

Mental health care looks different for all of us. This guide, developed by UD Human Resources, includes benefits and tools to support your emotional wellbeing. These resources are available to UD employees at no cost, to support you in proactively protecting your mental health and finding professional care when you need it. Recovery is possible. You are not alone.



Need Immediate Assistance?

If you or someone you know is having thoughts of suicide or experiencing a mental health or substance use crisis, get help now. Reach out, there is hope.

SUICIDE AND CRISIS PREVENTION LINE | CALL OR TEXT 988

LIVE CHAT | 988 LIFELINE.ORG



Finding Care

Visit [Division of Statewide Benefits](#) to learn about the programs and services available through your medical plan or call directly to speak to a representative.

- **Highmark Delaware First State Basic** 1-800-421-4577
- **Highmark Delaware Comprehensive PPO** 1-800-421-4577
- **Aetna CDH Gold** 1-866-230-9951
- **Aetna HMO** 1-866-230-9951



Scan Me to visit
Statewide Benefits

ComPsych, Employee Assistance Program: offers 24/7 support and access to no-cost counseling sessions. 1-877-527-4742.

Nurse Managed Primary Care Center is available for appointments and telehealth visits for existing and new patients. Nurse practitioners are on call 24/7. 302-831-3195.

UD Health Plan Benefits

Plan Type		Highmark Delaware First State Basic		Aetna CDH Gold		Aetna HMO		Highmark Delaware Comprehensive PPO	
Plan Feature	Service	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health, Behavioral health, or substance abuse services	Outpatient Services	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$15 copay/ per visit	Not covered	\$20 copay/ per visit Intensive Outpatient Care 100% covered	20% coinsurance after deductible
	Inpatient services	10% coinsurance after deductible	30% coinsurance after deductible	10% coinsurance after deductible	30% coinsurance after deductible	\$100 copay/per day; \$200 maximum/admission	Not covered	\$100 copay/ per day; \$200 maximum/admission	30% coinsurance after deductible