# USING YOUR MENTAL HEALTH BENEFITS



### USING EMPLOYER-SPONSORED HEALTH INSURANCE

Ask your Human Resources Department for an overview of your medical benefits. Affordable Care Act (ACA) plans are required to cover various mental health services, including counseling, inpatient care, and substance abuse treatment. Preexisting mental and behavioral health conditions are covered, and spending limits aren't allowed.

#### To find the coverage for these services, look for the following line items on your insurance plan:

- Outpatient Behavioral Health Individual therapy, couples counseling, intensive outpatient programs (IOP), and partial hospitalization programs (PHP)
- Inpatient Behavioral Health Residential treatment programs, rehabilitation programs

#### Availability of in-person or virtual therapy services

- Request a provider list through your insurance.
- Check a few local therapist's offices to make sure they take your insurance. If you're struggling to find mental health specialists that take your insurance in your area, consider virtual services.



• Most plans will offer telehealth services for mental health. Some plans include preferred access to virtual telehealth services for low or no-copay.

#### Paying for out-of-network services

- If the specialist or therapist you want to see does not accept your insurance, you may still have access to limited insurance coverage.
- Your provider will need to supply a "Superbill" for their services, complete with diagnosis, provider information, procedure code, and amount paid. You can then submit the Superbill to your insurance.
- An out-of-network deductible likely must be met before coverage would start.

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## USING AN EMPLOYEE ASSISTANCE PROGRAM (EAP)

An Employee Assistance Program (EAP) provides voluntary, confidential, short-term services to employees who need help managing personal or life challenges including mental health conditions, caregiving concerns, financial assistance, and more.

### WHAT IF MY HEALTHCARE DOESN'T COVER MY MENTAL HEALTH NEEDS?

If your health insurance does not cover mental health services or those services are denied, you can <u>file an</u> <u>appeal</u>. You can also call the Department of Labor's Employee Benefits Security Administration (EBSA)'s <u>hotline</u> to help understand your benefits and why a service may have been denied.

Scan the QR code for more resources: NAMI. <u>Mental Health Parity | NAMI: National Alliance on Mental Illness</u> NAMI. <u>Understanding Health Insurance</u> Kennedy Forum and NAMI. <u>The Health Insurance Appeals Guide</u>



nami.org/stigmafree