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Your emotional well-being is important: Know When To Use Behavioral Health Benefits vs. EAP

Caring for your emotional well-being is critical—especially in complicated times like these. That's why HealthFlex offers generous behavioral health benefits and an Employee Assistance Program (EAP)—two programs to help support you in your times of need.



When to use each:

	Behavioral Health	EAP
What is it? When do I use it?	Long-term relationship with a provider to help with emotional health, substance abuse, depression and anxiety, and more. If you've been seeing a counselor for a long time, you will most likely be using the behavioral health benefit.	Short-term counseling—up to 8 visits. If you aren't sure if your concern can be resolved in 8 visits, you can still use the EAP and start using your behavioral health benefits beginning at visit 9. Think of it like a test-run. You can do it without the paperwork (claims).
Important Notes	 Use your BCBS ID card for behavioral health services. Look for in-network providers on the BCBS website View your Explanations of Benefits for behavioral health alongside your medical EOB 	 Dedicated EAP team with training on the unique needs of the church Phone Number: 1-866-881-6800
Generous offering	• Same outpatient counseling benefits whether your provider is in-network or not. Choose the counselor that is the best fit for you.	8 no-cost visits, in person or by phone

	Behavioral Health	EAP
How do I use it?	To find an in-network provider, log in to Benefits Access > Health Details > Medical and Behavioral Health > Click Medical Benefits & Care Coordination > Click Search Providers > Click Search for a Provider. Under Browse by Category, choose Behavioral Health.	Call 1-866-881-6800 .
	If you already have a provider and they are in-network with BCBS—just give them your BCBS ID card. Out-of-network—you may need to submit your own claims. Go to Benefits Access > Health Details > Medical and Behavioral Health > Click Medical Benefits & Care Coordination. Under "More", select Documents > Medical > Click Out-of-Network Medical Claim Form and Instructions.	
How much do I pay?	 It depends on which HealthFlex plan you are enrolled in: B1000—\$15 for an outpatient visit HRA plan—coinsurance; don't have to meet the deductible first HSA plan—full discounted rate until you meet the deductible (IRS rules!) and then coinsurance percentage 	Nothing. 8 free visits, in-person or virtual, per concern, per year.
Can I talk to someone virtually?	Yes! If your provider is willing to provide virtual counseling, BCBS will allow it.	Your 8 visits include virtual visits with an EAP counselor!
Is there a difference if I select an in-network vs. out-of-network provider?	Yes. First, you may also pay a lower fee for an in-network provider if you are in an HRA or HSA plan. Also, if you choose a provider in-network with BCBS, the provider will submit claims directly to BCBS. If not in-network, you'll need to submit your claims directly via the instructions above. Note—each claim must be submitted separately with a claim form.	EAP always uses an in-network provider. Call to get authorization [By phone 24/7: 1-866-881-6800 or log in to Benefits Access, click on Well-Being, then EAP (create an anonymous username through Support Finder). For future log ins, you will be required to enter the anonymous username that you created.