

## How to Determine Your Insurance Benefits

*\*Note: Make sure you have your Insurance card, date of birth, and home address of the policy holder (usually yourself, spouse, or one of your parents) available before calling the insurance company. They may also ask you to provide the policy holder's date of birth and employer.*

**Step 1:** Call the behavioral health services number that is listed on the back of your card to speak with a representative. Be prepared to provide them with your insurance ID number (located on the front of the card), your date of birth and your home address.

- If a behavioral health services number is not listed, call the Customer Service/Member Services number.
- Select the option for **Members**
- When prompted, select the option for **Benefits** (you may also be asked to say what you're calling about; if this is the case, just say "Benefits")
- Once the computer stops giving you general information (typically when your plan became effective and the type of plan that you signed up for) ask for **Customer Service**

**Step 2:** Once you are speaking to a customer service representative:

- Write down the name of the person with whom you are speaking and the date
- Tell the person that you are looking for **Outpatient Mental Health Services**
- There are 2 types of insurance benefits:
  - \* **In-network benefits** are applied to services billed by an in-network provider, or a practitioner who has a contract set up with the insurance company. You are typically responsible for a copay or coinsurance, then the insurance covers the rest. This is usually your best option. The insurance company can help you find someone in-network, or you can ask the therapist directly if they have a contract with your insurance company.
  - \* **Out-of-network benefits** are applied to services billed by a practice who does not have a contract with your insurance company. While this allows you to see any therapist you choose, you are required to pay more. Typically, the insurance assesses a deductible and coinsurance (see below), and you may be responsible for paying the difference between the therapist's out-of-pocket rate and the insurance's "reasonable and customary rate" (for example, if the therapist charges \$100 per session and the insurance only pays \$50, you will be responsible for the remaining \$50). In most cases, you pay the therapist at the time of your appointment, then the therapist will give you a receipt to submit to your insurance company. The insurance company will process your claim and will reimburse you directly.
- Other important questions:
  - \* Is there a **visit limit** on the plan?
  - \* Do you need to get a **referral** from your primary doctor in order to start therapy?
  - \* Do you need **authorization** to start meeting with a therapist?
  - \* Do you have **Employee Assistance Program (EAP)** benefits? If so, you may be entitled to a number of free visits before you have to start paying your

copay/coinsurance.

- \* What is the **co-pay** or **co-insurance**?
- \* Is there a **deductible** to meet?
- \* If you have a deductible, ask if the plan runs on a **calendar year** or other schedule

**What is a deductible?** Sometimes your insurance company lets you know that you will be responsible for meeting a deductible before they start covering charges. This means that you are responsible for the contracted rate (per session fee) that has been negotiated between the therapist and the insurance company. Once your deductible is met, then you are responsible for the coinsurance amount, which is a percentage of the contracted amount. For example, if your deductible is \$500, the contracted amount is \$100, and the coinsurance is 10%, you will be responsible for \$100 per session until the deductible is met, then will be charged \$10 per session until your plan starts over at the end of the year.

**Step 3:** Ask the representative for a list of providers which are in-network in your area. This list may also be accessible on the insurance company's website.

**Step 4:** Before completing your call, ask the representative for a reference number (this will help if you need to contact the insurance company later)

**After determining your insurance benefits AND obtaining a list of providers:**

You may wish to consult the Psychology Today website ([www.psychologytoday.com](http://www.psychologytoday.com)) to get some additional information on the psychologists/psychiatrists that you are considering. Look under the section "Find a Therapist" and enter the zip-code for the town that you are interested in. Not all providers are listed here but many are. You can learn a bit about the providers that you are interested in such as their philosophy of working with clients, areas of specialization and specific information on their practice.

**Step 5:** Call to schedule an intake appointment with the provider you choose from the list provided by your insurer.