

FAIR INSURANCE COVERAGE: IT'S THE LAW

Federal law prohibits your private health insurance plan from discriminating against you because you have a mental illness, including a substance use disorder. Coverage for a mental health concern now must be equivalent to coverage for physical health problems, like heart disease, diabetes and cancer.

Under the federal “Mental Health Parity” law:

- 1 You are entitled to the treatment your physician says is necessary for your mental health or substance use disorder. Your health plan cannot require you to fail first at less-expensive treatments if it does not have the same “fail first” requirement on all other illnesses covered by your plan.
- 2 With few exceptions your co-payment or co-insurance for your mental health benefit should not be higher than it is for other medical care, and you should have only one deductible and out-of-pocket maximum that covers all of your health care.
- 3 When you visit a psychiatrist for medication management and for psychotherapy on the same day, you should pay only one co-payment.
- 4 You should have access to an “in network” mental health provider who:
 - is qualified to treat your condition
 - can see you in a reasonable amount of time at a location accessible from your home.
- 5 Mental health-related visits or treatment should not require pre-authorization, unless your plan requires pre-authorization for most other medical care.
- 6 The number of visits or hospital days should not be limited, unless similar limitations apply to most other medical illnesses under your plan.
- 7 Your health plan should pay even if you don't complete the treatment or a prior recommended course of treatment.
- 8 Your health plan is required to provide you with a written explanation of:
 - how it evaluated your need for treatment
 - why it denied the claim
 - the basis for its conclusion that the plan complies with federal law.
- 9 You have the right to appeal your plan's decision about your care or coverage. You have the right to appeal the claim with your plan and with an independent review organization. (Check with your state insurance commissioner's office: www.naic.org/documents/members_membershiplist.pdf)
- 10 If you have an out-of-network benefit in your plan and see an out-of-network psychiatrist, the health plan should reimburse you for a portion of the amount you paid for the visit. If the amount you are reimbursed is significantly less than the amount the health plan pays to other doctors who are out-of-network, this may be illegal. You can see what doctors are paid by checking the explanation of benefits you receive from your plan.

If you have concerns about your health plan's compliance with federal law:

- ✓ Call the federal government's Center for Consumer Information and Insurance Oversight (CCIIO) at **877-267-2323 ext. 6-1565** or email its Public Health Interest Group, also part of CCIIO: phig@cms.hhs.com
- ✓ Contact a benefit advisor at the U.S. Department of Labor at **866-444-3272** or www.askebsa.dol.gov
- ✓ Call your state insurance commissioner's office (list at www.naic.org/documents/members_membershiplist.pdf)

Commissioner: _____

Phone: _____