

YOUR INSURANCE RIGHTS

MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICES

5 TIPS TO HELP YOU UNDERSTAND YOUR TREATMENT RIGHTS

Many people need mental health or substance use disorder (MH/SUD) treatment and want to know what is covered under their insurance plan. Here are 5 important tips to help you better understand and utilize your (or a loved one's) MH/SUD health care benefits.

1. LOOK FOR EQUAL COVERAGE OF MH/SUD BENEFITS

The Mental Health Parity and Addiction Equity Act (Parity Act) is a federal law that requires most insurance companies and Medicaid programs to provide the same level of coverage for MH/SUD care as they do for other health conditions. In other words, insurance companies cannot make it more difficult to get or stay in treatment for conditions like depression or substance use than for conditions like asthma or diabetes.

2. COMPARE TYPES OF TREATMENT

There are different types of treatment for all health conditions: outpatient treatment, inpatient treatment, prescription medication, and emergency services. **If your plan offers MH/SUD benefits, and is required to follow the Parity Act, your plan must cover MH/SUD services in each category of care that a medical benefit is offered.**



3. REVIEW YOUR COVERAGE

To find out which MH/SUD benefits are covered under your health plan and which benefits are not (excluded benefits), you can:

- Review your **health plan summary of benefit coverage** or **insurance contract**.
- Log on to your health plan's online portal.
- Talk with your treatment provider.
- Call your insurance company (look for the phone number on the back of your insurance card).
- Talk to your Human Resources office if you have insurance through your employer.



IMPORTANT TERMS

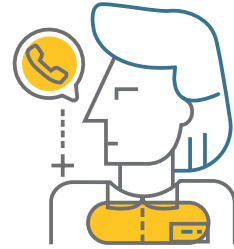
Health plan summary of benefit coverage:

This document is provided by your insurance company and gives an overview of the benefits that are covered, the out-of-pocket costs you pay for services and certain limits on covered services.

Insurance contract: This document (also called "evidence of coverage") is provided by your insurance company and it describes, in detail, the benefits covered and how to file a complaint if you are denied services.

UNDERSTAND YOUR INSURANCE RIGHTS

4. QUESTIONS TO ASK YOUR INSURANCE COMPANY



Every health plan is different. To learn more about your specific benefits, ask your insurance company:

- What mental health and substance use disorder services and medications are covered under my health plan?
- I am seeking services for _____. Do you cover that?
- Are there any limits on these services? For example, is there a limit on the number of times I can see my treatment provider or the medications I can take?
- Do I need **pre-authorization** from you before I can start treatment?
- Do I need a referral for treatment?
- Once I start treatment, how do I know if you will continue to cover it?
- What providers in your network offer the services I'm looking for, and which of these in-network providers are taking new patients?

Pre-authorization: When your insurance company requires you or your provider to get approval for a health care service before you receive it. Without approval, you may have to pay out of your own pocket for the service.

5. LOOK OUT FOR PARITY VIOLATION WARNING SIGNS

If these examples sound familiar, your insurance company may be violating your rights. Talk with your treatment provider about what you can do.



"I pay a lot more out-of-pocket to see my mental health counselor than my primary care physician."



"I had to call and get permission from my insurance company before I started substance use treatment, but when I needed treatment for my diabetes, I just scheduled an appointment."



"My provider recommended residential treatment, but my insurance would only cover once-a-week visits with a psychologist. That's never happened when seeking care for a physical illness."