

NOTICE OF MARYLAND MANDATED BENEFIT
for Maryland Major Medical Policyholders

The following notice contains information about benefits for treatment of mental illnesses, emotional disorders, and drug and alcohol abuse that have been enacted by the state of Maryland. In order to determine how the benefit may apply to your health insurance coverage, you may contact our Customer Service Department toll-free at 1-800-247-2190. You may also contact the Maryland Insurance Administration toll-free at 1-800-492-6116 for further information about the benefits available to you.

Coverage for Treatment of Mental Illnesses, Emotional Disorders, and Drug and Alcohol Abuse

The benefits provided for under this mandated coverage are only for expenses arising from the diagnosis and treatment of mental illnesses, emotional disorders, drug abuse, or alcohol abuse if, in the professional judgment of health care providers: 1) the mental illness, emotional disorder, drug abuse, or alcohol abuse is treatable; and 2) the treatment is medically necessary.

The coverage provided will have the same terms and conditions as the benefits for other physical illnesses covered under the health insurance policy. Except for the outpatient benefit coinsurance requirements described below, coverage provided will be subject to the same policy maximums, deductibles, coinsurance, and copayment provisions that are applicable to other physical illnesses covered under the health insurance policy.

Inpatient Benefits. Coverage will be provided for inpatient hospitalization services provided in a licensed or certified facility on the same basis as other physical illnesses covered under the policy. Benefits for partial hospitalization can be limited to 60 days. For the purposes of this mandated coverage, “Partial hospitalization” means the provision of medically directed intensive or intermediate short-term treatment:

1. to an insured;
2. in a licensed or certified facility or program;
3. for mental illness, emotional disorders, drug abuse, or alcohol abuse; and
4. for a period of less than 24 hours but more than 4 hours in a day.

Outpatient Benefits (coverage other than for inpatient or partial hospitalization services). Coverage will be provided for covered expenses arising from outpatient services, including psychological and neuropsychological testing for diagnostic purposes, provided to treat mental illnesses, emotional disorders, drug abuse disorders, and alcohol abuse disorders, at a coinsurance percentage that is not less than:

1. 80% for the first 5 visits in a calendar year or benefit period of no more than 12 months;
2. 65% for the 6th through 30th visit in a calendar year or benefit period of no more than 12 months; and
3. 50% for the 31st visit and any subsequent visit in a calendar year or benefit period of no more than 12 months.

Office Visits for Medication Management. An office visit to a physician or other health care provider for medication management will not be counted against the number of visits for the outpatient benefits described above. Benefits will be reimbursed under the same terms and conditions as an office visit for any other physical illness covered under the policy.