

# BEHAVIORAL HEALTH CARE: Know your insurance coverage

## Mental health parity: It's the law

- › Ohio law was changed in 2006 to **require coverage** for the diagnosis and treatment of certain mental illness.
- › At the federal level, the **Mental Health Parity and Addiction Equity Act of 2008** requires health plans with mental health and substance use disorder coverage to offer it on a par with medical and surgical benefits.
  - Copays, deductibles and coinsurance **can't be higher** for behavioral health care.
  - Limits on number of visits, location and facility type **can't be more restrictive** for behavioral health care.

Need help understanding the law? The Ohio Department of Insurance created an [ONLINE TOOLKIT](#) to help Ohioans navigate this sometimes complicated issue:



### FOR CONSUMERS:

- › Checking your benefits, including a [coverage chart](#).
- › Questions to ask your insurance provider.
- › Filing a complaint.
- › Appealing a denied claim.

### FOR PROVIDERS:

- › Appealing a decision on a patient's behalf.
- › Filing a consumer complaint on a patient's behalf.
- › Filing an anonymous complaint through the ODI ombudsman.

### FOR ADVOCATES:

- › Helping someone understand their benefits.
- › Appealing a decision on someone's behalf.
- › Filing a complaint on someone's behalf.
- › Filing an anonymous complaint through the ODI ombudsman.

## Ohio's health plans are on board.

We **recognize the impact** that mental illness and substance use disorder have on individuals, families, society and the economy.

## We go above and beyond to meet the parity requirement:

- › **Outreach:** Working with providers to screen members for behavioral health needs.
- › **Quality:** Using evidence-based criteria to develop clinical guidelines for behavioral health care, the same as for physical health.
- › **Coordination and integration:** Helping members with follow-up care, managing medications and finding community support resources.