

## **Guide to Check Your Out of Network Benefits**

I hope this guide helps you learn more about your out of network benefits. Please remember, even if the insurance company quotes you certain benefits, it does not always mean they will cover your services as expected. You will be responsible for my full self-pay rate if your insurance company does not cover your treatment with me.

### **Two Ways to Check Your Benefits**

First, you can look online through your insurance portal. Sometimes, they will have the information you are looking for.

Second, it's always best to actually call your insurance company's member services line. The phone number is on the back of your insurance card. This way you can ask very specific questions. I recommend asking all of the questions listed below to get a full picture of what will be covered for you.

I would suggest you write these answers down and we can discuss them if you would like.

- Does my policy cover video counseling (Telehealth)?
- Do I need to use a special platform for video counseling?
- How much of my deductible has been met this year?
- What is my out-of-network deductible for outpatient mental health?
- What is my out-of-network coinsurance for outpatient mental health?
- Is my out-of-network deductible and coinsurance the same for telehealth?
- How much will my out of network policy cover for CPT codes 90791 (your first appointment) and 90837 (your follow up appointments)
- Do I need a referral from an in-network provider to see someone out-of-network?
- How do I submit claim forms for out of network reimbursement?

## How do I understand my out of network benefits?

- **Out-of-network deductible:** This is the amount of money you have to pay *before* you are eligible for reimbursement.

Let's say your out-of-network deductible is \$2,500, and your insurance company pays for 100% of services after you meet that amount. That means you'll have to pay \$2,500 out of pocket, after which you'll have "met your deductible."

In this scenario, if you spend \$3,000 on therapy services, you'll have to pay \$2,500 out of pocket, but the remaining \$500 will be reimbursed to you in the form of a check (mailed to you after you submit your claim).

Deductibles reset every calendar year, and *any* health expense you pay out-of-pocket contributes to meeting it.

- **Coinsurance:** This is the percentage of the service fee that you're ultimately responsible for paying.

Let's say your therapist charges \$200 per session. If your coinsurance is 25%, you're only responsible for paying \$50. (Note: You'll need to pay the full \$200 upfront. Your insurance will send you a check for \$150 after the session, once you've met your out-of-network deductible and submitted a claim.)