



Paul Wellstone and Pete Dominici
Federal Mental Health Parity and Addiction Equity Act of 2008

The following rider is an addendum to the “Group Subscriber Certificate of Coverage” which provides for the provision of all basic health services.

Benefits

The “Benefits” section of the Subscriber Contract is amended as follows:

3. Covered Benefits – Behavioral Healthcare

Coverage is available for the services of a physician, psychiatrist, psychologist or certified social worker in connection with the diagnosis and treatment of mental, nervous or emotional disorders and ailments. Treatment consists of evaluation and, crisis intervention, outpatient treatment and Medically Necessary inpatient hospitalization.

Refer to the “**SUMMARY OF BENEFITS**” for coverage limitations and applicable co-payments.

A. Mental Health Services

Outpatient Mental Health

Covered services include outpatient treatment/visits of mental, nervous or emotional disorders or ailments provided by a (i) a facility issued an operating certificate pursuant to Article 31 of the New York Mental Hygiene Law, (ii) a facility operated by the New York State Department of Mental Hygiene (iii) a licensed psychiatrist, psychologist or clinical social worker or (iv) a professional corporation or a university faculty practice corporation. Outpatient mental health services must be medically necessary.

Inpatient Mental Health

Covered services include inpatient services for the treatment of mental, nervous or emotional disorders or ailments provided by a Provider that falls within the definition of a “hospital” under Section 1.03 of the New York Mental Hygiene Law. Partial hospitalization visits are covered at a ratio of two partial hospitalization visits equaling one inpatient day. Inpatient mental health services must be medically necessary and Pre-authorized by Atlantis.

Refer to the “**SUMMARY OF BENEFITS**” for coverage limitations and applicable co-payments. For outpatient services, if member has a split copayment plan, the co-payment for these services is equivalent to the PCP Office Visit amount.

B. Alcoholism and Substance Abuse Services

Coverage is also provided for the diagnosis and treatment of alcoholism and alcohol abuse and substance abuse and substance dependence. Services include inpatient detoxification and rehabilitation and outpatient visits for rehabilitation.

Inpatient Detoxification

Coverage is provided for detoxification services provided in a hospital or detoxification facility. Inpatient alcoholism and substance abuse services must be medically necessary and Pre-authorized by Atlantis.

Inpatient Alcohol/Substance Abuse Rehabilitation

Coverage is provided for the diagnosis and treatment of alcoholism and alcohol abuse and substance abuse and substance dependence. The rehabilitation services must be received in a hospital based or free standing facilities in New York State that are certified by OASAS, and in other states to those which are accredited by the joint commission on accreditation of hospitals as alcoholism, substance abuse or chemical dependence treatment programs.

Outpatient Alcoholism and Substance Abuse Services

Coverage is available for Outpatient Alcoholism and Substance Abuse services by facilities certified by the Office of Alcoholism and Substance Abuse Services (OASAS), or licensed by OASAS as outpatient clinics or medically supervised ambulatory substance abuse programs and, in other states to those accredited by the joint commission on accreditation of hospitals as alcoholism or chemical dependence treatment programs.

Outpatient visits may be used by Members who are the family members of the person in need of treatment, even if the person in need of treatment has not received or is not receiving treatment for alcoholism or substance abuse. Coverage for family Members includes visits for remediation, through counseling and education, of the adverse effects on the physical and mental health of family Members resulting from a close relationship with the covered person receiving or in need of treatment for alcoholism or substance abuse.

Refer to the **"SUMMARY OF BENEFITS"** for coverage limitations and applicable co-payments. For outpatient services, if member has a split copayment plan, the co-payment for these services is equivalent to the PCP Office Visit amount.

All of the terms, conditions and limitations of your Easy Choice Health Plan Group Subscriber Contract and Summary of Benefits to which this rider is attached also apply to this Rider, except where specifically changed by this Rider.

Nothing in this rider shall be construed to prevent the medical management or utilization review of mental health benefits, including the use of prospective, concurrent or retrospective utilization review, preauthorization, and appropriateness criteria as to the level and intensity of treatment applicable to behavioral health.

Nothing in this rider shall be construed to prevent a policy from providing services through a network of participating providers who shall meet certain requirements for participation, including provider credentialing.

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