

How to Determine Your Insurance Benefits

1. To determine your insurance benefits call the customer service number of the back of your insurance card to speak with a representative. Be prepared to provide them with your insurance ID number [located on the front of your card, your date of birth and your home address.
2. Tell them that you are looking to see if you have "mental health benefits for OUTPATIENT in-office treatment". [Note: not all insurance plans provide mental health benefits; sometimes referred to as "behavioral health" benefits].
3. There are 2 types of insurance benefits. IN-network and OUT-of-network benefits. You will want to know if you have OUT-of-network benefits. Should you only have IN-network benefits you need to go to a therapist that is on your insurance company's list of providers in order to use your insurance benefits. With OUT-of-network benefits you have the option to see a therapist that is not contracted with your insurance company. [Note: if you opt to see a therapist who is OUT-of-network you will likely pay the therapist's fee up front and then submit a copy of the bill to your insurance company for reimbursement. You may also be responsible for the difference between the therapist's fee and the "customary rate" deemed by your insurance company. This should be clarified with the provider.]
4. It is also helpful to have the following questions answered: a.) *Is there a deductible to meet?* [before your insurance starts paying their portion of the cost] If so, *How much is the deductible;* and *How much has been met to date?* b.) *What is the co-pay or co-insurance?* Your insurance company will provide you with either an actual dollar amount that you will be responsible for [i.e. your *co-pay* is \$20 per appointment]; OR, they will say that they will pay for a certain percentage of the "reasonable and customary rate" and your *co-insurance* [the amount that you are responsible for] would be the remaining portion [i.e. The insurance pays 80% and your *co-insurance* is 20%]. c.) *How many sessions can you receive per year?* [Your insurance company may give you an exact number of sessions or they may say "unlimited sessions based on medical necessity."] d.) *Is pre-authorization or referral required before meeting with a therapist?*
5. You should then go to your insurance company's website and view their provider list to determine which providers are IN-network in your area.

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

You may wish to consult the Psychology Today website (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.