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Employee Assistance Programs in Private Health Plans: What Do They Offer?

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Employee assistance programs (EAPs) address issues affecting work performance and well-being. Among other services, EAPs may offer information and referral, problem assessment, and/or short-term counseling, without cost-sharing. Studies show positive EAP outcomes, although methodological limitations necessitate additional research (1). Health plans are among the vendors selling EAPs to employers but data on these EAPs are sparse.

These data come from a 2010 nationally representative survey of private health plans in 60 markets. 389 market-area-specific plans (89% response) reported on behavioral health services in 939 insurance products (2). Executive directors or designees reported on EAPs offered as part of their three largest commercial products. The analysis includes 200 products (from 72 plans) reporting EAPs.

Most products required that purchasers pay additional fees rather than including EAP without charge in standard packages (Figure 1). Only 12.4% of products contracted with an EAP vendor outside the plan. Although 36.2% recommended enrollees use EAP before accessing behavioral health benefits, only 4.0% required this.

Almost 45% of products with EAPs covered clinical assessment. Nearly all covered in-person and telephonic counseling. None covered Web-based counseling. Almost all products providing information on benefit limits reported a limit. All reporting per-year limits reported 8-session limits (data not shown). 77.5% of products with per-problem limits had 5-session limits; the remainder had 6-session limits.

Study limitations include the focus on assessment and counseling, not all services. Also, EAPs not viewed by plans as part of insurance products are excluded.

These health plan EAPs typically offer assessment/short-term counseling. Ensuring benefit awareness and encouraging utilization are essential. Stakeholders concerned with differences between “free” and separately-purchased EAPs will be interested that many EAPs are included in standard packages (3). The generally optional nature of EAPs aligns

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with federal regulations for the Mental Health Parity and Addiction Equity Act; EAP cannot be a required gateway to behavioral health care unless also required for medical services. Quantitative EAP limits are also consistent with parity. Parity-related guidance indicates that, at least through 2014, EAPs are not subject to parity unless they provide “significant benefits in the nature of medical care or treatment.” Proposed excepted-benefits regulations would extend this exception and add other criteria.

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Note: Percents are based on non-missing data. Missing < 2% on all variables except EAP benefit limit missing data = 32.9%

^a Additional payment beyond cost of standard package

^b EAP vendor external to health plan

^c Before accessing behavioral health benefits

^d Counseling modality

Figure 1. Features of Private Health Plans' Employee Assistance Programs (EAP) Offered as Part of Health Insurance Product, 2010