

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:

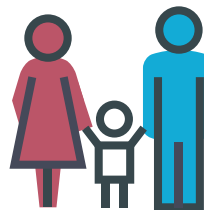
- Appealing a decision on a patient's behalf.
- Filing a consumer complaint on a patient's behalf.
- Filing an anonymous complaint through the ODI ombudsman.

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.