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Subject: SiriusPoint America Insurance Company NAIC # 38776
Informational Narrative in Support of the GA MHPAEA Data Call

The policy that is the subject of this data call is a student medical plan that is ACA-compliant. This plan specifically provides Essential Health Benefits, defined to include services that are consistent with those set forth under the ACA and any regulations issued pursuant thereto, which, based on the expansion of the ACA, include benefits for mental health and substance abuse consistent with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). The plan design of the subject policy does not discriminate between coverage units (eligible students, their spouses, and their dependents) in terms of their insurance classification or health status. There are no other distinctions between the coverage units in terms of their eligibility for coverage, nor are there differences in premium rating assigned to each coverage unit.

Aside from quantitative treatment limitations in the way of co-payments for mental health and substance abuse treatment, which are equal to or more liberal, i.e., not more restrictive, than those that apply to other covered services, plan benefits for mental health and substance abuse treatment are payable on the same basis as any other covered service for medical or surgical treatment. In-network and out-of-network providers may be utilized by eligible insureds, subject to other quantitative treatment limitations of 80% of allowable charges for services provided in-network versus 60% of allowable charges for services provided out-of-network. Additional quantitative treatment limitations apply in the case of plan year deductibles and out-of-pocket maximums for in-network and out-of-network covered services, but with no distinction between services provided for mental health and substance abuse treatment and any other covered service for medical or surgical treatment. There are no annual or lifetime limits applied to the covered services provided under this plan.

The expected claim dollar amounts for medical and surgical treatment are based on the application of quantitative treatment limitations of 80% of allowable charges for services provided in-network versus 60% of allowable charges for services provided out-of-network, subject to any applicable quantitative treatment limitations in the way of deductibles or co-payments. There are no differences between the claim dollars paid for mental health and substance abuse treatment and any other covered service for medical or surgical treatment.

Network administration is done through a third party, Multiplan, through which compliance with network adequacy is handled, provider credentialing is examined and approved, and provider rate negotiation and contracting are managed. The network is not used for utilization review, concurrent review, or retrospective review. No other vendors are used by the company to provide these services, so they are not applied to any covered service offered under the plan and the company does not apply any restrictions to these non-quantitative treatment limitations.

Benefit payment is conditioned on the medical necessity of the covered service provided. The issued student medical policy specifically defines what is medically necessary and establishes in its benefit description as a non-quantitative treatment limitation that covered services are limited to medically necessary care and treatment. The criteria for medical necessity are met by the certification by a physician of a covered service, or the prescription by a physician for a covered service. The determination of charges that are usual, customary and reasonable in connection with in-network and out-of-network services are based on Fair Health's Allowed and Charge Benchmarks. Plan benefits are paid according to these guidelines with respect to the issued policy and the plan design within it.

A copy of the issued student medical policy accompanies the data call template as the links within the template under the Medical Necessity tab, all of which are intended to access the issued policy, may not be active. We have completed the template as best we can, and we trust that the supporting information provided here: 1) satisfies any concerns relative to the product the company offers in your state; and 2) offers clarification as to its compliance with MHPAEA.

If any additional information is required, we will do our best to provide it.

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