bluegrass recovery

GUIDE 01 INSURANCE AND COST

Understanding your behavioral health insurance.

The words on your plan, the rights the law gives you, how a benefits check works, and what to do if a claim is denied.

Admissions, 24 hours a day
(502) 385-4424

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Louisville, KY 40209

INSIDE THIS GUIDE

Insurance, without the jargon.

Paying for treatment is one of the first worries families raise, and one of the easiest to get clear answers on. This guide walks through it in order.

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> You do not have to understand your plan before you call. A benefits check is free, and it is our job to explain what we find.

PART 1

The words on your plan.

Insurance language is built to be precise, not friendly. These twelve terms decide most of what you will pay.

Premium
What you pay each month to keep the plan, whether or not you use it.

Deductible
What you pay for covered care each year before the plan starts sharing the cost.

Copay
A set amount per visit or service, such as $30 a session.

Coinsurance
Your share of the cost after the deductible, as a percentage, such as 20%.

Out-of-pocket maximum
The most you pay for covered, in-network care in a plan year. After that the plan pays 100%.

In-network
Providers with a contract with your plan. Usually the lowest cost to you.

Out-of-network
Providers without a contract. You may pay more, or the plan may not pay at all.

Prior authorization
Approval your plan may require before some care starts. The provider usually requests it.

Medical necessity
The plan's check that a level of care fits your clinical needs, based on an assessment.

Concurrent review
Updates the provider sends while you are in treatment, so the plan keeps authorizing care.

Explanation of benefits (EOB)
A statement from your insurer after a claim. It is not a bill.

Behavioral health carve-out
When a separate company manages mental health and substance use benefits for your plan.

PART 2

How your share is worked out.

Most plans share costs in three stages through the year. The numbers below are an example only, to show how the stages fit together.

STAGE	WHO PAYS	EXAMPLE PLAN
1. Before the deductible is met	You pay the plan's negotiated rate for covered care.	Deductible $2,000
2. After the deductible	You and the plan share costs through copays or coinsurance.	20% coinsurance
3. After the out-of-pocket maximum	The plan pays 100% of covered, in-network care for the rest of the plan year.	Maximum $6,000

Timing matters

If you have already met part of your deductible this year, treatment may cost less than you expect. Plan years often reset on January 1.

Family plans

Many family plans have an individual and a family deductible. Care for anyone on the plan can count toward the family total.

Prior authorization

For PHP and IOP, plans often approve a set number of days, then review progress. The program handles these requests with the plan.

No insurance?

Ask about self-pay rates and payment plans. Admissions can also talk through whether you may qualify for a plan now.

PART 3

Your rights: equal coverage.

Federal law says mental health and substance use care should be covered on terms that are no more restrictive than comparable physical health care.

The parity law

The Mental Health Parity and Addiction Equity Act (2008) means that if your plan covers mental health or substance use treatment, its deductibles, copays, visit limits and prior-authorization rules generally cannot be stricter than those for comparable medical care.

Essential health benefits

Under the Affordable Care Act, individual and small-group plans must include mental health and substance use disorder services.

Signs a plan may not be following parity

- [ ] **Tighter limits for behavioral health**
  For example, fewer covered visits than for physical therapy.
- [ ] **Prior authorization for every behavioral health visit**
  When comparable medical visits need none.
- [ ] **Very few in-network behavioral health providers**
  Leaving you no practical in-network option.

If you see these, ask the plan for the comparison in writing. You can also contact the Kentucky Department of Insurance or, for employer plans, the U.S. Department of Labor.

General information, not legal advice. Plan rules vary; your plan documents and insurer have the final word.

PART 4

How a benefits check works at Bluegrass.

It is free, it takes a few minutes of your time, and it commits you to nothing.

1. **You share the plan details.**
   By phone, text, or the secure Verify Insurance form on our website: the insurance company, member ID, and the name and date of birth of the person getting care. A photo of the card works too.

2. **Admissions contacts the plan.**
   We confirm coverage for each level of care, your deductible and what has been met, your copay or coinsurance, and any prior-authorization rules.

3. **We explain what we found.**
   In plain language, before anyone decides anything, including what you may owe.

4. **If you go ahead, we handle authorization.**
   The clinical team sends the plan what it needs and keeps it updated during treatment.

What we accept

Bluegrass accepts most major private insurance plans. If yours is not one of them, admissions explains your options, including self-pay.

Your information is protected

Requests sent through our website are encrypted when you press send, and only the admissions team can open them.

PART 5

Questions to ask your insurer.

Call the member services number on the back of the card. Tick each one off as you go, or let us make the call for you.

- [ ] **Is outpatient substance use treatment covered?**
  Ask about partial hospitalization (PHP), intensive outpatient (IOP) and outpatient (OP) by name.
- [ ] **Is this program in network?**
  Give them the program's name and address: Bluegrass Recovery Center, 421 Wabasso Ave, Louisville, KY 40209.
- [ ] **Do I need prior authorization?**
  And how many days or sessions are approved at a time.
- [ ] **What is my deductible, and how much have I met?**
  This decides what you pay first.
- [ ] **What do I pay for outpatient behavioral health?**
  Ask for the copay or coinsurance for behavioral health, not just for medical visits.
- [ ] **What is my out-of-pocket maximum, and how much is left?**
  The most you could owe this plan year.
- [ ] **Is medication for addiction covered?**
  For example buprenorphine (Suboxone) or naltrexone (Vivitrol), and at which pharmacy tier.
- [ ] **Is a separate company managing behavioral health?**
  If so, get their phone number too.
- [ ] **Can I have a reference number for this call?**
  Write it down with the date and the name of the person you spoke to.

PART 6

If a claim is denied.

A denial is not the final word. Many are reversed on appeal, especially when the clinical team supplies the reasons for care.

1. **Get the reason in writing.**
   Ask for the denial letter and the exact policy rule or criteria used.

2. **Ask the provider for help.**
   The clinical team can send records and a letter explaining why the level of care is needed.

3. **File an internal appeal on time.**
   Plans set deadlines, often 180 days from the denial. For urgent care you can ask for an expedited appeal.

4. **Ask for an external review.**
   If the internal appeal fails, most plans must let an independent reviewer decide.

5. **Keep everything.**
   Letters, emails and your call log (next page). Dates and reference numbers win appeals.

A sentence you can use

"I am appealing the denial of [level of care] for [name], member ID [number], dated [date]. Please send me the criteria used and confirm my appeal deadline in writing."

WORKSHEET

Your call log.

Write down every call with the insurance company. It saves time and helps if you ever need to appeal.

DATE	WHO I SPOKE TO	REFERENCE #	WHAT THEY SAID

WHEN YOU ARE READY

Talk to someone who does this every day.

Bluegrass Recovery Center is a Joint Commission accredited outpatient program in Louisville, licensed by the Kentucky Cabinet for Health and Family Services (AODE license #811092).

Call or text, any hour

(502) 385-4424. Admissions answers 24/7. If we miss you, we call back as soon as possible.

A free benefits check

We accept most major private insurance plans and explain what is covered before anyone decides anything.

Three levels of care

Partial hospitalization (PHP), intensive outpatient (IOP) and outpatient (OP), with the same team as you step down.

Help with what comes first

If detox is needed, admissions arranges it at a vetted partner. Bluegrass works with a partner organization that provides supportive housing.

In an emergency

Call 911. For a mental health or substance use crisis, call or text 988, the Suicide & Crisis Lifeline.

This guide is general information for families and is not medical, legal or financial advice. Updated October 2026.