

## Things to Keep In Mind

To select a plan, think about what kinds of healthcare services you may need over the next year. Consider:

**COSTS** If you have a lot of healthcare needs, it may make sense to buy a plan with a higher premium and lower out-of-pocket costs. If you don't think you'll see many providers, see them less often, or will not take many medications, you may want a plan with a low premium and higher out-of-pocket costs.

**PROVIDERS AND MEDICATION** If you have providers you prefer, you may want to select a plan that includes them as participating providers. You may also want to select a plan that covers your medications on lower formulary tiers, when possible.

### Reviewing Your Health Plan Choices

(If you have a choice of plans)

- 1 Ask your human resources (HR) department or benefits manager to see if you have a choice of plans.
- 2 If you do have a choice of plans ask for each plan's summary of benefits and coverage, formulary, and list of participating or in-network providers.
- 3 Look at each plan's coverage of the medications, providers, and/or services you use as well as the plan's premium and out-of-pocket costs.
- 4 Compare your options and enroll in the plan that best suits your needs.

**The American Foundation for Suicide Prevention (AFSP)** is the nation's leading organization bringing together people across communities and backgrounds to understand and prevent suicide, and to help heal the pain it causes. Individuals, families, and communities who have been personally touched by suicide are the moving force behind everything we do. For further information please send an email to [advocacy@afsp.org](mailto:advocacy@afsp.org) or call (202) 449-3600.

**The National Council for Behavioral Health** is the unifying voice of America's community mental health and substance use treatment organizations. Together with our 2,200 member organizations, we serve our nation's most vulnerable citizens — the more than eight million adults and children living with mental illnesses and substance use disorders. We are committed to ensuring all Americans have access to comprehensive, high-quality care that affords every opportunity for recovery and full participation in community life. Learn more at [www.TheNationalCouncil.org](http://www.TheNationalCouncil.org).

## Your Mental Health and Substance Use Needs and Employer-Sponsored Coverage

If you have a mental health or substance use disorder and get health insurance coverage through your employer, this guide will help you understand how your plan works.



# How Health Insurance Plans Work

First, get to know the components of health insurance plans:

**1) benefits, 2) cost, and 3) types of coverage.**

**BENEFITS** The majority of employer-sponsored health plans cover mental health and substance use disorder services. Actual services covered vary by employer and plan and are influenced by federal and state laws.

**COST** Health insurance plans have a cost-sharing structure made up of four components:

**Premium** The monthly payment you owe for coverage.

**Deductible** A fixed dollar amount that you pay each year for the full cost of your healthcare services before your health plan begins to pay.

**Cost Sharing** A flat fee or percentage of costs you pay for the services received. You typically pay this when you receive services. Copay is the dollar amount you pay for a service. Coinsurance is the percentage of the service cost you pay.

**Out-of-Pocket Limit** The maximum amount you can be asked to pay in total for covered services each year. After you reach the out-of-pocket limit, the plan covers the full cost of covered services, but not your monthly premium.

**TYPES OF COVERAGE** There are several types of health insurance plans. Depending on your employer, you may have a choice of coverage. If your employer offers more than one plan, it is important to understand the possible options.

**Health Maintenance Organizations (HMOs)** These plans may have a limited list of doctors and hospitals you can visit in the provider network. If you seek care from a doctor or hospital that is not included in the network, you may have to pay the full costs. Members of HMOs must also receive a referral to see a specialist.

**Preferred Provider Organization (PPO) & Point-of-Service Plans (POS)** PPOs and POS plans allow consumers more flexibility to get care from a provider who is in or out-of-network. However, care out of the network may cost more. Consumers in PPOs can see any provider without a referral, but those in POS plans usually need a referral to visit a provider other than their primary care provider.

**High Deductible Health Plan (HDHP)** This type of plan tends to have lower monthly premiums, but higher deductibles compared to traditional plans. Members in a HDHP can use a health savings account to help them afford out-of-pocket expenses.

# Selecting a Plan That Meets Your Needs

If your employer offers more than one option for health insurance coverage, you should compare the plans before enrolling. When comparing health insurance plan choices, consider each plan's: 1) out-of-pocket costs, 2) provider network, and 3) benefit coverage. You also can use a document called a "Summary of Benefits and Coverage" (SBC) to find information about each plan's coverage and costs. To see if the plan includes your doctors, social workers, and medications, you should visit the plan's website.

## STEP 1: Out-of-Pocket Costs

The SBC has several columns. In the "Common Medical Event" chart, find the section called "If you have mental health, behavioral health, or substance abuse needs." This section shows the out-of-pocket costs for covered inpatient and outpatient services. Coverage and costs may be different if you receive care from a "participating provider" or one who is not participating with the plan.

### SAMPLE OF AN SBC

COMMON MEDICAL EVENT	SERVICES YOU MAY NEED	YOUR COST IF YOU USE AN IN-NETWORK PROVIDER	YOUR COST IF YOU USE AN OUT-OF-NETWORK PROVIDER	LIMITATIONS & EXCEPTIONS
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$5-40 copay	Not covered	None
	Mental/Behavioral health inpatient services	5%-25% coinsurance	Not covered	Pre-authorization required for plan to pay
	Substance use disorder outpatient services	\$5-40 copay	Not covered	None
	Substance use disorder inpatient services	5%-25% coinsurance	Not covered	Pre-authorization required for plan to pay

## STEP 2: Provider Network

It is important to know which healthcare providers (e.g., health centers, pharmacies, community behavioral health organizations, hospitals) participate in the plan you choose. It costs less to seek care from participating providers. So, it is important to understand if your doctors participate in the plan when you compare coverage. To find the list of participating providers, look on the plan's website for a link to the plan's list of preferred providers or a provider "search" tool. You can also ask your provider if he or she participates in the plan you are considering.

## STEP 3: Benefit Coverage

If you take medications, you will want to know which plans cover the medications you need. The list of medications a plan covers is known as a formulary. Plans usually assign covered medications to formulary tiers. Each tier is associated with a specific cost-sharing amount—the higher the tier, the more you pay out-of-pocket. The plan website should provide a link to the formulary. Check the formulary to see if each of your medications is covered and to which tier the medications are assigned. The SBC also will list information about the cost sharing assigned to other mental health and substance use services. For a more detailed list of actual services covered by the plan, you may be able to access an Evidence of Coverage document or a Benefit Summary.