Your healthcare responsibility

Below is a list of health insurance plans we accept; however, every plan is different so it is your responsibility to find out if you are covered.

If you have questions please call the behavioral or mental health number listed on the back of your insurance card. Please do not call our office.

1. You can **confirm that we are a provider** for your specific plan by calling the number on the back of your card. Ensure that our office is listed by your plan as an in-network provider (use NPI # 1356692313).
2. **To determine your out-of-pocket cost**, ask whether or not you will owe a copayment, or whether or not you have a deductible plan. If they require a procedure code please use the following 90834. This code is considered an outpatient session for mental health in an office setting.
3. If you are a **CCF** employee we are a Tier 2 provider. Please call the number on the back of your card to learn what that means and what your out-of-pocket will cost.
4. If you are a **UH** employee, we are not a provider.
5. We do not accept EAP's despite the fact that some insurance companies have us listed as a provider.

There are many different terms that make it difficult to understand what is covered by your insurer and what you are responsible to pay. Checkout these definitions of four commonly used healthcare insurance terms from Healthcare.gov to better understand your healthcare responsibility.

DEDUCTIBLE

The amount you pay for covered healthcare services before your insurance plan starts to pay. With a $2,000 deductible, for example, you pay the first $2,000 of covered services yourself. After you pay your deductible, you usually pay only a copayment or coinsurance for covered services. Your insurance company pays the rest.

CO-PAYMENT

A fixed amount ($20, for example) you pay for a covered healthcare service after you've paid your deductible. Let's say your health insurance plan's allowable cost for a doctor's office visit is $100, and your copayment for a doctor visit is $20.

- If you've paid your deductible: You pay $20, usually at the time of the visit.
- If you haven't met your deductible: You pay $100, the full allowable amount for the visit.

Co-payments (sometimes called “co-pays”) can vary for different services within the same plan, like drugs, lab tests, and visits to specialists.

COINSURANCE

The percentage of costs of a covered health care service you pay (20%, for example) after you’ve paid your deductible. Let’s say your health insurance plan’s allowed amount for an office visit is $100 and your coinsurance is 20%.

- If you’ve paid your deductible: You pay 20% of $100, or $20.The insurance company pays the rest.
- If you haven’t met your deductible: You pay the full allowed amount, $100.

OUT-OF-POCKET MAXIMUM/LIMIT

The most you have to pay for covered services in a plan year. After you spend this amount on deductibles, copayments, and coinsurance, your health plan pays 100% of the costs of covered benefits. The out-of-pocket limit doesn’t include your monthly premiums. It also doesn’t include anything you spend for services your plan doesn’t cover.