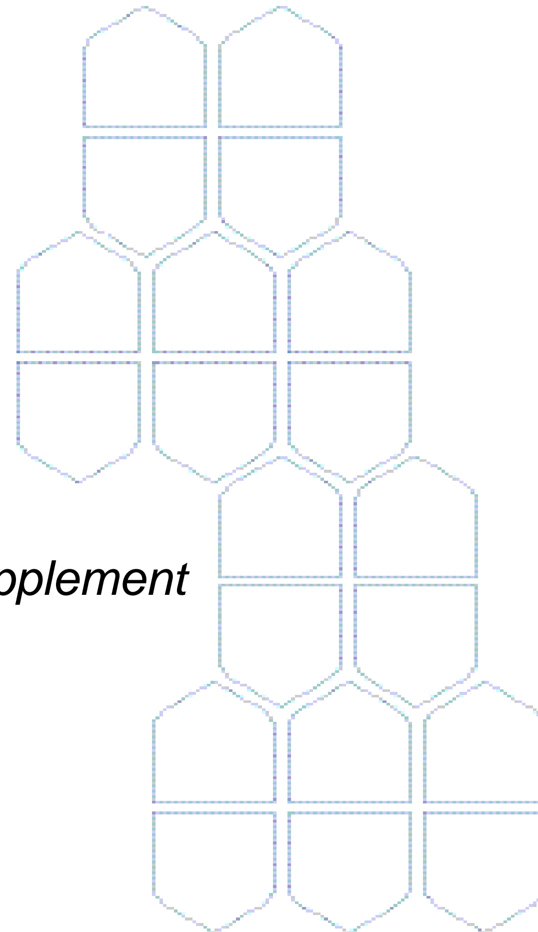
CHURCH PENSION GROUP
Serving the Episcopal Church and Its People



The Mental Health/Substance Abuse Supplement

Revised January 2004

Managed care organizations provide extensive coverage for most health care services. However, outpatient mental health and substance abuse care may be limited. The Mental Health/Substance Abuse Supplement is designed to "wrap around" health care outpatient mental health and substance abuse coverage. The Supplement benefits include individual, family, and group sessions, as well as colleague groups.

ELIGIBILITY

You are eligible for benefits under the Mental Health/Substance Abuse Supplement if your diocese or group offers the Supplement to employees enrolled in your health care plan. The Supplement's coverage applies to you and your enrolled dependents. Supplement coverage ends when you are no longer enrolled in a health care plan through your group or if your group stops sponsoring the Supplement.

HOW THE SUPPLEMENT WORKS

The Supplement provides for benefits when you have exhausted the mental health benefits provided by your health care plan, or if you choose to seek care outside your plan.

If you want to obtain outpatient mental health services using your mental health supplement, you must first contact The Medical Trust at our confidential toll-free number, (800) 806-0478.

If it appears that treatment will go beyound the number of sessions provided by your health care plan, you may request benefits authorization through the Supplement program. Alternatively, you may choose to bypass your health care plan completely and pursue outpatient mental health or substance abuse treatment through the Supplement.

Before seeking care using the Supplement, you must contact The Medical Trust to request benefits.

CONTACTING THE MEDICAL TRUST

When you and your mental health provider agree that treatment beyond what's available in your plan is necessary, the patient or the member (if the patient is under 18) must call the Medical Trust Mental Health Line: (800) 806-0478. **Benefits for care which you received before the date you contacted the Medical Trust cannot be authorized.**

When you contact the Medical Trust, you will be asked to provide the following information:

- your name, address and telephone number;
- the name and identification number of the employee through whom benefits are available;
- the name of your diocese or group; and
- the name and telephone number of the treating physician or therapist.

The Medical Trust will then send forms to the provider. The forms must be completed by your mental health care provider and returned to the Medical Trust. Upon receipt of the completed forms, the Outpatient Coordinator will review them promptly. ***You are responsible for ensuring that your provider completes and returns these forms.***

Once benefits have been authorized, the Supplement will cover 70% of the provider's charge up to a per session maximum reimbursable fee (MRF). If your provider charges you more than the MRF, you are entirely responsible for the amount over the MRF. The MRF schedule upon which claim payment will be based is as follows:

	Individual / FamilySession	**GroupSession**	**ColleagueGroup**
Psychiatrist (MD)	$130	$65	$40
Psychologist (PhD)	$110	$55	$40
Other Licensed Provider*	$ 90	$45	$40

If you are able to negotiate rates below these maximums, you will reduce your own costs. If you have other out-of-network or spousal coverage, and if the other plan has paid a portion of the services, the Medical Trust claims reimbursement may be affected. Please contact the Outpatient Coordinator for details.

"Other licensed providers" include licensed clinical social workers, psychiatric nurses, certified addictions counselors, Fellows or Diplomates of the American Association of Pastoral Counselors, and licensed marriage, family, and child therapists. The Outpatient Coordinator will verify appropriate licensure, experience, and training on a case by case basis.

COLLEAGUE GROUPS

Colleague groups facilitated by providers approved by The Medical Trust are covered by the Supplement. There is no clinical review by the Outpatient Coordinator and there is no need to return any Request for Certification forms, however, the provider must complete and return a Provider Application Form. You or your colleague group's facilitator should contact the Trust to request benefits authorization of colleague group services. The colleague group benefit is available to employees or spouses for a family total of 24, 90-minute sessions per year. In addition, employees may use up to 12 of the 24 colleague group sessions for individual consultation.

CLAIMS TRANSMISSION

The patient is responsible for submitting claims to The Medical Trust for reimbursement. Providers may file claims on behalf of their patients if they choose to do so. Pre-addressed envelopes will be provided to the patient on request.
Reimbursement checks are made payable and sent to the covered employee. Claims must be received by the Medical Trust no later than 180 days after the date of service. Claims submitted after the 180-day filing requirement will not be reimbursed.

All claims should be sent to:

The Episcopal Church Medical Trust
Supplement to Benefits
PO Box 2745
New York, NY 10163

WHAT'S NOT COVERED

The following services are not covered by the mental health supplement:

- Psychological Testing;
- Telephone/Internet Therapy;
- Psychoanalysis.

ANSWERS TO COMMONLY ASKED QUESTIONS

Q. How much does the Supplement cost me?

A. The nominal monthly cost of the Supplement is already included in your health care plan premium. Your only additional cost will be your copayment.

Q. Are there annual dollar or visit maximums with the Supplement?

A. No, there is only a visit maximum for colleague groups. Instead, the Supplement uses careful utilization review to review ongoing treatment and requests for benefits.

Q. If my treatment extends into the next year, will I have to reauthorize my benefits?

A. Yes. At the start of the calendar year, or after 26 sessions, your provider must contact the Medical Trust to request additional benefits. At this time, the Outpatient Coordinator will review your case, as well as ensuring that benefits are still available.

Q. What happens if I don't contact the Medical Trust to obtain benefits authorization before I begin my treat - ment?

A. If you do not contact the Trust as required, benefits for your treatment will not be authorized under the Supplement, and you will be responsible for the full cost.

Q. May I choose any provider under the supplement, or do I have to use a provider recommended by the Outpatient Coordinator?

A. You may choose any properly licensed mental health provider. However, the Outpatient Coordinator must review and verify the provider's credentials before authorizing any benefits. If you need assistance in selecting a provider, the Outpatient Coordinator will be available to help you.

Q. When may I call the Medical Trust?

A. During regular business hours, Monday through Friday, from 9 a.m. to 5 p.m.,Eastern Time, excluding federal holidays and Good Friday. The toll-free Mental Health Supplement line also has confidential voice mail which is available 7 days a week, 24 hours a day.

Q. Does the Supplement cover inpatient treatment?

A. No, the Supplement is limited to outpatient benefits. Inpatient benefits are available only through your health care plan.

Q. What do I do in a mental health emergency?

A. Your health care provider is responsible for all inpatient and emergency mental health and substance abuse care. In an emergency, contact your health care provider as indicated by your plan.

Q. What if my provider and the Outpatient Coordinator disagree?

A. There is an appeals process. If either you or your provider needs more information about this, contact The Medical Trust by calling (800) 806-0478.

YOUR PRIVACY RIGHTS

As a participant in the Episcopal Church Medical Trust Mental Health/Substance Abuse Supplement, you are entitled to certain rights concerning your protected health information under the Health Insurance Portability and Accountability Act (HIPAA). The following describes how health information about you may be used and disclosed and how you may access this information.

This plan is permitted to make certain types of uses and disclosures of protected health information under applicable law for treatment, payment, and health care operations purposes.

USE AND DISCLOSURE OF INFORMATION TO AND FROM CHURCH PENSION GROUP SERVICES CORPORATION

The plan may disclose protected health information to Church Pension Group Services Corporation (the “plan sponsor”) under limited circumstances. The plan will disclose protected health information to the plan sponsor only upon receipt of a certification by the plan sponsor that the plan documents have been amended to incorporate and to abide by these privacy provisions.

The plan may disclose summary health information to the plan sponsor for the purposes of obtaining premium bids, insurance coverage, or modifying, amending, or terminating the plan.

The plan may disclose protected health information to carry out plan administration functions that are consistent under applicable law. The plan may not disclose protected health information to the plan sponsor for the purpose of employment-related actions or decisions or in connection with other benefits or employee benefit plans of the plan sponsor.

A limited number of employees of the plan sponsor will have access to protected health information for the purposes of carrying out plan administration functions in the ordinary course of business. These employees are in the following areas: Human Resources, Information Services, Mailroom/Fax Delivery, Legal Department, Medical Trust Member Services, and Medical Trust Plan Administration.

These employees will only use protected health information for plan administration functions, consistent with the plan's Privacy Policies and Procedures, the Standards for Privacy of Individually Identifiable Health Information, other applicable federal or state privacy law, and the departments' privacy policies. Should an employee of the plan sponsor not comply with the plan's Privacy Policies and Procedures, the Standards for Privacy of Individually Identifiable Health Information, or other federal or state privacy law, the employee will be subject to corrective action. The plan sponsor will promptly implement the contingency plans to mitigate any deleterious effect of improper use or disclosure of protected health information by Episcopal Church Medical Trust employees or the plan's business associates.

If feasible, the plan sponsor must return or destroy all protected health information received from the plan that the plan sponsor maintains in any form. The plan sponsor cannot retain copies of such information when it is no longer needed for the purpose for which disclosure was made. If the return or destruction of protected health information is not feasible, the plan sponsor will limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible. The plan sponsor has an obligation under the law to retain records for its plan administrative functions, and will retain the required records, which may or may not contain protected health information, as required under the law. The plan sponsor must report to the plan any use or disclosure of protected information that is inconsistent with the uses or disclosures provided for, of which the plan sponsor becomes aware.

The plan sponsor must make its internal practices, books, and records relating to the use and disclosure of protected health information received from the plan avaiable to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance with the Standards for Privacy of Individually Identifiable Health Information.

USE AND DISCLOSURE OF HEALTH INFORMATION BY THE PLAN

The plan will not use or disclose protected health information other than as permitted or required by the plan documents or as required by law. For instance, the plan is permitted to disclose minimum necessary protected health information without your authorization for public health activities, health oversight activities, research, and judicial and administrative proceedings. The plan is permitted to disclose protected health information to law enforcement officials as required by law. The plan is also required to disclose protected health information to you or your personal representative to the extent that you have a right of access to the information and to the U.S. Department of Health and Human Services on request for complaint investigation or compliance review.

The plan's business associates are permitted to use protected health information received from the plan for the specific activities for which those business associates are contracted. Before receiving your protected health information, the plan's business associates must agree to the same restrictions and conditions that apply to the plan and plan sponsor under the Standards for Privacy of Individually Identifiable Health Information and other applicable federal or state privacy laws. The third-party administrator is considered a business associate of the plan.

ACCESS, AMENDMENT, AND ACCOUNTING OF HEALTH INFORMATION

You have a right to request access to, and obtain a copy of your protected health information that the plan and the plan's business associates maintain in a designated record set. The plan has established procedures in its Privacy Policies and Procedures to grant access to your protected health information. The plan has a right to your request for access, and you have the right to request a review of that denial under certain circumstances, pursuant to the provisions of 45 CFR § 164.524.

The designated records set that the plan maintains includes documentation about enrollment, payment, claims adjudication, or case/medical management. To request access to your protected health information, contact the plan sponsor.

You have a right to request that the plan amend your protected health information that the plan and the plan's business associates maintain in a designated record set. The plan has established procedures in its Privacy Policies and Procedures to allow amendment to your protected health information. The plan has a right to deny your request for amendment, and you have the right to attach a statement of disagreement, pursuant to the provisions of 45 CFR § 164.526. To request an amendment to your protected health information, contact the plan sponsor.

Pursuant to 45 CFR § 164.528, you have a right to request an accounting of disclosures of your protected health information made by the plan six years prior to the date on which the accounting is requested, beginning with the effective date of the Standards for Privacy of Individually Identifiable Health Information, which is April 14, 2003.

Example 1: You request an accounting on September 14, 2003. The plan is obligated to account for disclosures made from April 14, 2003 through September 14, 2003.

Example 2: You request an accounting on September 14, 2010. The plan is obligated to account for disclosures made from September 14, 2004 through September 14, 2010 .

The plan does not have to account for disclosures made:

- To you;
- To carry out treatment, payment, and health care operations;
- Pursuant to your authorization;
- Incident to a use or disclosure otherwise permitted under the Standards for Privacy of Individually Identifiable Health Information;
- For national security or intelligence purposes;
- As part of a limited data set;
- Prior to April 14, 2003; or
- For other reasons listed in 45 CFR § 164.528.

To request an accounting of disclosures of your protected health information, contact the plan sponsor.

COMPLAINTS

If you believe your privacy rights have been violated, you may complain to the Chief Privacy Officer at Church Pension Group Services Corporation; 445 Fifth Avenue; New York, NY 10016. You also may complain to the Secretary of the Department of Health and Human Services at Hubert H. Humphrey Building; 200 Independence Ave., SW; Washington, D.C. 20201. You will not be retaliated against for filing a complaint.

YOUR HEALTH INFORMATION AND PRIVACY

Your health information is confidential, and your privacy will be protected. Medical information obtained through administrative services, including medical claims and pharmacy claims, may be used to help identify the appropriate level of Case Management or other programs available to you, as described in the plan.

You may receive prescription drug refill reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your health information also may be used for quality assessment and improvement activities related to your medical benefits. Medical information obtained through these administrative services will not be used to make employment and personnel decisions.

NOTE: The following terms, as used in this section, are defined in the Standards for Privacy of Individually Identifiable Health Information (45 CFR Parts 160 and 164): "protected health information," "summary health information," "business associates," " personal representative," "designated record set," and "limited data set".

Remember, the Supplement is designed to enhance--not replace--outpatient mental health and substance abuse coverage available through your health care plan. Together, both programs provide you and your family with important peace of mind in the knowledge that continued coverage is available as long as it is medically necessary.

The plans described in this document are funded by the Episcopal Church Clergy and Employees' Benefit Trust ("the Episcopal Church Medical Trust") and sponsored and administered by Church Pension Group Services Corporation ("CPGSC"). This plan may not cover all health care expenses. Members should read this plan document carefully to determine which health care services are covered. This material is for informational purposes only and is neither a guarantee of coverage nor medical advice. All benefits are subject to coordination of benefits.

CPGSC and the Episcopal Church Medical Trust do not provide health care services and, therefore, cannot guarantee any results or outcomes. Providers and vendors are independent contractors in private practice and are neither employees nor agents of SPGSC, the Episcopal Church Medical Trust, or their affiliates.

Not all products are available in all areas of the United States. All the terms and conditions of plans or programs are subject to applicable laws, regulations, and policies, and CPGSC reserves the right to amend, modify, or terminate the plans in any manner, for any reason, at any time, and without prior notification.

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THE EPISCOPAL CHURCH MEDICAL TRUST