THE MEADOWS®

Your Year-End Treatment *Benefits Checklist*

4 Things to Check Before Your Insurance Benefits Reset

Many insurance plans reset annual deductibles and out-of-pocket limits at the beginning of the year. If you're considering treatment for mental health or substance use concerns, understanding your current benefits can help you make informed decisions about your next steps.

1 Check Where You Stand With Your Benefits

- [ ] **When do my benefits reset?**

  Confirm when your plan year ends and whether your deductible and out-of-pocket maximum reset on January 1.

- [ ] **How much of my deductible have I met?**

  Find out how much you've paid toward your annual deductible and what's remaining.

- [ ] **How close am I to my out-of-pocket maximum?**

  Check how much you've accumulated toward your plan's limit for covered, in-network services.

- [ ] **What could treatment cost if I start before year-end?**

  Ask how your current benefits would apply to covered treatment now versus after your plan resets.

2 Understand Your Treatment Options

Different levels of care provide different support depending on your needs. Insurance coverage and eligibility vary by program and individual plan.

Residential/Inpatient Treatment	Partial Hospitalization (PHP)
Live-in treatment providing 24-hour support and structured clinical care for individuals requiring intensive treatment.	Intensive daytime treatment several days per week, with patients returning home or to another living environment afterward.
Intensive Outpatient (IOP)	**Therapeutic Workshops**
Structured treatment sessions multiple days per week, allowing patients to maintain daily responsibilities while receiving support.	Short-term, focused experiences exploring specific emotional or relational challenges and supporting personal growth.

Ask Your Insurance Provider the Right Questions

Not sure where to start? Here's a simple script you can use when calling your insurance provider:

> *"I'm exploring treatment for mental health or substance use concerns and would like to understand my benefits. Can you help me review my coverage, deductible, out-of-pocket costs, and any requirements for residential or outpatient treatment?"*

Additional questions to ask:

- Is the specific treatment program I'm considering in-network?
- What deductible, copays, coinsurance, or other out-of-pocket costs would apply?
- Does my plan require a referral from my primary care provider or another healthcare professional?
- Does my plan cover the recommended level of care, such as residential treatment, PHP, or IOP?

Explore Accepted Insurance by Program

Scan the QR code to view accepted insurance providers by Meadows program, explore payment options, and learn how to verify your benefits.

Scan Here

Questions? *We're Here to Help.*

Call 928-754-8929 to connect with our team.

Insurance coverage, costs, and eligibility vary by plan, program, and individual needs. Coverage is subject to benefits verification, medical necessity, and any required authorizations. Reviewing your benefits does not guarantee coverage or reduced costs.

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