The Affordable Care Act (ACA) created new coverage options for people who did not have health insurance. The ACA also created new rules for what health plans must cover. The ACA created 10 categories of health benefits that health plans must cover. These are called Essential Health Benefits (EHBs).

The following types of plans must cover EHBs: plans that you buy through Covered California and the same plans offered outside of Covered California, individual and non-grandfathered small group plans from after March 23, 2010, Medi-Cal managed care plans, and Medi-Cal alternative benefit plans.

**What are Essential Health Benefits (EHBs)?**

1. Ambulatory patient services
2. Emergency services
3. Hospitalization
4. Maternity and newborn care
5. Mental health and substance use services, including behavioral health treatment
6. Prescription drugs
7. Rehabilitative and habilitative services and devices
8. Laboratory services
9. Preventative/wellness services, and chronic disease management
10. Pediatric services, including oral and vision care

How can EHBs help me access mental health/substance use treatment?

For the first time, health plans must cover mental health and substance use services as an essential health benefit. This includes behavioral health treatment (such as programs for people with developmental disabilities).

The other 9 categories of EHBs also include many types of services for mental health and substance use disorders, including screenings (preventative services), medications (prescription drugs), partial hospital programs (rehabilitative programs), speech therapy (habilitative programs), psychiatric hospitalization (hospitalization), and perinatal mental health care (maternity and newborn care).

State and federal parity laws require that plans provide mental health benefits equally to other benefits. This means, health plans cannot charge higher rates or place more restrictions on mental health/substance use disorder/behavioral health services than other types of services.

EHBs + Parity=Equal Coverage for Mental Health

Together, the rules about Essential Health Benefits and the rules about parity mean that health plans: 1) must cover mental health/substance use use services, and 2) must cover these services equally to other services. This information is provided to you through the combined effort of the following organizations:

Disability Rights California (916) 504-5800/(800) 776-5746
(877) 534-2524

Legal Aid Society of San Diego, Inc. (408) 293-4790

Mental Health Advocacy Project
We want to hear from you! After reading this fact sheet please take this short survey and give us your feedback.


Disability Rights California is funded by a variety of sources, for a complete list of funders, go to [http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html](http://www.disabilityrightsca.org/Documents/ListofGrantsAndContracts.html).

**The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop 63).** Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California’s diverse communities.