A. Plan Name:

B. Contact Name:

C. Telephone:

D. E-mail:

E. Index				Line of	Business	
Spreadsheet Number	Benefit Plan Design Identifier	Effective Date	нмо	EPO	POS	PPO
	Basic Select	01/01/15	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						
						ĺ
Benefit Plan Design #13- Large Group, First Most						
Popular (including IHSS or PASC-SEIU plan designs)						-
Benefit Plan Design <b>#14</b> - Large Group, Second Most						
Popular (including IHSS or PASC-SEIU plan designs)						İ
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						1
designs)						
ucsigns)						

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

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).	

List All Benefits in Each Copayment/Coinsurance for Each Benefit A. Inpatient, In-Network A. Inpatient, In-Network  List List Copayment/Coinsurance for Each Benefit A. Inpatient, In-Network  List Copayment/Coinsurance for Each Benefit A. Inpatient, In-Network  List Copayment/Coinsurance for Each Benefit A. Inpatient, In-Network  A. Inpatient, In-Network  A. Inpatient, In-Network  Inpatie	Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
List All Benefits in Each Classification / Subclassification A. Inpatient, In-Network A. Inpatie			"Predominant" financial requirement		
Classification / Subclassification		List	applicable to "substantially all" M/S		
Classification / Subclassification	List All Benefits in Each	Copayment/Coinsurance		List Benefits in Each	List Copayment/Coinsurance
#Predominant" financial requirement applicable to "substantially all" M/S benefits in the classification/subclassification  List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit applicable to "substantially all" M/S benefits in the classification/subclassification  List Copayment/Coinsurance Copayment/Coinsurance for Each Benefit in the benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicable to "substantially all" M/S benefits in the classification applicabl	Classification / Subclassification		classification/subclassification	Classification /Subclassification	for Each Benefit
List Copayment/Coinsurance for Each Benefit Classification Elist Copayment/Coinsurance for Each Benefit Classification Elist Copayment/Combined El	A. Inpatient, In-Network			A. Inpatient, In-Network	
List Copayment/Coinsurance for Each Benefit  B. Inpatient, Out-of-Network  E. Inpatient, Out-of-					
List Copayment/Coinsurance for Each Benefit classification   B. Inpatient, Out-of-Network   Copayment/Coinsurance for Each Benefit   Classification   B. Inpatient, Out-of-Network   Classification   B. Inpatient, Out-of-Network   Classification					
List Copayment/Coinsurance for Each Benefit classification   B. Inpatient, Out-of-Network   Copayment/Coinsurance for Each Benefit   Classification   B. Inpatient, Out-of-Network   Classification   B. Inpatient, Out-of-Network   Classification					
List Copayment/Coinsurance for Each Benefit classification   B. Inpatient, Out-of-Network   Copayment/Coinsurance for Each Benefit   Classification   B. Inpatient, Out-of-Network   Classification   B. Inpatient, Out-of-Network   Classification					
List Copayment/Coinsurance for Each Benefit Classification Elist Copayment/Coinsurance for Each Benefit Classification Elist Copayment/Combined El					
List Copayment/Coinsurance for Each Benefit  B. Inpatient, Out-of-Network  E. Inpatient, Out-of-					
List Copayment/Coinsurance for Each Benefit classification benefits in the classification/subclassification benefits in the classification benefits					
List Copayment/Coinsurance for Each Benefit classification benefits in the classification/subclassification benefits in the classification benefits					
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List Copayment/Coinsurance for Each Benefit classification benefits in the classification/subclassification benefits in the classification benefits					
Copayment/Coinsurance B. Inpatient, Out-of-Network  Copayment/Coinsurance for Each Benefit  Copayment/Coinsurance for Each Benefit  Copayment/Coinsurance  Copayment/Coinsurance benefits in the classification  B. Inpatient, Out-of-Network  Copayment/Coinsurance  Copayment/Coinsurance benefits in the classification  B. Inpatient, Out-of-Network  Copayment/Coinsurance  Copayment/Coinsurance benefits in the classification  B. Inpatient, Out-of-Network  Copayment/Coinsurance  Copayment/Coinsurance  Copayment/Coinsurance benefits in the classification  B. Inpatient, Out-of-Network  Copayment/Coinsurance  List Copayment/Coinsurance  Copaymen					
B. Inpatient, Out-of-Network for Each Benefit classification/subclassification    Classification/subclassification   B. Inpatient, Out-of-Network   for Each Benefit					
List applicable to "substantially all" M/S benefits in the List Copayment/Co		• •			List Copayment/Coinsurance
List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co	B. Inpatient, Out-of-Network	for Each Benefit	classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co					
List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co					
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List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co					
List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co					
List applicable to "substantially all" M/S Copayment/Coinsurance benefits in the List Copayment/Co			"Duadaminant" financial requirement		
Copayment/Coinsurance benefits in the List Copayment/Co		l i a k			
					List Consument (Coincument
to Each Deficit Classification   C. Outpatient, in-rectwork. Office visits   Tor Each Bell	C. Outpatient In Natwork: Office Visits			C. Outpatient In Network: Office Visits	
	c. Outpatient, in-wetwork. Office visits	TOT EACH DEHEIR	ciassification/subciassification	C. Outpatient, in-Network. Office visits	TOT Each Delient
8/21/2014	8/21/2014		1		1

		,		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in the	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit	classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit
		"Predominant" financial requirement		
	List	applicable to "substantially all" M/S		
	Copayment/Coinsurance	benefits in the		List Copayment/Coinsurance
E. Outpatient, Out-of-Network: Office Visits	for Each Benefit		E. Outpatient, Out-of-Network: Office Visits	for Each Benefit
	101 20011 201011	, , , , , , , , , , , , , , , , , , , ,		
		"Predominant" financial requirement		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List	applicable to "substantially all" M/S		
combined with Outpatient, Out-of-Network: Office Visits or shown separately	Copayment/Coinsurance		F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
		1		
		1		
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		"Predominant" financial requirement		
	List	applicable to "substantially all" M/S		
	Copayment/Coinsurance	benefits in the		List Copayment/Coinsurance
G. Emergency	for Each Benefit	classification/subclassification	G. Emergency	for Each Benefit
		If prescription drugs are covered in a		
		tiered structure that does not		
		distinguish between M/S and MH/SUD		
	List	drugs, the "predominant" and		
	Copayment/Coinsurance	"substantially all" analyses are not		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	necessary.		for Each Benefit
Figh 2004	TOT LOCAL DETICATE	necessary.	Tier One	TOT Each Belletit
B/Y1/Y2U14	l .		ner 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 inp	patient days per admission/epis	ode or per year, outpatient visits per episode/year, outpatient servi	ces per episode/year.
Medical/Surgical Benefits			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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	Apply to Each Benefit	-	A. Inpatient, In-Network	bellefit
A. Inpatient, in-Network			A. Inpatient, In-Network	
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		-		
		-		+
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		1		
		"Predominant" quantitative treatment		
	List all Quantitative	limitation applicable to "substantially		List all Quantitative Treatment
	Treatment Limits that	all" M/S benefits in the		Limits that Apply to Each
B. Inpatient, Out-of-Network	Apply to Each Benefit	classification/subclassification	B. Inpatient, Out-of-Network	Benefit
		1		
		1		
		1		
		_		
		-		
		-		+
		"Predominant" quantitative treatment		
	List all Quantitative	limitation applicable to "substantially		List all Quantitative Treatment
	Treatment Limits that	all" M/S benefits in the		Limits that Apply to Each
C. Outpatient, In-Network: Office Visits	Apply to Each Benefit	classification/subclassification	C. Outpatient, In-Network: Office Visits	Benefit
		4		
		-		<del> </del>
		†		
		1		
		"Predominant" quantitative treatment		
	List all Quantitative	limitation applicable to "substantially		List all Quantitative Treatment
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Treatment Limits that		D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)	Apply to Each Benefit	classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
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		]		
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		Tu		
		"Predominant" quantitative treatment		
	List all Quantitative	limitation applicable to "substantially		List all Quantitative Treatment
	Treatment Limits that	all" M/S benefits in the		Limits that Apply to Each
E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
		W		
		"Predominant" quantitative treatment		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative	limitation applicable to "substantially		List all Quantitative Treatment
combined with Outpatient, Out-of-Network: Office Visits or shown separately	Treatment Limits that		F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	Limits that Apply to Each
here.)	Apply to Each Benefit	classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	Benefit
		-		
		-		-
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		-		-
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		He I I III III II I		
	List all Quantitative	"Predominant" quantitative treatment limitation applicable to "substantially		List all Quantitative Treatment
	•			
C 5	Treatment Limits that	all" M/S benefits in the	C F	Limits that Apply to Each
G. Emergency	Apply to Each Benefit	classification/subclassification	G. Emergency	Benefit
		-		
		-		
		-		
		-		
		-		
		-		
		If prescription drugs are covered in a		
		tiered structure that does not		
		distinguish between M/S and MH/SUD		
	List all Quantitative	drugs, the "predominant" and		List all Quantitative Treatment
	Treatment Limits that	"substantially all" analyses are not		
H. Procedition Drugs			H. Procerintian Drugs	Limits that Apply to Each
H. Prescription Drugs Tier One	Apply to Each Benefit	necessary.	H. Prescription Drugs Tier One	Benefit
			Tier One	
Tier Two				
Tier Three Tier Four			Tier Three Tier Four	
itet i oui			I ICI I VUI	1

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification A. Inpatient, In-Network	for Each Benefit	the classification/subclassification	Classification /Subclassification A. Inpatient, In-Network	for Each Benefit
A. Inpatient, III-Network			A. Inpatient, in-Network	
		Predominant financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		Predominant Tinanciai		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
8/21/2014				
<u> </u>	•	•		

combined with Outpatient, In-Network: Office Visits or shown separately here.)	List opayment/Coinsurance for Each Benefit  List opayment/Coinsurance for Each Benefit	Predominant Tinancial requirement applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)  E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit
combined with Outpatient, In-Network: Office Visits or shown separately here.)  Copa	opayment/Coinsurance for Each Benefit	requirement applicable to "substantially all" M/S benefits in the classification/subclassification  Predominant financial requirement applicable to "substantially all" M/S benefits in	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit  List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)  Copa	opayment/Coinsurance for Each Benefit	requirement applicable to "substantially all" M/S benefits in the classification/subclassification  Predominant financial requirement applicable to "substantially all" M/S benefits in	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit  List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)  Copa	opayment/Coinsurance for Each Benefit	requirement applicable to "substantially all" M/S benefits in the classification/subclassification  Predominant financial requirement applicable to "substantially all" M/S benefits in	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit  List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)  Copa	opayment/Coinsurance for Each Benefit	requirement applicable to "substantially all" M/S benefits in the classification/subclassification  Predominant Innancial requirement applicable to "substantially all" M/S benefits in	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit  List Copayment/Coinsurance
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
·	opayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	E. Outpatient, Out-of-Network: Office Visits	
		Predominant Tinancial		
	List opayment/Coinsurance		F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
· ·	List opayment/Coinsurance for Each Benefit	requirement applicable to "substantially all" M/S benefits in the classification/subclassification	G. Emergency	List Copayment/Coinsurance for Each Benefit
<u> </u>				
<del> </del>				
	List opayment/Coinsurance	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		List Copayment/Coinsurance
	for Each Benefit	not necessary.	H. Prescription Drugs	for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three 8/21/2014			Tier Three	

Fier Four			Tier Four	
Table 4: Quantitative Treatment Limitations, including, but not l	imited to, limits on inn	atient days per admission/eni	sode or per year, outpatient visits per episode/year, outpatient serv	ices per episode/year
Medical/Surgical Benefits		"Duadaminant"ttt	Mental Health/Substance Use Disorder	
<b>.</b>		"Predominant" quantitative		
Copy Benefits Listed in Each	List all Quantitative	treatment limitation applicable to	Copy Benefits Listed in Each	List all Quantitative Treatment
Classification /Subclassification Above and Paste into the same	Treatment Limits that	"substantially all" M/S benefits in	Classification /Subclassification Above and Paste into the same	Limits that Apply to Each
Classification/Subclassification Below	Apply to Each Benefit	the classification/subclassification	Classification/Subclassification Below	Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
				·
				_
		"Prodominant" supptitative		
	List all Quantitative	"Predominant" quantitative		List all Quantitative Treatment
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
2. Investigant Out of Nationals	Treatment Limits that	"substantially all" M/S benefits in	D. Januariant Out of Nationals	Limits that Apply to Each
B. Inpatient, Out-of-Network	Apply to Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	Benefit
		Ho. 1		
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
C. Outpatient, In-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	Benefit
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Treatment Limits that	"substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)	Apply to Each Benefit	the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
or and outputient, in necessity of the visits of shown separately liefe.)	ppry to Eden benefit	and sindsiffeation/subclassification	The Campanish of the Chine Chine of Shown Separately hereig	Delient
	1			

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

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial	·	
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		Predominant Tinanciai		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		Predominant Tinancial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
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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
		Predominant financial		
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	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
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately	List Copayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
	List Copayment/Coinsurance	Predominant financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
G. Emergency	for Each Benefit	the classification/subclassification	G. Emergency	for Each Benefit
· · ·		,	, , , , , , , , , , , , , , , , , , ,	
	List	tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant"		
	Copayment/Coinsurance	and "substantially all" analyses are		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
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er Four			Tier Four	
able 4: Quantitative Treatment Limitations, including, but not	limited to. limits on in	patient davs per admission/ep	isode or per year, outpatient visits per episode/year, outpatient ser	vices per episode/vear.
Medical/Surgical Benefits	· · · · · · · · · · · · · · · · · · ·	1	Mental Health/Substance Use Disorder	
Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below Inpatient, In-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	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
inpatient, in-ivetwork			A. Inpatient, In-Network	
		1		
		-		
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		_		
	List all Quantitative Treatment Limits that	Predominant quantitative treatment limitation applicable to "substantially all" M/S benefits in		List all Quantitative Treatment Limits that Apply to Each
Inpatient, Out-of-Network	Apply to Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	Benefit
		1		
				-
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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		-		
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Outpatient, In-Network: Other Outpatient Items and Services (Can be mbined 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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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
		"Predominant" quantitative		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
combined with Outpatient, Out-of-Network: Office Visits or shown separately	Treatment Limits that	"substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	Limits that Apply to Each
here.)	Apply to Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	Benefit
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
				<u> </u>
		If prescription drugs are covered in a		
		tiered structure that does not		
		distinguish between M/S and		
	List all Quantitative	MH/SUD drugs, the "predominant"		List all Quantitative Treatment
U. Percentation Decem	Treatment Limits that	and "substantially all" analyses are	U. Describition Descri	Limits that Apply to Each
H. Prescription Drugs Tier One	Apply to Each Benefit	not necessary.	H. Prescription Drugs Tier One	Benefit
Tier Two			Tier Two	-
Tier Three			Tier Three	
Tier Four			Tier Four	

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	•	C. Outpatient, In-Network: Office Visits	for Each Benefit
		·		
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	1			
		"Predominant" financial		
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	requirement applicable to	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
E. Outpatient, Out-of-Network. Office visits	TOT Each Bellent	the classification/subclassification	E. Outpatient, Out-or-Network. Office visits	TOT Each Belletit
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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
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	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.		List Copayment/Coinsurance for Each Benefit
Tier One		Tier One	
Tier Two		Tier Two	
Tier Three		Tier Three	_
Tier Four		Tier Four	

	limited to, limits on inp	patient days per admission/ep	isode or per year, outpatient visits per episode/year, outpatient serv	vices per episode/year.
Medical/Surgical Benefits			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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	rippiy to zacii zeliciit		A. Inpatient, In-Network	Jenene .
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

Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t			"Duadaminant" avantitativa		
Coultarient, Out-of-Network: Office Visits  Apply to Each Benefit  A					
E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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combined with Outpatient, Out-of-Network: Office Visits or shown separately here.]  I reatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I Precominant* quantitative treatment Limits that Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  I prescription drugs are covered in a diered structure that does not underestable between M/S and M/SUD drugs, passes are not necessary.  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit in the classification/subclassification for the work of the classification of the classificatio	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative			List all Quantitative Treatment
Apply to Each Benefit    Combined with Outpatient, Out-of-Network: Office Visits or shown separately here.   Benefit				F. Outnatient Out-of-Network: Other Outnatient Items and Services (Can be	
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List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two  Tier Three  List all Quantitative Treatment  Limits that Apply to Each  Benefit  Tier Two  Tier Treatment Limits that Apply to Each  Benefit  Tier Two  Tier Three					
List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two  Tier Three  List all Quantitative Treatment  Limits that Apply to Each  Benefit  Tier Two  Tier Treatment Limits that Apply to Each  Benefit  Tier Two  Tier Three					
List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two  Tier Three  List all Quantitative Treatment  Limits that Apply to Each  Benefit  Tier Two  Tier Treatment Limits that Apply to Each  Benefit  Tier Two  Tier Three					
List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two  Tier Three  List all Quantitative Treatment  Limits that Apply to Each  Benefit  Tier Two  Tier Treatment Limits that Apply to Each  Benefit  Tier Two  Tier Three					
List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two  Tier Three  List all Quantitative Treatment  Limits that Apply to Each  Benefit  Tier Two  Tier Treatment Limits that Apply to Each  Benefit  Tier Two  Tier Three					
Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  Example 1					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
List all Quantitative Treatment Limits that Apply to Each Benefit Tier Two Tier Three    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.    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.    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.    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.    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.    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.    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.    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.    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.    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.    If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD dr		Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three	G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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).	

Ust All Benefits in Each Classification / Subclassification Classification / Subclassi	Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
A. Inpatient, In-Network  I Inpatient, In-Network  I Inpatient, In-Network  A. Inpatient, In-Network  I Inpatient, In		Copayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in		
B. Inpatient, Out-of-Network  Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit  Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit in the classification/subclassification  C. Outpatient, In-Network: Office Visits  List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit  List Copayment/Coinsurance for Each Benefit  C. Outpatient, In-Network: Office Visits  List Copayment/Coinsurance for Each Benefit	Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
List Copayment/Coinsurance for Each Benefit  B. Inpatient, Out-of-Network  B. Inpatient, Out-of-Network  Copayment/Coinsurance for Each Benefit  Copayment/Coinsurance for Each Benefit  Copayment/Coinsurance for Each Benefit  Precominant Innancial requirement applicable to "substantially all" M/S benefits in the classification of	A. Inpatient, In-Network			A. Inpatient, In-Network	
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Copayment/Coinsurance for Each Benefit "substantially all" M/S benefits in the classification C. Outpatient, In-Network: Office Visits "substantially all" M/S benefits in the classification C. Outpatient, In-Network: Office Visits "List Copayment/Coinsurance for Each Benefit" C. Outpatient, In-Network: Office Visits for Each Benefit		List			
C. Outpatient, In-Network: Office Visits for Each Benefit the classification/subclassification C. Outpatient, In-Network: Office Visits for Each Benefit					List Conavment/Coinsurance
	C. Outpatient In-Network: Office Visits			C. Outpatient In-Network: Office Visits	
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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
		Predominant financial		
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	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
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately	List Copayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
	List Copayment/Coinsurance	Predominant financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
G. Emergency	for Each Benefit	the classification/subclassification	G. Emergency	for Each Benefit
· · ·		,	, , , , , , , , , , , , , , , , , , ,	
	List	tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant"		
	Copayment/Coinsurance	and "substantially all" analyses are		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
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Fier Four			Tier Four	
Table 4: Quantitative Treatment Limitations, including, but not l	imited to, limits on inn	atient days per admission/eni	sode or per year, outpatient visits per episode/year, outpatient serv	ices per episode/year
Medical/Surgical Benefits		"Duadaminant"ttt	Mental Health/Substance Use Disorder	
<b>.</b>		"Predominant" quantitative		
Copy Benefits Listed in Each	List all Quantitative	treatment limitation applicable to	Copy Benefits Listed in Each	List all Quantitative Treatment
Classification /Subclassification Above and Paste into the same	Treatment Limits that	"substantially all" M/S benefits in	Classification /Subclassification Above and Paste into the same	Limits that Apply to Each
Classification/Subclassification Below	Apply to Each Benefit	the classification/subclassification	Classification/Subclassification Below	Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
				·
				_
		"Prodominant" sugntitative		
	List all Quantitative	"Predominant" quantitative		List all Quantitative Treatment
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
2. Investigant Out of Nationals	Treatment Limits that	"substantially all" M/S benefits in	D. Januariant Out of Nationals	Limits that Apply to Each
B. Inpatient, Out-of-Network	Apply to Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	Benefit
		Ho. 1		
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
C. Outpatient, In-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	Benefit
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Treatment Limits that	"substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)	Apply to Each Benefit	the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
or and outputient, in necessity of the visits of shown separately liefe.)	ppry to Eden benefit	and sindsiffeation/subclassification	The Campanish of the Chine Chine of Shown Separately hereig	Delient
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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
		"Predominant" quantitative		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
combined with Outpatient, Out-of-Network: Office Visits or shown separately	Treatment Limits that	"substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	Limits that Apply to Each
here.)	Apply to Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	Benefit
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
				<u> </u>
		If prescription drugs are covered in a		
		tiered structure that does not		
		distinguish between M/S and		
	List all Quantitative	MH/SUD drugs, the "predominant"		List all Quantitative Treatment
U. Percentation Decem	Treatment Limits that	and "substantially all" analyses are	U. Describition Descri	Limits that Apply to Each
H. Prescription Drugs Tier One	Apply to Each Benefit	not necessary.	H. Prescription Drugs Tier One	Benefit
Tier Two			Tier Two	-
Tier Three			Tier Three	
Tier Four			Tier Four	

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

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
List All Benefits in Each	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification / Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	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
,		,	p 4	
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

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		"Predominant" financial		
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	requirement applicable to	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
E. Outpatient, Out-of-Network. Office visits	TOT Each Bellent	the classification/subclassification	E. Outpatient, Out-or-Network. Office visits	TOT Each Belletit
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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
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

	List Copayment/Coinsurance	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		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	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			isode or per year, outpatient visits per episode/year, outpatient ser Mental Health/Substance Use Disorder	- coo per oproducy your
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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	
		"Predominant" quantitative		
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	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
		-		
		4		
		-		
		1		
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	List all Quantitative Treatment Limits that	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List all Quantitative Treatment Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
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Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t			"Duadaminant" avantitativa		
Coultarient, Out-of-Network: Office Visits  Apply to Each Benefit  A					
E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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Apply to Each Benefit    Combined with Outpatient, Out-of-Network: Office Visits or shown separately here.   Benefit				F. Outnatient Out-of-Network: Other Outnatient Items and Services (Can be	
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  Example 1					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
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H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification / Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
8/21/2014				

	1			
		"Predominant" financial		
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	requirement applicable to	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
E. Outpatient, Out-of-Network. Office visits	TOT Each Bellent	the classification/subclassification	E. Outpatient, Out-or-Network. Office visits	TOT Each Belletit
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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
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	· · · · · · · · · · · · · · · · · · ·		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	minted to, mints on my	datient days per aumission/ep	isode or per year, outpatient visits per episode/year, outpatient ser  Mental Health/Substance Use Disorder	vices per episode/ year.
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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	т рр. 7	,	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

Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t			"Duadaminant" avantitativa		
Coultarient, Out-of-Network: Office Visits  Apply to Each Benefit  A					
E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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combined with Outpatient, Out-of-Network: Office Visits or shown separately here.]  I reatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I Precominant* quantitative treatment Limits that Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  I prescription drugs are covered in a diered structure that does not underestable between M/S and M/SUD drugs, passes are not necessary.  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit in the classification/subclassification for the work of the classification of the classificatio	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative			List all Quantitative Treatment
Apply to Each Benefit    Combined with Outpatient, Out-of-Network: Office Visits or shown separately here.   Benefit				F. Outnatient Out-of-Network: Other Outnatient Items and Services (Can be	
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  Example 1					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
List all Quantitative Treatment Limits that Apply to Each Benefit Tier Two Tier Three    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.    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.    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.    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.    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.    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.    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.    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.    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.    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.    If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD dr		Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three	G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three			If prescription drugs are covered in a		
distinguish between M/S and List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs H. Prescription Drugs Tier One Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs Tier One Tier Two Tier Three					
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Treatment Limits that Apply to Each Benefit and "substantially all" analyses are Apply to Each Benefit not necessary. H. Prescription Drugs H. Prescription Drugs H. Prescription Drugs Benefit  Tier One Tier Two Tier Three		List all Quantitative			List all Quantitative Treatment
H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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	t
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).	

Medical/Surgical Benefits		Mental Health/Substance Use Disorder		
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification / Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		Predominant financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit		B. Inpatient, Out-of-Network	for Each Benefit
P		,	F 4	
		Predominant financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
8/21/2014				

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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
		Precominant financial		
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	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
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately	List Copayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
	List Copayment/Coinsurance	Predominant Tinancial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
G. Emergency	for Each Benefit	the classification/subclassification	G. Emergency	for Each Benefit
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		1		
	List	tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant"		
	Copayment/Coinsurance	and "substantially all" analyses are		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
	i and the second			

Fier Four			Tier Four	
Table 4: Quantitative Treatment Limitations, including, but not l	limited to, limits on inn	atient days per admission/eni	sode or per year, outpatient visits per episode/year, outpatient serv	rices per episode/year.
Medical/Surgical Benefits		"Duadaminant"ttt	Mental Health/Substance Use Disorder	
<b>.</b>		"Predominant" quantitative		
Copy Benefits Listed in Each	List all Quantitative	treatment limitation applicable to	Copy Benefits Listed in Each	List all Quantitative Treatment
Classification /Subclassification Above and Paste into the same	Treatment Limits that	"substantially all" M/S benefits in	Classification /Subclassification Above and Paste into the same	Limits that Apply to Each
Classification/Subclassification Below	Apply to Each Benefit	the classification/subclassification	Classification/Subclassification Below	Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
				_
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
3. Inpatient, Out-of-Network	Apply to Each Benefit		B. Inpatient, Out-of-Network	Benefit
				_
				_
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
C. Outpatient, In-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	Benefit
				_
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		Upus da surtira suall		
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
O. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Treatment Limits that	"substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)	Apply to Each Benefit	the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
				-
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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
		"Predominant" quantitative		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative	treatment limitation applicable to	E. Outration Cut of Naturals Other Outration Natural Control (Control	List all Quantitative Treatment
combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	Treatment Limits that Apply to Each Benefit	"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.)	Limits that Apply to Each Benefit
nere.j	Apply to Lacil Belletit	the classification/subclassification	Combined with outpatient, out-of-Network. Office visits of shown separately fiele.	bellefit
				_
	List all Quantitative	"Predominant" quantitative treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
	,		, , , , , , , , , , , , , , , , , , ,	
		If prescription drugs are covered in a		
		tiered structure that does not		
	List all Quantitative	distinguish between M/S and MH/SUD drugs, the "predominant"		List all Quantitative Treatment
	Treatment Limits that	and "substantially all" analyses are		Limits that Apply to Each
H. Prescription Drugs	Apply to Each Benefit	not necessary.	H. Prescription Drugs	Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three Tier Four			Tier Three Tier Four	
TICL FOUL	1		Tier rour	

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits			C. Outpatient, In-Network: Office Visits	List Copayment/Coinsurance for Each Benefit
C. Outpatient, In-Network: Office Visits 8/21/2014	Copayment/Coinsurance		C. Outpatient, In-Network: Office Visits	

	I	1		
	List	"Predominant" financial requirement applicable to		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Copayment/Coinsurance		D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit
	TOT Eddit Detrette	the diagonication, substitution		101 20011 20110110
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
E. Outpatient, Out-of-Network. Office visits	TOT LUCIT DETICITE	the classification/subclassification	E. Outpatient, Out-of-Network. Office visits	Tor 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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
				<u> </u>
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
or Emergency	TOT LOCAL DETICAL	the classification/subclassification	ar Emergency	IOI Lacii Dellelit
W				ч

	List Copayment/Coinsurance	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		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	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			isode or per year, outpatient visits per episode/year, outpatient services per episode/year.  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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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		
		"Predominant" quantitative			
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	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	
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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	List all Quantitative Treatment Limits that	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List all Quantitative Treatment Limits that Apply to Each	
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit	
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Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
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E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  End of the classification subclassification  End of the classification/subclassification  End of the classification of th					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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distinguish between M/S and List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs H. Prescription Drugs Tier One Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs Tier One Tier Two Tier Three					
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Treatment Limits that Apply to Each Benefit and "substantially all" analyses are Apply to Each Benefit not necessary. H. Prescription Drugs H. Prescription Drugs H. Prescription Drugs Benefit  Tier One Tier Two Tier Three		List all Quantitative			List all Quantitative Treatment
H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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.	
maximums), clearly identity these amounts.	
C. Identify any benefits that are not subject to the out-of-pocket maximum(s).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification / Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit		B. Inpatient, Out-of-Network	for Each Benefit
		-	•	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit		C. Outpatient, In-Network: Office Visits	for Each Benefit
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	List	"Predominant" financial requirement applicable to		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Copayment/Coinsurance		D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit
combined with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit beliefit	the classification/subclassification	with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit Belletit
	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
E. Outpatient, Out-of-Network: Office Visits	for Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	for 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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
	.o. zaz.i beliene	Jaconia di Jaconia di Indiana		io. 2007 Benefit
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
			- '	

	List Copayment/Coinsurance	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		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	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			pisode or per year, outpatient visits per episode/year, outpatient services per episode/year.  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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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		
		"Predominant" quantitative			
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	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	
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		-			
		1			
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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		]			
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	List all Quantitative Treatment Limits that	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List all Quantitative Treatment Limits that Apply to Each	
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit	
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Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
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E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  End of the classification subclassification  End of the classification/subclassification  End of the classification of th					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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distinguish between M/S and List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs H. Prescription Drugs Tier One Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs Tier One Tier Two Tier Three					
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H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
	List	"Predominant" financial requirement applicable to		
List All Benefits in Each		"substantially all" M/S benefits in	List Benefits in Each	List Company (Coinguing
	Copayment/Coinsurance for Each Benefit	the classification/subclassification	Classification /Subclassification	List Copayment/Coinsurance for Each Benefit
Classification /Subclassification A. Inpatient, In-Network	for Each Benefit	the classification/subclassification	A. Inpatient, In-Network	for Each Benefit
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	-			
		Predominant Tinanciai		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		Predominant Tinancial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
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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
		Predominant financial		
E. Outpatient, Out-of-Network: Office Visits	List Copayment/Coinsurance for Each Benefit	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
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be combined with Outpatient, Out-of-Network: Office Visits or shown separately	List Copayment/Coinsurance	requirement applicable to "substantially all" M/S benefits in	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List Copayment/Coinsurance
here.)	for Each Benefit	the classification/subclassification	combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	for Each Benefit
	List Copayment/Coinsurance	Predominant financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
G. Emergency	for Each Benefit	the classification/subclassification	G. Emergency	for Each Benefit
· · ·		,	, , , , , , , , , , , , , , , , , , ,	
	List	tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant"		
	Copayment/Coinsurance	and "substantially all" analyses are		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
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er Four			Tier Four	
able 4: Quantitative Treatment Limitations, including, but not	limited to. limits on in	patient davs per admission/ep	isode or per year, outpatient visits per episode/year, outpatient ser	vices per episode/vear.
Medical/Surgical Benefits	· · · · · · · · · · · · · · · · · · ·	1	Mental Health/Substance Use Disorder	
Copy Benefits Listed in Each Classification /Subclassification Above and Paste into the same Classification/Subclassification Below Inpatient, In-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	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
inpatient, in-ivetwork			A. Inpatient, In-Network	
		1		
		-		
		_		
		_		
	List all Quantitative Treatment Limits that	Predominant quantitative treatment limitation applicable to "substantially all" M/S benefits in		List all Quantitative Treatment Limits that Apply to Each
Inpatient, Out-of-Network	Apply to Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	Benefit
		1		
				-
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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		-		+
Outpatient, In-Network: Other Outpatient Items and Services (Can be mbined 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
		-		
		-		+
	Į.	-	<u></u>	

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

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

Medical/Surgical Benefits			Mental Health/Substance Use Disorder		
		"Predominant" financial			
	List	requirement applicable to			
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance	
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit	
A. Inpatient, In-Network	Tor Eden Benefit		A. Inpatient, In-Network	TOT Eden Berleit	
A. inpatient, in-Network			A. inpatient, in-Network		
		"Predominant" financial			
	List	requirement applicable to			
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance	
B. Inpatient, Out-of-Network	for Each Benefit		B. Inpatient, Out-of-Network	for Each Benefit	
Dr. Imputiont, out of Network	Tor Eden Benefit	the classification, subclassification	Dr Imputions, out of Nectoork	TOT Eden Benefit	
		"Predominant" financial			
	List	requirement applicable to			
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance	
C. Outpatient, In-Network: Office Visits	for Each Benefit		C. Outpatient, In-Network: Office Visits	for Each Benefit	
C. Outpatient, in-Network. Office visits	TOT LOCAL DETICATE	the classification/subclassification	c. Outpatient, in-Network. Office visits	TOT Each Bellent	
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	List	"Predominant" financial requirement applicable to		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Copayment/Coinsurance		D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit
combined with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit beliefit	the classification/subclassification	with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit Belletit
	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
E. Outpatient, Out-of-Network: Office Visits	for Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	for 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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
	.o. zaz.i beliene	Jaconia di Jaconia di Indiana		io. 2007 Benefit
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
			- '	

	List Copayment/Coinsurance	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		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	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			pisode or per year, outpatient visits per episode/year, outpatient services per episode/year.  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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	
		"Predominant" quantitative		
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	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
		-		
		4		
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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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		-		
		]		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	List all Quantitative Treatment Limits that	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List all Quantitative Treatment Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
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Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t			"Duadaminant" avantitativa		
Coultarient, Out-of-Network: Office Visits  Apply to Each Benefit  A					
E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit			"Predominant" quantitative		
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Apply to Each Benefit    Combined with Outpatient, Out-of-Network: Office Visits or shown separately here.   Benefit				F. Outnatient Out-of-Network: Other Outnatient Items and Services (Can be	
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  End of the classification subclassification  End of the classification/subclassification  End of the classification of th					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three			If prescription drugs are covered in a		
distinguish between M/S and List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs H. Prescription Drugs Tier One Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs Tier One Tier Two Tier Three					
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Treatment Limits that Apply to Each Benefit and "substantially all" analyses are Apply to Each Benefit not necessary. H. Prescription Drugs H. Prescription Drugs H. Prescription Drugs Benefit  Tier One Tier Two Tier Three		List all Quantitative			List all Quantitative Treatment
H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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**

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

II II		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification / Subclassification	for Each Benefit	the classification/subclassification	Classification / Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		"Predominant" financial		
	List	requirement applicable to		
C	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	the classification/subclassification	C. Outpatient, In-Network: Office Visits	for Each Benefit
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	List	"Predominant" financial requirement applicable to		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be	Copayment/Coinsurance		D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List Copayment/Coinsurance
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	for Each Benefit
combined with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit beliefit	the classification/subclassification	with outpatient, in-Network. Office visits of shown separately here.)	TOT Lacit Belletit
	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
E. Outpatient, Out-of-Network: Office Visits	for Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	for 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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 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
			- '	

	List Copayment/Coinsurance	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		List Copayment/Coinsurance
H. Prescription Drugs	for Each Benefit	not necessary.	H. Prescription Drugs	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			isode or per year, outpatient visits per episode/year, outpatient ser Mental Health/Substance Use Disorder	- coo per opioodo, your
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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	
		"Predominant" quantitative		
B. Inpatient, Out-of-Network	List all Quantitative Treatment Limits that Apply to Each Benefit	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
		-		
		4		
		-		
		1		
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	List all Quantitative Treatment Limits that	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in	D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined	List all Quantitative Treatment Limits that Apply to Each
combined with Outpatient, In-Network: Office Visits or shown separately here.)		the classification/subclassification	with Outpatient, In-Network: Office Visits or shown separately here.)	Benefit
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Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Apply to Each Record  Lot all Quantitative Treatment Initiative Apply to Each Record  Lot all Quantitati					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
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List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t					
List all Quantitative Treatment Illinitation applicable to Treatment United that Apply to Each Benefit Apply t			"Duadaminant" avantitativa		
Coultarient, Out-of-Network: Office Visits  Apply to Each Benefit  A					
E. Outpatient, Out-of-Network: Office Visits    Predominant   Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   Predominant   Quantitative Treatment Limits that Apply to Each Benefit   Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Be			treatment limitation applicable to		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be continued with Outpatient), Out-of-Network: Office Visits or shown separately here.)    Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit   Visit all Quantitative Treatment Limits that Apply to fash Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit	E. Outpatient, Out-of-Network: Office Visits	Apply to Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	Benefit
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
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F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit					
F. Outgatient, Out-of-Network: Other Outgatient tems and Services (Can be combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)    Combined with Outgatient, Out-of-Network: Office Visits or shown separately here.)   Its all Quantitative Treatment Limits that Apply to Each Benefit			"Predominant" quantitative		
combined with Outpatient, Out-of-Network: Office Visits or shown separately here.]  I reatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I Precominant* quantitative treatment Limits that Apply to Each Benefit  I List all Quantitative Treatment Limits that Apply to Each Benefit  I prescription drugs are covered in a diered structure that does not underestable between M/S and M/SUD drugs, passes are not necessary.  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit  Apply to Each Benefit  I prescription Drugs  Tier Time  I treatment Limits that Apply to Each Benefit in the classification/subclassification for the work of the classification of the classificatio	F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative			List all Quantitative Treatment
Apply to Each Benefit    Combined with Outpatient, Out-of-Network: Office Visits or shown separately here.   Benefit				F. Outnatient Out-of-Network: Other Outnatient Items and Services (Can be	
List all Quantitative Treatment Limits that Apply to Each Benefit    List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List all Quantitative Treatment Limits that Apply to Each Benefit   List					
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Treatment Limits that Apply to Each Benefit  Substantially all" M/S benefits in the classification/subclassification  End of the classification subclassification  End of the classification/subclassification  End of the classification of th					
G. Emergency Apply to Each Benefit the classification/subclassification G. Emergency  Em					
List all Quantitative Treatment Limits that Apply to Each Benefit Tier Two Tier Three    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.    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.    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.    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.    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.    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.    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.    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.    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.    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.    If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD dr		Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three	G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three					
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 Apply to Each Benefit Tier Two Tier Three  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 Two Tier Three			If prescription drugs are covered in a		
distinguish between M/S and List all Quantitative Treatment Limits that Apply to Each Benefit  Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs H. Prescription Drugs Tier One Tier Two Tier Three  distinguish between M/S and MH/SUD drugs, the "predominant" and "substantially all" analyses are not necessary.  H. Prescription Drugs Tier One Tier Two Tier Three					
List all Quantitative Treatment Limits that Apply to Each Benefit Tier Two Tier Three  List all Quantitative Treatment Limits that Apply to Each Benefit Tier Two Tier Three  List all Quantitative Treatment Limits that Apply to Each Benefit Tier One Tier Two Tier Three  List all Quantitative Treatment Limits that Apply to Each Tier One Tier Two Tier Three  Tier Three					
Treatment Limits that Apply to Each Benefit and "substantially all" analyses are Apply to Each Benefit not necessary. H. Prescription Drugs H. Prescription Drugs H. Prescription Drugs Benefit  Tier One Tier Two Tier Three		List all Quantitative			List all Quantitative Treatment
H. Prescription Drugs     Apply to Each Benefit     not necessary.     H. Prescription Drugs     Benefit       Tier One     Tier One     Tier Two       Tier Three     Tier Three     Tier Three					
Tier One         Tier One           Tier Two         Tier Two           Tier Three         Tier Three	II. Decembring Decem			II. Description Descrip	
Tier Two         Tier Two           Tier Three         Tier Three		Apply to Each Benefit			Benefit
Tier Three Tier Three					
Her Four Tier Four					
	Her Four			Her Four	

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).	

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification /Subclassification	for Each Benefit	the classification/subclassification	Classification / Subclassification	for Each Benefit
A. Inpatient, In-Network		-	A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit		B. Inpatient, Out-of-Network	for Each Benefit
• •		•		
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit	•	C. Outpatient, In-Network: Office Visits	for Each Benefit
		·	•	
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	T			
	List	"Predominant" financial requirement applicable to		
D. Outpatient, In-Network: Other Outpatient Items and Services (Can be combined with Outpatient, In-Network: Office Visits or shown separately here.)	Copayment/Coinsurance for Each Benefit	"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
	List Copayment/Coinsurance	"Predominant" financial requirement applicable to "substantially all" M/S benefits in		List Copayment/Coinsurance
E. Outpatient, Out-of-Network: Office Visits	for Each Benefit	the classification/subclassification	E. Outpatient, Out-of-Network: Office Visits	for 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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
	List	"Predominant" financial requirement applicable to		
G. Emergency	Copayment/Coinsurance for Each Benefit	"substantially all" M/S benefits in the classification/subclassification	G. Emergency	List Copayment/Coinsurance for Each Benefit
	1			

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.		List Copayment/Coinsurance for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

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	limited to, limits on inp	patient days per admission/ep	isode or per year, outpatient visits per episode/year, outpatient serv	vices per episode/year.
Medical/Surgical Benefits			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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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
	Apply to Each Benefit	the classification/subclassification		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

		"Predominant" quantitative		
F. Outpatient, Out-of-Network: Other Outpatient Items and Services (Can be	List all Quantitative	treatment limitation applicable to	E. Outratient Out of Naturals Other Outratient House and Comition (Combi	List all Quantitative Treatment
combined with Outpatient, Out-of-Network: Office Visits or shown separately here.)	Treatment Limits that Apply to Each Benefit	"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.)	Limits that Apply to Each  Benefit
nerce)	Apply to Euch Deficite	the classification, subclassification	combined than outputient, out of network office visits of shown separately nerely	Delicite
		"Predominant" quantitative		
	List all Quantitative	treatment limitation applicable to		List all Quantitative Treatment
	Treatment Limits that	"substantially all" M/S benefits in		Limits that Apply to Each
	A b. A F ab D afta			
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Арру то Еасп Вепетіт	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency	Apply to Each Benefit	the classification/subclassification	G. Emergency	Benefit
G. Emergency		If prescription drugs are covered in a		Benefit
G. Emergency		If prescription drugs are covered in a tiered structure that does not		Benefit
G. Emergency		If prescription drugs are covered in a tiered structure that does not distinguish between M/S and		
G. Emergency	List all Quantitative	If prescription drugs are covered in a tiered structure that does not distinguish between M/S and MH/SUD drugs, the "predominant"		List all Quantitative Treatment
G. Emergency  H. Prescription Drugs		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		
	List all Quantitative Treatment Limits that	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.		List all Quantitative Treatment Limits that Apply to Each
H. Prescription Drugs Tier One Tier Two	List all Quantitative Treatment Limits that	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 Tier One Tier Two	List all Quantitative Treatment Limits that Apply to Each
H. Prescription Drugs Tier One	List all Quantitative Treatment Limits that	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 Tier One	List all Quantitative Treatment Limits that Apply to Each

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

Medical/Surgical Benefits			Mental Health/Substance Use Disorder	
		"Predominant" financial		
	List	requirement applicable to		
List All Benefits in Each	Copayment/Coinsurance	"substantially all" M/S benefits in	List Benefits in Each	List Copayment/Coinsurance
Classification / Subclassification	for Each Benefit	the classification/subclassification	Classification /Subclassification	for Each Benefit
A. Inpatient, In-Network			A. Inpatient, In-Network	
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
B. Inpatient, Out-of-Network	for Each Benefit	the classification/subclassification	B. Inpatient, Out-of-Network	for Each Benefit
		"Predominant" financial		
	List	requirement applicable to		
	Copayment/Coinsurance	"substantially all" M/S benefits in		List Copayment/Coinsurance
C. Outpatient, In-Network: Office Visits	for Each Benefit		C. Outpatient, In-Network: Office Visits	for Each Benefit
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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
El Galpatient, Gal of Network Gine Visits	TOT Each Deficite	the classification, subclassification	E. Outputient, out of rectwork office visits	Tor Each Bellett
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 Copayment/Coinsurance for Each Benefit	"Predominant" financial requirement 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 Copayment/Coinsurance for Each Benefit
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.		List Copayment/Coinsurance for Each Benefit
Tier One			Tier One	
Tier Two			Tier Two	
Tier Three			Tier Three	
Tier Four			Tier Four	

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	limited to, limits on inp	patient days per admission/ep	isode or per year, outpatient visits per episode/year, outpatient ser	vices per episode/year.	
Medical/Surgical Benefits			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	"Predominant" quantitative treatment limitation applicable to "substantially all" M/S benefits in the classification/subclassification	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	
	Apply to Each Benefit	the classification/subclassification		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	

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