

Know Your Insurance Rights

It is vital for individuals and families to know their rights when it comes to insurance. Federal and state laws require the coverage of substance use disorder treatment.

The Mental Health Parity and Addiction Equity Act (MHPAEA)

MHPAEA requires that private insurance plans cover addiction treatment in a comparable manner to other physical and mental health treatment including:

- Annual/lifetime limits on amount of coverage
- Deductibles, copayments and other cost sharing requirements
- Limits on number of visits to healthcare provider
- Coverage of treatment by out of network providers

The Affordable Care Act (ACA or Obamacare)

ACA requires virtually all insurers to cover 10 essential health benefits, including mental health and addiction treatment on an equal basis with the treatment of physical healthcare:

- Some self-insured plans created before the effective date in 2010 may not be covered
- Large group plans (51 employees or more) are not required by the ACA to cover all 10 essential health benefits but must provide minimum value – at least 60% of the total cost of medical services for a standard population

The Appeals Process

If a claim or request for a formulary exception is denied for those insured by a state-regulated plan, an appeal or grievance may be filed with the NJ Department of Banking and Insurance. For those with self-insured plans, appeals can be filed with the U.S. Department of Labor Employee Benefits Security Administration.

About Us

NJ Connect for Recovery is a free, confidential call line focused on helping individuals and families coping with substance use disorders.

A service of the Mental Health Association in New Jersey (MHANJ), we provide a safe, nonjudgmental place for individuals and family members to get immediate support, counseling and assistance from trained peer counselors on substance use issues.

Get Answers to Your Insurance Questions Today

To speak directly with an insurance specialist call NJ Connect for Recovery at 855-652-3737.

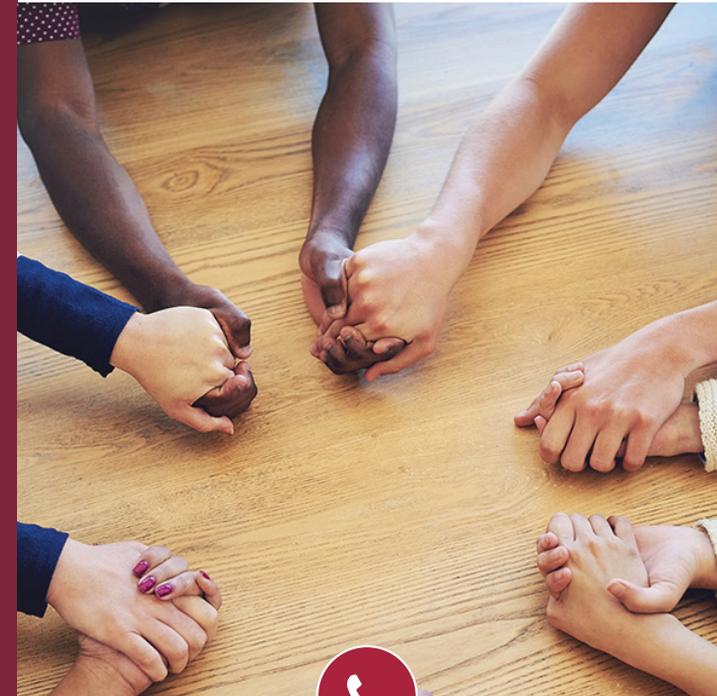


njconnectforrecovery.org



Your Insurance Questions Answered

A service of the Mental Health Association in NJ



855-652-3737

Call for immediate guidance and support

Free Services

- Access to Certified Alcohol and Drug Counselors and Peer Specialists
- Private and Public Insurance Help
- Free Family Education Workshops
- Self-Help Support Groups
- Treatment Options and Support
- Ongoing Support

How We Can Help

Our Insurance Specialists can help you navigate the insurance landscape and answer questions about private insurance, Medicaid and Medicare coverage. If you are underinsured or have no insurance, we can connect you with state-funded treatment programs through the New Jersey Department of Health, Division of Mental Health and Addiction Services.

When you call us, you are directly connected to insurance specialists who can provide personalized guidance based on your insurance plan. We can identify and explain the following for in-network and out-of-network providers:

- Covered benefits
- Co-payments
- Deductibles
- Co-insurances
- Maximum out-of-pocket limits

Our insurance specialists will conduct conference calls with your insurance company as needed or obtain written consent to inquire on your behalf.

Navigating the Insurance Landscape

You should ask insurance providers and substance use disorder treatment providers the following questions to ensure you or a loved one receives high quality care covered by your insurance plan.

Questions to Ask Your Insurance Provider

What levels of care are covered?

Levels of care include withdrawal management, inpatient, intensive outpatient, outpatient and residential. Commercial health insurance covers medical treatment, however residential programs costs (half-way house or long-term residential) are generally not covered, except for clinical care provided. Public programs, such as Medicaid, may cover residential programs for those who qualify.

Is medication-assisted treatment (MAT) covered?

State-regulated insurance companies are legally required to provide coverage for MAT, using outpatient drugs such as Buprenorphine, Suboxone, or Vivitrol. Check with your insurance company to see which medications are included. If you are denied coverage for a medically necessary drug, you can ask your doctor to seek an exception to the formulary and appeal if that request is denied.

Questions to Ask Treatment Providers

Is your facility an in-network provider?

Families should inquire whether the facility is an in-network provider since your out-of-pocket costs will be significantly lower rather than choosing an out-of-network facility. It is unnecessary for the individual to choose out-of-network or out of state providers to receive quality care. We encourage locating a provider closer to home as there will be an opportunity for family members to tour the facility, speak to staff, participate in the treatment plan of their loved one and receive ongoing support.

Do you do any additional testing which would not be covered under my insurance plan?

Families should ask if the facility conducts any additional testing such as random urinalysis or DNA testing because this practice can very expensive and unnecessary. Billing for these services is separate from the daily rate of treatment services and there is little evidence to support the need for excessive testing.



For a full list of questions to ask treatment providers visit:

njconnectforrecovery.org/recovery-resources