

Being Prepared Know your Health Insurance Benefits

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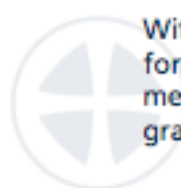
When choosing your health insurance plan, whether it's a traditional plan, an HMO or another prepaid plan, examine the plan to be sure that you will be adequately covered. Most people never anticipate using their psychiatric benefits—but bad things can happen to good people.

Most insurance plans limit your psychiatric benefits significantly

The high upper limits which apply to medical and surgical illnesses rarely apply to psychiatric illnesses. Psychiatric benefits are usually limited by numbers of visits, by a lifetime dollar limit, by annual dollar limits and or by number of days of hospitalization.

These limits cause serious financial hardship for many parents, who are shocked to have a psychiatric illness in their family and shocked to learn how much it costs. The average cost of treatment in a private psychiatric hospital for a child or adolescent is approximately \$17,000 and the average stay is 13 days. Many insurance companies limit their psychiatric benefits to a set dollar amount per lifetime.

The alternatives to private care are often not adequate



Without insurance coverage and without financial resources, most families are forced to turn to the public mental health system which includes community mental health centers, city hospitals and state mental institutions. These programs are often chronically underfunded, inadequately staffed and overcrowded.

The new "health plans" also limit psychiatric treatment.

Health maintenance organizations (HMO's), preferred provider organizations (PPO's) and comprehensive health plans (CHP's) are prepaid plans designed to cut the expense of health care. One area that most of these plans limit significantly is psychiatric care. Usually, they conform only to the minimum coverage, if any, set by state law.

Being Prepared—Know your Health Insurance Benefits

Ask questions of your representative before you select a plan:

- Do psychiatric illnesses have the same coverage as physical illnesses?
- What do I do if someone in my family needs treatment beyond the maximum allowed?
- Are the full range of mental health professionals—from child and adolescent psychiatrists* to psychiatric nurses—available to my family? Who decides which professional evaluates and treats my child?
- Does the plan cover hospital, office, residential treatment and partial hospital services?
- Can benefits be denied to our family or can insurance be cancelled because of the nature of the illness?
- What recourse do I have if I'm unhappy with the evaluation or treatment?

The best consumer is the informed consumer.

Know your insurance benefits before you need them. For the brochure on:

Your Insurance Plan: Psychiatric Benefits before you need them. or

Your Insurance Plan: Psychiatric Benefits for your Child or Adolescent, write:

Insurance, AACAP,
3615 Wisconsin Ave., N.W.
Washington, DC 20016.

For additional consumer information write to:
NAMI (National Alliance for the Mentally Ill)
1901 West Fort Myer Drive Suite 500
Arlington, VA 22209

Note: A Child and Adolescent Psychiatrist is a physician with at least 5 years of additional training beyond medical school in adult, child and adolescent psychiatry.

701.476.7216 referral or more information

877.333.9565 toll free

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