

Understanding Your Health Insurance

The IAFF Center of Excellence for Behavioral Health Treatment and Recovery

The IAFF Center of Excellence for Behavioral Health Treatment and Recovery has earned The Joint Commission's Gold Seal of Approval® for Behavioral Healthcare Accreditation for its continued commitment to providing safe and effective care to the fire fighters it serves.

Using insurance to cover the cost of treatment can make a significant impact on the overall cost owed to a treatment provider. Knowing what benefits you have through your plan is critical. Asking the right questions of your insurance carrier can make a significant difference in the type of care a member is eligible to receive.

Benefits will fall under four categories:

1. Health Maintenance Organization

(HMO): a medical insurance group that provides health services through a network of providers that have set rates for their plan members. It acts as a liaison with health care providers (hospitals, doctors, etc.). An HMO typically only covers providers that are in their network.

2. Preferred Provider Organization

(PPO): a subscription-based managed care organization comprised of medical doctors, hospitals and other health care providers. A PPO health plan offers increased flexibility when selecting a treatment provider.

3. Exclusive Provider Organization

(EPO): a type of health plan that offers a local network of doctors and hospitals to choose from. An EPO is usually more pocket-friendly than a PPO plan, but if you choose to receive care outside of your plan's network, it is typically not covered (except in an emergency). If you're looking for lower monthly premiums and are willing to

pay a higher deductible when you need health care, you may want to consider an EPO plan.

4. Point of Service (POS): a managed care plan that is a hybrid of HMO and PPO plans. Similar to an HMO, participants designate an in-network physician as their primary care provider. But like a PPO, patients can go outside of the provider network for health care services. When patients

venture out of network, they pay most of the cost, unless the primary care provider has made a referral to the out-of-network provider.

Financial Obligations During Treatment

The Center of Excellence has options available to help a member meet these obligations, including setting up a payment plan.

Understand your health insurance.
How to use your health insurance card.

ADVANCED RECOVERY
S Y S T E M S
an advanced approach to patient care

Your insurance card is the most important tool for using your insurance. It is important to have your card with you everytime you get health care. Some cards may vary.

FRONT

INSURANCE COMPANY NAME **COVERAGE TYPE**

MEMBER NAME: Jane Doe
MEMBER ID: 12367-656-333
EFFECTIVE DATE: XX-XX-XXXX

GROUP #: 11111-222-333
PRESCRIPTION GROUP #: XXXXX

PCP CO-PAY: \$25/\$30
SPECIALIST CO-PAY: \$35/\$50
EMERGENCY ROOM: \$150
PRESCRIPTION CO-PAY: \$10 GENERIC
\$25 BRAND NAME

MEMBER SERVICES: 1-800-XXX-XXXX
CLAIMS/INQUIRIES: 1-800-XXX-XXXX

BACK

www.insurancecompany.com

For hospital approvals call: 1-800-XXX-XXXX
Deductible: \$1,000

REFERRALS ARE NOT REQUIRED

For customer services call: 1-800-XXX-XXXX

Please Send Medical Claims to:
Insurance Company Name
PO Box 123
City, State 12345

Your ID number

Your plan type

Your cost (or co-pay) when you receive care from health care providers.

Your cost for prescriptions

Your insurance company's website

Number to call with questions

Address to file a claim (request payment)

Number to call if you have to be admitted to the hospital

Your deductible is the amount you pay for healthcare before insurance will help cover the cost.

Insurance and Your Obligation During Treatment

Many health insurance plans require that you pay out-of-pocket expenses prior to accessing your healthcare benefits. These patient responsibility expenses may include deductibles, co-pays, a coinsurance percentage and maximum out-of-pocket expenses.

Each patient's individual responsibility varies, depending on a number of factors, including:

- Your individual benefits plan
- Length of stay at center
- Type of services received during treatment
- Other services offered at center, but not covered by your insurance provider (lab tests, non-covered prescriptions, etc.)

Our dedicated IAFF intake coordinators will review these fees with you at the time of admission, or as soon as you're medically stable. The deductible is due upon admittance to our center. The co-insurance amount and out-of-pocket balance will be billed and paid for after treatment, once services are complete. On-site financial counselors will again review your financial responsibility during treatment with case managers who can help you navigate the parameters of the Family Medical Leave Act (FMLA).



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Behavioral Health Treatment and Recovery

For more information, visit
www.iaffrecoverycenter.com
or call (855) 900-8437.

Use this checklist to determine if adequate coverage exists. It also provides guidance in obtaining optimal benefits when pursuing treatment.

INSURANCE CHECKLIST

Please use this form when reviewing your current policy or when looking into purchasing a new plan.

Is this plan a PPO plan or an HMO plan with an insurer that is in-network with the Center of Excellence?

☐ YES ☐ NO

Does this plan have out-of-network substance abuse and mental health benefits?

☐ YES ☐ NO

If not, you will need to privately pay for treatment.

Can this policy be used outside of the state from where I reside?

☐ YES ☐ NO

If not, and you live outside of the state of Maryland, you will need to obtain an approved single case agreement from the insurance provider or privately pay.

Can this insurance policy be used at a freestanding facility?

☐ YES ☐ NO

If not, you will need to privately pay for treatment.

Does this policy cover the following levels of care?

Detox ☐ YES ☐ NO

Residential ☐ YES ☐ NO

Partial Hospitalization ☐ YES ☐ NO

Intensive Outpatient ☐ YES ☐ NO

My insurance provider considers the Center of Excellence:

☐ In-Network ☐ Out-of-Network

The deductible is _____

The co-insurance covers at _____ %

The out-of-pocket maximum is _____

The co-pay* is _____

*may not apply