

CONSUMER GUIDE AND **Scorecard**

**Health Insurance Coverage in California
for Substance Use Disorders & Mental Health**

What You Need to Know
about Addiction Treatment

Consumer Scorecard

Accessibility

Coverage Costs

How to Learn More

This report provided by the
California Society of Addiction Medicine

CONSUMER GUIDE AND Scorecard

Health Insurance Coverage in California for Substance Use Disorders & Mental Health

Executive Summary

With the advent of new health care legislation, the California Society of Addiction Medicine (CSAM) saw the opportunity to rate the quality of and access to addiction care. This scorecard is a guide to educate consumers shopping for health care plans about where to find the best addiction treatment coverage.

Under the Affordable Care Act, individuals can no longer be denied coverage for having a pre-existing condition like addiction. Individuals and families can now select a health plan that best covers the conditions that they care about.

This guide began with experts in the field of addiction medicine and addiction psychiatry asking a series of questions. Do health plans in California offer evidence-based treatment? Are needed addiction treatment services covered? In short, which plan is best for you and your family?

With these and other questions in mind, we began to gather information from the largest consumer tools available—the Covered California website, the 2014 insurance plans from California providers, and searchable, online information including websites and drug formularies. Covered California has different levels of coverage—bronze, silver, gold, platinum—we focused on the bronze-level plans for this report because they represent a basic level of coverage.

The 16 bronze-level plans available through Covered California in 2014 comprise more than 1,700 pages of insurance policies. While the number and availability of plans vary in each region, there are many choices.

By sharing what we know both about addiction treatment and have learned about current health care services in California, we hope to demystify treatment and make the process of selecting an appropriate health insurance plan less daunting. Though all plans cover Substance Use Disorders (synonymous in this report with “addiction”) and there is some degree of standardization in pricing policies, we have identified several areas such as methadone treatment and pharmacy benefits, where there are significant differences among plans.

We recognize that health insurance plans are continuously changing. This report was based on 2014 health insurance plan downloads. As this document goes to press, 2015 plans have become available. This guide is intended to be a living document, which will be updated annually to reflect policy changes. While this is not a substitute for personally reviewing plan coverage, we hope you will find this guide a helpful starting point before making this important choice.

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What is the Purpose of the Consumer Guide and Scorecard?

Health insurance presents a constantly changing landscape. Until recently, health insurance was not required to cover treatment for Substance Use Disorders and Mental Health. The Affordable Care Act now establishes Substance Use Disorder and Mental Health treatment among the 10 Essential Health Benefits that newly sold health insurance plans must cover.

The goal of this scorecard is to offer an easy way for you, as a consumer, to access information on Substance Use Disorder and Mental Health services available through California’s marketplace for health insurance options—Covered California—and to help you select the plan that best suits your needs.

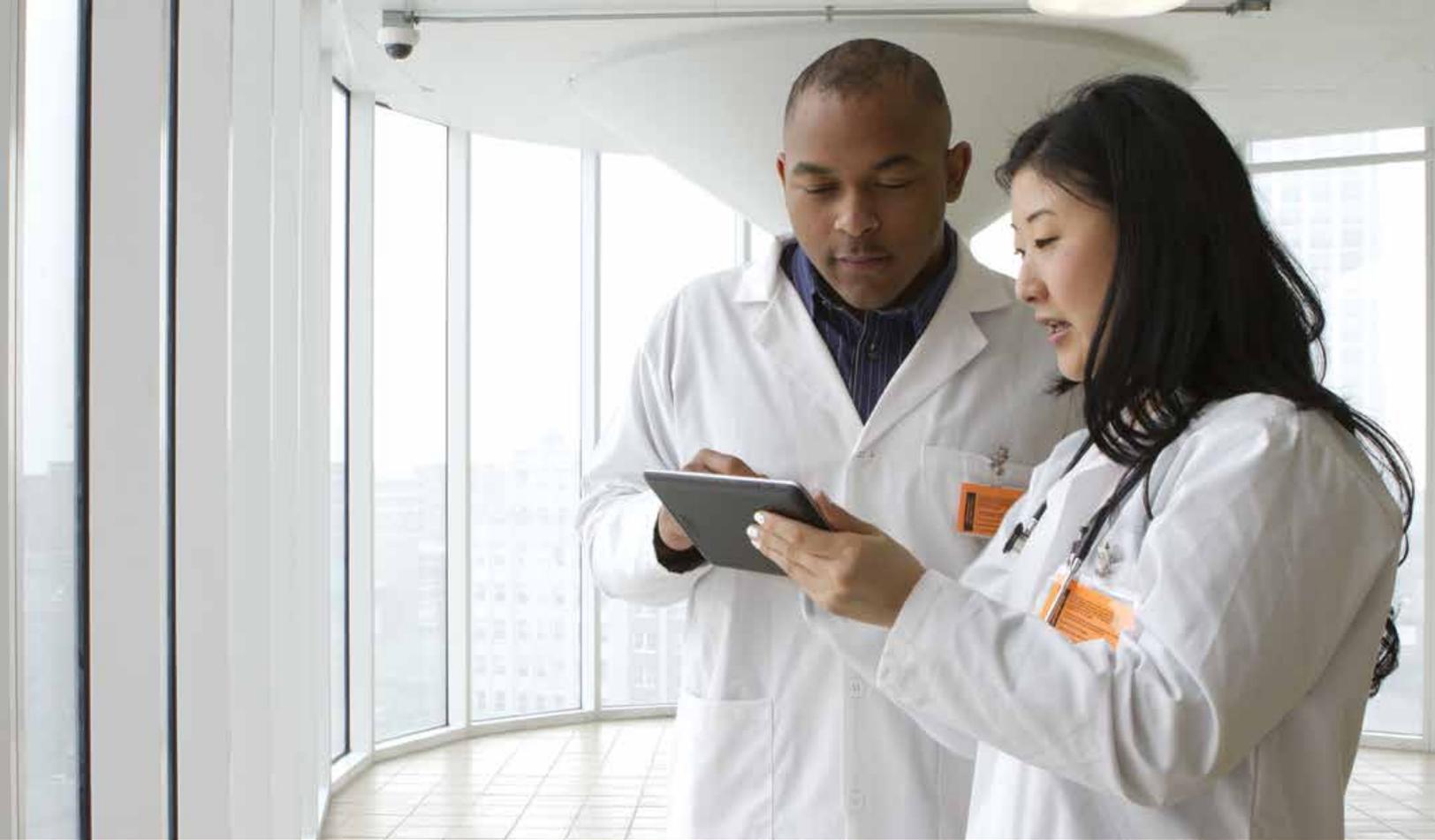
The good news is that the plans we reviewed meet the Affordable Care Act criteria, this coverage is now guaranteed, and health care providers have competitive policies. With this shared framework, many policies seem the same. This guide points to some of the places to look to distinguish among the policies when you are ready to shop.

To help you navigate through the information available, the Consumer Guide and Scorecard will review:

- What You Need to Know about Addiction Treatmentpg 4
- Consumer Scorecardpg 6
- Accessibilitypg 15
- Coverage Costs.....pg 16
- How to Learn More.....pg 18



Covered California is the health insurance marketplace in California, the state’s implementation of the American Health Benefit Exchange provisions of the Patient Protection and Affordable Care Act (ACA).



Before You Shop: What You Need to Know about Addiction Treatment

In order to shop for a health plan, you need to know what you are looking for. The purpose of this overview is to summarize the key elements of addiction services.

What is Addiction?

Addiction is a chronic brain disease characterized by loss of control over substance use and the harmful consequences that follow. Common medical terms for addiction include “substance use disorder,” “substance dependence,” and “substance abuse.”

What is the Difference between an Acute and a Chronic Disorder?

Acute disorders appear suddenly and can often be cured with a time-limited treatment. Examples include a broken bone, pneumonia, or the common cold. Chronic illnesses, like addiction, require treatment over time to manage the symptoms of the illness. Examples include diabetes, hypertension, and asthma.

Are all Addictions the Same?

While all addictions have some features in common, addiction

symptoms can vary greatly. Some people may have dire medical consequences, while others experience less dramatic effects that, nonetheless, impact their relationships and well-being. Some of the reasons for these differences include the particular characteristics of a person, their genetics, the specific drug or drugs that are used, their environment, and the presence of other medical problems such as depression or chronic pain. Of course, a person’s psychological strengths, resilience, and their support system also strongly impact the way addiction manifests itself.

What Types of Treatment Services Are Effective?

Many different treatments have been shown to be effective in treating addiction. Free, community-based 12-Step Programs such as Alcoholics Anonymous have helped countless people recover. Therapy, whether individual or in groups, is a powerful tool to help people develop skills that enable them to recover. Medications can be helpful in reducing cravings and other features of addiction.

It is also critical to diagnose and treat the simultaneous medical and psychiatric problems that people with addiction have. Since addiction occurs with other medical conditions, such as diabetes or hypertension, it is important for treatment services to be integrated so individuals have access to the combinations of services that they require. Additionally, drug monitoring is an important tool that provides objective evidence of ongoing sobriety.

Do all Addictions Require the Same Treatments?

The goal of treatment is similar across different addictions: treatment is focused on helping people recover their health and well-being. However, how this goal is achieved varies based on the type of addiction, its severity, and complicating features. Good health plans offer an array of services that can be customized based on the needs of the patient.

Once it is established that a person has an addiction, a health care provider must complete an assessment to establish a treatment plan. The plan specifies what treatment services are needed, and in what order. The key elements of an addiction assessment and treatment plan have been summarized by the American Society of Addiction Medicine (ASAM).

What Are Levels of Care and Why Are They Important?

As with any medical condition, treatment services should be delivered in the least intensive setting possible, while maximizing the chances of a safe and effective outcome. To use asthma as an example, treatment may be

delivered at home with medications or lifestyle recommendations as long as there is a good response. However, if symptoms persist, the patient may need to be treated in their doctor's office, in the Emergency Department, in a general medical hospital, or in an intensive care unit. Each of these treatment settings is called a "level of care." Movement between levels of care, both up and down, occurs in the management of all chronic illnesses.

For Substance Use Disorder services, the criteria from ASAM is the most widely used and comprehensive set of criteria to establish a standard of care. The ASAM Criteria (2013), summarized below, is the framework for the scorecard and is further described on pages 8–14.

ASAM Criteria: A Continuum of Care

Level 0.5	Early Intervention
Level 1	Outpatient Services (less than 9 hours per week)
Level 2.1	Intensive Outpatient Services (9-19 hours per week)
Level 2.5	Partial Hospitalization Services (20 or more hours per week)
Level 3	Residential/Inpatient Services
Level 4	Medically-Managed Intensive Inpatient Services

This overview is an approximate summary of the ASAM Adult Admission Criteria presented in the ASAM Criteria Manual.

For a more detailed view of the criteria, consult the ASAM Criteria Manual.

To learn more about the ASAM Criteria (2013), visit www.asam.org/publications/the-asam-criteria/about/ and www.ASAMcriteria.org

The Consumer Scorecard

What is the Consumer Scorecard? The Consumer Guide and Scorecard was produced by the California Society of Addiction Medicine (CSAM) and reviewed by an expert panel of CSAM member physicians. The goal of this guide and scorecard is to provide information, reduce confusion, and to help consumers make an informed choice in selecting the best addiction treatment benefits available through Covered California.

The expert panel applied the broad levels of care from the ASAM Criteria (2013) to health coverage information gleaned from the largest consumer tools available—the Covered California website, the 2014 insurance plans for California providers, and searchable, online information including websites and drug formularies.

With this framework in place, the panel then prioritized and scored the information according to the importance of the health care service or benefit provided in seven categories: Screening, Brief Intervention, and Referral to Treatment (SBIRT); Outpatient Services; Intensive Outpatient Services; Residential Services; Inpatient Services; Pharmacy Benefits; and Methadone Maintenance/Buprenorphine. The end result is a rating system for the 16 policies of 10 insurance providers.

Although an overall rating is given, different plans may provide better coverage at different levels of care. Coverage options and costs will vary based upon the level of health plan, and different plans are available in different parts of the state.

What Do the Numbers Mean?

While all plans cover Substance Use Disorders and Mental Health, there are differences in the number and types of services available. Within the framework of the ASAM Criteria, the scorecard numbers are a measure of how extensive critical coverage is for each of the plans reviewed.

Starting with questions such as “is this service covered?” and “does the coverage extend beyond the basics?” the expert panel began its evaluation. A different weight was assigned to each criteria based upon importance and frequency of care. For example, although good inpatient care is critical, it is infrequently needed. Outpatient treatment had a high total score range due to its importance and the fact that it is the most common form of addiction treatment. Together, the seven categories of care, at varying weights, comprise the complete scorecard total.

To ensure accuracy, all of the insurance companies with plans reviewed for this report were contacted and given the opportunity to review the policy and benefit information we collected prior to publication. Two of the largest four health insurance carriers, Anthem and Blue Shield, did not submit additional information or corrections for this report. Chinese Community Health was the only small insurance carrier that did not submit additional information or corrections.

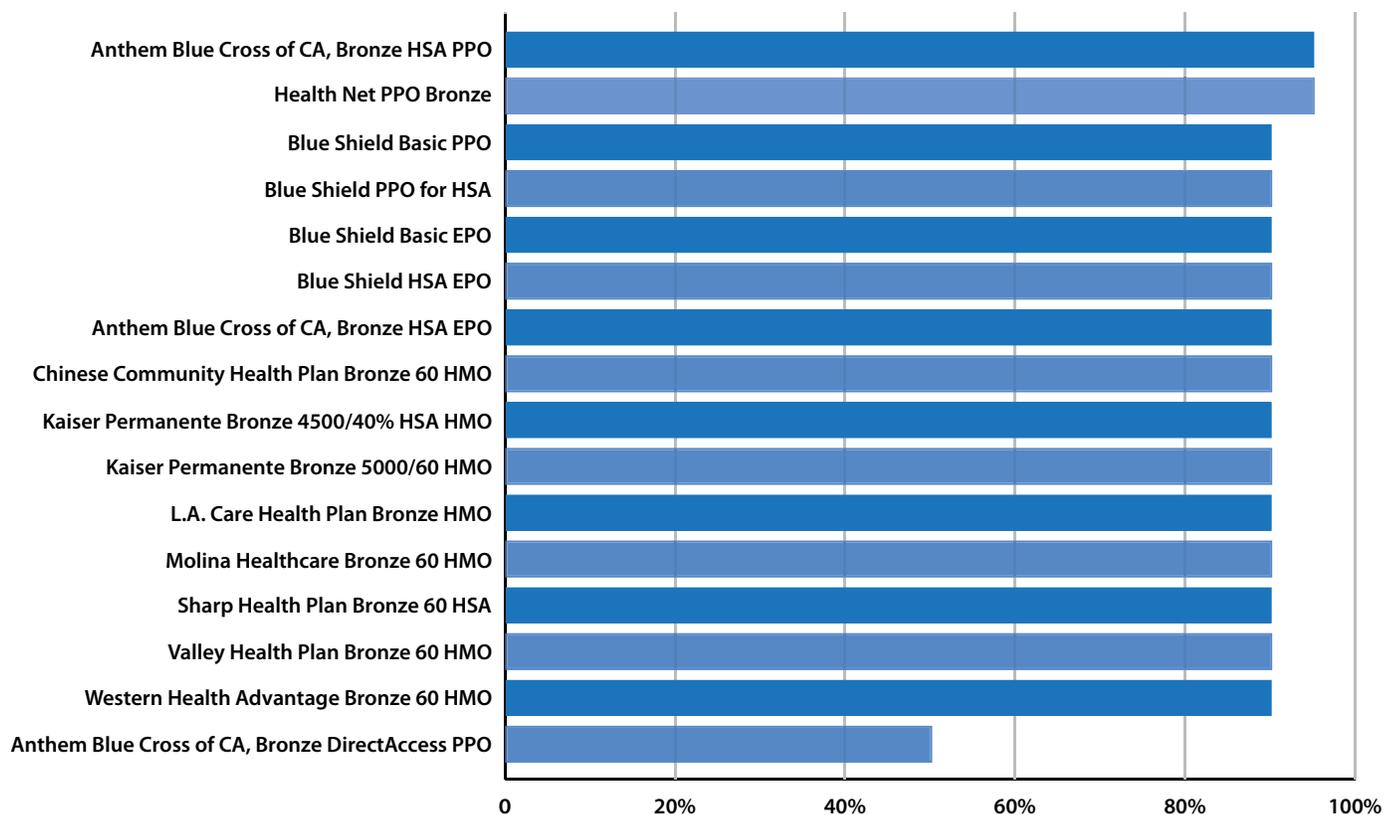
HEALTH PLANS	SCORES
Health Net PPO Bronze	89
Western Health Advantage Bronze 60 HMO	79
Kaiser Permanente Bronze 5000/60 HMO	78
Kaiser Permanente Bronze 4500/40% HSA HMO	78
Sharp Health Plan Bronze 60 HSA	75
Valley Health Plan Bronze 60 HMO	74
Molina Healthcare Bronze 60 HMO	72
L.A. Care Health Plan Bronze HMO	71
Chinese Community Health Plan Bronze 60 HMO	62
Blue Shield Basic PPO	57
Blue Shield PPO for HSA	57
Anthem Blue Cross of CA, Bronze HSA PPO	50
Anthem Blue Cross of CA, Bronze DirectAccess PPO	49
Blue Shield HSA EPO	46
Blue Shield Basic EPO	46
Anthem Blue Cross of CA, Bronze HSA EPO	40
AVERAGE	64

These scores are based on a score of up to 100 points and utilize the ASAM Patient Placement Criteria. This criteria sets the national standard for best practices for outcome-orientated and results-based care in the treatment of addiction.

The Continuum of Care and Snapshot of Treatment Choices

Screening, Brief Intervention, and Referral to Treatment (ASAM Criteria Level .5)

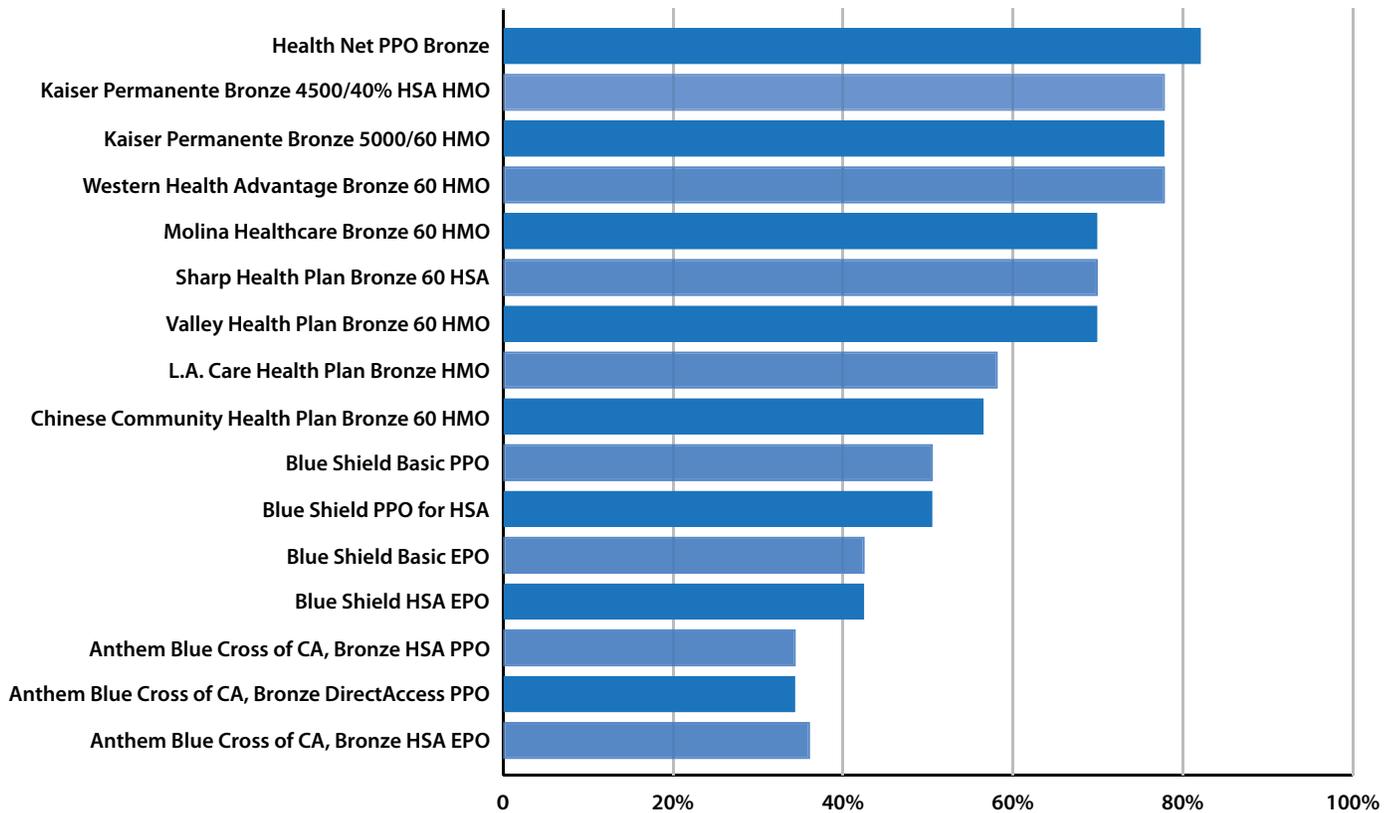
Screening identifies health problems early, when they can still be prevented or reduced. This category is a measure of early intervention. While all insurance companies are required to have preventive coverage, carriers who included depression and alcohol screening in either their preventive screening or educational programming received the highest marks in this section. Anthem's Bronze HSA PPO and Health Net's Bronze PPO received the top marks in this category, but most plans were in close competition for the top spots in this criteria.



Screening, Brief Intervention, and Referral to Treatment rating based on a scale of 100%.

Outpatient Services (ASAM Criteria Level 1)

Outpatient services represent the most varied category of care and are designed to appropriately treat an individual's level of illness and to achieve changes in behavior. Services include psychotherapy, psychiatric services, individual and group evaluation and treatment, and medication management. Health Net was the clear winner in this category with Kaiser Permanente and Western Health Advantage tied for second place. Most plans provide a wide range of outpatient services and healthy competition for this criteria. Anthem Blue Cross and Blue Shield were the lowest performers in this category of care.

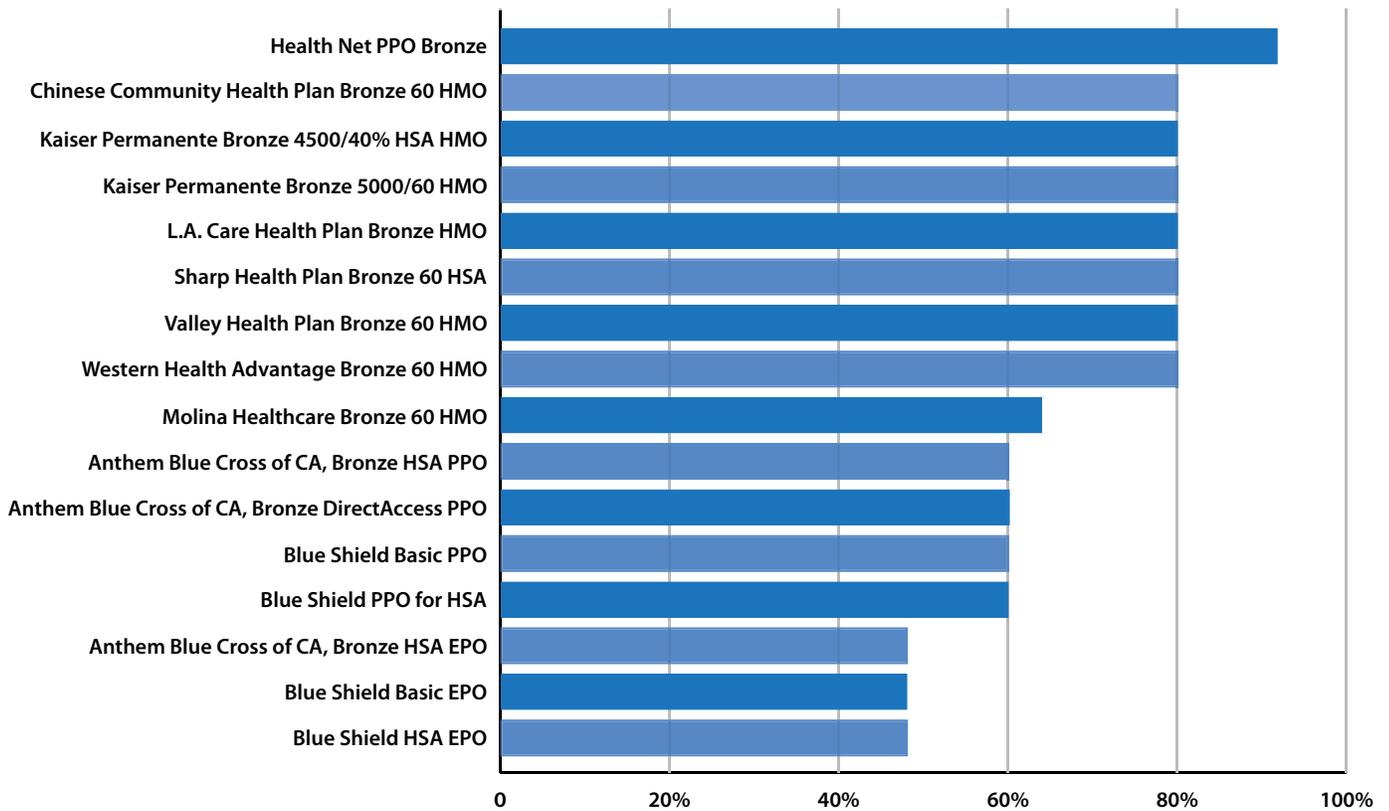


Outpatient Services rating based on a scale of 100%.

Intensive Outpatient & Partial Hospitalization (ASAM Criteria Levels 2.1, 2.5)

Both of these services are forms of outpatient treatment. With nine or more hours of structured counseling per week, intensive outpatient treatment provides a combination of individual and group therapy to help patients recover from substance use and mental disorders.

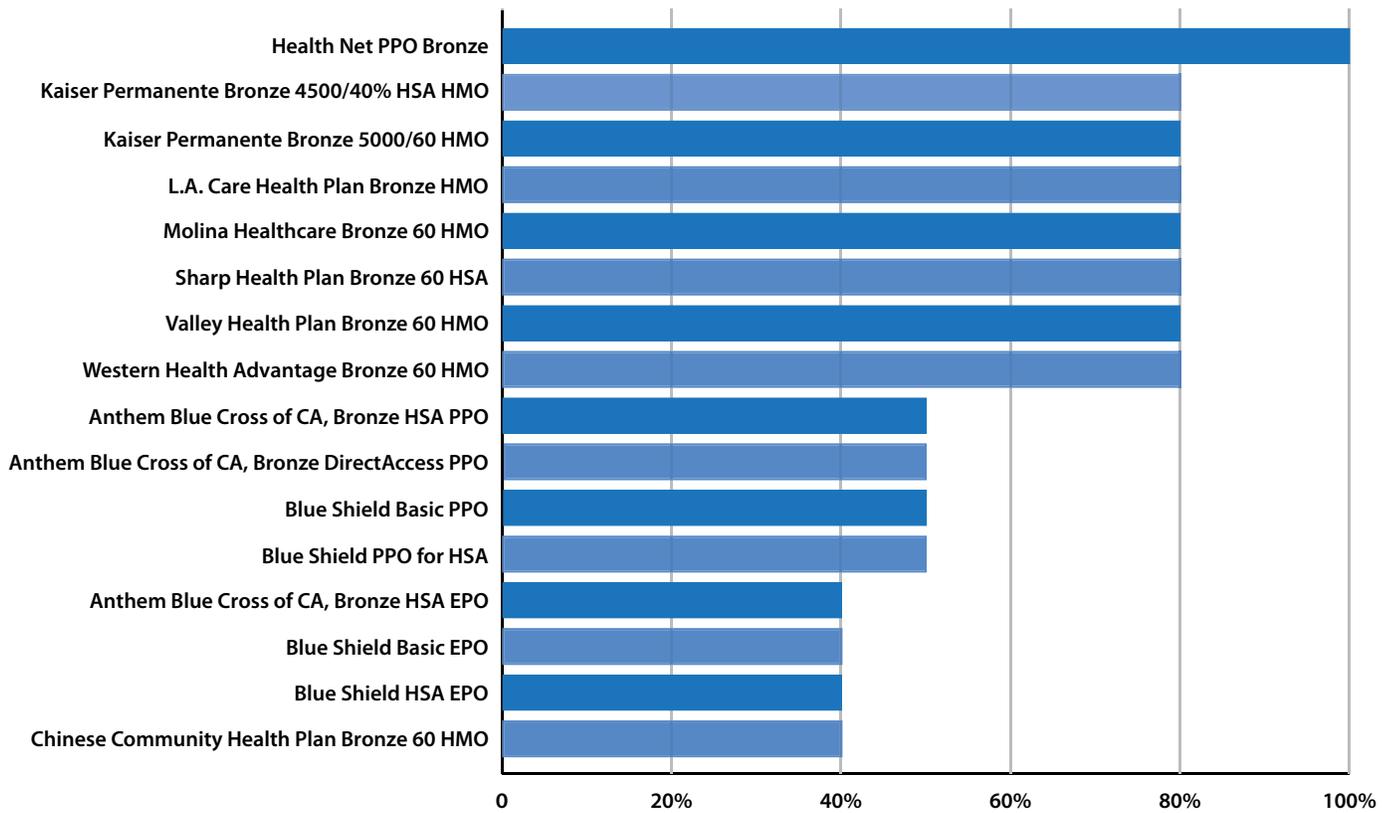
Partial hospitalization provides 20 or more hours per week of intensive programming including psychiatric services. High marks were garnered across the board in this important category, which spans Substance Use Disorder and Mental Health issues. Health Net had the highest single score in this category though Kaiser Permanente, L.A. Care, Molina, Sharp, Valley, and Western Health Advantage all fared well for this type of care.



Intensive Outpatient & Partial Hospitalization rating based on a scale of 100%.

Residential Services (ASAM Criteria Level 3)

The difference between a full recovery and a relapse can be a supportive, proactive environment. This guide considers two treatment options—transitional recovery and residential treatment. Residential treatment involves 24/7 medically-supervised care. In contrast with the level of inpatient care, there is low need for medical services from nurses or physicians. Residential treatment is designed to aid in recovery, prevent relapse, and promote integration back into work and family life. Transitional recovery services offer support and safety in a non-medical environment. Health Net earned the highest recognition in this category due to its in- and out-of-network coverage for both transitional recovery and residential treatment, but as the bar chart indicates, many plans scored well in this category.

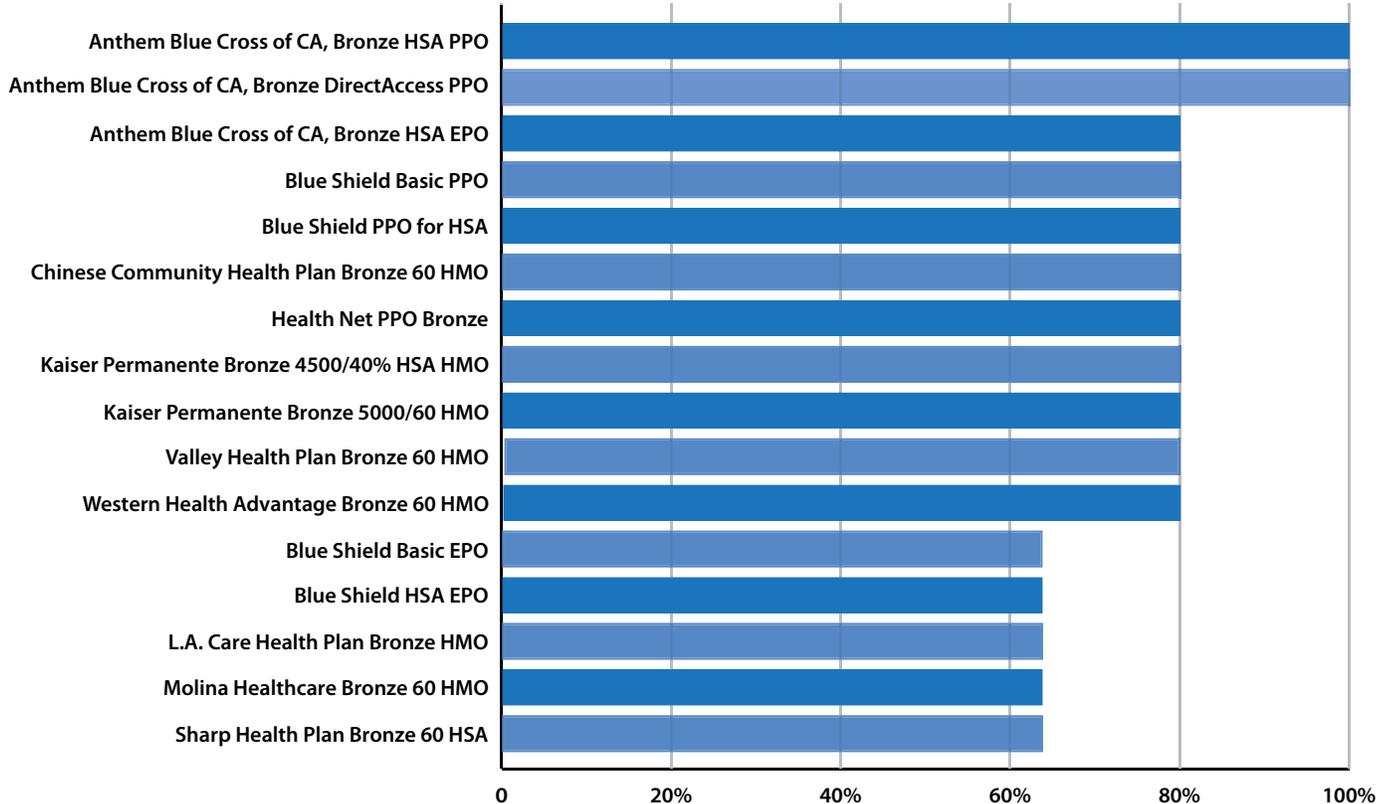


Residential Services rating based on a scale of 100%.

Inpatient Detoxification and Related Mental Health Services (ASAM Criteria Level 4)

Detoxification is the removal of a toxin from the body. When people with addiction stop using a drug, they may develop a serious withdrawal syndrome. Withdrawal management services are needed to ensure that withdrawal symptoms are managed safely and effectively. The medical management of withdrawal symptoms, inpatient withdrawal management, includes dependency recovery services, education, and counseling.

While all health plans reviewed offer inpatient withdrawal management services, two Anthem plans held the highest scores for this category. In addition to inpatient withdrawal management services, Anthem plans also included coverage for both psychiatric hospitalization and rehabilitation. Though Anthem holds low scores overall, it is important to note that it was also a leader in some individual categories of care.



Inpatient Detoxification and Related Services rating based on a scale of 100%.

Addiction Medications

ALCOHOL:

Naloxone, Naltrexone,
Disulfiram, Acamprosate

OPIOID: Methadone, Buprenorphine

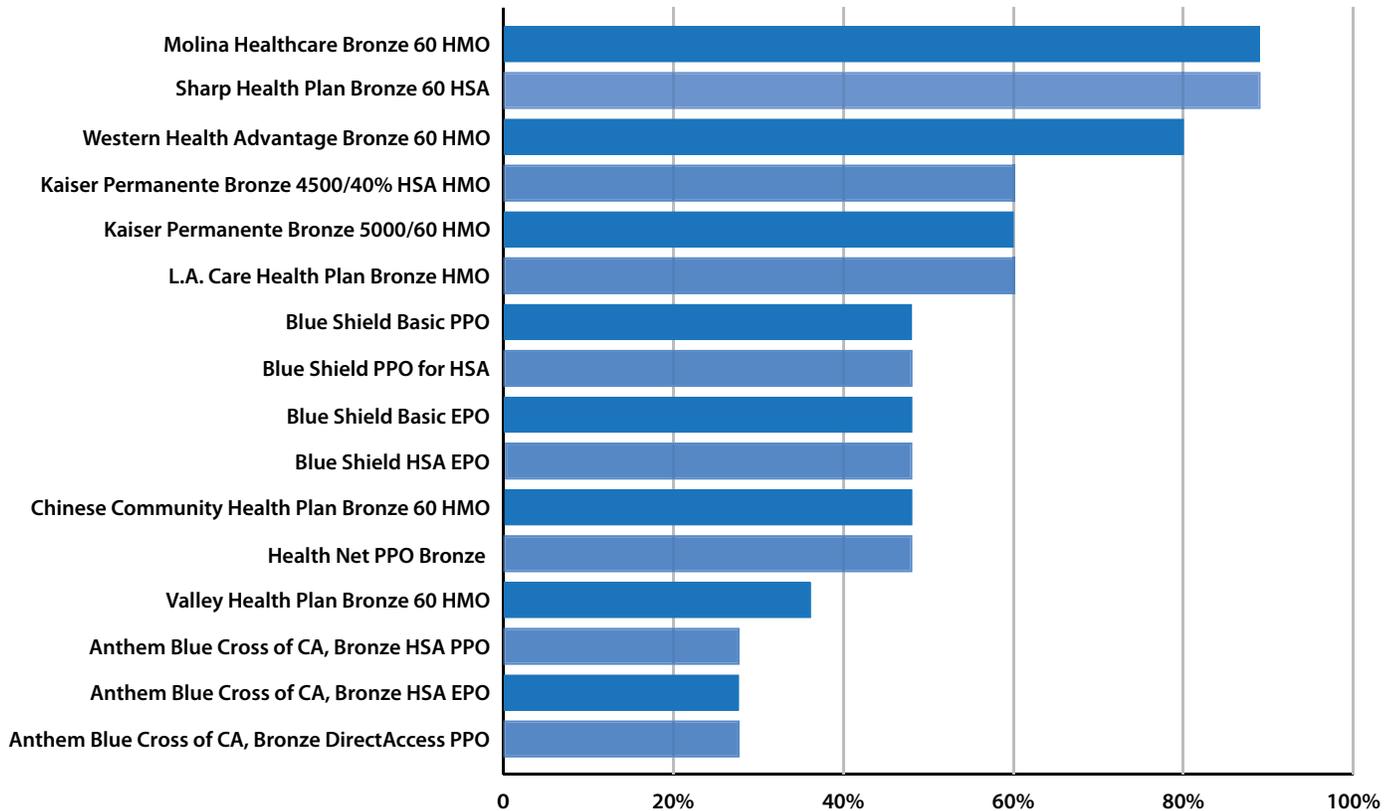
TOBACCO: Varenicline, Bupropion

Pharmacy Benefits

When you have a chronic condition, or recurring need for medication, easy access to appropriate medication can make the difference in whether a health plan works for you or not. In a survey of formularies for important Substance Use Disorder and Mental Health medications such as acamprosate, disulfiram, buprenorphine, bupropion, naloxone, naltrexone, varenicline, and depot naltrexone, Molina Healthcare and Sharp Health Plan were tied for the highest scores with Western Health Advantage coming in third.

Formulary information is searchable online. If you have multiple medication needs that exceed the list above, you may want to check to see which plan best covers your medication needs.

As with medical services, approval for pharmaceutical coverage is contingent on medical necessity regardless of the plan.



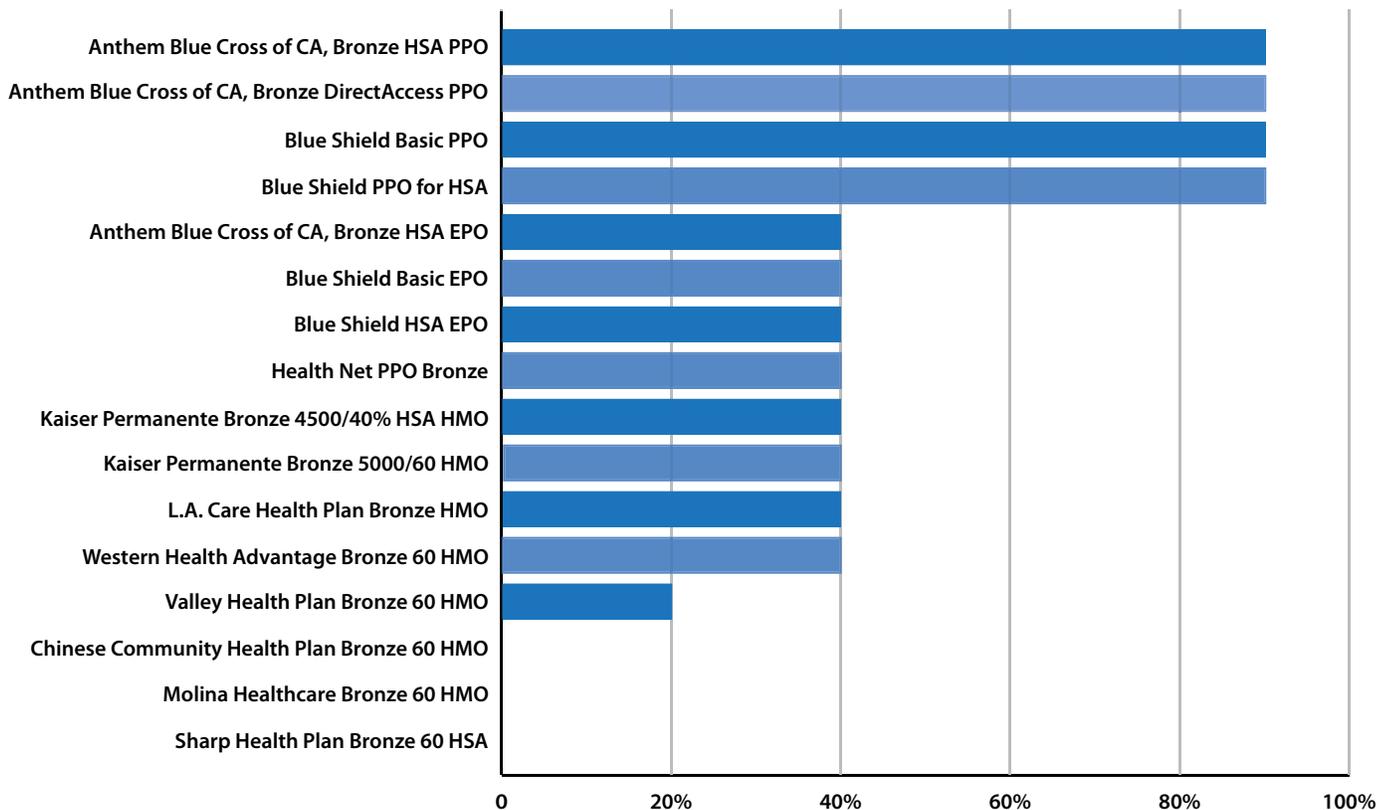
Pharmacy Benefits rating based on a scale of 100%.

Methadone Maintenance/Buprenorphine (ASAM Criteria OTP)

Methadone Maintenance/Buprenorphine represents the gold standard in treating opiate use disorders. While insurance plans run fairly close in a number of categories of care, Methadone Maintenance/Buprenorphine is one of the criteria where differences in plans are distinct.

Both Health Net and Valley Health have kept an older, more restrictive health care paradigm by offering methadone treatment only for women who are pregnant and then for two months after delivery. These offerings are below the Standard of Care recommended by CSAM. While Health Net's coverage is below the Standard of Care recommended by CSAM, the plan's score is not at the bottom as it reflects both in- and out-of-network treatment. The lowest scores in this category went to Chinese Community Health Plan, Molina Healthcare, and Sharp Health Plan. None of these three plans specified this coverage in the bronze-level plans reviewed.

With less-restrictive coverage, Anthem Blue Cross and Blue Shield, whose insurance plans garnered among the weakest scores overall, came out as leaders in this category.



Methadone Maintenance/Buprenorphine rating based on a scale of 100%.

Beyond the Scorecard

The Provider's Provider: Capitated Medical Groups

Blue Shield, L.A. Care, and Western Health Advantage all utilize outside providers for their Substance Use Disorder and Mental Health services. Chinese Community Health works with a licensed contracted provider for at least some chemical dependency issues.

Of the companies noted, Western Health Advantage is the only plan to include the name of the outside provider in their printed materials.

Both Western Health Advantage and Blue Shield work with Magellan Behavioral Health to provide Substance Use Disorder and Mental Health services. Ultimately whether utilizing contracted providers for Substance Use Disorder services is a consumer benefit or not has not been examined for this report, but may be a subject for future phases of this project.

Accessibility: Prior Authorization

While inpatient services almost universally require prior authorization, certain carriers have created additional barriers to services. L.A. Care appears to be the most difficult to navigate, with prior authorizations required for all but emergency and urgent services. On a more positive note, Health Net and Kaiser Permanente are among the carriers that seem to require fewer prior authorizations for outpatient care.

Accessibility: Consumer Information

First the good news, from a technical standpoint, the 2014 bronze-level

health plans were relatively easy to access through Covered California. Quick downloads of the policies were available for all but one of the 16 health plans reviewed for this guide. Please note, that with one year of experience in place, the 2015 Covered California website and ensuing consumer experience are evolving.

Once in hand, the insurance documents presented some other challenges. Insurance policy language is problematic in three ways: for a consumer without an insurance background, insurance language is sometimes baffling. Secondly, anecdotal evidence while preparing this report tells us that physicians do not use the same language as insurance companies. Finally, there is evidence of multiple meanings for the shared vocabulary among insurance companies.

First let's review this from a consumer standpoint. While there is standardized language for a number of conditions and services, there is also variability in meaning. For example, depending on the health care provider, "facility" can mean hospital, or hospital and urgent care, and/or skilled nursing facility. "Facility" is also used in connection with a number of other treatment structures including residential treatment, rehabilitation, ambulatory surgical center, mental health/substance abuse, etc.

Generally speaking, Kaiser Permanente gets a high mark for writing for a non-medical audience. While Anthem garnered high scores in two significant treatment categories, they are among the worst communicators. With roughly

200 pages per policy and website information available only to members or through the aid of a sales representative, Anthem is consistently difficult to navigate.

Variability also exists in the location of services offered. According to Anthem, many services can be received in several settings including a physician's office, outpatient facility, or inpatient facility. Blue Shield employs a similar approach. Benefits and costs can vary depending on where you choose to get health services. It is not clear, however, what the difference in cost or quality of care is for each of those choices.

Other plans take a different approach. Kaiser Permanente, for example, is very specific about where services take place.

In short, the inconsistencies in language and different approaches to services and/or benefits make it difficult for a consumer to make a direct comparison between services and carriers. Additionally, if physicians are using different language to describe treatment to their patients, it may be up to the consumer to translate whether that treatment is covered.

Lastly, to ensure accuracy for this report, we asked insurance companies to review information extrapolated from their downloaded policies. It is worth noting that the plans holding the lowest scores, Anthem, Blue Shield, and Chinese Community Health Plan did not respond to our query. It is possible that, with additional information from the carriers, these plans would fare better in the ratings.



What Will it Cost Me?

According to Covered California's Summary of Benefits and Coverage documents, "Generally the lower your premium, the more you will pay in out-of-pocket costs such as copayments, deductibles, and coinsurance." Below are several different cost measures and how the bronze-level Covered California plans stack up.

In Network vs. Out of Network

While a high score is a good sign, it is not the whole story. It is important to be able to access care when you need it. Depending on your medical needs, extending medical care outside your participating network may be an attractive option. As such, this alternative is both compelling and costly for several reasons:

- Participating provider costs are typically lower than non-participating providers.
- The deductible for out-of-network providers is typically double the amount for in-network providers.
- To meet the deductible, you can only use out-of-network deductions. In-network expenditures don't count.

Of the 16 bronze-level plans available through Covered California, five provide out-of-network coverage: Anthem Blue Cross of CA, Bronze HSA PPO and DirectAccess PPO; Blue Shield Basic PPO and PPO for HSA, and Health Net PPO Bronze 9KW \$60/\$5,000. If a plan has a large number of participating providers, you may want to question whether out-of-network coverage is essential to you.

Deductibles

Deductibles through the bronze-level Covered California plans are typically accrued on a calendar year basis and, for in-network coverage, come in two basic formats: \$4,500 person/\$9,000 family or \$5,000 person/\$10,000 family.

For individual policy holders, deductibles are fairly straightforward. Once you meet your deductible, insurance benefits begin to kick in. If you have a family policy, you need to know a bit more.

For family plans there are two types of deductibles and out-of-pocket maximums (for more on out-of-pocket maximums see page 18), embedded and aggregate. While none of the plans explicitly states which type of deductible it uses,

it is critical to know what the two possible deductible buckets are.

In policies with embedded deductibles, one person within the family must meet the individual deductible. The balance of the family deductible must be satisfied by at least one other person on that policy. No one person can satisfy more than half of the deductible amount for a family plan. There are pros and cons to having an embedded plan.

Embedded deductibles may provide significant financial protection. When one family member has significant medical expenses, the plan pays after that person meets the deductible. There is a separate out-of-pocket maximum as well. There is no need to wait for the rest of the family to collectively satisfy the deductible.

However, even if one person spends enough to meet the family's deductible, the rest of the family still has to pay towards the deductible

until they collectively pay the other half.

Aggregate deductibles mean that one or more persons on the same family policy can collectively satisfy the deductible and out-of-pocket maximum (OOPM) amounts. Again there are pluses and minuses.

If there is one person in your family who tends to have high medical and/or prescription costs, with an aggregate plan, that one person can satisfy the entire family deductible or OOPM amount. On the other hand, no one on the family plan can begin enjoying copay or coinsurance benefits until the entire deductible has been met. Below is a chart of plans by category.

All policies require the deductible, whether individual or family, to be met before the insurance will cover either copay or coinsurance amounts. There are some benefit exceptions however. The following

11 plans offer three non-preventive visits prior to the deductible for primary care, urgent care, outpatient Substance Use Disorder, and outpatient mental/behavioral health.

- Anthem Blue Cross Bronze HSA EPO
- Anthem Blue Cross Bronze Direct-Access PPO
- Blue Shield Basic PPO
- Blue Shield Basic EPO
- Chinese Community Health Plan Bronze 60 HMO
- Health Net PPO Bronze 9KW \$60/\$5,000
- Kaiser Permanente Bronze 5000/60 HMO
- L.A. Care Health Plan Bronze HMO
- Molina Healthcare Bronze 60 HMO
- Sharp Health Plan Bronze 60 HSA
- Valley Health Plan Bronze 60 HMO

Copays vs. Coinsurance

Generally speaking, copayments are more economical for consumers. The cost of service is both fixed and known. While the coinsurance percentages (the percent of the allowed, billed amount a policyholder pays) may be clear, the total dollar amount for health care services may not be.

All of the 16 plans reviewed charge a coinsurance rate for participating inpatient services. Ten of these plans, however, offer \$60 copays for Substance Use Disorder and Mental Health office visits:

- Anthem Blue Cross of CA, Bronze DirectAccess PPO
- Blue Shield Basic PPO
- Blue Shield Basic EPO

Embedded vs Aggregate Plans

Embedded Plans:

- Anthem Blue Cross of CA, Bronze DirectAccess PPO
- Blue Shield Basic PPO
- Blue Shield Basic EPO
- Chinese Community Health Plan Bronze 60 HMO
- Kaiser Permanente Bronze 5000/60 HMO
- L.A. Care Health Plan Bronze HMO
- Molina Healthcare Bronze 60 HMO
- Western Health Advantage Bronze 60 HMO

Aggregate Plans:

- Anthem Blue Cross of CA, Bronze HSA PPO
- Anthem Blue Cross of CA, Bronze HSA EPO
- Blue Shield PPO for HSA
- Blue Shield HSA EPO
- Health Net PPO Bronze 9KW \$60/\$5000
- Kaiser Permanente Bronze 4500/40% HSA HMO
- Sharp Health Plan Bronze 60 HSA
- Valley Health Plan Bronze 60 HMO

- Chinese Community Health Plan Bronze 60 HMO
- Health Net PPO Bronze 9KW \$60/\$5,000
- Kaiser Permanente Bronze 5000/60 HMO
- L.A. Care Health Plan Bronze HMO
- Molina Healthcare Bronze 60 HMO
- Valley Health Plan Bronze 60 HMO
- Western Health Advantage Bronze 60 HMO

Out-of-Pocket Maximums

Out-of-pocket maximums (OOPMs) for participating providers are uniform for all reviewed policies and carriers at \$6,350 person/\$12,700 family. None of the carriers has an annual limit on what the plan pays, but there are limits in allowed amounts for specific covered services.

There are consistent exclusions to

OOPMs as well. These exclusions include: health care the plan does not cover, premiums, and any amount over the allowed amount for a given service. Additional exclusions are unique to each plan and may include, among other things, non-standard therapies and some copayments.

There is no uniform set of maximums for out-of-network coverage. Among the policies that include out-of-network coverage, Blue Shield Basic PPO, and PPO for HSA have the lowest OOPMs at \$9,350 person/\$18,700 family. Anthem Blue Cross of California's Bronze DirectAccess PPO, at \$15,000 person/\$30,000 family, has the highest.

The Cost of Prescriptions

If medications are important to your

family's care, you may want to pay close attention to the costs of this service. While copay and coinsurance rates are fairly standardized, among prescription benefits there are more noticeable differences in copay prices. Among the 10 plans that offer copays, Kaiser Permanente Bronze 5000/60 HMO offers the most economical prescription options. But it's not just about price. Do these plans offer the pharmaceuticals and services you need most? The pharmacy benefits chart on page 13 measures the accessibility of some of the most common prescriptions needed for Substance Use Disorders. For individuals and families with multiple prescription needs, there is no one standard answer to this personal equation.

To Learn More about Health Plans in California

(www.coveredca.com)

1. Go to coveredca.com
2. Click on "Preview Health Plans"
3. Fill in "Preview Plans" page
4. Click on "See My Results"
5. Click on "Preview"
6. Fill in the additional information requested. Then click on "Choose a plan."
7. After that you can review your choices and download the plans you are interested in.

Conclusion

This Health Insurance Coverage in California Consumer Guide and Scorecard is the first phase of a multi-phase project. Phase one offers a comparative tool for consumers with Substance Use Disorder and Mental Health insurance coverage concerns.

By identifying the Covered California providers, what plans and services they offer, and looking at them through the framework of specific criteria, this guide creates a pragmatic way to begin to evaluate insurance options. The plan specifics that informed this scorecard will be made public in a searchable website for consumer use early in 2015.

While Health Net came out with the highest score overall, a closer look at the numbers reflects an occasional area of weakness. Similarly Anthem Blue Cross and Blue Shield yielded among the lowest overall scores yet still had areas of comparative strength.

And scorecard numbers do not rate variables such as cost or scope of provider coverage. In short, while the numbers provide a useful guide, it is wise to consider personal priorities to select the plan that is best suited for you.

This is a living document in a changing landscape. This report was largely based on the 2014 plans downloaded from Covered California, and as of press time, 2015 plans are now available. We encourage you to look closely at the most current plans available through Covered California before making purchasing decisions.

We look forward to reevaluating each plan over time. Future phases of this guide will go further in detailing plan specifics including hours of care, patient to doctor ratio, and methodology or philosophy of treatment. These additional findings will paint a more complete picture of both care available and accessibility of that care.

Because insurance is a service business, the current set of data only represents a portion of what is important to consumers when making a decision. Quality of care, ease of getting appointments, case management, in short, customer service, are all things that are also important to address. To that end, future qualitative studies may be used to complement CSAM's future guides and reports.

CSAM wishes to thank the expert panel of physicians for their contributions to this report:

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Peter Banys, MD
Monika Koch, MD
David Pating, MD
Romana Zvereva, MD

Anthony Albanese, MD
Itai Danovitch, MD
Jean Marsters, MD
Christy Waters, MD

Sharone Abramowitz, MD
Steven Eickelberg, MD
Karen Miotto, MD
Jeffery Wilkins, MD

Special thanks to researcher/writer Robin Koltenuk for her assistance in compiling this report.



The California Society of Addiction Medicine (CSAM) is a professional society representing 400 physicians dedicated to increasing access and improving the quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions. CSAM is a state chapter of the American Society of Addiction Medicine (ASAM).



California Society of Addiction Medicine
"The Voice for Treatment"

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