

LOCAL 34 BULLETIN

New YHP Mental Health Benefit delivers choice and value

In January 2010, the Yale Health Plan will launch a new mental health benefit for C&Ts. New federal regulations require that employers that offer mental health coverage do so at the same level as their medical coverage.

For YHP members that means bringing the level of coverage up to the same excellent standard we've set over the past few decades with our free healthcare option. Our April 2009 agreement with the University gave us the right to participate in the redesign of the mental health benefit for YHP members and make sure it fits our needs.

We are pleased that high-quality mental health care will now be more accessible and more affordable for YHP members. This new benefit will help to bring the kind of coordinated, comprehensive care we have at the

Yale Health Plan into our mental health care as well. This extraordinary step forward is the result of the good working relationship the Union and the University have built together around healthcare issues and improving benefits and access to care.

The exciting changes we are announcing now are for outpatient care for Yale Health Plan members. Aetna members will continue to have the same mental health benefit structure they currently have, for both in-patient and out-patient care.

Counseling and Support Services

All staff members and their families will also be able to use the new Counseling and Support Services program, which replaces and enhances the Employee Assistance Program (EAP). This program will provide unlimited phone access and up to six face-to-face sessions (per issue, per

family member) with a counselor for practical and non-emergency assistance with behavioral and mental health issues.

The University has contracted with Magellan Health Services, a national leader in mental health care, to manage these services.

Correction

The December 1, 2009 issue of Local 34 News incorrectly stated the the new mental health benefit for YHP members described in this bulletin includes changes for Aetna members.

Aetna members will continue with their current mental health care benefit structure.

We apologize for any confusion this error may have caused.

COMMON QUESTIONS

Who decides what care I get?

The first decision to get care is yours as the patient, when you decide to call to arrange for an appointment.

Your call will go to highly trained mental health counselors at Magellan Health Services, who will work with you to assess your treatment needs. From there, you will have a number of choices based on your situation.

The Magellan Health Services clinicians will refer you to an appropriate provider in the local network.

It's important to note that the people you call at Magellan are mental health clinicians. They are caregivers, and are focused on making sure you get the care you need.

What's the cost to me, and how long am I covered for?

The plan will cover the entire cost of your treatment for as long as your care team deems necessary.

The decision about what care you get rests with the care professionals working with you to meet your needs.

I'm a YHP member using the current benefit structure.

What does this change mean for me?

If you are presently seeing a care provider and are receiving reimbursements, you can continue using the old benefit until June 30, 2010.

If your provider is in the new network, you can switch to the new benefit as soon as it launches and begin to see savings.

If your provider is not in the network, you can continue under the old benefit for six months. After June 30, 2010, providers outside the network will no longer be covered.

We want to hear from you.

The Union and the University worked closely together to design this new benefit, and will continue to monitor its progress and use after it launches in January 2010.

We want to make sure the new benefit is a good experience for Yale Health Plan members and that it meets our needs, so if you have concerns, questions, or suggestions for further improvements, be sure to speak with a Union organizer or call the Union office.

How does the new benefit improve access to mental health care?

The new benefit pays for care in full, and provides care through a new local network of mental health professionals that will offer members improved choice.

Up until now, your choice of providers has been limited by the low reimbursement level - \$60 per visit. That may have been enough to pay for a clinical social worker, but not necessarily enough for a clinical psychologist. Also, it has been a burden for YHP members to have to pay up front and then wait for reimbursements.

Members will now be able to get the care they need and the University will pay for it without members having to fill out complicated paperwork.

Under the new plan, there are no deductibles, co-insurance, or co-pays, and no annual maximums for mental health treatment under the Yale Health Plan.

The University has partnered with Magellan Health Services to create a local network of clinicians that includes a wide range of mental health care professionals, such as psychiatrists, psychologists, clinical social workers, counselors, and others. The network will continue to be developed based on members' needs and providers can be added even after the new benefit launches.

Old Benefit Structure

- \$100 annual deductible
- \$60 reimbursement per visit (member paid costs in excess of \$60 out-of-pocket)
- Limited to 30 visits per year
- Lifetime maximum of 150 visits

New Benefit Structure

- No deductibles or co-pays
- No annual or lifetime maximums
- Care level and duration determined by your care team
- New local network of care providers
- Access managed by Magellan Health Services