

MENTAL HEALTH

Coverage Chart

Some plans are required to offer mental health and substance use disorder benefits. Other plans are required to ensure that IF they do offer mental health and substance use disorder benefits, that they are covered similarly to other health benefits.

The chart below may assist you in determining if your plan is required to offer mental health and substance use disorder benefits and if it is required to cover those benefits similarly to other health benefits.



DO YOU GET INSURANCE FROM YOUR EMPLOYER?

Yes

No



Does your employer have 51 or more employees?

Yes

No

LARGE GROUP PLANS

Offered through and employer with 51 or more employees.

Not all large group plans are required to cover mental health and substance use disorder benefits however, IF a plan does cover those benefits, the plan is required to cover them similarly to other health benefits.

SMALL GROUP PLANS

Offered through an employer with 50 or fewer employees.

The date that the plan was purchased determines what mental health and substance use disorder benefits are covered.

- If your plan was purchased on or before March 23, 2010 it is considered "grandfathered" and is only required to cover limited mental health and substance use disorder benefits.
- If your plan was purchased after January 1, 2014 it is required to cover mental health and substance use disorder benefits similarly to other health benefits.
- If you purchased your plan after March 23, 2010 and before January 1, 2014 it is considered "transitional" and is required to cover limited mental health and substance use disorder benefits similarly to other health benefits.

INDIVIDUAL PLANS

Not offered through an employer but may be purchased through an insurance agent, the Exchange or directly through the insurance company.

Individual plans are required to cover mental health and substance use disorder benefits similarly to other health benefits.

The following government-sponsored health plans may be required to cover mental health and substance use disorder benefits:

- Children's Health Insurance Program (CHIP)
- Medicaid Managed Care Plans
- Medicare

Did you buy your own health insurance for yourself and/or your family?



Yes

IF YOU ARE UNSURE WHICH TYPE OF HEALTH PLAN YOU HAVE OR IF THE PLAN YOU HAVE OFFERS MENTAL HEALTH AND SUBSTANCE USE BENEFITS HERE ARE A FEW WAYS TO FIND OUT:

- Check your certificate of coverage issued to you by your insurer or provided by your employer
- Contact your employer's human resource office
- Contact your health insurer directly
- Contact your insurance agent
- Contact the Ohio Department of Insurance at 800-686-1526
- For additional information on Medicaid or CHIP plans visit cms.gov or contact the Ohio Department of Medicaid's Consumer Hotline at 800-324-8680.