

Your Health Insurance and Your New Oakland Care

New Oakland accepts health insurance from virtually every health insurance provider in Michigan, including:

Aetna	Cofinity	Humana	Midwest Health Plan Medicare Advantage
Alliance Health and Life	ComPsych	Macomb Oakland Regional Center (MORC)	Molina
Assurant	Coventry/MHNet	Magellan	Molina Medicare Advantage
Beacon Health Options/ Value Options	GM/Value Options	McLaren Health Advantage	Priority Health
Blue Care Network	HAP Senior Plus	McLaren Medicaid	Priority Health Medicare
Blue Care Network Advantage	Health Alliance Plan	McLaren Medicare	Total Health Care
Blue Cross Blue Shield Medicare Advantage	Health Partners	Medicare	TRICARE Standard
Blue Cross Blue Shield of Michigan	HealthPlus	Meridian	United Behavioral Health
Blue Cross Complete	HealthPlus Medicaid	Meridian Medicare Advantage	UnitedHealthcare
Cigna	HealthPlus Medicare	Midwest Health Plan	UnitedHealthcare Community Plan

When you first seek care with New Oakland (by calling for an appointment), our staff will work to verify your health insurance benefits during your initial phone call to make an appointment. In most cases, you can expect to be informed at least 24 hours before your scheduled appointment of the following, pertinent information:

1. Any cost sharing that may be required, including copays, co-insurance, deductibles, spend downs or out of pocket maximums for your primary, and if applicable, secondary insurance products.
2. The total number of visits, or any limits on visits or services if applicable for both the outpatient or partial hospitalization levels of care.

At certain milestones in your care with New Oakland, insurance benefits will be re-verified to assure the most up to date and accurate information. This may occur when you:

1. Transition from traditional outpatient services to New Oakland's partial hospitalization program.
2. Receive a report from your insurer that you have met your deductible/copay/coinsurance or out of pocket maximum.
3. Receive a report of any change in policy, termination in policy, or with the addition of a new primary/secondary policy.
4. If you have a calendar-year or fiscal-year policy, you wish to continue services into the following year.