

**Notice to Enrollees in the
Pennsylvania Municipal Health Insurance Cooperative (PMHIC) Group Health Plan**

Under a federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, as amended, group health plans must generally comply with the requirement listed below. However, the law also permits state and local governmental employers that sponsor health plans to elect to exempt a plan from this requirement for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy. PMHIC has elected to exempt the PMHIC Health Plan from the following requirements:

Parity in the application of certain limits to mental health benefits

Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefits must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.

The exemption from this federal requirement will be in effect for the plan year beginning January 1, 2022 and ending December 31, 2022. The election may renew for subsequent plan years.

If you have any questions regarding this exemption, please contact your employer.