

## Behavioral Health FAQ

Q. Are Mental Health and Substance Use services covered?

A. Yes, under the Behavioral Health benefit.

Q. What is needed for behavioral health to be covered both in-network and out-of-network?

- A. An **authorization** from BCN will be needed **prior** to receiving behavioral health services.
- **In-network** – Your provider would need to contact BCN Behavioral Health Services at 1-800-482-5982 to obtain an authorization.
  - **Out-of-network** – Your Out-of-network provider would need to contact BCN Behavioral Health Services at 1-800-482-5982 to obtain an authorization. You may be required to pay out of pocket for services received from out-of-network providers, then complete and submit a member reimbursement form to BCN.\*

Q. If I must pay for behavioral health services out of pocket, will I be reimbursed?

- A. Yes.
- If you pay for behavioral health services out of pocket, you can complete and submit a member claims reimbursement form. Allow 30 days for processing and receipt of reimbursement check.
  - **Please Note:** Authorization must have been obtained to be reimbursed.
    - **In network:** The amount of your reimbursement check will be net your applicable member cost share (deductible, copay or coinsurance).
    - **Out-of-network:** The amount of your reimbursement check will be the **approved amount** net your applicable member cost share (deductible, copay or coinsurance). The approved amount could be less than the amount your out-of-network provider charges.\*

Q. What is my financial responsibility when I see an in-network behavioral health provider?

A. **Inpatient:** \$150 copay after deductible has been met per admission.

**Outpatient:** \$20 Copay.

Q. What is my financial responsibility when I see an out-of-network behavioral health provider?

A. **Inpatient:** 20% coinsurance of the approved amount after the deductible has been met.

**Outpatient:** 20% coinsurance of the approved amount after the deductible has been met.

Q. Are phone visits and video visits covered in-network and out-of-network in the state of Michigan? If so, what is my financial responsibility for these types of visits?

A. Yes.

- **In-network:** \$20 Copay. Authorization must be obtained prior to receiving services.
- **Out-of-network:** 20% coinsurance of the approved amount after the deductible has been met. Authorization must be obtained prior to receiving services.

Q. Are phone visits and video visits covered in-network and out-of-network if the provider is outside the state of Michigan? If so, what is my responsibility for these visits?

A. Yes.

- **In-network:** \$20 copay. Authorization must be obtained prior to receiving services.
- **Out-of-network:** 20% coinsurance of the approved amount after the deductible has been met. Authorization must be obtained prior to receiving services.

\* **Out-of-network** providers may bill you for the difference between their charge and the BCN approved amount. This is referred to as “Balanced Billing”. You are responsible for amounts charged by out-of-network providers that exceed the approved amount. Balance billed charges do not apply towards your out-of-pocket maximum.