Selecting an Insurance Plan that Meets Your Behavioral Health Needs

What to look for when choosing a plan:

- ☐ Check the Summary of Benefits and Coverage to make sure your **current treatment and services are covered** and what **out-of-pocket costs** you will have.
- ☐ Make sure your **current providers are part of the plan** you choose, or once you are enrolled, check the insurance carrier's provider directory to **select a new provider** who is currently accepting new patients.
- ☐ Determine if any of your **behavioral health providers** are **out-of-network** and how this will affect **your out-of-pocket costs.**
- ☐ Check to see if the plan covers your **prescribed medications** in the drug formulary and make sure to understand your **out-of-pocket costs.**
- ☐ Look at all out-of-pocket costs (such as deductibles, co-insurance, and co-payment) to better estimate your total costs for health services. Health plans cannot charge a separate deductible or higher co-payment or coinsurance for mental health or substance use disorder treatment than they generally charge for medical care.
- ☐ Remember, the deductible is the amount you must spend before your insurance pays for anything, including all visits and prescription drugs.

Things to remember after selecting a plan:

- ☐ Health plans will **only cover "medically necessary" services** and may require a referral from your primary care provider or authorization from the plan before you can access care.
- ☐ Plans **cannot impose stricter authorization requirements or additional barriers to access** for mental health and substance use disorder treatment services than they do for medical/surgical care.
- ☐ Ask your doctor about **preventive services and screenings** offered at no cost to you, including depression and substance use disorder screenings.
- ☐ Plans will only pay " **an allowed amount" for each out-of-network service**. This is often much less than the billed amount from the provider.

Affordability

Many individuals and families will qualify for assistance that will lower premiums and other costs. **If you are eligible for premium tax credits or cost sharing reductions, you must select a silver plan to get the most affordable health insurance.**

Know Your Rights

- *You have the right to an appointment with an in-network mental health provider without unreasonable delay or travel.*
- *You have the right to mental health or substance use disorder benefits that are managed no more restrictively than medical/surgical benefits.*

For more information about your health insurance rights or if you are having difficulty getting an appointment with an in-network provider accessing behavioral health care using your health insurance, contact the Maryland Parity Project at parity@mhamd.org.

mhamd
MENTAL HEALTH ASSOCIATION OF MARYLAND

Selecting a Plan Worksheet

Kate is deciding between two Qualified Health Plans (see chart below). Plan A's monthly premium ($350) is higher than the premium cost of Plan B ($285). However, Plan B has a higher deductible than Plan A.

Ultimately, Kate selects Plan B because of the cheaper premium costs. Within two months of enrolling into Plan B, Kate's daughter was hospitalized for 4 days for her newly diagnosed mental illness. Her daughter will now have monthly check-ins with a psychiatrist and twice monthly therapy with a social worker. She will also have daily medications that she must take. Kate was surprised at her out-of-pocket cost for her daughter's illness.

Did Kate make the best choice as far as overall costs of care?

	Plan A	Plan B	Your Plan Costs:
Premium: *The amount you pay each month to your insurance carrier to continue coverage*	**$350**/month **$4,200**/year	**$285**/month **$3,420**/year	_____ /month _____ /year
Deductible: *The amount that your health insurance carrier requires you to pay before insurer pays for any health services.*	**$3,000**/year	**$7,000**/year	_____ /year
Co-Payment: *Fixed amount that you pay to your provider for each visit.*	**$30** Primary Care **$40** Specialist **$30** Mental Health **Social worker visits**: **$60**/month **$720**/year	**$20** Primary Care **$40** Specialist **$20** Mental Health **Social worker visits**: **$40**/month **$480**/year	Prescription Drugs: Primary Care: Specialist: Hospitalization:
Co-Insurance: *Percentage you are responsible for paying to receive medical care services. Depending on the type of plan, receiving services out-of-network will cost you more.*	**30% of inpatient stays** Hospital bill: **$10,000** After deductible: **$2,100**	**20%** of **inpatient stays** Hospital bill: **$10,000** After deductible: **$600**	_____ _____
Out-of-Network: *Provider does not have a contract with your insurance carrier.*	Plan covers **80% of allowed amout**	Plan covers **80% of allowed amount**	Plan covers: _____ %
Allowed Amount: *The maximum amount an insurer will pay for each service.*	**Psychiatrist** **Visit cost: $200** **Allowed amount: $100** **Pays 80% out of $100** **$120**/month **$1,440**/year **Cost: $1,440**	**Psychiatrist** **Visit cost: $200** **Allowed amount: $100** **Pays 80% out of $100** **$120**/month **$1,440**/year **Cost: $1,440**	
Kate's Total Costs for her daughter's illness:	***$11,460/year***	***$12,900/year***	_____