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Legal & Public Affairs
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May 28, 2009

Attn: MHPAEA Comments
Office of Health Plan Standards and Compliance Assistance
Employee Benefits Security Administration
Room N-5653
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Attn: CMS-4137-NC
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8017
Baltimore, MD 21244-8010

CC:PA:LPD:PR (REG-120692-090)
Room 5205
Internal Revenue Service
P.O. Box 7604
Ben Franklin Station
Washington, DC 20044

Submitted via the Federal eRulemaking Portal: www.regulations.gov

Re: Request for Information Regarding the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (74 Fed. Reg. 19155, April 28, 2009)

Dear Sir/Madam:

Connecticut General Life Insurance Company ("CIGNA") is writing to comment regarding implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (Pub. Law 110-343, the "MHPAEA"). We are responding to a Request for Information ("RFI") published in the Federal Register on April 28, 2009 (74 Fed. Reg. 19155).

CIGNA is a health insurer and administrator of self-funded group health plans covering approximately 10.2 million individuals. We provide managed medical, pharmacy and dental care services, including integrated indemnity and group life and health insurance, primarily to

employees whose coverage is provided by their employer. CIGNA also offers behavioral health benefits, assistance and work/life support programs, medical management and a range of industry-leading health & wellness and behavior-change coaching services.

While we have read and support many of the issues raised by America's Health Insurance Plans, of which we are a member, we wish to draw your attention to the following issues specifically:

- Clarification is needed as to which group health plans and group health insurers are subject to the MHPAEA, including how to determine if an employer has 50 or fewer employees and whether employee assistance programs ("EAPs") are governed by the MHPAEA.

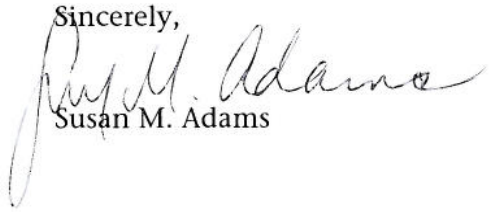
- Clarification is needed regarding appropriate methods to determine parity with respect to financial requirements and treatment limits, including confirmation that a plan may impose separate (but no more restrictive) financial requirements and treatment limits to mental health or substance use disorder benefits and that plans may determine parity based on a comparison of place of service, e.g. in-patient medical services to in-patient mental health services.

- The disclosure of medical necessity criteria to consumers and health care providers should be done in compliance with existing ERISA requirements.

- The group health plans' or group health insurers' ability to define mental health or substance use disorder benefits should be affirmed.

We look forward to working with you to implement this important legislation. Please feel free to contact me at 860.226.8700, if you have any questions.

Sincerely,



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