

Parity & Non-Parity Benefit Comparison

Here's an overview of how Priority Health benefits will comply with the Mental Health Parity.

	Non-Parity Benefit (Current)	Mental Health Parity Benefit (New)	Summary of Changes
Mental Health Outpatient (including medication management)	<ul style="list-style-type: none"> • 20 visits¹ per year • Office visit copayment applied • Two group therapy visits count as one outpatient • No copayment for medication management 	<ul style="list-style-type: none"> • PCP office visit copayment applied for social worker or psychologist visits • Specialist copayment applied for psychiatrist visits (including medication management) • No visit limits per contract year 	<ul style="list-style-type: none"> • Visit limits removed² • Two for one group therapy visits no longer applicable² • Copayments consistent with other medical/therapy services
Substance Abuse Services Outpatient (including medication management)	<ul style="list-style-type: none"> • 80% coverage¹ up to the minimum annual benefit as adjusted by the State annually 	<ul style="list-style-type: none"> • PCP office visit copayment applied for social worker or psychologist visits • Specialist copayment applied for psychiatrist visits (including medication management) • PCP copayment now applies to medication management provided by a PCP. • No visit/dollar limits per contract year 	<ul style="list-style-type: none"> • Minimum annual benefit is removed² • Applies copayments in the same way as other medical/therapy services
Mental Health Inpatient (including partial hospitalization)	<ul style="list-style-type: none"> • 20 days¹ per contract year • Hospital coinsurance¹ • Two partial days count as one inpatient day 	<ul style="list-style-type: none"> • Coinsurance equal to medical services coinsurance level • No day limits per contact year • Per admission copayment riders allowed only if the same per admission copayment applies to medical inpatient as well 	<ul style="list-style-type: none"> • Day limits removed² • Two for one partial inpatient days no longer applicable² • Coinsurance at level equal to other medical services
Substance Abuse Services Inpatient (including rehabilitation and partial hospitalization)	<ul style="list-style-type: none"> • 80% coverage¹ up to the minimum annual benefit as adjusted by the State annually 	<ul style="list-style-type: none"> • Coinsurance equal to medical services coinsurance level • No day/dollar limits per contract year • Per admission copayment riders allowed only if the same per admission copayment applies to medical inpatient as well 	<ul style="list-style-type: none"> • Minimum annual benefit is removed² • Applies coinsurance in the same way as other medical services
Deductibles	<ul style="list-style-type: none"> • Deductibles applied in same manner as other medical services for each product line 	<ul style="list-style-type: none"> • Deductible is applied in same manner as other medical services for each product line 	<ul style="list-style-type: none"> • No separate deductible for mental health or substance abuse services • All deductibles are inclusive of medical, mental health and substance abuse services
Annual Out-of-Pocket Maximum	<ul style="list-style-type: none"> • Services excluded from out-of-pocket for all products except HSA 	<ul style="list-style-type: none"> • Out-of-pocket maximums applied in same manner as other medical services for each product line 	<ul style="list-style-type: none"> • No separate out-of-pocket maximum for mental health or substance abuse services • All out-of-pocket maximums are inclusive of medical, mental health and substance abuse services

¹ May vary based on product or riders

² Riders to adjust number of days, visits or benefit maximum no longer necessary