

September 2016

## Mental health and substance use disorder benefit update

Dear Member,

Anthem has changed some mental health and substance use disorder benefits effective January 1, 2016. A federal law, The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act, and Covered California rules require these changes.

The changes listed below start January 1, 2016. This information updates the benefits described in an Evidence of Coverage (EOC) that you may have received already for 2016. The EOC is a written guide to the services the health plan covers and what you pay for services. To obtain a copy of an updated 2016 EOC, call the toll-free phone number on the back of your ID card or log in as a member at [www.anthem.com/ca](http://www.anthem.com/ca).

### Changes to Cost-Sharing

The amount you pay (also known as cost-sharing) for mental health (MH) and substance use disorder (SUD) services has changed. Note that the application of mental health parity law and rules do not increase cost sharing.

Type of Service	Specific Benefits Impacted	Current Cost-Sharing as of 2015	Cost-Sharing as of 1/1/2016
Mental Health and Substance Abuse – Outpatient, Other Services (Out-of-Network)	Outpatient Hospital Services	<p>Anthem will only pay up to \$350 for these services when received from a non-participating provider, leaving you responsible for a percentage of the maximum allowed amount <b>plus</b> any charges over \$350. <i>See Note below.</i></p> <p>This is shown in the EOC, in the <b>MEDICAL BENEFIT MAXIMUMS</b> section, as follows:</p> <p><b>MEDICAL BENEFIT MAXIMUMS</b></p> <p>We will pay, for the following services and supplies, up to the maximum amounts, or for the maximum number of days or visits shown below:</p> <p><b>Hospital (Non-Participating Provider)*</b></p> <ul style="list-style-type: none"> <li>• For covered outpatient <i>hospital</i> services and supplies.....<b>\$350</b> per</li> </ul>	<p>Anthem’s payment is not limited to \$350 for these services when received from a non-participating provider. You’re only responsible for a percentage of the maximum allowed amount. <i>See Note below.</i></p> <p>This will be shown in the revised EOC, in the <b>MEDICAL BENEFIT MAXIMUMS</b> sections, as follows:</p> <p><b>MEDICAL BENEFIT MAXIMUMS</b></p> <p>We will pay, for the following services and supplies, up to the maximum amounts, or for the maximum number of days or visits shown below:</p> <p><b>Hospital (Non-Participating Provider)*</b></p> <ul style="list-style-type: none"> <li>• For covered outpatient <i>hospital</i> services and supplies** .....<b>\$350</b> per</li> </ul>

		admission  * The maximums do not apply to <i>emergency services</i> .	admission  * The maximums do not apply to <i>emergency services</i> .  ** Does not apply to the treatment of <i>mental health conditions</i> and substance abuse.
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**Note:** the difference between the 2015 cost sharing and 2016 cost sharing is that for non-participating services, Anthem would only have paid up to \$350 per admission in 2015 for the treatment of mental health and substance abuse; in 2016, Anthem’s payment for those services is not limited to \$350.

This means that in 2015, for mental health and substance abuse outpatient services received from a non-participating provider, you were responsible for a percentage of the maximum allowed amount (the copayment stated in the EOC for non-participating provider services), **plus** any charges over \$350.

As of 1/1/2016, for mental health and substance abuse outpatient services received from a non-participating provider, you will be responsible only for a percentage of the maximum allowed amount.

The maximum allowed amount is defined in the EOC and varies depending on the services received, how the provider bills for the service, and whether the provider is in our network. Other factors may determine the maximum allowed amount. Please see the EOC for details.

**Revisions to the EOC Concerning Mental Health and Substance Abuse**

Please contact Anthem at the toll-free phone number on the back of your ID card for more information on the significant EOC changes listed below:

- Cost-sharing for some mental health and substance use disorder treatments has changed. The revised cost-sharing is disclosed in the Summary of Benefits and is also summarized above, under “Changes to Cost-Sharing.”
- Preservice review requirements are described under the section Utilization Review Program. The listing of mental health and substance abuse services that require preservice review has changed. There is new information about how to obtain preservice review for these services.
- Mental health and substance abuse text has been revised to clarify the treatments of mental health and substance use disorders that are available on an inpatient or outpatient basis. The text can be found in a new section dedicated to mental health and substance abuse called, “Benefits for Mental Health Conditions and Substance Abuse.”

**Additional Information**

- Fetal testing – in order to comply with California 2015 Senate Bill (SB) 75, we are providing coverage of testing that is done as part of the California Prenatal Screening Program at no cost to members who reside in California.

Sincerely,  
Group Services

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