

Deductible resets will occur on 01/01/2023. At this time you may be paying a coinsurance amount if you have met your deductible or your insurance may be paying 100% for sessions if you have met your out-of-pocket. Please note that most deductibles reset on January 1st, meaning that the total deductible rate will apply for all sessions until your deductible is met.

We will be verifying insurance as a courtesy, if your insurance remains the same please expect to be charged your deductible amount after each session. We have added a benefit explainer below for your review as well as deductible rate estimates based on your insurance company.

BZA Behavioral Health requires all clients to have an active form of payment on file and will charge the card on file for the amount owed. If you would like to establish a different way to pay for your sessions in the upcoming new year please email info@bzabehavioral.com to coordinate a plan.

***If you expect your insurance to change in 2023 please let the front office know as soon as you can to avoid any issues with your claims**.*

Blue Cross Blue Shield Estimated Deductible Rates Per Session

Individual sessions are \$86.40 - \$154.45 (depending on the length of the session)

Family sessions \$107.88 - \$131.00

Group sessions \$22.90 - \$27.80

***Please note these are estimated rates based on the 2022 roster the rates are subject to change depending on your insurance company*

UnitedHealth Estimated Deductible Rates Per Session

Individual sessions are \$112.50 - \$125.00 (depending on the length of the session)

Family sessions \$109.38 - \$122.81

Group sessions \$53.75 - \$60.63

***Please note these are estimated rates based on the 2022 roster the rates are subject to change depending on your insurance company*

Aetna Deductible Rates Per Session

Individual sessions are \$78.75 - \$147.15 (depending on the length of the session)

Family sessions \$86.68 - \$115.57

Group sessions \$41.00 - \$45.00

***Please note these are estimated rates based on the 2022 roster the rates are subject to change depending on your insurance company*

Cigna Deductible Rates Per Session

Individual sessions are \$66.00 - \$114.00 (depending on the length of the session)

Family sessions \$83.00 - \$95.00

Group sessions \$20.00 - \$23.00

***Please note these are estimated rates based on the 2022 roster the rates are subject to change depending on your insurance company*

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.