Questions to ask your insurance company before you receive mental health services:

1) Are mental health benefits covered under my plan?
2) Does your company manage my family’s mental health benefits or is another company “subcontracted” or “carved out” to manage my mental health benefits?
3) Do I need pre-approval from my insurance company before I can see a mental health professional?
4) Do I need a referral from my primary care physician to see a mental health professional?
5) Do I have a deductible for services?
6) Are there co-payments for services?
7) Can I only see providers on the list provided by my insurance (in-network) or can I choose to see any qualified professional (out-of-network)?
8) If services are covered for providers who are out-of-network, are those services covered differently than services provided by in-network providers?
9) Are there visit limits, dollar limits, or other coverage limits for my mental health benefits?

Glossary of terms

**Deductible** - The amount you must pay before your health insurance company starts to pay for care, for example, $500 per individual or $1,500 per family. In most cases, a new deductible must be satisfied each calendar year.

**Co-payment** – A fixed dollar amount designated by your insurance company that is your responsibility to pay at each visit (also known as “co-pay”). Common co-payment rates are $10 or $20 per visit, but be aware that co-payment rates vary from insurance plan to insurance plan.

**Co-insurance** – The part of your bill, in addition to a co-pay, that you must pay. Co-insurance is usually a percentage of the total bill, for example, 20 percent.

**In-network** – The therapist has a contract with the health insurance company to provide you with care and will submit your bill directly to the health insurance company for payment. However, you may be responsible for a co-payment, deductible and/or co-insurance according to your health insurance company benefit plan.

**Non-covered charges** – Costs for therapy that your health insurance company does not pay. We recommend that you contact your insurance company prior to treatment to determine if your care is covered by your health insurance policy.

**Out-of-network** – The therapist is not contracted with the health insurance company to provide you with treatment. You are responsible for the payment of the care.