

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 and the Customer Service contact phone number).
- Look on your insurance card and locate “mental health benefits” phone number. If this number is not available, look for a “member services” phone number. If the medical benefits are issued through one company, do not assume the mental health benefits will be administered through the same company. For example, Health Net has mental health benefits contracted through a different company called Mental Health Networks (MHN).
- Follow the automated prompts for “members” and then “obtaining benefit information.” You also may be able to say “speak with a representative” if asked for a voice prompt. Once you are speaking with a live operator, let them know you would like your “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 for office visits.” Be sure to ask:
 - Is there an in-network benefit vs. out of network benefit on the plan? If so, request an explanation.
 - Is there a deductible (amount of money you will need to pay out of pocket before insurance will start to pay) that will need to be met by the individual or the family before the mental health benefits can be utilized? If so, what is it?
 - 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? Does this amount include the deductible and copays?
 - What date does the calendar year begin? (This is the deductible and out-of-pocket maximum reset to \$0 accumulation.)
 - 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.) without needing to call back every time you want to search. Feel free to have the operator send you a list AND have them walk you through your own search as well. Inform the operator about the type of mental health provider you are seeking. (For example, “I’d like a therapist who treats anxiety and insomnia.”) If it is important to you that the therapist be a specific gender or ethnicity, or that they specialize in sexual orientation or gender identity, let the operator know. (For example, “I’d like an Asian-American female therapist who understands transgender issues and specializes in anxiety.”)

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 and let the operator know how many miles you are willing to travel to see the clinician. (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.) Keep in mind that while the insurance website may indicate a clinician has availability to accept new clients, this information may be outdated, so it’s best call to confirm availability.

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.

For additional information about connecting with mental health services off campus, go to:
<https://vaden.stanford.edu/referrals>