

Is Your Insurance Company

VIOLATING YOUR RIGHT

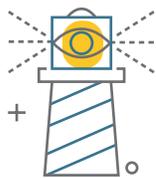
to Equal Mental Health and
Substance Use Disorder Treatment?

3 PARITY WARNING SIGNS

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 mental health and substance use disorder (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 disorder than for conditions like asthma or diabetes.

IF YOU SEE ANY OF THE FOLLOWING WARNING
SIGNS, YOUR INSURANCE COMPANY MAY BE
VIOLATING YOUR RIGHTS.

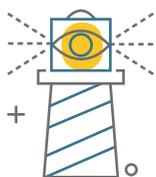
1. DIFFERENCES IN THE AMOUNT OF MH/SUD TREATMENT COVERED BY YOUR INSURANCE COMPANY COMPARED TO THE MEDICAL CARE AMOUNT



The **number of times** you can see a MH/SUD provider or the **number of MH/SUD treatment days** that are covered seems different compared to medical treatment.

- You are limited to 15 counseling sessions each year, but have no annual limit on primary care visits.
- You are entitled to coverage for one weekly appointment with a therapist to manage a mental health condition, but have no limitations on visits to manage another chronic illness, such as Type 2 diabetes.

2. DIFFERENCES IN THE STEPS YOU NEED TO TAKE TO START OR CONTINUE MH/SUD TREATMENT COMPARED TO MEDICAL CARE

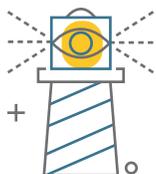


For example, if your insurance company:

- Requires approval (prior authorization) for most or all MH/SUD services and medications but not for most medical services.
- Requires your treatment provider to submit information to show your MH/SUD treatment is “medically necessary” more often than is required for medical care.
- Requires you to try a lower level of MH/SUD care (for example, meeting with a counselor once a week) before approving higher level of care (for example, meeting with a counselor three times a week).
- Will not cover certain prescription drugs to treat MH/SUD conditions.
- Will not cover MH/SUD treatment because the last time you got treatment, you stopped before finishing the program.
- Restricts where you can get MH/SUD services without restricting where you can get medical services (for example, a residential treatment program located outside your state).

Prior authorization is 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.

3. DIFFERENCES IN OUT-OF-POCKET PAYMENTS FOR VISITS TO YOUR MH/SUD PROVIDER VERSUS YOUR MEDICAL PROVIDER



Your out-of-pocket cost for each visit to your MH/SUD treatment provider should not be more than your out-of-pocket cost for each visit with your medical provider. For example, if your insurance company charges a \$40 co-pay for outpatient MH/SUD care but charges a \$20 co-pay for outpatient medical care, the company may be violating parity laws.

Co-payment (co-pay) is the amount that you pay out of your own pocket for a mental health, substance use disorder, or medical service that is covered by your health plan.

TO LEARN MORE ABOUT WHO TO CALL AND HOW TO TAKE ACTION IF YOU SEE ANY OF THESE WARNING SIGNS, VISIT:

parityat10.org