment**

**You Pay**

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Inpatient detoxification.....	No charge
Individual outpatient substance use disorder evaluation and treatment	\$10 per visit
Group outpatient substance use disorder treatment .....	\$5 per visit

**Home Health Services**

**You Pay**

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Home health care (up to 100 visits per Accumulation Period) .....	
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