

Navigating Your Health Insurance

We get a lot of questions about using insurance to pay for treatment. Let's face it: treatment can be expensive, and navigating insurance can be confusing.

Here are some questions to ask your insurance provider:

Does insurance cover drug and alcohol rehab?

In short, yes. It used to be difficult to attain coverage for mental health, behavioral health, and substance abuse treatment. But today, most insurance plans cover these services the same as any other medical need.

What to ask your insurance provider

Because every plan is different, the best way to learn about your coverage is to speak directly with your insurance company. If insurance is provided by your workplace, you also have the option of speaking to your human resources representative, or simply call the number on the back of your insurance card.

Here's what to ask them as you prepare for mental health/substance abuse treatment:

1. "Will my insurance pay for detox, rehab, and aftercare?"

Usually, **assessment** and preventative care are fully covered by your insurance provider. Detox and outpatient programs also tend to be mostly covered. However, inpatient (residential) programs may only have partial coverage. You'll want to explore your treatment options and talk to your doctor about what he or she recommends. Then talk with an insurance representative to find out exactly how much you'll need to cover out of pocket and where you can go to begin treatment.

Recommended questions:

- "Where can I go that my insurance covers to get treatment? Or who are the in-network providers?"
- "Does my insurance require pre-screening or an assessment before I can receive treatment?"
- "Where can I go to get an assessment that my insurance will cover?"
- "Can my doctor prescribe the level of care needed for my treatment? Or do I need to see a specialist to get an assessment?"
- "How much out of pocket money is needed before my insurance coverage begins to pay?"
- "What percentage does my insurance pay after I reach that threshold?"

2. "Will my insurance pay for any prescription medications?"

Detox and treatment sometimes require the use of prescription drugs to ease withdrawal symptoms and discourage relapse. While this is explicitly stated for some insurance plans, such as Medicare (it's covered under Part D), for others it can be less clear.

Recommended questions:

- Asking this outright will clear up any confusion, "Does my insurance pay for the prescriptions associated with treatment for substance abuse?"

3. “What will my copay be?”

The copayment is the out of pocket charge your insurance company will require you to pay for a service. For example, an office visit might have a \$20 copay.

Recommended questions:

- “What is my copay?”
- “How many times can I go in a year?”

4. “What will the deductible be?”

Your deductible is the amount that you pay on your own before insurance coverage kicks in. It varies depending on your plan. For example, you may have an inexpensive insurance plan, but need to pay \$4,000 on your own before the plan begins offering coverage. Conversely, you could have an expensive plan, and only pay a few hundred out of pocket.

5. “How long of a treatment program will my insurance plan cover?”

Treatment programs can vary in length, from roughly 28 days to 120 or more. Your insurance may only cover a portion of this time. For example, Medicare will cover essentially unlimited general hospital care (with appropriate deductibles), but only 190 days as an inpatient at a psychiatric hospital.

6. “Do you use provider networks?”

Normally, your doctor must give a referral to a mental health specialist in order for your plan to cover the mental health/substance abuse visit. But with a provider network, you can see any specialist from a given list without a referral.

Of course, you can still visit a specialist outside of the list (called “out-of-network providers”), but you’ll typically need to pay more. Some insurance companies cover out-of-network providers through reimbursement. If you want to work with a mental health provider who does not accept your insurance, you may be able to complete a claim form from your insurance company and submit it with the mental health provider’s invoice to get reimbursed for your payment.

What if your insurance doesn’t cover rehab?

Some insurance plans don’t offer substance use / mental health coverage. In this situation, you have a few options:

- **Talk to your employer.** They may offer coverage even if they’re not required to by law. Even if they don’t, your employer may be willing to help you pay for treatment, especially if you’re in a specialized position. Many employers will also grant extended leave so you can have a job to return to after treatment.
- **Ask a treatment center about payment options.** Treatment centers can be costly. Make sure you understand all of the fees associated with the center before moving forward with that provider. Some providers may offer a “sliding scale” or fees based on your current financial circumstance.
- **Get an assessment in your County for county funded services.**