

MENTAL HEALTH

and Substance Abuse Disorder Coverage



WHAT DOES THE LAW SAY?

- Insurers must treat mental health and substance abuse disorder benefits generally in the same manner as other health benefits.
- Financial limitations such as copays, deductibles, and coinsurance for mental health and substance abuse disorder benefits cannot be more restrictive than for other health benefits.
- Treatment limitations such as number of visits, geographic location, or facility type cannot be more restrictive than for other health benefits.

KNOW YOUR PLAN

Some plans are required to provide mental health and substance abuse disorder benefits. Other plans are required to ensure that if they do offer mental health and substance abuse disorder benefits, they are similar to other health benefits.

How do I know what my plan is required to cover?

Most plans you buy directly for yourself or your family (not provided through an employer) - including those sold through healthcare.gov - are required to provide mental health and substance abuse disorder benefits and ensure that those benefits are similar to other health benefits covered by the plan. Many plans provided through an employer provide mental health and substance abuse disorder coverage, but not all are required to do so.



CHECK TO SEE IF YOU HAVE

Mental Health/Substance Abuse Disorder Coverage



- ✓ Check your certificate of coverage issued by your insurer or provided by your employer.
- ✓ Contact your employer's human resources office.
- ✓ Contact your health insurer directly.
- ✓ Contact your insurance agent.
- ✓ Contact the Ohio Department of Insurance at 800-686-1526.

Federal and state mental health laws do not provide a specific definition of what mental health and substance abuse disorder benefits or services must be covered in a health plan or insurance contract. However, see examples below of benefit categories where coverage provided for physical and mental health and substance abuse disorder benefits should be similar:

- Inpatient - If a plan covers a medically managed hospital stay for a medical condition such as a seizure disorder, then a medically managed stay for active withdrawal and stabilization of mental health condition should be similarly covered.
- Outpatient - If a plan covers an office visit to the cardiologist, it should also cover an office visit to the psychiatrist.
- Emergency Care - If a plan covers emergency treatment for a broken arm, it should also cover emergency treatment after a suicide threat or for an unintended overdose.
- Prescription Drugs - If a plan covers maintenance medication for diabetes, it should similarly cover maintenance medication for depression and medicated assisted therapies for addiction.

IS MY MENTAL HEALTH CONDITION COVERED?

— KNOW YOUR COSTS —

Just like your other health benefits (doctors visits, prescription drugs, physical therapy), your mental health and substance abuse disorder benefits are subject to copays, coinsurance, deductibles and other out-of-pocket costs.



Understanding the costs associated with your plan:

- Co-payment - the dollar amount the patient is expected to pay at the time of service.
- Deductible - the amount you pay for health care expenses before insurance covers the costs. Often, health insurance plans have an annual deductible amount.
- Co-insurance - usually a % of the total cost you are responsible for after services have been provided.
- More insurance definitions - click for additional health insurance terms.

YOU CAN CHECK THE ESTIMATED COST OF YOUR OUT-OF-POCKET EXPENSES IN THE FOLLOWING WAYS:

- Check your Summary of Benefits and Coverage (SBC) in your insurance paperwork
- Contact your insurer directly



KNOW Your Rights

- It is important that you are familiar with your plan and the type of benefits and coverages that are offered for mental health and substance abuse disorder conditions. Knowing your plan can help you determine the costs you will pay and help you identify any questions you may need to ask.
- If your insurer denies your claim or takes any other adverse action regarding your benefits, you have the right to ask that your claim be reviewed again.
- If your insurer continues to deny your claim, you have the right to request an independent review through the Ohio Department of Insurance.



If you believe that your plan has violated the law, you need more information about requesting an independent review or help filing a complaint, please call the Ohio Department of Insurance's CONSUMER HOTLINE at 800-686-1526.

Mike DeWine
Governor

Jillian Froment
Director



For additional information on how to file a consumer complaint with the Ohio Department of Insurance Consumer Services Division click [here](#).

Additional resources to help you navigate your mental health benefits:

- [Ohio Mental Health Parity Law](#)
- [The Mental Health Parity and Addiction Equity Act \(MHPAEA\)](#)
- [Your Guide to Health Insurance](#)
- [Ohio Mental Health and Addiction Services](#)

