

Five Basic Things to Know About Mental Health Parity

1. The Final Rules (the Rules) begin to apply on the first day of the plan year that starts on or after July 1, 2014. For example, if the plan runs on a calendar year basis, the effective date will be Jan. 1, 2015.
2. Parity requirements for a single mental health and substance use disorder benefit package (e.g., a carve-out) and multiple medical/surgical coverage plans must be applied classification by classification to medical/surgical and mental health and substance use disorder benefits.
3. The previous small-employer exemption under the Interim Final Rules is now available only to grandfathered plans with 50 or fewer employees. For non-grandfathered small-group plans, the prior small-group exemption no longer applies because of the Essential Health Benefit (EHB) requirements applicable to small-group plans under the Affordable Care Act.
4. While coverage for mental health and substance abuse disorders is not mandated by the federal mental health parity law, coverage for these conditions may still be required by a state insurance mandate (for fully insured plans), or under the health care reform rules governing the requirement to provide essential health benefits (for non-grandfathered fully insured or ASO plans in the small group market).
5. The financial requirements and treatment limitations applied to mental health and substance use disorder benefits may be no more restrictive than those applied to medical/surgical benefits. The Rules amplify and explain the basis for determining this parity.



For more information

Consult your UnitedHealthcare representative if you have questions, or visit the United for Reform Resource Center at uhc.com/reform for more information.

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