How-To Guide: Calling to clarify your insurance coverage for mental health services

● Have your insurance card ready. If your physical card is with a family member in another city, ask the person who has your card to scan and email BOTH sides of the card to you. If there is no physical copy of your card, you may be able to log into your health insurance website to get information needed to access your benefits (such as your Member ID number).

● Call the Member Services phone number listed on the back of your insurance card (or on the insurance website). Ask to speak to a live operator about “mental health benefits information.” You may be asked to provide your name, your Member ID, your date of birth, and the address or phone number of the primary insurance holder (if you are on your parent/guardian’s insurance, you will likely need to provide their address rather than your current address at Stanford).

● Ask the operator to tell you about your outpatient mental health benefits. Be sure to ask:
  ○ What is the deductible?
  ○ What is the co-pay or co-insurance?
  ○ Are there any limits on the number of sessions the insurance will cover?
  ○ What is the annual out-of-pocket maximum?
  ○ Are there any other restrictions you should be aware of?

● Ask the operator to describe to you how to search for in-network clinicians online. They may offer to send you a list of clinicians, but conducting your own search allows you to change your search criteria (searching by distance from campus, gender of therapist, etc.). If possible, try to search for providers while the operator is on the phone. Some search engines require you to select a specific type of insurance plan or enter an Employer ID. The operator can assist you in entering the appropriate information and completing your search. Search for clinicians near the 94306 zip code. (You may search for a Psychiatrist if you need medication, or for Psychologists, LCSWs, LPCCs, and MFTs if you are seeking therapy only. You can also look for Psychiatrists who provide both medication management and therapy.)

Glossary of terms [from Student Health Matters guide]:

● **Annual deductible**: The amount you pay each plan year before the insurance company starts paying its share of the costs. If the deductible is $2,000, then you would be responsible for paying the first $2,000 in health care you receive each year, after which the insurance company would start paying its share.

● **Copay/copayment**: A fixed, up-front amount you pay each time you receive care when that care is subject to a copay. A copay of $30 might be applicable to a doctor visit, after which the insurance company picks up the rest. Plans with higher premiums generally have lower copays, and vice versa. Plans that do not have copays typically use other methods of cost sharing.

● **Coinsurance**: A percentage of the cost of your medical care. For an MRI that costs $1,000, you might pay 20 percent ($200). Your insurance company will pay the other 80 percent ($800). Plans with higher premiums typically have less coinsurance.

● **Annual out-of-pocket maximum**: The most cost-sharing you will be responsible for in a year. It is the total of your deductible, copays, and coinsurance (but does not include your premiums). Once you hit this limit, the insurance company will pick up 100 percent of your covered costs for the remainder of the plan year. Most enrollees never reach the out-of-pocket limit but it can happen if a lot of costly treatment for a serious accident or illness is needed. Plans with higher premiums generally have lower out-of-pocket limits.