



## Mental Health Parity and Addiction Equity Act Issuer Checklist and Certification – (Plan Year 2018)

Company Name:	
Product Name:	
Plan:	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Small Group	
<input type="checkbox"/> Large Group	

YES: The plan should check this box if it meets the requirements.

NO: The plan should check this box if it does not meet requirements. The plan should provide detailed explanations for any “No” boxes that are checked.

Requirement	Yes	No
<b><i>Federal Law</i></b>		
<b>Aggregate lifetime and annual dollar limit requirements for mental health and substance use disorder benefits</b> <input type="checkbox"/> The plan complies with the aggregate lifetime and annual dollar limit requirements set forth in 45 CFR §146.136(b).	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Explanation (if necessary):</i></b>		
<b>Financial requirements and quantitative and nonquantitative treatment limitation requirements for mental health and substance use disorder benefits</b> <input type="checkbox"/> The plan complies with the financial requirements and quantitative and nonquantitative treatment limitation requirements set forth in 45 CFR §146.136(c).	<input type="checkbox"/>	<input type="checkbox"/>
<b><i>Explanation (if necessary):</i></b>		



Requirement	Yes	No
<b>Availability of medical necessity criteria for mental health and substance use disorder benefits</b>		
<input type="checkbox"/> The plan makes the criteria for medical necessity determinations with respect to mental health or substance use disorder benefits available to any current or potential participant, beneficiary, or contracting provider upon request in accordance with 45 CFR §146.136(d).	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explanation (if necessary):</i>		
<b>State Law</b>		
<input type="checkbox"/> The plan (if offered in the individual market) complies with 18 Del.C §3343.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explanation (if necessary):</i>		
<input type="checkbox"/> The plan (if offered in the small group market) complies with 18 Del.C §3578.	<input type="checkbox"/>	<input type="checkbox"/>
<i>Explanation (if necessary):</i>		

I, on behalf of [INSERT ISSUER] (“Company”), hereby certify, based on information and belief formed after reasonable inquiry, that (i) the statements and information contained herein are true, accurate and complete and (ii) Company complies with, and will continue to comply with, the Mental Health Parity and Addiction Equity Act and 45 C.F.R. § 146.136 et. seq.

Trinidad Navarro  
Insurance Commissioner



Delaware Department of Insurance

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*Signature*

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*Title*

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*Date*