Trinidad Navarro
Insurance Commissioner

Delaware Department of Insurance

Mental Health Parity and Addiction Equity Act Issuer Checklist and Certification – (Plan Year 2020)

Company Name:	
Product Name:	
Plan:	
☐	Individual
☐	Small Group
☐	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
Federal Law		
Aggregate lifetime and annual dollar limit requirements for mental health and substance use disorder benefits ☐The plan complies with the aggregate lifetime and annual dollar limit requirements set forth in 45 CFR §146.136(b).	☐	☐
Explanation (if necessary):		
Financial requirements and quantitative and nonquantitative treatment limitation requirements for mental health and substance use disorder benefits ☐The plan complies with the financial requirements and quantitative and nonquantitative treatment limitation requirements set forth in 45 CFR §146.136(c).	☐	☐
Explanation (if necessary):		

Requirement	Yes	No
Availability of medical necessity criteria for mental health and substance use disorder benefits ☐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).	☐	☐
Explanation (if necessary):		
State Law		
☐The plan (if offered in the individual market) complies with 18 Del.C §3343 **as amended by Del. S.B. 230/Del. S.A. 1, 149th Gen. Assem. § 1 (2018)**	☐	☐
Explanation (if necessary):		
☐The plan (if offered as a group or blanket plan) complies with 18 Del.C §§3571U and 3578 **as amended by Del. S.B. 230/Del. S.A. 1, 149th Gen. Assem. § 1 (2018).**	☐	☐
Explanation (if necessary):		

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.

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_____	_____	_____
Signature	***Title***	***Date***