



What You Are Entitled To Under the Law

If you should be subject to either the state or federal law the following apply:

- The actual maximum amount of yearly or lifetime coverage of MH/SUD services offered under the plan can be no less than what is provided for other health conditions under the plan. For example, if the plan offers maximum coverage of \$1 million per year, then MH/SUD coverage must be available up to that limit.
- Any co-payments, coinsurance, and other limits be “no more restrictive for the treatment of mental health and substance use disorder conditions than the most common or frequent type of treatment limitations applied to substantially all other coverage under the plan.”
This really means that coverage should be “equal” to that provided for physical conditions provided under any plan.
 - **Example:** If the plan requires a \$20 copay for all outpatient services, than it must also require a \$20 copay for outpatient MH/SUD services.
 - **Example:** If the plan requires a \$20 copay for outpatient general office visits and a \$40 copay for outpatient “specialty” services, the copay for outpatient MH/SUD must be equal to whichever one of these is predominant. The rules implementing the *Wellstone-Domenici Act*, which also apply to the *Wisconsin Parity Act*, provide guidance about how this should be determined. If you think the copay for MH/SUD is too high, please see the information about filing a grievance or appeal with your insurance plan.
 - **Note:** The “equality” of copays or coinsurance is within broad categories. For instance, there must be parity between copays for outpatient MH/SUD services and other outpatient MH services, and there must be parity between inpatient MH/SUD services and other inpatient services.
- Plans must include expenses incurred for treatment for MH/SUD disorder conditions in any overall deductible amount offered for that plan. There cannot be a separate, but equal, deductible for MH/SUD services than for other services under the plan.
 - **Example:** If the plan has a \$500 deductible per member per year, MH/SUD services must apply to this overall deductible.

- Plans cannot have treatment limits for MH/SUD that are more restrictive than for other medical conditions. If plans have no limits on the number of physician visits, they cannot, in general, have limits on the number of MH/SUD visits.
- The *Wellstone-Domenici Act* does not identify which MH/SUD disorder services must be covered. But if the plan offers outpatient services, then outpatient MH/SUD services must be covered; if the plan offers inpatient services, then inpatient MH/SUD services must be covered; and if the plan offers pharmaceutical services, then medications for MH/SUD must be included.
- The *Wisconsin Parity Act* does require that the following MH/SUD services with be covered at parity:
 - Inpatient services
 - Outpatient services
 - Transitional treatment services (list):

For a comprehensive list of what does and does not constitute parity, and how the law requires mental health, substance use disorder and medical benefits to be no more restrictive than medical or surgical benefits, see page 7 of the *Parity Toolkit for Addiction and Mental Health Consumers, Providers and Advocates (PDF)* at www.psych.org/Departments/HSF/Parity/Parity-Toolkit-12Oct2010.aspx.