

# Mental Health Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

## Blue Shield of California Life & Health Insurance Company

For the following plans:

- Premier PPO 5<sup>†</sup>
- Premier PPO 15<sup>†</sup>
- Premier PPO 25<sup>†</sup>
- Premier PPO 35<sup>†</sup>
- Premier PPO 45<sup>†</sup>
- Simple Savings 2500/5000<sup>†</sup>
- Simple Savings 4500/9000<sup>†</sup>
- Enhanced PPO 15<sup>†</sup>
- Enhanced PPO 25<sup>†</sup>
- Enhanced PPO 30<sup>†</sup>
- Enhanced PPO 35<sup>†</sup>
- Enhanced PPO 40<sup>†</sup>
- Enhanced PPO 45<sup>†</sup>
- Simple Savings 3500/7000<sup>†</sup>
- Base PPO 30<sup>†</sup>
- Base PPO 40<sup>†</sup>
- Base PPO 50<sup>†</sup>
- Simple Savings 5500/11000<sup>†</sup>
- Shield Spectrum PPO Plan 750 Value<sup>†</sup>
- Shield Spectrum PPO Plan 1000 Value<sup>†</sup>
- Shield Spectrum PPO Plan 1500 Value<sup>†</sup>
- Shield Spectrum PPO Plan 2500 Value<sup>†</sup>
- Simple Savings 3400/6800<sup>†</sup>

### How the Plan Works

The benefits listed in the Benefit Summary are modified to provide coverage for mental health conditions in full parity with medical benefits of the plan. All services must be medically necessary. Blue Shield of California Life & Health Insurance Company has contracted with a Mental Health Services Administrator (MHSA), a licensed specialized health care service plan, to administer and deliver these services from MHSA participating providers. The MHSA is only the administrator for participating providers, and does not administer non-participating providers. Except for emergencies, benefits are covered only when pre-authorized by the MHSA.

Additionally, the benefits listed in the Benefit Summary are modified to remove any services whatsoever relating to the diagnosis or treatment of any Substance Abuse Condition, unless your Employer has purchased substance abuse condition coverage as an optional Benefit. (Note that Inpatient Services to treat acute medical complications of detoxification are medical benefits and remain covered.)

### Mental Health Coverage Details

Coverage for services for Mental Health Conditions, as defined, is the same as that for comparable medical services. Copayments and coinsurance amounts for services for Mental Health Conditions are the same as those for comparable medical services; for example, mental health inpatient services copayment/coinsurance is the same as the medical hospital inpatient services copayment/coinsurance. There are no annual limits on the number of medically necessary services that will be covered.

**Premier PPO 5, Premier PPO 15, Premier PPO 25, Premier PPO 35, Premier PPO 45,  
Enhanced PPO 15, Enhanced PPO 25, Enhanced PPO 30, Enhanced PPO 35, Enhanced PPO 40, Enhanced PPO 45,  
Base PPO 30, Base PPO 40, Base PPO 50,  
Shield Spectrum PPO Plan 750 Value, Shield Spectrum PPO Plan 1000, Shield Spectrum PPO Plan 1500,  
Shield Spectrum PPO Plan 2500, and  
Simple Savings 2500/5000, Simple Savings 3400/6800, Simple Savings 3500/7000, Simple Savings 4500/9000, and Simple Savings  
5500/11000 - Mental Health Benefits**

	MHSA Participating Provider <sup>1</sup>	MHSA Non-Participating Provider <sup>2</sup>
<u>Hospital Facility Services</u>		
Inpatient Services	Your plan's hospital benefits (facility services), inpatient services copayment	Your plan's hospital benefits (facility services), inpatient services copayment
Outpatient Services	Your plan's hospital benefits (facility services), outpatient services, services for illness or injury copayment	Your plan's hospital benefits (facility services), outpatient services, services for illness or injury copayment
Partial Hospitalization <sup>3</sup>	Your plan's ambulatory surgery center benefits copayment applies per episode	Your plan's ambulatory surgery center benefits copayment applies per episode
<u>Professional (Physician) Services</u>		
Inpatient Services	Your plan's professional (physician) benefits, inpatient benefits copayment	Your plan's professional (physician) benefits, inpatient benefits copayment
Outpatient Services	Your plan's professional (physician) benefits, office visit copayment	Your plan's professional (physician) benefits, office visit copayment

1. Copayments are calculated based on the negotiated rate with participating providers.
2. Member is responsible for copayment in addition to any charges above the allowable amounts from non-participating providers. The copayment percentage indicated is a percentage of allowed amounts. MHSA participating providers accept Blue Shield Life's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield Life's allowable amount.
3. Partial Hospitalization/Day Treatment Program is a treatment program that may be free-standing or hospital-based and provides services at least five hours per day and at least four days per week. Patients may be admitted directly to this level of care or transferred from acute inpatient care following acute stabilization.

This is only a summary of the mental health treatment benefits not described in the *Uniform Benefits and Coverage Matrix*. It is not a contract. Please refer to the *Certificate of Insurance* and group policy for a detailed description of covered benefits and limitations.

<sup>1</sup>Underwritten by Blue Shield of California Life & Health Insurance Company. Pending regulatory approval.