

Questions for your Insurance Provider

These questions will help you understand how best to take advantage of your health insurance benefits. Most of these questions can be answered with a quick 10 minute call to your insurance company. Start by calling the Customer Service/Member Services number on the back of your insurance card.

✓ Can you offer me some in-network referrals in my area?

Health care providers that are in your insurance company's network of coverage will be the lowest cost for you. Your insurance company can direct you to a list of medical providers who are in your network.

This is typically available on the insurance provider website as well. You can search for providers by type, such as "internal medicine" or "behavioral/mental health."

✓ What is my co-pay?

A co-payment (co-pay for short) is a set fee for appointments, usually much lower than the full cost of treatment. Your co-pay for counseling or to see a specialist may be different than your co-pay for visits to your family doctor.

✓ How much is my deductible?
Have I met my deductible this year?

An insurance deductible describes how much money you need to pay before your insurance company begins covering your health care. For most health services, you will need to pay the full cost of treatment until the annual deductible is met. Depending on your specific plan, the deductible may not apply to certain types of visits, and your insurance company may cover your treatment right away.

✓ Do I have session limits for counseling?

If you're using your health insurance to receive mental health counseling, insurance plans sometimes have limits to how many sessions they will cover.

✓ Do I need to get pre-authorized before I meet with a specialist?

Depending on your specific insurance plan and the type of treatment you are seeking, you may need to get pre-authorized (pre-certified), or approved, by your insurance company before you receive coverage.

