

Understanding Your Mental Health Benefits

ACA Marketplace Health Plan

1 Is My Insurance Active?

Before scheduling care, verify:

- Plan Name: _____
- Member ID: _____
- Coverage Start Date: _____
- I have paid my monthly premium
- My plan start date has passed

 Tip – If you are unsure, call the Member Services number on your insurance card.

2 Are Mental Health Services Covered?

All ACA Marketplace plans must cover mental health care as an essential health benefit. Specific behavioral health benefits will depend on your state and the health plan you are enrolled in.

Verify whether your plan includes:

- Individual therapy
- Group therapy
- Psychiatry (medication management)
- Telehealth visits
- Crisis services
- Intensive outpatient or inpatient care

Notes about your specific plan:

3 Is My Provider In-Network?

Provider Name: _____

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- This provider is in-network
- This provider is out-of-network

If out-of-network:

- You may pay more
- You may need to submit a claim for reimbursement

To check network status:

- Call Member Services
- Ask the provider directly
- Use your plan's online directory

 Tip – Using an in-network provider usually costs less.

4 Do I Need Approval First?

Some services require prior authorization. Example: Using brand name drugs when generic are available.

For the type of care you need, verify:

- No approval required
- Approval required before starting treatment

If approval is required:

- Ask your provider to submit authorization
- Confirm approval before beginning treatment

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5 What Will I Pay?

Verify with your insurance:

Annual Deductible

Family/Individual Deductible: _____

Total Deductible: _____

Amount Met So Far: _____

After Deductible

Copay per therapy visit: _____


OR

Coinsurance: ____%

Out-of-Pocket Maximum

Annual Maximum: _____

Once reached, your plan pays 100% of the services covered for the rest of the year.

 Tip – Ask your insurance company: “What is my estimated cost for a therapy visit?”

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6 If Coverage Is Denied

You have the right to appeal.

Steps:

1. Request a written explanation of denial
2. File an internal appeal with your insurance company
3. Request an external review if needed

 Tip – You can ask your provider for help with this process.

Important Information to Keep


Insurance Company: _____


Plan Type: ACA Marketplace Plan

Member Services Phone: _____

Appeals Address/Website: _____

 Tip – Confirm prior authorization requirements before care begins to avoid denied claims.

 Tip – Ask if services are subject to utilization management (visit limits or medical necessity review).

 Tip – Keep notes of all insurance calls, including date, representative, and reference number.