

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

DIVISION OF INSURANCE

124 S. EUCLID AVE., 2ND FLOOR PIERRE, SOUTH DAKOTA 57501

Tel. 605.773.3563 Fax: 605.773.5369 dhr.sd.gov/insurance

**MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT (MHPAEA)
SELF-COMPLIANCE QUESTIONNAIRE**

Directions: This form must be submitted with the issuer's ACA plan filing under the Supporting Documentation tab to verify MHPAEA self-compliance. **All questions must include a detailed explanation to support the "yes" or "no" response selection. The Certification must be signed and dated.**

The Department of Labor (DOL) offers a Self-Compliance Tool to assist in evaluating compliance with MHPAEA. The tool does not provide legal advice. However, it gives a basic understanding of MHPAEA and its requirements to assist in evaluating compliance. The DOL Self-Compliance Tool is available at: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/mental-health-parity-compliance-tool.pdf>.

NAME OF COMPANY: _____

RELATED BINDER SERFF TRACKING NO. _____

Question 1. Is the group health plan or group or individual health insurance coverage exempt from MHPAEA? If so, please indicate the reason (e.g. retiree-only plan, excepted benefits, small employer exception, increased cost exception). Yes No

Explanation:

Question 2. If not exempt, does the group health plan or group or individual health insurance coverage provide mental health/substance use disorder benefits in addition to providing medical/surgical benefits? Yes No

Explanation:

Question 3. Does the group health plan or group or individual health insurance coverage provide mental health/substance use disorder benefits in every classification in which medical/surgical benefits are provided? Yes No

Explanation:

Question 4. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding lifetime and annual dollar limits on mental health/substance use disorder benefits? Yes No

Explanation:

Question 5. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding financial requirements or quantitative treatment limitations on mental health/substance use disorder benefits? Yes No

Explanation:

Question 6. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding cumulative financial requirements or cumulative quantitative treatment limitations for mental health/substance use disorder benefits?

Yes No

Explanation:

Question 7. Does the group health plan or group or individual market health insurance issuer comply with the mental health parity requirements regarding non-quantitative treatment limitations on mental health/substance use disorder benefits? Yes No

Explanation:

Question 8. Does the group health plan or group or individual health insurance issuer comply with the MHPAEA disclosure requirements? Yes No

Explanation:

CERTIFICATION FOR MHPAEA SELF-COMPLIANCE QUESTIONNAIRE

I, _____ (name), an officer of, _____ (company name) hereby certify that I have authority to bind and obligate the company by filing this MHPAEA Self-Compliance Questionnaire. I further certify, under penalty of laws in the State of South Dakota, that to the best of my information, knowledge, and belief the company has completed the analysis necessary to ensure that the submitted MHPAEA Self-Compliance Questionnaire for Plan Year 2027 is true and accurate and complies with all applicable federal and state MHPAEA laws, regulations, and administrative rules.

I understand that the Director of the South Dakota Division of Insurance will rely on this certification regarding compliance with all applicable MHPAEA laws, regulations, and administrative rules, and should it be determined that the submitted MHPAEA Self-Compliance Questionnaire does not comply with the applicable laws, regulations, and administrative rules or that this certification is materially false or incorrect, appropriate corrective and disciplinary action may be taken by the Director against the company and the officer completing this certification.

Dated this _____ day of _____, 2026.

Signature of Company Officer

Printed Name

Title of Officer