



333 West Vine Street
Suite 500
Lexington, KY 40507
877.423.5246
www.afciopta.org

AFL-CIO HEALTH & WELFARE PLAN SUMMARY OF PLAN CHANGES

Mental Health and Substance Abuse Services

Effective January 1, 2013, the AFL-CIO Health & Welfare Plan's (the Plan's) mental health and substance abuse services (MH/SUD) benefits will change to comply with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) as follows:

Copayment and Coinsurance Amount:

- In-Network – The copay amount for MH/SUD services will decrease from \$10.00 per visit to \$5.00 per visit.
- Non-Network – The coinsurance amount for MH/SUD services will decrease from 25% of Eligible Expenses for the first 40 visits per calendar year, and 40% of Eligible Expenses for each additional visit per calendar year, to 20% of Eligible Expenses for all visits.

Authorization/Notification Requirements:

The authorization requirements have changed. There is no longer a requirement for advance authorization by a Mental Health/Substance Abuse Designee; however, UnitedHealthcare (UHC) must still be notified prior to the initiation of services, as follows:

- In-Network – As with other medical services received by a Network provider, the provider will be responsible for notifying UHC. For MH/SUD services, the notification will be to the UHC MH/SUD Administrator.
- Non-Network – If you choose to receive MH/SUD services from non-Network providers, you are responsible for notifying the UHC MH/SUD Administrator before you receive these services. To notify UHC you will need to call the telephone number for Customer Care on your Identification (ID) Card.

Covered Health Services that require pre-service notification are as follows:

1. Inpatient services (including Partial Hospitalization/Day Treatment and services at a Residential Treatment Facility)
2. Intensive outpatient program treatment
3. Outpatient electro-convulsive treatment
4. Psychological testing

(Continued on Back of Page)

5. Extended outpatient treatment visits beyond 45–50 minutes in duration, with or without medication management
6. Outpatient treatment provided in your home

Number of Visits/Days Limitations:

- There will be no In-Network or Non-Network number of visit limitations specific to the MH/SUD services. Such services are provided under the same limitations as for other general medical services.
- The 12-day limitation per calendar year for intermediate care services specific to detoxification will be removed.

If you have questions or need additional information, please contact the Plan Administrator:

AFL-CIO Health & Welfare Plan
333 West Vine St., Suite 500
Lexington, KY 40507
(877) 423-5246
email@aflciotpa.org

In addition, this and other information is posted on the Plan's website, www.aflciotpa.org.

**THIS IS A MATERIAL MODIFICATION TO THE SUMMARY PLAN DESCRIPTION
AND SHOULD BE RETAINED WITH THAT DOCUMENT**