ALABAMA GROUP MENTAL HEALTH ("MH") PARITY COST REPORT DUE APRIL 30

CALENDAR YEAR	
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ompany Name:							
AIC #:							
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ertify as follows wit	th respect to the Comp	oany indicated abov	e (check all that appl	y):			
The company doe	es not issue group hea	Ith benefit plans to	which the requireme	ents of ALA. CODE Chap	oter 27-54 apply. (If c	checked, proceed to	signature line.)
THE COMPANY ISSU		and is the combination	e willi lije Dalliv (f) [[ieritai neaith benefit fe	equirements of ALA. (CODE Chapter 27-54	r. THE WAI dililudi
mental health ber	nefit costs and total he	ealth benefit costs fo	or the Calendar Year s b)	shown above were as f	follows:	(0	d)
mental health ber (Avg # of Gro	nefit costs and total he	ealth benefit costs fo	or the Calendar Year s	shown above were as f	follows:	(0	
mental health ber (Avg # of Groups without	(a) oups Covered Groups with MH	ealth benefit costs fo (Avg # of Cert Groups Without	b) cificateholders Groups With MH	shown above were as f (c Total Claims Paid for	ollows:) r Certificateholders Total Claims Paid	(c Avg Claims Paid Groups Without	d) d Per Certificate Groups with MH
Avg # of Groups without MH Benefits lotes: For "Groups V	(a) oups Covered Groups with MH	Avg # of Cert Groups Without MH Benefits use only groups of more	b) cificateholders Groups With MH Benefits	(c) Total Claims Paid Without MH Benefits	ollows:) r Certificateholders Total Claims Paid	(c Avg Claims Paid Groups Without	d) d Per Certificate Groups with MH
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