

IMPORTANT NOTICE

Groups with 50 or Fewer Eligible Lives

BEHAVIORAL HEALTH PARITY OFFERING

*After review of the information below, please complete the attached “Group Election Form” for Behavioral Health/Substance Abuse Benefits, regardless of whether you are electing or rejecting this coverage offering. **If parity is elected as an option, it must be elected for all product offerings. If Parity is elected, it may not be removed at future renewals.***

HMO: Currently, all employer groups with 50 or fewer eligible lives covered under the Health Maintenance Organization (HMO), have an unlimited lifetime dollar maximum for behavioral health and substance abuse services. There is also a 30-day annual inpatient / 20-visit annual outpatient limitation. An additional offering for behavioral health parity is not available unless your group has a dual option (POS is offered as an alternative) and has elected parity for the POS. If parity is elected in a dual option scenario, the limitations on the inpatient days and outpatient visits will be removed for the HMO, as well. There will be no out-of-network coverage option under the HMO. The cost to elect behavioral health parity in a dual option scenario is an additional 1% of premium.

POS: Currently, all employer groups with 50 or fewer eligible lives covered under the Point of Service (POS), have an in-network-only benefit (no out-of-network), an unlimited lifetime dollar maximum, and a 30-day annual inpatient / 20-visit annual outpatient limitation. Groups which elect behavioral health parity will receive out-of-network benefits and unlimited inpatient days and outpatient visits. The out-of-network benefit will be the deductible and out-of-network coinsurance that applies to other out-of-network services. The cost to elect behavioral health parity is an additional 1% of premium.

PPO: Currently, our standard Preferred Provider Organization (PPO) benefit for all employer groups with 50 or fewer eligible lives covered includes a \$10,000 lifetime maximum, and a 30-day annual inpatient / 20-visit annual outpatient limitation. Benefits are always paid at 80% coinsurance plus deductible for in-network benefits and 60% coinsurance plus deductible for out-of-network benefits—independent of the coinsurance percentages for other services. The behavioral health parity offering for the PPO will increase the lifetime maximum for behavioral health and substance abuse to equal the lifetime maximum for medical benefits. The coinsurance percentages will remain at 80/60 and the 30-day inpatient/20-visit outpatient limitations still apply. Removal of the \$10,000 lifetime maximum, making behavioral health/substance abuse benefits subject to the lifetime maximum that applies to all other services, will cost an additional 2.5% of premium.

Indemnity: Currently, our standard Indemnity benefit for all employer groups with 50 or fewer eligible lives covered includes a \$10,000 lifetime maximum, and a 30-day annual inpatient / 20-visit annual outpatient limitation. Inpatient claims are paid at deductible plus coinsurance, generally 80%, while outpatient claims are paid at deductible plus 50% coinsurance. The behavioral health parity offering for the Indemnity coverage will increase the lifetime maximum for behavioral health and substance abuse to equal the lifetime maximum for medical benefits. The day/visit limits and the coinsurance percentages remain the same. The cost to elect behavioral health parity is an additional 2.5% of premium.

If your group adds additional Blue Cross Blue Shield members during the year, increasing your number of eligible lives to more than 50 employees, please notify your Marketing Representative, as it may impact these offerings. Any changes as the result of growth will be effective on your next renewal date.

**Behavioral Health/Substance Abuse Benefits
Group Election Form
*For Groups With 50 or Fewer Employees***

Please complete this form and fax it to (404) 923-3100

Employer Name (*Please Print*): _____

Group Number(s): _____

Effective Date: _____

As an authorized representative of the above employer, I hereby elect the behavioral health coverage detailed below, as mandated to be offered by Georgia state law (I understand that if parity is elected as an option, it must be elected for all product offerings):

HMO (Available only to groups with HMO/POS or HMO/PPO dual option plans)

Accept Decline

 Unlimited inpatient days and unlimited outpatient visits
(Groups that have dual option HMO/POS and have elected POS parity must also elect full parity for HMO)

Point-of-Service (POS)

Accept Decline

 Include benefits for non-network providers and increase benefits to cover unlimited inpatient days and unlimited outpatient visits.

PPO or Indemnity

Accept Decline

 Lifetime dollar maximum equal to lifetime dollar maximum for medical benefits

Required Signature

Employer Representative: _____

**Please fax completed form to (404) 923-3100
(or mail to your BCBSGA Marketing Representative)**