

Background: Mental Health and Substance Use Parity and the Affordable Care Act

Two laws—the **Mental Health Parity and Addiction Equity Act** and the **Affordable Care Act**—significantly expanded health insurance coverage of mental health and substance use services. Together, these laws have new requirements for health insurance offered by most **employers with 50 or fewer employees**.

Plans must cover a specific set of health services, including mental health and substance use services.

Plans must have equal treatment of both mental health and/or substance use services and medical and/or surgical services.

This means that coverage of mental health and substance use services must be similar to the plan's coverage of physical health benefits. For example, plans must have similar:

Treatment Limits The number of covered visits to a mental health provider must be similar to the number of covered visits to a physical health provider.

Annual and Lifetime Dollar Limits There can be no limits on the dollar amount a plan will pay for coverage of mental health/ substance use or physical health services.

Financial Requirements Copays and coinsurance for mental health or substance use services must be similar to the copays and coinsurance for physical health services.

For **employers with more than 50 employees**, these two laws may not apply. Some of these large group plans must adhere to state laws, which may require coverage of mental health and substance use services. Either way, it is important to know if your employer is subject to the federal parity law and whether your state has stricter laws that require employers to offer more generous coverage of these benefits.

The American Foundation for Suicide Prevention (AFSP) is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do. For further information please send an email to advocacy@afsp.org or call (202) 449-3600.

The National Council for Behavioral Health is the unifying voice of America's community mental health and substance use treatment organizations. Together with our 2,200 member organizations, we serve our nation's most vulnerable citizens — the more than eight million adults and children living with mental illnesses and substance use disorders. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Learn more at www.TheNationalCouncil.org.

Mental Health and Substance Use Parity and Your Employer-Sponsored Insurance

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To get the care you need, it is helpful to know the answers to three questions about your employer-sponsored health insurance plan:

- 1 What mental health and substance use disorder services are covered and what is the cost of copays and coinsurance?**
- 2 Are your healthcare providers included in the network as preferred providers?**
- 3 Are your medications and services, or ones you may need in the future, covered under the plan?**

Employers are not always required to cover mental health services, but most do. Even if the health insurance offered by your employer covers mental health and substance use disorder benefits, it may limit certain services or medications.

It is important to know how to access medications or services, especially to treat mental health or substance use disorders. To make sure you get the care you need, check to see if your needed health services and medications have any of the following limits.

Prior Authorization Requires pre-approval for some services or medications before you can access them.

For ongoing services, prior authorization may be required after a specified period of time. Your provider is responsible for getting this approval, but you may want to discuss the request with him/her.

Quantity Limits Limits the number services or medication refills you can receive within a specified time period.

Step Therapy Requires you to try other services or prescriptions before the plan will cover the service or medication you or your doctor prefers you to use.

In case you change providers or insurance companies, it is good to keep a list of all treatment and medicines that you have tried. Track the dose and how long you received the treatment. This information will help you document the steps you have taken.

Non-Covered Services Excludes coverage for some services.

If your plan does not cover certain services, you can request coverage if the service or medication you need is "medically necessary." To do so, apply for an exception or appeal the denial of coverage.

Note: Your employer plan may be subject to federal and state laws that require mental health and substance use services to be offered at a comparative level as physical services. Check with your employer and plan provider to determine if you are entitled to mental health and substance use services.

Why This Matters to You

To make sure you get the services and treatments you need, it is important to know what employer-sponsored health insurance plans must cover and what your rights are.

- 1** Your health insurance plan may be required to cover mental health and substance use benefits. You should know what benefits your plan covers and how to access benefits that your plan restricts or does not cover.
- 2** Identify whether your insurance coverage includes limits on any of the mental health and/or substance use services or medications you need.
- 3** Learn about the tools you can use to apply for and obtain coverage for the services you need.

Many employers offer employees only one health insurance plan choice. If your employer allows you to choose from more than one plan, use these questions to help you determine which plan is right for you.