

# Federal Mental Health Parity (MHP) Benefit Changes – 2010



## Description of Federal Mental Health changes for July 1, 2010

The Mental Health Parity and Addiction Equity Act (MHPAEA) is one of several federal Health Care Reform laws that are creating a significant and immediate impact on employers. Regulations issued on February 2, 2010 prohibit group health plans that provide mental health and/or substance use disorder benefits (MHSA) from applying “financial requirements” or “treatment limits” that are more restrictive than the “predominant” financial requirement or treatment limit that applies to “substantially all” medical/surgical benefits.

Blue Cross and Blue Shield of Georgia is working to ensure the health plans we offer comply with the provisions contained in MHPAEA and have evaluated our plan designs using prescribed formulas. The following changes to mental health and substance abuse benefits are required to achieve financial parity with medical and surgical benefits under the new rules.

- In general, for most standard HMO, POS, and PPO plans, there will be no cost share for Outpatient Mental Health and Substance Abuse services.
- In general, for most standard HMO, POS, and PPO plans that currently have an inpatient per admission copay, the in-network Inpatient Mental Health and Substance Abuse Physician services will not be subject to the deductible and will be subject to the plan coinsurance only.
- In general, for all Blue Essential plans, the in-network Outpatient Mental Health and Substance Abuse services and the in-network Inpatient Mental Health and Substance Abuse Physician services will not be subject to the deductible and will be subject to the plan coinsurance only.
- For those select groups that have benefits for residential treatment centers, the benefits will now follow the Inpatient Mental Health Substance and Abuse services.

MENTAL HEALTH AND SUBSTANCE ABUSE BENEFIT	PRODUCTS	MENTAL HEALTH/SUBSTANCE ABUSE - CURRENT COVERAGE	DESCRIPTION OF CHANGES
Residential Treatment Centers	Select non-standard plans	Residential treatment center mapped to skilled nursing facility (30 day limitation).	Residential treatment centers follow the same benefits as the Inpatient Mental Health/Substance Abuse benefits, with no day limitations.
<b>HMO/POS/PPO*</b>			
In-network Inpatient Facility-Based Treatment	HMO, Open Access HMO, POS, Open Access POS, PPO	Some plans are subject to deductible/coinsurance. Some plans are subject to per admission copays and coinsurance.	No changes; benefits remain the same.
In-network Inpatient Physician Services		Deductible and coinsurance of the plan apply.	For plans that do not have an inpatient per admission copay, no changes; benefits remain the same. For all other plans, the deductible will not apply; only coinsurance will apply.
In-network Outpatient Facility-Based Treatment (including PHP and IOP), in-network Outpatient Physician Services (in a facility, including PHP and IOP), and in-network Outpatient Office Services (including PHP and IOP)		Specialist office visit copay applies.	No copay, deductible or coinsurance applies.
Out-of-network Inpatient Facility-Based Treatment		HMO – not applicable. For POS and PPO, the deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
Out-of-network Inpatient Physician Services		HMO – not applicable. For POS and PPO, the deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
Out-of-network Outpatient Facility-Based Treatment (including PHP and IOP), out-of-network Outpatient Physician Services (in a facility, including PHP and IOP), and out-of-network Outpatient Office Services (including PHP and IOP)		HMO – not applicable. For POS and PPO, the deductible and coinsurance of the plan apply.	HMO – not applicable. For POS, no changes; benefits remain the same. For PPO, plans that have 60% out-of-network coinsurance will be updated to have 70% out-of-network coinsurance.
<b>BLUE ESSENTIAL</b>			
In-network Inpatient Facility-Based Treatment	Blue Essential Open Access HMO, Open Access POS, PPO	Per admission copay and coinsurance apply.	No changes; benefits remain the same.
In-network Inpatient Physician Services		Deductible and coinsurance of the plan apply.	No deductible will apply; only coinsurance of the plan applies.
In-network Outpatient Facility-Based Treatment (including PHP and IOP), in-network Outpatient Physician Services (in a facility, including PHP and IOP), and in-network Outpatient Office Services (including PHP and IOP)		Office copay for office visit charge only, then all other services are subject to a reduced coinsurance amount.	No copay or deductible will apply; only coinsurance of the plan applies.
Out-of-network Inpatient Facility-Based Treatment		Deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
Out-of-network Inpatient Physician Services		Deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
Out-of-network Outpatient Facility-Based Treatment (including PHP and IOP), out-of-network Outpatient Physician Services (in a facility, including PHP and IOP), and out-of-network Outpatient Office Services (including PHP and IOP)		Deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
<b>CDHP/LUMENOS</b>			
In-network and out-of-network, All Inpatient Services	Lumenos PPO (HRA, HSA, HIA), Lumenos Open Access POS (HRA, HSA, HIA)	Deductible and coinsurance of the plan apply.	No changes; benefits remain the same.
In-network and out-of-network, All Outpatient Services		Deductible and coinsurance of the plan apply.	No changes; benefits remain the same.

\* Based on standard currently marketed plan designs. Some older plan designs and/or non-standard plan designs may be subject to different change rules. Blue Cross and Blue Shield of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.