

BENEFIT NEWS BRIEFS

FAQs for Employees about the Mental Health Parity and Addiction Equity Act

The *Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA)* was signed into law on October 3, 2008 and became effective for plan years beginning on or after October 3, 2009. The *MHPAEA* greatly expands on an earlier law, the *Mental Health Parity Act of 1996 (MHPA '96)*. See [Special Bulletin 2008-50](#).

On February 2, 2010, the Departments of Health and Human Services, Labor and the Treasury jointly issued interim final regulations implementing the *MHPAEA*, which became applicable for plan years beginning on or after July 1, 2010. See [Special Bulletin 2010-09](#). For subsequent *MHPAEA* FAQs, see [Special Bulletin 2010-52](#), [Benefit News Briefs 2011-79](#) and [Benefit News Briefs 2012-25](#).

The *MHPAEA* generally applies to group health plans and health insurance issuers that provide coverage for either mental health or substance use disorder benefits, and medical/surgical benefits. More information is available at the DOL *MHPAEA* webpage at: <http://www.dol.gov/ebsa/mentalhealthparity/index.html>.

These FAQs provide basic information about the important protections the *MHPAEA* provides with respect to parity in coverage of mental health and substance use disorder benefits and medical/surgical benefits provided by employment-based group health plans. These 14 FAQs are aimed at employees and individuals covered under employer-provided group health plans, including multiemployer plans. The FAQs provide a handy reference guide and may also be an aid to fund office staff in explaining the application of the *MHPAEA*. A specially prepared copy with a table of contents is available by "[clicking here](#)." The FAQs are also available online at: <http://www.dol.gov/ebsa/pdf/faq-mhpaea2.pdf>.

The 14 FAQs are listed below.

- Q1:** *What new protections does MHPAEA provide for participants and beneficiaries?*
- Q2:** *Can group health plans still apply financial requirements and treatment limitations, such as copays or visit limits on mental health and substance use disorder benefits?*

- Q3:** *What is a financial requirement or quantitative treatment limitation?*
- Q4:** *The test for determining parity refers to levels of types of financial requirements or treatment limitations. What is a level of a type of financial requirement or treatment limitation?*
- Q5:** *How can I determine if a financial requirement or quantitative treatment limitation applicable to mental health and substance use disorder benefits is permissible?*
- Q6:** *If as determined under MHPAEA, it is permissible for my plan to impose a copay on my inpatient, in-network mental health or substance use disorder benefits, is there any restriction on the amount of copay that can apply?*
- Q7:** *Can my plan impose a higher "specialist" financial requirement with respect to mental health and substance use disorder benefits?*
- Q8:** *If a plan previously had separate deductibles for medical/surgical benefits and mental health or substance use disorder benefits, how should those deductibles be combined now?*
- Q9:** *What are nonquantitative treatment limitations?*
- Q10:** *How does MHPAEA provide for parity with respect to nonquantitative treatment limitations?*
- Q11:** *My mental health benefits were denied. What information am I entitled to receive from my plan under MHPAEA?*
- Q12:** *Are there plans that are exempt from MHPAEA?*
- Q13:** *Who enforces MHPAEA?*
- Q14:** *Where can I find more information about the protections available under MHPAEA?*

More information can be found in a recently released report entitled "[2012 Report to Congress: Compliance of Group Health Plans \(and Health Insurance Coverage Offered in Connection with Such Plans\) With the Requirements of the Mental Health Parity and Addiction Equity Act of 2008 \(MHPAEA\)](#)," also available by "[clicking here](#)."

The report provides an overview of the MHPAEA, summarizes the agency's initial MHPAEA implementation efforts, discusses the MHPAEA interim final regulations, outlines the outreach and interpretive guidance efforts and describes the steps in developing an infrastructure for MHPAEA implementation.

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