

# Mental Health Treatment Benefits

Attachment to Benefit Summary (Uniform Benefits and Coverage Matrix)

## Blue Shield of California

For the following plans:

- Access+ HMO® Premier 15
- Access+ HMO Premier 25
- Access+ HMO Premier 35
- Access+ HMO Premier 45
- Local Access+ HMO Premier 15
- Local Access+ HMO Premier 25
- Local Access+ HMO Premier 35
- Local Access+ HMO Premier 45
- Access+ HMO Enhanced 15
- Access+ HMO Enhanced 25
- Access+ HMO Enhanced 35
- Access+ HMO Enhanced 45
- Access+ HMO Enhanced 40
- Local Access+ HMO Enhanced 15
- Local Access+ HMO Enhanced 25
- Local Access+ HMO Enhanced 35
- Local Access+ HMO Enhanced 45
- Premier PPO 20

### 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 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.

#### All Access+ HMO, Local Access+ HMO Plans- Mental Health Benefits

	Member Copayment
<u>Hospital Facility Services</u>	
Inpatient Services	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
Partial Hospitalization <sup>3</sup>	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
Outpatient Services	Your plan's professional (physician) benefits, office visit copayment

**Premier PPO 20 - 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'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'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 amended *Evidence of Coverage* and plan contract for a detailed description of covered benefits and limitations.