

Consumer Counselor

Insurance Information for Michigan Consumers

Your Rights Under the Mental Health Parity and Addiction Equity Act of 2008

What is MHPAEA?

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law requiring health plans to apply similar financial and treatment limits to mental health and substance use disorder (MH/SU) benefits and medical/surgical benefits.

Does MHPAEA apply to my health plan?

MHPAEA typically applies to most health plans, including self-insured and fully insured:

- Individual health plans, including plans issued through the Health Insurance Marketplace
- Large group health plans, including private and public-sector employers with more than 50 employees (certain self-insured governmental plans may opt-out)

The Patient Protection and Affordable Care Act (ACA) requires small group plans to provide MH/SU benefits. Any plan that offers MH/SU coverage must comply with MHPAEA.

What is Parity?

Parity means that financial cost-sharing requirements for MH/SU benefits, such as deductibles, copayments, coinsurance, and out-of-pocket limitations, must be comparable to those for medical/surgical. Parity also applies to rules regarding care management (authorization for treatment) and treatment limitations. The ACA contributed to parity by eliminating annual and lifetime dollar limits for MH/SU benefits.

Although benefits for MH/SU may be different from one plan to the next, parity requires that the benefits and financial requirements be comparable within the same classification of coverage. If a plan provides MH/SU benefits, it must be provided in every classification in which medical/surgical benefits are provided. For example, if your health plan provides inpatient services for medical/surgical it must also provide inpatient services for MH/SU benefits. The classifications are:

- 1) Inpatient in-network
- 2) Inpatient out-of-network
- 3) Outpatient in-network
- 4) Outpatient out-of-network
- 5) Emergency care
- 6) Prescription drugs

What are my MH/SU benefits?

To find the MH/SU benefits under your health plan, refer to your Certificate of Coverage or Summary of Benefits and Coverage. These are easy-to-understand summaries about a health plan's benefit levels and coverages. If you need a copy of this document, contact your health insurance carrier.

The Certificate of Coverage and Summary of Benefits and Coverage will explain the financial requirements (whether a copayment is applied and if prior authorization is required) for an in-network mental health office visit and identify if there are benefits for an out-of-network provider.

What if I don't think my plan has parity?

DIFS reviews individual and group health plans to ensure compliance with all laws, rules, and regulations. If you are concerned your plan is not in compliance with MHPAEA, please contact DIFS or visit our website for information on how to file a complaint.

About DIFS

The mission of the Michigan Department of Insurance and Financial Services is to ensure that the insurance and financial services industries are safe, sound, and entitled to public confidence, while providing a business climate that promotes economic growth. In addition, the Department provides consumer protection, outreach, and financial literacy and education services to Michigan citizens. For more information please contact DIFS at 877-999-6442 or visit www.michigan.gov/DIFS.

