

## Step-by-Step Guide to Out-of-Network Benefits

In-network and out-of-network providers. In-network therapists have negotiated a contracted rate with your health insurance company; as a result, they are typically more affordable than out-of-network therapists.

If the therapist you're seeing is not in your insurance network, then you will have to pay the full price of the session upfront. Fortunately, depending on your health insurance plan, your insurance company may help reimburse a portion of the cost by mailing you a check. If you have a PPO or POS health insurance plan, you'll get back partial reimbursement for out-of-network services, making therapy more cost-effective and budget-friendly.

### 1. Check your out-of-network benefits

These are typically in the Summary of Benefits, included in a member information packet or on your insurance company website. Keep an eye out for these terms:

- **Out-of-network deductible:** This is the amount of money you have to pay before you are eligible for reimbursement.
- **Coinsurance:** This is the percentage of the service fee that you're ultimately responsible for paying.

Some insurance companies determine an "allowed amount," which caps the session fee that they'll cover. If your insurance has determined \$100 is their "allowed amount" per session, at a 25% coinsurance rate, your insurance company will still only reimburse you up to \$75, no matter what the therapist's session fees are. In other words, if your insurance has an allowed amount of \$100 but your therapist's session fees are \$200 per session, you won't get reimbursed more; you'll still be reimbursed \$75, and will be ultimately responsible for \$125.

### 2. Call your insurance company to verify your benefits

You can find this phone number on the back of your insurance card.

Ask these questions when speaking to your insurance company about benefits:

- How much of my deductible has been met this year?
- What is my out-of-network deductible for outpatient mental health? (Outpatient means treatment outside a hospital.)
- What is my out-of-network coinsurance for outpatient mental health?
- Do I need a referral from an in-network provider to see someone out-of-network?
- How do I submit claim forms for reimbursement? (Claims are forms that are sent to your insurance company to receive reimbursement for sessions you paid for out of pocket.)

### 3. Ask your therapist for a Superbill

When you're looking for a therapist, ask if they are willing to submit claims to your insurance company for reimbursement. While some therapists offer this, typically, the client is responsible for submitting claims. Your therapist will provide you a document called a Superbill that you send directly to your insurance company at the end of each month.

### 4. Receive out-of-network reimbursement!

You'll need to pay your therapist the entire session fee at the time of service, but depending on your specific plan, your insurance company will mail you a check to reimburse a portion of that cost. There are many reasons to see an out-of-network therapist. By following these steps, you'll be able to expand your search and make the most of your insurance. You'll also find information about their accepted insurance and fees, but remember that seeing an out-of-network therapist is worth considering.

<https://blog.zencare.co/guide-to-out-of-network-benefits/>