Village Counseling Center
New Hope for a better life

PLAIN TALK INSURANCE TERMS

Calendar Year Maximum – Many benefit plans allow a certain amount of mental health visits each calendar year. If you go beyond this number, they will not pay, but consider you responsible for those charges. We make every effort to keep track of your calendar year maximum, but you are responsible for monitoring this by conferring with your insurance company, by informing us of any visits with other counselors that might count toward your allowed number, and by paying for any visits beyond your calendar max.

Coinsurance – This is the amount of the payment that is the patient's responsibility. It is based on a percentage of what the insurance company allows for a mental health session. Your co-insurance amount may be different for a mental health visit compared to a visit at your doctor's office. With most plans, if you are responsible for a coinsurance, you are not also responsible for a co-pay in addition to that.

Co-pay – This is a specific dollar amount that the patient or responsible party must bring to each session. This co-pay amount does not change unless changes are made to your benefit plan by you, your employer, or your insurance company. Your co-pay amount may be different for a mental health visit compared to a visit at your doctor's office. With most plans, if you are responsible for a co-pay at each session, you are not also responsible for a co-insurance in addition to that.

Covered Services/ Non-Covered Services – There are services that are covered or approved for payment by your insurance. Certain procedures or types of treatment are not allowed under certain plans. Sometimes a policy covers medical expenses but does not have coverage (i.e., they will not pay) for mental health services.

Deductible – Most insurance plans have an individual or family deductible that must be met by you before the insurance company will start paying towards your benefits. This means that they will not start paying until you have paid a certain amount "out of pocket". The deductible has to be met anew each year. Typically, the insurance company applies your medical expenses, prescriptions, and mental health expenses toward this deductible. Until it is met you are responsible for paying the full allowed amount for your sessions with us at Village Counseling Center.

Employee Assistance Program (EAP's) – Some employers offer a special yearly benefit to employees that provides a specific number of mental health visits that are paid in full by the employer with no cost to the patient. It pays for number of visits (2 – 8, depending on the plan), is often available for each family member, and is separate from the mental health benefits in the medical plan.

Explanation of Benefits (EOB) – This is the paperwork which details how the insurance company processed a claim submitted for specific date(s) of service.. The "EOB" details how much is allowed by the insurance company for each session, if they are applying any towards your deductible, how much the insurance is paying and the amount deemed to be the patient's responsibility. Anytime they send us an "EOB," they also send one to you.

Insured – The "insured" is the person whose name the policy is under. Even if a dependant or spouse is covered and is coming as the patient, the accurate name, address and date of birth of the insured is needed for the insurance company to pay claims.

Pre-existing condition – This is a mental health or medical condition which was in existence and under treatment prior to the coverage with the current insurance company. Some insurance plans do not cover treatment for such a condition until a waiting period (6 months to 1 year) has passed.