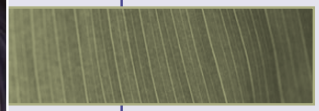
What are my Rights as a Consumer?

Each health plan has an appeals process. You, your provider, or therapist can appeal decisions about medical necessity, parity diagnoses or benefits payable if you disagree with your health plan. Details about your health plan's appeals process can be obtained by calling your member customer service department. If you do not receive a satisfactory result, you may file a complaint with the Colorado Division of Insurance.

For more information, call:

- Your Health Plan Provider
- Your Employer
- Colorado Division of Insurance 303-894-7490 or 800-930-3745
- Mental Health America of Colorado 720-208-2220 or 800-456-3249



This publication has been produced by a consortium of the following mental health advocacy, consumer and professional organizations:

Colorado Behavioral Healthcare Council

Colorado Psychiatric Society

Colorado Psychological Association

Federation of Families for Children's Mental Health ~ Colorado Chapter

Mental Health America of Colorado

NAMI Colorado

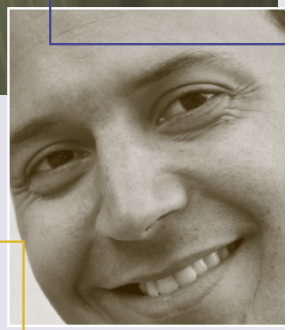
WE CAN! of Colorado

National Assoc. of Social Workers - Colorado Chapter

January 2009

Mental Health

PARITY



A Consumer's Guide to Colorado Law

2009

What are "Parity" Laws?

Mental health parity means to provide insurance coverage for mental health treatment that is equal to that which is offered for physical conditions.

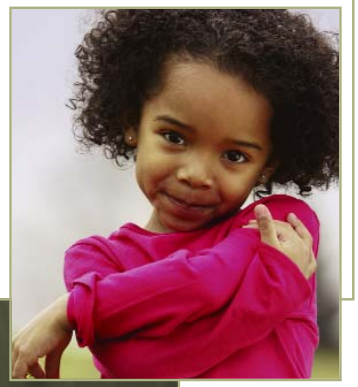
Equality in coverage includes:

Co-payments
Deductibles
Limits on number of outpatient visits
Limits on hospital days

Perhaps most importantly of all, laws are finally beginning to follow science in recognizing that mental health is an healthcare issue no different than asthma or heart disease or a broken leg. It is treatable, it is affordable, and it is absolutely necessary for overall health and wellness.

Medical Necessity

Even under parity, "medical necessity" is broadly defined by each individual insurance company and is used as a way to determine if an insurer will pay for goods or services. Insurance companies consider medical necessity to include that which is reasonable and necessary for the diagnosis or treatment of illness in accordance with generally accepted standards of medical practice. The specific benefits you receive will be limited by what is "medically necessary" to treat your condition.



Colorado Parity Law

- Applies to plans with 50 or more employees; exempts individual health plans and self-insured employers.
- Only mental health or substance-use conditions stipulated in the legislation must be covered at parity with medical coverage. The stipulated conditions are:

  Post-Traumatic Stress Disorder (PTSD)

  Drug and Alcohol Disorders

  Dysthymia

  Cyclothymia

  Social Phobia

  Agoraphobia with Panic Disorder

  General Anxiety Disorder

  Anorexia Nervosa and Bulimia Nervosa (exclusive of Residential Treatment)
- Continues parity for the following conditions included under past legislation: Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major Depressive disorder, Specific Obsessive-Compulsive disorder and Panic disorder.
- Effective as of January 1, 2008

The new Federal Parity laws will impact Colorado in the following ways, starting in 2010:

- Self-insured plans will be required to provide parity coverage for any offered mental health services.
- Plans offering coverage for diagnoses other than those mandated by Colorado law must offer that coverage at parity with other health benefits in that plan.
- Aspects of the Colorado Parity law that are stronger than the Federal law will remain in effect.

Federal Parity Law

- Applies to group health plans of 51 or more employees; self-insured plans are included in the law.
- When a mental health or substance-use condition is covered, it must be at parity with medical coverage (except to the extent that a state parity law requires broader coverage). Specifically, it prohibits group health plans that offer coverage for any mental health or substance-use conditions from imposing treatment limitations and financial requirements on those benefits that are stricter than for medical and surgical benefits.
- If a plan offers out-of-network benefits for medical or surgical care, it must also offer out-of-network coverage for mental health and addiction treatment and provide services at parity.
- Strong state parity and consumer protection laws are preserved while extending parity protection to 82 million more people who are not protected by state laws and 31 million in plans that are subject to state regulation.
- Effective for most plans January 1, 2010