

What is my responsibility?

1. Contact your physician before you enter treatment, unless it is an emergency. Your physician may want to meet with you to evaluate and discuss appropriate care for you.
2. Select a participating mental health or chemical dependency clinic with the help of your physician.
3. Check your health insurance coverage information or call Customer Service to see what benefits are available to you and what your out-of-pocket cost will be.
4. Pay all coinsurance, deductible or copayments required under your health insurance plan.
5. Keep scheduled appointments. Providers have the right to charge you for a missed appointment if that is their standard office policy.

What is not covered?

Your health insurance plan will not provide benefits for any service or treatment that does not meet the guidelines for the diagnosis or treatment of your condition. Most health insurance contracts do not provide benefits for marriage or couples counseling. Mental health group therapy is another form of treatment that is not always covered by insurance. If you need additional information, please contact Customer Service at the telephone number listed on your member identification card.

What if I cannot afford treatment?

1. Explore treatment at a community mental health center, which may offer a sliding pay scale or a payment plan for treatment.
2. Check if your employer has an Employee Assistance Program. EAP benefits sometimes provide a limited number of free counseling visits. They may also provide some coverage for marriage or couples counseling.
3. Consider attending an initial consultation or a couple of visits even if you cannot afford treatment on an ongoing basis. Sometimes issues or medications can be worked out in a matter of a few visits.

Note:

The information contained in this brochure is not intended to provide medical advice or to take the place of medical care, nor can we guarantee that all requests for authorization will be granted. To learn more, call toll-free to speak with a Behavioral Health Care Manager at 1-800- 277-2198, Monday through Friday, from 8:00 a.m. to 4:30 p.m. EST.

Information on your mental health and chemical dependency benefits



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Introduction

Before you begin treatment, it is important for you to understand your mental health and chemical dependency benefits. We hope that by understanding these benefits, you or a family member will be able to take the first step toward seeking treatment. The intent of this brochure is to provide you with a general understanding of benefits and definitions. Coverage of mental health and chemical dependency treatment is for medically necessary care. Our goal is to help you get the treatment you need at a cost you can afford. For specific details about your benefits, check your health insurance plan program information and/or contact Customer Service. The telephone number for your Customer Service department is listed on your member identification card.

What are mental health benefits?

Mental health benefits for inpatient and outpatient mental health treatment are available under most health insurance plans. Inpatient mental health is hospital-based treatment. Many health insurance plans require that a member, physician or hospital contact the health plan or plan administrator to inform them of an admission. A small number of benefit plans limit the number of days available for inpatient treatment in a calendar year.

Outpatient mental health benefits can be used to see psychiatrists, licensed clinical psychologists, or licensed clinical social workers. Psychiatrists are medical specialists in the diagnosis and treatment of mental disorders. They can prescribe medications and provide “talk therapy”. Licensed clinical psychologists and licensed clinical social workers provide “talk therapy” only. It is a good idea to consult with your primary care physician and family doctor who may be able to assist in selecting a mental health specialist. A small number of benefit plans limit the number of visits available for outpatient treatment in a calendar year.

What are chemical dependency benefits?

Chemical dependency benefits are available for the treatment of drug and/or alcohol problems. In New York state, these services are provided in facilities that are licensed by the Office of Alcohol and Substance Abuse and provide individual, group and family counseling. Some health insurance plans provide a limited number of inpatient chemical dependency rehabilitation days when you or a family member requires medically necessary treatment in a facility that provides 24-hour care.

Out-of-area coverage

Some plans require you to obtain treatment from participating providers in your area. Other plans may not have this requirement, but you may need to obtain a referral or pay a higher copay or coinsurance for out-of-area treatment. Your health insurance plan will have information on this and the type of coverage you have. If you still have questions, contact the Customer Service department at the telephone number on your member identification card.

How will my care be approved?

Prior to your care, you or your provider should contact Customer Service to see what the benefits and prior authorization requirements are for your coverage. If it is an emergency situation, no referral is required before seeking care.

What if I disagree with a decision?

If you disagree with a decision made your health insurance plan us to deny a requested service, you may contact Customer Service, and a representative will assist you.

How will my privacy be protected?

All information regarding your care and treatment is confidential and protected by law. You will be asked by your provider to sign a release of information form. This will allow your mental health or chemical dependency specialist to share information with your primary care physician concerning your treatment plan and medical condition.