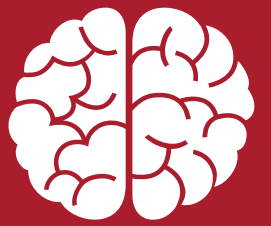


# How to Determine Your Mental Health Insurance Benefits for an Off-Campus Provider and How to find an Off-Campus Provider



- **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. You may also need the name of the primary person on the insurance (e.g., your parent whose name the insurance is under).
- Tell them that you are looking to see what your coverage is for “mental health benefits for OUTPATIENT in-office treatment”. [Note: most insurance plans provide mental health benefits; sometimes referred to as “behavioral health” benefits].
- There are 2 types of insurance benefits: IN-network and OUT-of-network. You should ask about both.
  - IN- network benefits are the benefits provided to you when you use one of the providers recommended by your insurance. They often cover in-network providers at a lower cost to you.
  - OUT-of-network benefits are the benefits to cover a provider NOT on their list of recommended providers. 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 (the provider may help you with this; ask them). You may also be responsible for the difference between the therapist’s fee and the “customary rate” deemed by your insurance company. You should find out from the insurance what their “customary rate” is, and what portion of it they will cover. This should also be clarified with the provider.
- It is also helpful to have the following questions answered:
  - Is there a deductible to meet? (A deductible is the amount you are responsible to pay, before your insurance will cover your appointment costs.) If so, how much is the deductible; and how much has been met to date?
  - What is the co-pay or co-insurance? This is the amount you will be responsible to pay. Your insurance company will provide you with either an actual dollar amount you will be responsible for [e.g., 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%]. It would be important to ask what the “reasonable and customary rate” is.
  - Is there a session limit per year? [Your insurance company may give you an exact number of sessions or they may say “unlimited sessions based on medical necessity.”] Ask if it is for the calendar year or another year (e.g., June to May)
  - Is pre-authorization or referral required before meeting with a therapist?
- 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.
- **Finding a provider:**
  - Call your insurance carrier to ask for a list of providers in your area that accept your insurance  
**OR**
  - Go to plans’ website
    - Locate the “find a doctor/provider”
      - Sometimes you have to log into to the plan, often you can search without logging in
      - Put in geographic area (zip code, city, etc.)
      - If you are looking for counseling
        - Try looking under “behavioral health”
        - Try searching for Professional counselor (when asked what type of provider often has more options than Psychologist or Social Worker, although all can provide counseling services)
      - If you are looking for medication, often your Primary Care Provider (PCP) can help, even if he/she is a Nurse Practitioner or Physician’s Assistant



**Pro Tip:** You can “cross reference” individual practitioners with agencies by googling local agencies and comparing practice addresses

- Once you have found 3 or 4 practitioners or practices to call
  - Have the phone #, info on them from website open in front of you
    - Be prepared to
      - Ask if they are taking new patients
      - Give them your insurance information
        - This helps the practice determine your coverage, whether they take your insurance, and how much you will have to pay out of pocket per visit
      - Give them some idea of what you need and therefore who would be a good provider for you (ex, I need help with anxiety, or I want to talk about my past traumas, etc.)
    - Take note of how you are treated
      - Are you able to reach someone?
      - Do you get a call back if you have to leave a message?
      - Are your questions answered?
      - Do you feel like you are being heard?
    - Call others on your list for comparison, especially if any of the answers above are NO
    - You may need to make several calls before finding an opening or a good fit in therapist



**Pro Tip:** You can also ask friends, family, medical provider, trusted others for recommendations of therapists