## MENTAL HEALTH BENEFITS EXPLAINED



## What We Do For Our Patients

As a courtesy, our team will verify your mental healthcare benefits. Before your first visit, we will inform you:

- What mental health services your policy covers.
- What your responsibility as a patient includes. You
  may need a referral from your primary doctor or an
  authorization before your first visit at BZA.
- A quote for the cost of services at BZA. (Note: This is an *estimate* based on the best information we have at the time of the call. Ultimately, until your claim is sent and processed, exact patient responsibility cannot be determined.)

## TIPS FOR SUCCESS

- Let BZA know if you have any changes to your policy.
- Don't ignore any letters from your insurer asking for additional information.
- Don't ignore our calls. If you are experiencing a financial hardship, our team will work with you to find a fair solution.



## **INSURANCE TERMS**

**Deductible**: The amount you'll pay for covered services before your health insurance plan contributes that reset at the end of the insurance policy year or calendar year.

Deductibles vary by insurance carrier. If there is both an individual and family deductible, mental health benefits may apply to both accumulations.

**Co-Pay**: A pre-determined dollar amount you will pay a healthcare provider for a covered service at the time of the visit. Copayments vary from plan to plan.

**In-Network vs Out-of-Network**: In-network providers that are a part of a health insurance plan's network will typically cost less than services outside-of-network. This cheaper, negotiated rate is due to a discount in exchange for insurance company referrals.

**Coinsurance**: The percentage of covered services you're responsible to pay, while your insurance covers the other percentage. For example, if your insurance covers 80%, you'll be responsible for the remaining 20%.

Maximum Out-of-Pocket: Your out-of-pocket maximum is the maximum amount of money you will pay for covered services during the course of a benefit period. The out-of-pocket maximum varies from plan to plan, but can include co-pays, deductibles and co-insurance. Once you've paid your full out-of-pocket maximum, your insurance will play 100% of the allowed amount for your covered healthcare expenses.

**EAP Benefits**: Employee Assistance Programs are typically offered by employers and cover 100% of the cost for an employee's first handful of visits. Ask your company's HR department for details.