

Selecting a Plan That Meets Your Mental Health and Substance Use Needs

Now, take some time to consider the factors you should understand to select a specific health insurance plan.

Out-of-Pocket Costs Know what you will pay for the mental health or substance use services you may need.

Provider Network Know whether your preferred providers participate in each plan.

Medication Coverage Know if the medicines you take are covered by each plan and the cost sharing for each.

To select a plan, think about how many and what kind 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 lower premium and higher-out of pocket costs.

MEDICATIONS 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.

Accessing Your Health Plan Choices

- 1 Type www.healthcare.gov/families into your internet web browser
- 2 Click the "Apply Now" button
- 3 Select your state from the drop-down menu
- 4 Click the button that says "Apply Now" or that redirects you to the state's website
- 5 Fill out the application to find your health plan choices

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 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.

Welcome to the New Health Insurance Marketplace!

There is a new place you can shop for health insurance, called the health insurance marketplace. Individuals and families who do not have another source of insurance can buy a health insurance plan through this marketplace. This guide will help people with mental health or substance use disorders find a health insurance plan in the marketplace that is right for them.



How Health Insurance Plans Work

First, get to know the components of health insurance plans in the insurance marketplace: **1) benefits, 2) cost, and 3) levels** of coverage.

BENEFITS All health plans must cover mental health and substance use disorder services, but the actual services covered varies by plan.

COST Health insurance plans have a usual cost 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 owe.

Out-of-Pocket Limit The maximum amount you can be asked to pay out-of-pocket 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.

The government will help many people pay premiums and cost sharing for plans bought through the marketplace. This financial assistance varies based on your income and family composition.

LEVELS OF COVERAGE Health plans are grouped into four levels based on the plan's coverage and cost: bronze, silver, gold, and platinum. Bronze plans have the lowest premiums and the highest out-of-pocket costs. Platinum have the highest premiums and the lowest out-of-pocket costs.

If you have many expensive healthcare needs, you may save money by buying a plan with a higher premium and lower out-of-pocket costs. This may also make your healthcare costs more predictable.

Comparing Coverage and Cost in Marketplace Plans

It's a good idea to compare available plans. You can use a document called a "Summary of Benefits and Coverage" (SBC) to find information about each plan's coverage and costs. See an example of an SBC below.

STEP 1: Out-of-Pocket Costs

First, find the section, "If you have mental health, behavioral health, or substance abuse needs." Here you can find costs for inpatient and outpatient services. Coverage and costs may be different if you get care from a "participating provider" or one who does not participate with the plan.

SAMPLE FROM 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: Participating Providers

To compare plans, 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 can cost less to get care from participating providers. So, before you enroll, check to see if your doctors participate in the plan.

STEP 3: Medication 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— the higher the tier, the more you pay out-of-pocket. You should check the plan's formulary to see if each of your medications are covered and what tier they are on.

The SBC will have information about the cost sharing assigned to each formulary tier. Find the section called, "If you need medications to treat your illness or condition." Match the tier each drug is assigned to—this is listed on the formulary—to the cost assigned to that tier to learn what the medication costs.