



Programs and Resources Currently Available at UNMC

1. Faculty/Employee Assistance Program (F/EAP)
 - a. <http://info.unmc.edu/benefits/wellness/feap>
 - b. To schedule an appointment: 402.559.5323 or 402.559.5175

2. Counseling and Student Development Center
 - a. <http://www.unmc.edu/stucouns/>
 - b. Take an anonymous brief online screening test for any of these common mental health problems: depression, anxiety, alcohol abuse, bipolar illness, post-traumatic stress, and eating disorders. These screening tests are confidential and no one but you will have access to your answers or the results. You will receive some specific recommendations and links to more information. Please contact our office directly if you decide to seek professional help.
 - c. To schedule an appointment: 402.559.7276
 - i. Hours of operation are 8 a.m. to 4:30 p.m.
 - ii. Late afternoon appointments (5-6 p.m.) are available with advanced arrangement.
 - iii. Located in Bennett Hall, Room 6001.
 - iv. Fax: 402-559-9671
 - d. Crisis Counseling & Consultation call 402.559.7276 during regular office hours to meet with our professional staff, generally within 24 to 48 hours.
 - e. For immediate crisis assistance 24/7, call the Boys Town National Hotline, 800.448.3000.
 - f. If you are experiencing a life-threatening emergency, call 911 or go to the nearest hospital emergency department.

3. Mental health and substance use disorder benefits
 - a. Blue Cross Blue Shield – Medical Coverage
 - i. Schedule of Benefits

Mental Illness and/or Substance Dependency and Abuse covered services	In-network Provider	Out-of-Network Provider
Inpatient Services	Deductible & Coinsurance	Deductible & Coinsurance
Outpatient Services <ul style="list-style-type: none"> • Office Services 	Deductible & Coinsurance	Deductible & Coinsurance
<ul style="list-style-type: none"> • All Other Outpatient Items & Services 	Deductible & Coinsurance	Deductible & Coinsurance

<p>Emergency Care Services (services received in a Hospital emergency room setting)</p> <ul style="list-style-type: none"> • Facility • Professional Services 	<p>Deductible & Coinsurance Deductible & Coinsurance</p>	<p>In-network level of benefits In-network level of benefits</p>
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ii. Summary

1. Mental Illness, Substance Dependence And Abuse Benefits

Benefits are payable for covered hospital and physician services, including mental health services, psychological or alcoholism and drug counseling services by and within the scope of practice of a:

- Qualified physician or licensed psychologist;
- Licensed special psychologist, licensed clinical social worker, licensed professional counselor or licensed mental health practitioner; or
- Auxiliary providers who are supervised, and billed for, by a qualified physician or licensed psychologist or as otherwise permitted by state law.

All licensing or certification shall be by the appropriate state authority. Appropriate supervision and consultation requirements also shall be provided by state law.

2. Inpatient Care

Benefits for covered inpatient services are subject to the applicable copay, deductible and/or coinsurance, as indicated on your schedule of benefits summary.

A person shall be considered to be receiving Inpatient treatment if he or she is confined to a hospital or a substance dependence and abuse treatment center that provides medical management including 24-hour nursing care. Services provided by a facility that does not meet this criteria are considered part of a residential treatment program, and are not covered under the group health plan.

Facilities must be licensed by the Department of Health and Human Services, Regulation and Licensure (or equivalent state agency), or accredited by the Joint Commission on Accreditation of Rehabilitation Facilities (CARF) or Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

3. Remember To Certify

Inpatient services for mental illness or substance dependence and abuse must be certified by BCBSNE. Please refer to the section of the book titled "Certification Requirements" for more details.

4. Outpatient Care

Benefits are available, subject to the applicable Copay, Deductible and/or Coinsurance amount indicated on your Schedule of Benefits Summary for Outpatient treatment of Mental Illness and Substance Dependence and Abuse.

A person who is not admitted for Inpatient care, but is receiving treatment in the Outpatient department of a Hospital, in an observation room, in an Ambulatory Surgical Facility, Urgent Care Facility, a Physician's office, or home shall be considered to be receiving Outpatient Care.

Outpatient Covered Services include:

- Individual, family or group therapy provided by an Approved Provider;
- Office visit or clinic visit, Consultation, or emergency room visit;
- An evaluation and assessment;
- Medication checks;
- A Certified Alcoholism and Drug treatment program provided by a facility that offers all-inclusive services for each Outpatient treatment day;
- Biofeedback training for treatment of Mental Illness;
- Ambulance services provided for the treatment of Mental Illness and Substance Dependence and Abuse;
- Laboratory and diagnostic Services; and
- Psychiatric/psychological testing.

Day treatment, partial care and Outpatient programs must be provided in a Hospital or facility which is Licensed by the Department of Health and Human Services Regulation and Licensure or accredited by the Joint commission on Accreditation of Healthcare Organizations (JCAHO) or the Commission on the Accreditation of Rehabilitation Facilities (CARF).

5. Emergency Care

Benefits are also available, subject to the applicable Emergency Care Copay, Deductible and/or Coinsurance indicated in your Schedule of Benefits Summary, for any Covered Services provided in a Hospital emergency room setting for the treatment of Mental Illness and Substance Dependence and Abuse.

b. CVS Caremark – Prescription

i. Generic Step Therapy Program

Many health conditions have treatment options that vary in cost. Generic step therapy is a program that helps make sure the generic medicines that work well and cost less are used first. For certain conditions, your plan will

require you try these lower-cost, generic options before some brand-name medicines will be covered. Generic step therapy helps lower costs for you and your plan while providing quality treatment. Check the list of drugs impacted by the generic step therapy program.

Drug Class Condition Treated	Step 1: You will have to try one or two* of these generic medications first:	Step 2: Before you can try one of these brand drugs:	These preferred select brand drugs do not require use of a generic first:
Antipsychotics <i>Mental Health</i>	Olanzapine Quetiapine Risperidone Ziprasidone	Abilify Fanapt Invega Latuda Saphris	Seroquel XR

ii. Formulary Drug Exclusion Program

A formulary is a list of medicines that are covered by your prescription benefit plan. A formulary is also called a drug list. A team of doctors and pharmacists evaluate formulary medicines based on medical guidelines first, then cost. Certain non-preferred brand-name medicines may not be covered by your plan or may only be covered after you and your doctor meet certain medical requirements. The good news is there are alternative “preferred”, covered options available. These options are “preferred” because they provide quality treatment and are cost effective. If according to (your) physician you need to receive any of these brand name drugs, they will need to submit request for a prior approval. Without a request for prior approval, the drug will not be covered by the University’s prescription drug plan and you would be responsible for the full cost of the drug. If medical necessity is approved thru the prior approval process, the drug will be covered under the University’s plan and you would pay the brand non-formulary copay (third tier). Check the list of drugs impacted by the Formulary Drug Exclusion Program. If you are currently using one of the drugs, ask your doctor to choose one of the generic or brand formulary considerations.

Antidepressants

- Selective Serotonin Reuptake Inhibitors (SSRIs)
 - Citalopram
 - Escitalopram
 - Fluoxetine
 - Paroxetine
 - Paroxetine ext-rel
 - Sertraline
 - BRINTELLIX
 - FLUOXETINE 60 MG
 - VIIBRYD
- Serotonin Norepinephrine Reuptake Inhibitors (SNRIs)
 - Duloxetine

- Venlafaxine
- Venlafaxine ext-rel
- KHEDEZLA
- PRISTIQ
- Miscellaneous Agents
 - Bupropion
 - Bupropion ext-rel
 - Mirtazapine
 - Trazodone

4. Onsite clinics

a. Family Medicine

i. Outpatient Clinic Appointments 402.559.7200

b. Psychiatry Department

i. Outpatient Clinics:

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|----------------------------------|--------------|
| 1. General Psychiatry | 402.552.6007 |
| 2. Child & Adolescent Psychiatry | 402.552.6007 |
| 3. Geriatric Psychiatry | 402.552.6007 |
| 4. Village Point Psychiatry | 402.552.6007 |

5. Long-term disability coverage – UNUM

- a. Disabilities, due to sickness or injury, which are primarily based on self-reported symptom, and disabilities due to mental illness have a limited pay period up to 24 months.

Unum will continue to send you payments beyond the 24 month period if you meet one or both of these conditions:

1. If you are confined to a hospital or institution at the end of the 24 month period, Unum will continue to send you payments during your confinement. If you are still disabled when you are discharged, Unum will send you payments for a recovery period of up to 90 days. If you become re-confined at any time during the recovery period and remain confined for at least 14 days in a row, Unum will send payments during that additional confinement and for one additional recovery period up to 90 more days.

2. In addition to Item 1, if, after the 24 month period for which you have received payments, you continue to be disabled and subsequently become confined to a LTD-BEN-9 (1/1/2014) 19 hospital or institution for at least 14 days in a row, Unum will send payments during the length of the reconfinement. Unum will not pay beyond the limited pay period as indicated above, or the maximum period of payment, whichever occurs first.

Unum will not apply the mental illness limitation to dementia if it is a result of:

- Stroke;
- Trauma;
- Viral infection;
- Alzheimer's disease; or

- Other conditions not listed which are not usually treated by a mental health provider or other qualified provider using psychotherapy, psychotropic drugs, or other similar methods of treatment.

6. Wellness program or health advocates:

a. Exercise

- i. Center for Healthy Living (CFHL) fitness center
 1. Fitness equipment
 2. Fitness classes
 3. Intramural leagues
 4. Personalized fitness prescriptions
 5. Various walks, run, bike rides supported by UNMC
- ii. Center for Healthy Aging

7. Health risk appraisals

- i. Wellstream Health Risk Assessment
 1. Annually during NUFlex Benefits Re-Enrollment
 2. As a new hire within first 31 days

8. Employee resource groups

a. RightDirectionForMe.com (CVS/Caremark Prescription Vendor information)

b. Counseling and Faculty/Employee Assistance Program (F/EAP)

i. Students & UNMC House Officers (Residents):

1. Counseling and Student Development Center at 402.559.7276

ii. UNMC House Officers (Residents), Faculty & Employees:

1. Faculty/Employee Assistance at 402.559.5323 or 402.559.5175
2. Pharmacy Provider - CVS/Caremark 800.841.5550
3. Medical Insurance Provider – Blue Cross/Blue Shield at 888.592.8963
4. Benefits Office 402.559.4340

iii. 24/7 Emergency Counseling

1. For immediate crisis assistance 24 hours a day, seven days a week, contact the Boys Town National Hotline, 800-448-3000