Reaching out for help with substance use is a brave step, and it is common for worries about money to follow right behind it. When you or addiction treatment a loved one is already struggling, insurance questions can feel like one more obstacle. In reality, most health plans offer behavioral health benefits of some kind, and understanding how to use them for addiction treatment is usually simpler than people expect. Below, you will find a plain-language overview of benefit verification, the difference between in-network and out-of-network providers, and a short list of what to gather before you call. The goal is simple: keep the focus on healing, not on forms.

At Recreate Behavioral Health of Ohio, we believe finances should not be a barrier to addiction treatment. Located in Gahanna, Ohio, a peaceful suburb of Columbus, our campus offers medically supervised detox, residential treatment and primary mental health care in a calm, non-clinical setting. Our admissions team helps people understand their insurance every day, and we want you to feel informed and supported long before you arrive. Addiction is a chronic disease, not a moral failing, and getting care for it should be treated with the same seriousness and dignity as care for any other health condition.

Start by Verifying Your Benefits

Benefit verification is the process of checking exactly what your plan offers before care starts. Even plans from the same insurance company can differ a great deal, since each employer or individual selects a plan with its own terms. During verification, the details that matter are reviewed: whether detox and residential services are included, whether the plan requires advance approval, and what you might be expected to pay. Handling this at the start replaces uncertainty with a clear picture, so your family can make decisions from a place of calm.

It is important to remember that coverage always depends on the individual plan. No treatment center can promise what an insurer will pay until benefits have been checked, and even evidence-based addiction treatment then, the insurer makes the final decisions. What a good admissions team can do is gather accurate information, explain it in everyday language and help you understand your options. That kind of transparency is part of treating the whole person, because financial stress can weigh on recovery just as much as physical or emotional strain.



In-Network and Out-of-Network, Explained Simply

Insurance companies build networks of providers they have agreed to work with. When an addiction treatment center is in-network, it has a contract with your insurer that sets agreed rates for services. In general, staying in-network tends to mean lower out-of-pocket costs and a smoother approval process, though the exact amounts depend on your plan. An out-of-network provider has no such contract, which can mean higher costs or, with some plans, no benefits at all for that provider. Knowing where a facility falls is one of the most useful pieces of information you can have.

A few common insurance terms are worth knowing as you review your options:

- Deductible: the amount you pay for covered care each year before your plan begins sharing costs.
- Copay: a set amount you pay for a particular service or visit.
- Coinsurance: your share of the cost after the deductible is met, usually figured as a portion of the bill.
- Out-of-pocket maximum: the most you would pay for covered care in a plan year.
- Prior authorization: approval your insurer may require before certain services, such as residential care, can begin.

Preparing for Your Insurance Call

Whether you call your insurance company directly or speak with an admissions team, having a few things on hand makes the conversation quicker and more productive. Keep your insurance card nearby, since the member ID and group number printed on it are the first things anyone will ask for. If the plan belongs to a spouse, parent or employer, have the policyholder's name and date of birth ready as well. It also helps to jot down questions in advance so nothing important slips your mind during a stressful moment.

Questions you might want to ask include the following:

- Does my plan include benefits for medically supervised detox and residential care?
- Is prior authorization required, and who handles it?
- How much of my deductible remains for this year?
- Does my plan include mental health care for co-occurring disorders?
- Is this facility in-network with my specific plan?

You do not need to have every answer before reaching out. Many people call without knowing their deductible or what their plan includes, and that is perfectly fine. A supportive admissions team can take your basic information and handle much of the verification on your behalf, then explain what they learn in clear terms. If you are calling for a loved one, it can help to have them nearby, since some insurers require the member's permission before sharing details.

How Recreate Ohio Works With Your Insurance

Recreate Ohio is in-network with Cigna, Medical Mutual, BCBS, TRICARE and most major carriers, and our verification process is designed to be seamless and pressure-free. Not all rehab centers offer detox, however, Recreate Ohio is proud to offer medically supervised detox, including around-the-clock monitoring and medication-assisted treatment for alcohol, opioid and fentanyl withdrawal. After detox, clients can continue into residential treatment. Residents have their own room, a personal TV and a shared bathroom, and the peaceful campus sits across from a municipal golf course, close to the trails along Big Walnut Creek.

When our team reviews your benefits, we look at the full range of care available on campus. That includes evidence-based therapies such as CBT, DBT, EMDR, motivational interviewing and contingency management,

paired with holistic practices like art therapy, yoga and meditation. Recreate Ohio is also licensed by the state to provide primary mental health treatment for depression, anxiety, PTSD, bipolar disorder and more, even when substance use is not part of the picture. What your plan covers will depend on your specific policy, and we will explain those details honestly.

Recreate Ohio belongs to the Recreate Behavioral Health Network, which also has facilities in Florida, New Jersey and New York. That connection brings national expertise to addiction treatment, delivered with a local and personal touch. Our Gahanna campus holds Joint Commission accreditation, is licensed by the Ohio Department of Mental Health and Addiction Services and is LegitScript certified. Several members of our staff have lived experience with recovery, so they know how much it helps to have a guide through every part of the process, including the questions about cost.

Planning Beyond Residential Care

Recovery is a continuum of care, not a single stay. When residential treatment is complete, Recreate Ohio launches clients into a support system of trusted community partners for intensive outpatient programming, outpatient care and community 12-Step groups. This intentional, collaborative model creates seamless transitions, and it is worth asking your insurer about benefits for these next steps as well, so your plan for recovery feels complete from the start.

Taking the First Step Today

If you are ready to explore addiction treatment, or simply want to know what your plan includes, the most helpful next step is to call Recreate Ohio and ask our admissions team to verify your insurance. The conversation is confidential, there is no obligation, and you will come away with clearer answers than you had before. No matter your situation, you do not have to figure this out alone. Help is available, and it is possible to rebuild and reclaim your life.

Recreate Behavioral Health of Ohio
349 Olde Ridenour Road, Gahanna, OH 43230
Phone: (614) 300-3214
Website: recreateohio.com

Medically supervised detox, residential treatment and primary mental-health care in Gahanna, just minutes from Columbus.

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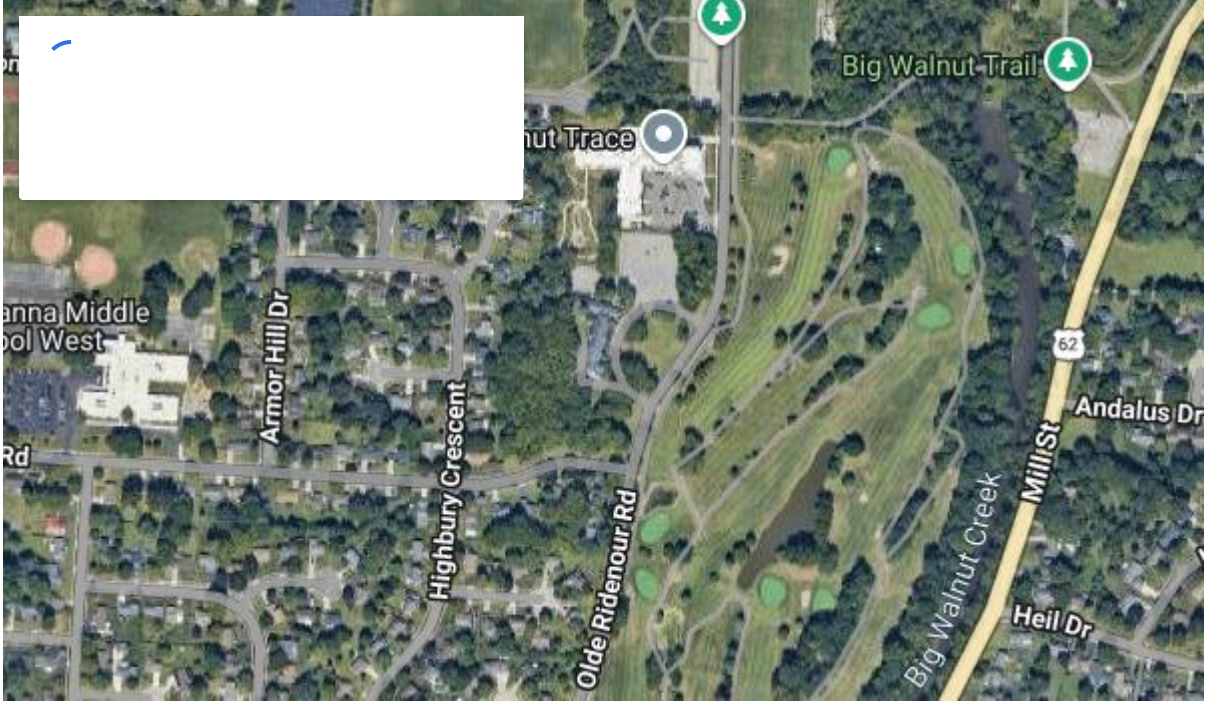
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