

Here Are Your Behavioral Health Benefits

Living well means taking care of your physical health and your mental health.

Your Health Net behavioral health benefits, administered by MHN Services, provide treatment for mental health and substance use disorders. Behavioral health providers include:

- Therapists
- Clinical Social Workers
- Psychologists
- Psychiatrists

You can find a therapist or psychiatrist at www.mhn.com/members, or call the Mental Health Benefits number listed on your Health Net ID card. You won't need approval for outpatient appointments.



What services are covered?

Your mental health and substance use disorder benefits may include:

- Sessions with a therapist, psychologist or psychiatrist.
- Treatment in a higher level of care facility, such as a hospital or residential setting.¹
- Care Management assistance, if needed.

How do I get help?

Simply call 800-977-8216. MHN staff, including customer service reps and licensed clinical Care Managers, are available 24/7 to take your call.

They can:

- Answer questions about your benefits.
- Help right away if you are experiencing a crisis or emergency.
- Help to find an in-network provider with an available outpatient appointment (within 10 business days for a therapist, or 15 business days for a psychiatrist).

(continued)

Need help?

Call 800-977-8216

Or visit us at:

www.mhn.com/members

¹Preauthorization is required before you receive inpatient treatment, except in an emergency. If you need emergency inpatient treatment, you or a family member, or your doctor or hospital, must call MHN within 24 hours of admission. We'll confirm if your behavioral health benefits are in place and assign a case manager to offer support.

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 lower** than it would be with an out-of-network provider.
- **MHN can help** if you have a problem with the provider.
- There are **no claims** to file.

Refer to your plan documents (*Evidence of Coverage* or certificate) for details about:

- Who qualifies for plan benefits (subscriber and their enrolled dependents).
- Covered services.
- 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.

You can also ask your employer for these details.



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