



## **Mental Health Parity Notice Under 211 CMR 154.04(2)**

Your coverage with Fallon Health is subject to laws at both the state and federal levels requiring insurers to offer coverage for behavioral health services (mental health and substance abuse services) at parity with coverage for other medical conditions. The following is a summary of some of the terms that apply under these laws:

- Benefits for behavioral health services must be at parity with benefits for other medical conditions. For example, insurers cannot apply higher levels of cost-sharing (such as copayments, deductibles and coinsurance) to benefits for behavioral health services than they apply to benefits for other medical conditions. Insurers cannot impose deductibles or benefit limits that are specific to benefits for behavioral health and do not apply to benefits for other medical conditions.
- Insurers must administer all processes related to behavioral health in a manner equivalent to those for other medical conditions, without imposing any arbitrary barriers to obtaining behavioral health services. This includes areas such as medical management (for example, preauthorization rules), formulary design, and provider network design.
- If an insurer makes a decision to deny or reduce authorization of a service for a member, the insurer must send the member a letter explaining the reason for the denial or reduction. The insurer will send the member or the member's provider a copy of the criteria used to make the decision, upon request.

This is only a summary of the provisions of these laws. For complete information on your coverage, please see your *Member Handbook/Evidence of Coverage*. The contents of this notice apply to plans written under a Massachusetts insurance license.

If you believe that a Massachusetts licensed insurer may be out of compliance with these laws, you may contact the Massachusetts Division of Insurance (DOI) Consumer Services Section by calling (877) 563-4467 or (617) 521-7794. If you submit a complaint by telephone, you must follow up in writing, providing the DOI your name and address, the nature of your complaint, and your signature authorizing the release of any information. Written complaints may be filed using the DOI's Insurance Complaint Form. You may request the form by telephone or by mail, or find it on the DOI's web site at <http://www.mass.gov/ocabr/consumer/insurance/filing-a-complaint.html>.

You may also appeal any denial of coverage through the appeals process described in your *Member Handbook/Evidence of Coverage*. Note that filing a written complaint with the DOI is not the same as filing an appeal with your insurer. You must also file an appeal with your insurer in order to have a denial or reduction in coverage of a service reviewed. This may be necessary to protect your right to continued coverage of treatment while you wait for an appeal decision. Refer to the appeal procedures outlined in your *Member Handbook/Evidence of Coverage* for more information about filing an appeal.