

UNIVERSITY of
CALIFORNIA

OE
2010

Federal Mental Parity Act Plan Changes

Federal Mental Health Parity: Health Net

Health Net (Non-Medicare)	IN UBH NETWORK	OUT OF UBH NETWORK
Deductible	\$0	Covered in emergency only
Out-of-Pocket maximum/year	\$1,000/\$3,000 Applies to mental health and substance abuse expenses. Member out-of-pocket expenses for treatment of AB 88 diagnoses are sent to and cross-accumulate with the out-of-pocket maximum in the medical plan.	Covered in emergency only
Lifetime maximum	No max	Covered in emergency only
Outpatient (Mental Health and Substance Abuse)	Copay: \$0 visits 1-3 \$15 visits 4+ No copay for members under age 7. No coverage if treatment is not pre-authorized by UBH.	Covered in emergency only
Outpatient maximum	No max	
Inpatient (Mental Health and Substance Abuse)	\$250 copay No coverage if treatment is not pre-authorized by UBH	Covered in emergency only
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None (was \$250)	Covered in emergency only

Federal Mental Health Parity: Kaiser CA

Kaiser CA (Non-Medicare)	IN-NETWORK (through Kaiser)	IN-NETWORK (through UBH)	OUT OF UBH & KAISER NETWORK
Deductible	\$0	\$0	Covered in emergency only
Out-of-Pocket maximum/year	\$1,500/\$3,000 <i>Member expenses for mental health & substance abuse will cross accumulate with the out-of-pocket maximum in the medical plan.</i>	\$1,000/\$3,000 Applies to mental health <i>and</i> substance abuse expenses. Does not cross accumulate with medical plan.	Covered in emergency only
Lifetime maximum	No max	No max	Covered in emergency only
Outpatient (Mental Health and Substance Abuse)	Mental health Copay: \$15 individual; \$7 group Substance abuse Copay: \$15 individual; \$5 group No coverage if treatment is not pre- authorized by Kaiser.	Copay: \$0 visits 1-3 \$15 visits 4+ No copay for members under age 7. No coverage if treatment is not pre-authorized by UBH.	Covered in emergency only
Outpatient maximum	No max	No max	
Inpatient (Mental Health and Substance Abuse)	\$250 copay Substance abuse: \$100 copay for home transitional residential recovery services <i>Day limits removed.</i> No coverage if treatment is not pre- authorized by Kaiser.	\$250 copay No coverage if treatment is not pre-authorized by UBH.	Covered in emergency only
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None	<i>None</i> (was \$250)	Covered in emergency only

Federal Mental Health Parity: Anthem BC PPO

Anthem Blue Cross PPO (Non-Medicare)	IN UBH NETWORK	OUT OF UBH NETWORK
Deductible	\$0	\$500/\$1,500
Out-of-Pocket maximum/year	\$1,000/\$3,000 Applies to mental health and substance abuse expenses. Member out-of-pocket expenses for treatment of AB 88 diagnoses are sent to and cross-accumulate with the out-of-pocket maximum in the medical plan.	\$6,000/\$18,000 Applies to mental health and substance abuse expenses.
Lifetime maximum	No max	\$5,000,000 (was \$2,000,000)
Outpatient (Mental Health and Substance Abuse)	Copay: \$0 visits 1-3 \$15 visits 4+ No copay for members under age 7 (Pre-authorization requirement removed).	40% (Non-notification penalty removed)
Outpatient visit maximum	None	None (Visit limit removed)
Inpatient (Mental Health and Substance Abuse)	\$250 copay per admission	40% \$200 penalty if treatment is not pre-authorized
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None (was \$250)	None (30% penalty removed)

Federal Mental Health Parity: Anthem BC PLUS

Anthem Blue Cross PLUS (Non-Medicare)	IN UBH NETWORK	OUT OF UBH NETWORK
Deductible	\$0	\$500/\$1,500
Out-of-Pocket maximum/year	\$1,000/\$3,000 Applies to mental health and substance abuse expenses. Member out-of-pocket expenses for treatment of AB 88 diagnoses are sent to and cross-accumulate with the out-of-pocket maximum in the medical plan.	\$5,000/\$15,000 Applies to mental health and substance abuse expenses.
Lifetime maximum	No max	\$2,000,000
Outpatient (Mental Health and Substance Abuse)	Copay: \$0 visits 1-3 \$15 visits 4+ No copay for members under age 7 Treatment that is not pre-authorized will be covered at out-of-network level.	30%
Outpatient visit maximum	None	None
Inpatient (Mental Health and Substance Abuse)	\$250 copay per admission	30% \$200 penalty if treatment is not pre-authorized
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None (was \$250)	None

Federal Mental Health Parity: CIGNA Choice Fund

CIGNA Choice Fund	IN UBH NETWORK	OUT OF UBH NETWORK
Deductible	\$0	\$1,500/\$2,250/\$3,000
Out-of-Pocket maximum/year	\$1,000/\$3,000 Applies to mental health and substance abuse expenses.	\$8,500/\$12,750/\$17,000 . Applies to mental health and substance abuse expenses.
Lifetime maximum	No max	\$5,000,000
Outpatient (Mental Health and Substance Abuse)	Copay: \$0 visits 1-3 \$15 visits 4+ No copay for members under age 7 (Pre-authorization requirement removed).	40%
Outpatient visit maximum	None	None
Inpatient (Mental Health and Substance Abuse)	\$250 copay/admit	40% \$500 penalty if treatment is not pre-authorized
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None (was \$250)	None

Federal Mental Health Parity: Core

CORE (Non-Medicare)	ALL PROVIDERS
Deductible	CORE: \$3,000 per member
Out-of-Pocket maximum/year	CORE: \$7,600 per member
Lifetime maximum	\$2,000,000/member
Outpatient (Mental Health and Substance Abuse) CORE: May use any provider but if use non-PPO provider member may be balance billed.	CORE: 20% CORE Medicare: 20%
Outpatient maximum	No max
Inpatient (Mental Health and Substance Abuse)	CORE: 20%; \$500 penalty if services not pre-authorized
Penalty for Non-Compliance with Substance Abuse Treatment Plan	None

Questions?

Email: benefits@uci.edu

FAQ: www.hr.uci.edu/hcf