

19 QUESTIONS TO ASK YOUR BENEFITS BROKER AND EAP

According to a 2019 brief, more than half of people living in the U.S. under age 65 – about 158 million people – get their health insurance through an employer.¹ For workers and families who rely on employer-sponsored health care, the employer should ensure that their employees receive adequate care and other benefits. Here are 19 questions you should be asking your insurance provider, benefits broker, third party administrator (TPA), or Employee Assistance Program (EAP):



1. Bureau, US Census. "Health Insurance Coverage in the United States: 2019." Census.gov, 8 Oct. 2021, <https://www.census.gov/library/publications/2020/demo/p60-271.html>.

INSURANCE PROVIDER OR BENEFITS BROKER

1. Do our health plans have the same benefits and coverage limits for physical and mental health conditions?
2. What is the percentage of behavioral health providers that are in-network and currently accepting new patients for the health insurance plans we offer?
3. For the health insurance plans we offer, do you provide a comprehensive and user-friendly online behavioral health directory with a selection tool to help users access specific services?
4. Can you provide us with an up-to-date, accurate, and complete provider directory of mental health professionals who are accepting new patients?
5. Do our health plans cover a variety of mental health services, including home-based services or different types of outpatient care – for example, peer services?
6. Do our health plans cover effective prescription medications for mental health conditions at a level that encourages appropriate regular use?
7. Do our health plans encourage mental health and stress management through a comprehensive wellness and health promotions program?
8. Do our health plans track disability claims for mental health conditions and provide case management services to facilitate a timely return to work?
9. Do our health plans provide access to behavioral health providers in after-hours emergencies?
10. How quickly can an employee or dependent get an appointment in an emergency?
11. Are the health insurance plans we offer accredited through NCQA MBHA or External Mental Health Parity Compliance Audit?
12. Do our health plans reimburse for collaborative care in primary care?
13. Do our health plans offer a care navigator to help our EAP or employee access timely in-network qualified providers?

EAP PROVIDER

14. How can your program be an extension of our workplace culture rather than a separate entity?
15. How can we work together to promote and educate our employees about the services you offer?
16. Can you describe the experience of an employee who first interacts with your services until they no longer need them?
17. Do you provide regular and confidential utilization data, and can you make recommendations for how to apply what we learn from the data?
18. How do you define utilization? Does utilization include web hits and event participation in addition to actual cases and consultations?
19. What resources can you provide to our supervisors?