

- A. Plan Name:
- B. Contact Name:
- C. Telephone:
- D. E-mail:

E. Index	Spreadsheet Number	Benefit Plan Design Identifier	Effective Date	Line of Business			
				HMO	EPO	POS	PPO
		<i>Basic Select</i>	<i>01/01/15</i>	X			
		Benefit Plan Design #1- Individual, Platinum 90					
		Benefit Plan Design #2- Individual, Gold 80					
		Benefit Plan Design #3- Individual, Silver 70					
		Benefit Plan Design #4- Individual, Silver 73 (200-250% FPL)					
		Benefit Plan Design #5- Individual, Bronze 60 (not the HSA)					
		Benefit Plan Design #6- Individual, Minimum Coverage (Catastrophic)					
		Benefit Plan Design #7- Individual, Alternative Plan Design					
		Benefit Plan Design #8- Small Group, Platinum 90, w/ or w/o Child Dental					
		Benefit Plan Design #9- Small Group, Gold 80, w/ or w/o Child Dental					
		Benefit Plan Design #10- Small Group, Silver 70, w/ or w/o Child Dental					
		Benefit Plan Design #11- Small Group, Bronze 60, w/ or w/o Child Dental					
		Benefit Plan Design #12- Small Group, Alternative Plan Design					
		Benefit Plan Design #13- Large Group, First Most Popular (including IHSS or PASC-SEIU plan designs)					
		Benefit Plan Design #14- Large Group, Second Most Popular (including IHSS or PASC-SEIU plan designs)					
		Benefit Plan Design #15- Large Group, Third Most Popular, or Design w/ Different Network than for #13 or #14 (including IHSS or PASC-SEIU plan designs)					

Leave spreadsheets that are not applicable blank; do not renumber the spreadsheets

Add or delete rows in each Classification/Subclassification, as needed

Table 1: Financial Requirements - Deductibles

A. Are there any deductibles? (Y/N)	
B. Identify the amount(s) of the deductible(s). If the product has different deductible amounts for different coverage units (e.g., individual and family deductibles) and/or for benefits separate from the overall deductible (e.g., a separate pharmacy deductible), clearly identify those amounts. Identify any benefits that are not subject to the deductible(s).	
C. Does the deductible, or do the deductibles, apply to "substantially all" M/S benefits in each classification or subclassification to which the deductible applies? (See 45 C.F.R. § 146.136(c)(3)(v)(B) Example 4.)	

Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit		List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	
C. Outpatient, In-Network: Office Visits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	

D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List Copayment/Coinsurance for Each Benefit
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit
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G. Emergency	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	G. Emergency	List Copayment/Coinsurance for Each Benefit
H. Prescription Drugs	List Copayment/Coinsurance for Each Benefit	If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.	Tier One	List Copayment/Coinsurance for Each Benefit

Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

Table 4: Quantitative Treatment Limitations, including, but not limited to, limits on inpatient days per admission/episode or per year, outpatient visits per episode/year, outpatient services per episode/year.

Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
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B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit

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Tier Three			Tier Three	
Tier Four			Tier Four	

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Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the benefits subject to the out-of-pocket maximum(s), and the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit

D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List Copayment/Coinsurance for Each Benefit
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit
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Tier One			Tier One	
Tier Two			Tier Two	
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Table 4: Quantitative Treatment Limitations, including, but not limited to, limits on inpatient days per admission/episode or per year, outpatient visits per episode/year, outpatient services per episode/year.

Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
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A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
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Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the benefits subject to the out-of-pocket maximum(s), and the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit		List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit

Table 4: Quantitative Treatment Limitations, including, but not limited to, limits on inpatient days per admission/episode or per year, outpatient visits per episode/year, outpatient services per episode/year.

Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit		Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit

E. Outpatient, Out-of-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit
G. Emergency	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	G. Emergency	List all Quantitative Treatment Limits that Apply to Each Benefit
H. Prescription Drugs	List all Quantitative Treatment Limits that Apply to Each Benefit	If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.	H. Prescription Drugs	List all Quantitative Treatment Limits that Apply to Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

Add or delete rows in each Classification/Subclassification, as needed

Table 1: Financial Requirements - Deductibles

A. Are there any deductibles? (Y/N)	
B. Identify the amount(s) of the deductible(s). If the product has different deductible amounts for different coverage units (e.g., individual and family deductibles) and/or for benefits separate from the overall deductible (e.g., a separate pharmacy deductible), clearly identify those amounts. Identify any benefits that are not subject to the deductible(s).	
C. Does the deductible, or do the deductibles, apply to "substantially all" M/S benefits in each classification or subclassification to which the deductible applies? (See 45 C.F.R. § 146.136(c)(3)(v)(B) Example 4.)	

Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the benefits subject to the out-of-pocket maximum(s), and the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit		List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	Predominant financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit

Table 4: Quantitative Treatment Limitations, including, but not limited to, limits on inpatient days per admission/episode or per year, outpatient visits per episode/year, outpatient services per episode/year.

Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit		Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	Predominant quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit

E. Outpatient, Out-of-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit
G. Emergency	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	G. Emergency	List all Quantitative Treatment Limits that Apply to Each Benefit
H. Prescription Drugs	List all Quantitative Treatment Limits that Apply to Each Benefit	If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.	H. Prescription Drugs	List all Quantitative Treatment Limits that Apply to Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

Add or delete rows in each Classification/Subclassification, as needed

Table 1: Financial Requirements - Deductibles

A. Are there any deductibles? (Y/N)	
B. Identify the amount(s) of the deductible(s). If the product has different deductible amounts for different coverage units (e.g., individual and family deductibles) and/or for benefits separate from the overall deductible (e.g., a separate pharmacy deductible), clearly identify those amounts. Identify any benefits that are not subject to the deductible(s).	
C. Does the deductible, or do the deductibles, apply to "substantially all" M/S benefits in each classification or subclassification to which the deductible applies? (See 45 C.F.R. § 146.136(c)(3)(v)(B) Example 4.)	

Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the benefits subject to the out-of-pocket maximum(s), and the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit		List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit

		If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.		
H. Prescription Drugs	List Copayment/Coinsurance for Each Benefit		H. Prescription Drugs	List Copayment/Coinsurance for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

Table 4: Quantitative Treatment Limitations, including, but not limited to, limits on inpatient days per admission/episode or per year, outpatient visits per episode/year, outpatient services per episode/year.

Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit		Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below	List all Quantitative Treatment Limits that Apply to Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit

Add or delete rows in each Classification/Subclassification, as needed

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Table 2: Financial Requirements - Out-of-Pocket Maximums

A. Are there any out-of-pocket maximums? (Y/N)	
B. If yes, identify the benefits subject to the out-of-pocket maximum(s), and the amount(s) of the out-of-pocket maximum(s). If there are different out-of-pocket maximums for different coverage units (e.g., individual and family out-of-pocket maximums), clearly identify these amounts.	
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Table 3: Financial Requirements - Copayments and Coinsurance

Medical/Surgical Benefits		"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
List All Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit		List Benefits in Each Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit

		If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.		
H. Prescription Drugs	List Copayment/Coinsurance for Each Benefit		H. Prescription Drugs	List Copayment/Coinsurance for Each Benefit
Tier One			Tier One	
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Tier Three			Tier Three	
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Medical/Surgical Benefits		"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	Mental Health/Substance Use Disorder	
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A. Inpatient, In-Network			A. Inpatient, In-Network	
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit
C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	C. Outpatient, In-Network: Office Visits	List all Quantitative Treatment Limits that Apply to Each Benefit
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	List all Quantitative Treatment Limits that Apply to Each Benefit

