

Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits

There is now a law that protects your mental health and substance use disorder benefits. Read more about these protections [here](#).



Mental Health Parity and Addiction Equity Act of 2008

Health benefits are physical health, mental health, and substance use disorder services paid for by health plans, often called “health insurance.”

Generally, the Mental Health Parity and Addiction Equity Act (MHPAEA or “parity”) requires most health plans to apply similar rules to mental health and substance use disorder (MH/SUD) benefits as they do for medical/surgical benefits – referred to here as “physical health” benefits.



Health Plans and Parity

Most health plans are required by law to offer parity for MH/SUD benefits. Generally, these plans include most employer-sponsored group health plans and individual health insurance coverage, including coverage sold in the Health Insurance Marketplaces.

What Parity Means to You

Parity means that financial requirements, such as copayments, and treatment limits, such as how many visits your insurance will pay for, must be comparable for physical health and MH/SUD services. Parity also applies to rules related to how MH/SUD treatment is accessed and under what conditions treatment is covered (such as whether you need permission from your health plan before starting treatment).

Here are some examples of common limits placed on physical and MH/SUD benefits and services that are subject to parity:

- **Copayments** (or simply copays)
- **Deductibles**
- **Yearly visit limits**
- **Need for prior authorization**
- **Proof of medical necessity**

Although benefits may differ across plans, parity requires that the processes related to plan benefit determinations be comparable.

Parity Protections

Here are examples of how the protections from this law may benefit you:

- Plans must apply comparable copays for MH/SUD care and physical health care.
- There can be no limit on the number of visits for outpatient MH/SUD care, if there is no visit limit for outpatient physical health care.
- Prior authorization requirements for MH/SUD services must be comparable to or less restrictive than those for physical health services.

Ways to Find Out More

Call your health plan administrator or Human Resources (HR) rep for the “summary plan description” and the “summary of benefits and coverage.” You can usually find this number online or on the back of your health insurance card. You may also be able to check your health plan benefits online to see what MH/SUD services are covered. See if they are comparable to the benefits for physical health.

Your Right to Information

With respect to parity, your health plan must provide information about the MH/SUD benefits it offers. You have the right to request this information from your health plan. This includes criteria the plan uses to decide if a service or treatment is medically necessary. If your plan denies payment for MH/SUD services, your plan must give you a written explanation of the reason for the denial and must provide more information upon request.

Your Right to Appeal a Claim

If your health plan denies a claim, you have the right to appeal the denied claim. This means you can ask your health plan to look again at its decision, and perhaps reverse the decision and pay the claim. Call your health plan to ask how to submit a request to appeal a claim.



Parity Resources

For more about the Federal parity law, go to the [Department of Labor \(DOL\) Mental Health Parity page](#) or call toll-free at **1-866-444-3272** to speak to a DOL benefits advisor.

For assistance with parity issues from your state's Department of Insurance, contact information can be found on the [National Association of Insurance Commissioners website](#).

For additional resources go to [Substance Abuse and Mental Health Services Administration \(SAMHSA\) page](#) and the [Centers for Medicare & Medicaid Services \(CMS\) page](#).



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