

Baum, Beth - EBSA

From: Monica Zhao [MonicaZ@achonline.com]
Sent: Thursday, February 25, 2010 8:42 PM
To: EBSA, E-OHPSCA - EBSA
Subject: Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) Interim Final Rules dated Feb 2, 2010
Importance: High

After read the recent interim final regulations dated Feb 2, 2010, I'm a little confused and have the following concerns. Can you please take a look and advise?

There are six classifications of benefits: Inpatient, in-network; inpatient, out-of-network; outpatient, in-network; outpatient, out-of-network; emergency care; and prescription drugs.

For example, a group plan currently covers both inpatient/outpatient and in-network/out-of-network medical/surgical, and mental health/substance abuse (has more restrictions than medical/surgical, such as visit/day limitation and higher coinsurance); the prescription drug just has different copays on generic vs. brand/pharmacy pick-up vs. mail order and there is no limitation whether drug is prescribed with respect to medical/surgical or mental health/substance abuse. Regarding such plan,

- (1). Can group amend plan benefits to cover one or some classifications and not to cover the rest? For example, only cover outpatient mental/substance abuse but not cover inpatient mental/substance abuse?
- (2). Can group amend plan benefits not to cover medical mental/substance abuse services including both inpatient and outpatient (not cover 5 classifications), but only cover prescription drug?

In summary, my question is that: In order not to violate the law, if group would like to not cover mental/substance abuse, they must totally not cover all of six classifications together? In other words, if group'd like to cover mental/substance abuse, they should totally cover all of six classifications together?

Regards,
Monica Zhao
America's Choice Healthplans, LLC
13111 Northwest Freeway, Suite 510
Houston, TX 77040
monicaz@achonline.com