

Equal access to mental health care is your right!

This brief guide will help you understand what you need to know about Mental Health Parity

Federal Parity Law

Under the Federal Parity Law, not all insurance companies have to offer mental health (MH) and substance use disorder (SUD) benefits. Those that do **must** offer MH/SUD benefits at the same level as other health services. **Parity means equality.**

Required to follow

Individual health plans
Small group health plans

▶ *Required under the Affordable Care Act. Must be in parity with physical health benefits.*

Not required to follow

Large group health plans
Self-funded health plans

▶ *These health plans are not required to cover MH/SUD benefits, but many do. If they do, their MH/SUD benefits coverage must be in parity with physical health benefits. In Pennsylvania, large-group insurance plans must cover the costs for certain serious mental illnesses such as:*

- Schizophrenia
- Bipolar Disorder
- Major Depressive Disorder

Pennsylvania Act 106

Pennsylvania's parity law is called Act 106. Under Act 106, group health plans sold in Pennsylvania must follow the Federal Parity Law guidelines **and** cover alcohol and SUD treatment at a basic level. Treatment programs must be licensed by the Pennsylvania Department of Health.

Required to follow

Large group health plans
Small group health plans

▶ *Fully insured health plans only*

Not required to follow

Individual health plans
Self-funded health plans

What are the minimum benefits covered by Act 106?

- Up to 7 days of detoxification per admission; 4 admissions per lifetime
- At least 30 days of non-hospital residential treatment services per year; 90 days per lifetime
- At least 30 sessions of outpatient/partial hospitalization services per year; 120 sessions per lifetime
- Family counseling and intervention services



Health insurance plans that must follow the Federal Parity Law if the plan covers MH/SUD:

- The Federal Employees Health Benefits Program (FEHBP)
- State Children's Health Insurance Programs (S-CHIP)
- Large-group employer plans (self-insured and fully insured)
- Small-group employer plans (self-insured and fully insured)
- Medicaid managed care plans
- Any health plan bought through health insurance marketplaces
- Most individual and group health plans bought outside the marketplaces

Plans that do not have to follow the Federal Parity Law:

- Medicare
- Medicaid fee-for-service (FFS) plans
- Plans bought before March 23, 2010, when the law went into effect
- Certain state and local government health plans
- Department of Defense (DoD) TRICARE
- Veterans Health Administration (VA) plans

Signs of possible violations of the Federal Parity Law:

- Paying more for MH/SUD services than for other medical services
- Having to get approval for MH/SUD services but not for other medical services
- Having limits for MH/SUD treatment but not for other medical treatment
- Having to wait longer for an MH provider in your network but not for other medical providers

Your insurance plan must explain why it cannot cover treatment. It must explain how it defines "medically necessary."

Why it is important to act:

- Mental health care that is hard to access can put someone's life at risk during an emergency.
- There is no health care without mental health care.

Learn more about filing an appeal:



nami.org/advocacy/policy-priorities/improving-health/mental-health-parity

- Videos and news
- Guide on parity appeals

thekennedyforum.org

- In-depth guide on filing an appeal

insurance.pa.gov/Coverage/Pages/Parity.aspx

- Videos
- FAQs for Federal Parity Law and Pennsylvania Act 106

parityregistry.org

- Parity appeal support
- Complaint registry
- Pennsylvania resources

How to take action:

- 1 Appeal the claim.**
An appeal means you ask your insurance plan to review its decision. As a result, your insurer may change the decision and pay the claim.
- 2 Know what type of plan you have.**
Call your employer's human resources (HR) office to find out if your plan is fully insured or self-insured. Keep all letters and dates of phone calls explaining why services were denied.
- 3 Talk to your doctor.**
A letter from your doctor explaining why services are needed can help.
- 4 Appeal to your health plan.**
- 5 Have questions? Want to file a complaint?**
Call the Pennsylvania Insurance Department at 1-877-881-6388 or visit insurance.pa.gov.