Your Guide To Out-of-Network Benefits

When looking for a therapist, you have the option to choose between 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.

While finding an in-network therapist is often the default choice, including out-of-network therapists can help expand your therapist search. This is especially true since therapists who take insurance tend to be booked to full capacity and have long wait times for appointments, especially those with a specialty area or niche that is in high demand.

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 plan, your insurance company may help reimburse a portion of the cost by mailing you a check. For example, most PPO and POS health plans offer partial reimbursement for out-of-network services.

- **PPO stands for Preferred Provider Organization**. These types of plans typically offer out-of-network benefits. The insurance company will help pay a portion of the bill and you will likely pay a larger portion of the coinsurance.

- **HMO is short for Health Maintenance Organization**. These types of plans typically don't offer any out-of-network benefits—which means you will have to cover all out of-network costs out of pocket.

- **POS stands for Point of Service.** These plans require policyholders to get a referral from their primary care doctor in order to see a specialist. You'll save money by using in-network providers, but unlike an HMO, you may receive care from an out-of-network provider.

Use the following steps to learn how out-of-network benefits work. Though navigating out of-network benefits can be cumbersome, it can save you a lot of money in the long run. Even if you don't fully understand the terms below, having the details upfront can help you figure out how payment works, and prevent any unexpected bills.

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.

  Let's say your out-of-network deductible is $1,000, and your insurance company pays for 100% of services after you meet that amount. That means you'll have to pay $1,000 out of pocket, after which you'll have "met your deductible."

  In this scenario, if you spend $1,500 on therapy services, you'll have to pay $1,000 out of pocket (e.g. $100 at each session for 10 sessions), but the remaining $500 will be reimbursed (sent either to you directly or to the provider) .

  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 $100 per session. If your coinsurance is 25%, you're only responsible for paying $25.

  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

The best way to be absolutely sure of your benefits is to clarify with your insurance company member services line. 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. Submitting Claims

Triangle Cognitive Therapy will submit all of your claims directly to your insurance company. Once you have provided us with all of your insurance information, you will not have to do anything else.

You'll be responsible for the session fee at the time of service, but depending on your specific plan, your insurance company may reimburse a portion of that cost. We will set up the claim to have the reimbursement sent to you directly. If you have paid your entire session fee up front and the insurance company reimburses us, your account will be credited or you will receive a refund depending on your preference.