

OHIO DEPARTMENT OF INSURANCE

Mental Health and Substance Use Disorder Helpful Tips for Consumers

Does my plan offer coverage for mental health and substance use disorder benefits?

The type of health plan you have will determine your mental health and substance use benefits. Generally, most plans are required to offer mental health and substance use disorder benefits.

How do I find out if I have mental health and substance use disorder benefits?

- Contact the Ohio Department of Insurance (ODI) at 1-800-686-1526
- Check the certificate of coverage issued by your insurer or provided by your employer
- Contact your human resources office
- Contact your health insurer directly
- Contact your insurance agency

For additional information on Medicaid or CHIP plans, contact the Ohio Department of Medicaid's Consumer Hotline at 1-800-324-8680.

For additional information on self-funded plans, contact the U.S. Department of Labor at 859-578-4680 or visit www.DOL.gov.

What should I do before utilizing my benefits?

1. Identify what costs (such as copays, coinsurance, deductibles, etc.) are associated with your benefits and services.
2. Prior to seeking treatment, review your plan, and in-network treatment options. You can contact your insurer to verify the provider you would like to see for treatment is in-network.
3. If you are experiencing an emergency, call 911.

I am unable to resolve a dispute with my insurer what can I do?

If you are unable to resolve a complaint with your insurer or have a question about your benefits, contact the Ohio Department of Insurance's Consumer Services Division (CSD) to file a consumer complaint. When you file a complaint, CSD will take a number of steps to begin working on the case to identify if there has been a violation of the law. If a complaint comes to ODI but is outside of its jurisdiction, CSD will provide you with information on how and where to file your complaint.

For questions or for help to file a complaint:

- Contact ODI's consumer services hotline at 1-800-686-1526.
- Email Consumer.Complaint@insurance.ohio.gov.
- Fill out a [complaint form online](#) at www.insurance.ohio.gov.

What information do I need to file a complaint?

- Name of the insurer.
- Policy number.
- Group number (if applicable).
- Description of what happened/who was involved.
- If the complaint involved a dependent under family coverage, identify the person named on the policy.
- Corresponding letters related to the dispute.

I disagree with my health insurer regarding a claim denial or a reduction in my benefits, what can I do?

You have the right, under Ohio Law, to request your insurer reconsider their decision to deny a claim or reduce a benefit or service you had in your plan through an appeals process laid out by the insurer. If you want to appeal a denied claim, you can contact your insurer to initiate the appeals process. If your insurer upholds their decision, you then have a right to an external review, which is also initiated by notifying your health insurer.

If you have questions about the appeals process you can contact your health insurer directly or the Ohio Department of Insurance at 1-800-686-1526.

If you believe that your plan has violated the law, you need more information about requesting an external review or help to file a complaint, please call the Ohio Department of Insurance's CONSUMER HOTLINE at 1-800-686-1526.

Need help?
Text the
keyword
"4hope" to
741741 to be
connected to a
trained crisis
counselor
within 5
minutes.