

## MAKING PAYMENTS

The services you receive at BHG may be covered just like other medical costs through your health plan. Your health insurance card lists how much you'll pay in copays each time you visit your primary care provider, a specialist or the emergency room. In most cases, your visits to BHG are the same as visiting a primary care provider, but please check your health plan for details.

And like other medical care there are privacy laws protecting you and your covered family members.

### What you can expect to pay at each visit.

At each visit, you will pay either:

01. The full amount of the visit IF your deductible has not been met, or
02. Your portion of the cost of the visit — a co-pay or co-insurance — once your deductible has been met, or
03. Nothing, once your maximum out of pocket has been met.

HOPE, RESPECT,  
AND CARING

Note: After your visit, you may receive a bill in the mail for the rest of the charges. Many plans do not count the co-pay and co-insurance you pay toward the deductible. Talk to your health plan administrator for details.

## Walk-ins Welcome.

Medicare and Medicaid accepted.

Other coverage available.

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For an appointment call **844.535.7291**  
Visit us at [BHGrecovery.com](https://www.BHGrecovery.com)

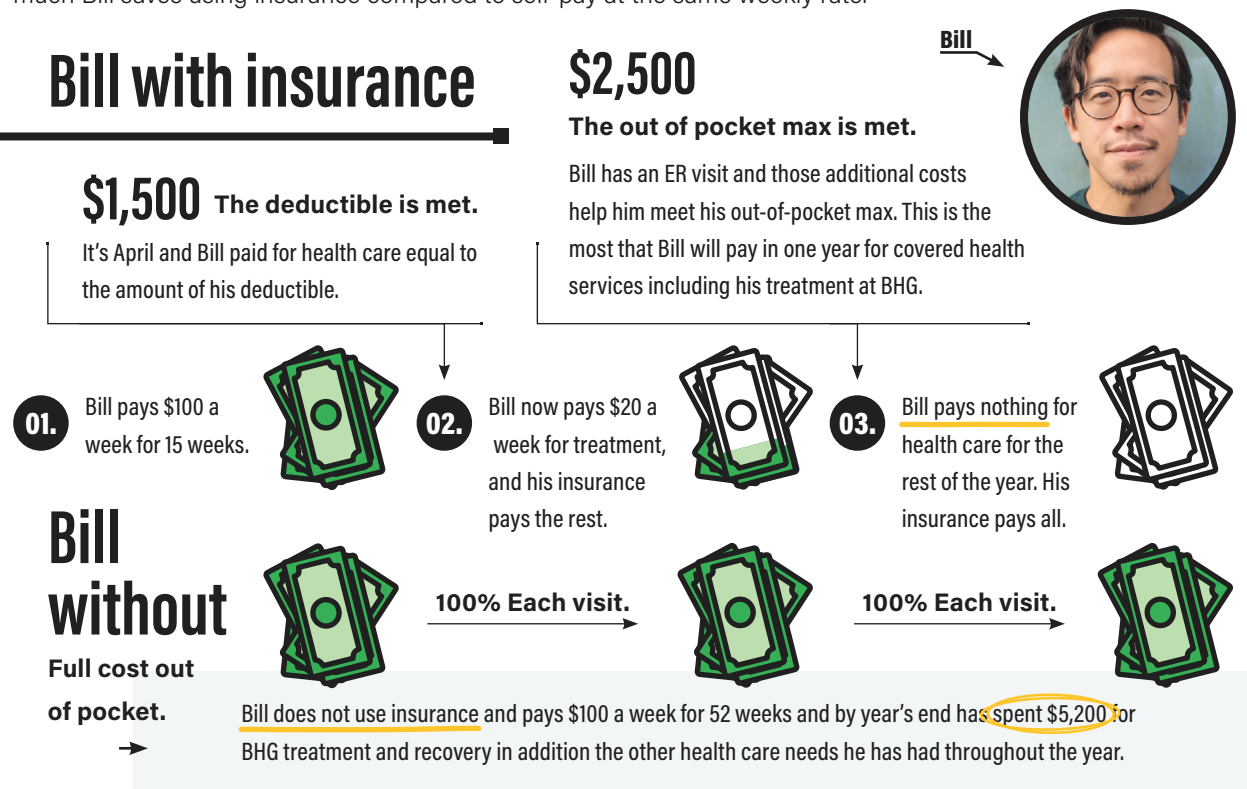
## Benefits of insurance.

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 **BHG**  
Behavioral Health Group™

There are three stages to using health insurance during the year, and generally the more health care you use, the less you pay. Your payments for BHG services covered in your health insurance plan count towards your deductible and your out-of-pocket max, just like most other medical care. Let's look at the image below to see how much Bill saves using insurance compared to self-pay at the same weekly rate.



*Illustrative example only. Actual coverage will be based on allowable charges.*

**What is a deductible?** A deductible is the amount you pay each year for most eligible medical services or medications before your health plan begins to share in the cost of covered services. For example, if you have a \$1,500 yearly deductible, you'll need to pay the first \$1,500 of your total eligible medical costs before your plan helps to pay.

**What is a copay?** A copay (or copayment) is a flat fee that you pay on the spot each time you go to your doctor or fill a prescription. Your copay amount is printed right on your health plan ID card. Copays cover your portion of the cost of a doctor's visit or medication.

**What is coinsurance?** Coinsurance is a portion of the medical cost you pay after your deductible has been met. Coinsurance is a way of saying that you and your insurance carrier each pay a share of eligible costs that add up to 100 percent.

**What is an out-of-pocket maximum?** Out-of-pocket maximum is the most you could pay for covered medical expenses in a year. This amount may include money you spend on deductibles, copays, and coinsurance. Once you reach your annual out-of-pocket maximum, your health plan will pay your covered medical and prescription costs for the rest of the year.

*Myth: Using my insurance costs me more than paying out of pocket.*

**Fact:** In most cases, you pay the same out of pocket cost to cover your deductible as you do self-paying without using insurance. The advantage to using insurance is that costs to you become less and less as deductibles and out of pocket max are met. In addition, if you need other health care for things like illness or injury then you will have already met your yearly deductible.

*Myth: My employer will see details about my health on the insurance claims.*

**Fact:** Most small and medium size employers (fully insured) don't have access to your protected health information (PHI), including treatment for substance disorders, unless you give them express, written permission. Some larger employers that directly pay the medical costs of their insurance plan (self-insured) do have access to your health information; however, they use privacy / security officers to prevent managers that make decisions on employee status from accessing PHI.

We recommend that you contact your insurance company to understand what type of plan you have and what access to records your employer has, so that you can make an informed decision on utilizing insurance coverage.

*Myth: If I use my insurance, my employer will find out about my treatment and it may impact my job.*

**Fact:** Under HIPAA, employers cannot use protected health information (PHI) when making decisions on employment status.

*Myth: It's hard to get my account set up for payment through my health insurance plan.*

**Fact:** Setting you up to use your health insurance is easy. Simply notify the front desk that you have health insurance and show them your membership card. We can also check to see if payments for your past visits may be applied to your deductible to get you closer to meeting your yearly amount and start reducing your out of pocket costs.