Using Your Private Insurance to Find a Mental Health Provider

Step 1: Find Your Insurance Card

You are not required to use your insurance to pay for off-campus care, but many people do. You are responsible for paying any fees you incur that are not covered by your health insurance such as co-payments and deductibles.

Step 2: Call Your Insurance Company

Call the phone number on your card for mental health services.

- The phone number is likely on the back of your card.
- Mental health services are sometimes also called "behavioral health services" by insurance companies.
- The number you call for mental health services may be different than the number you call for physical health benefits.

Step 3: Get Information about Your Benefits

Ask your insurance company for assistance finding a mental health provider.

- Most insurance companies require a payment for each visit you make to a provider. Ask how much you will pay per session – this is also called a "co-pay."
- Ask how many sessions you are entitled to per year through your insurance.
- Indicate what zip codes you are willing to travel to (the university zip code for Stockton is 95211, the zip codes to the north of the university include 95207, 95209, 95210, and 95212; the university zip code for Sacramento is 95817; the university zip code for San Francisco is 94103).
- If you are looking for someone to talk with, ask for a list of in-network therapists and psychologists.
- If you are looking for someone who can prescribe medication, ask for a list of in-network psychiatrists or medical doctors.
- Relay if you have any specific preferences for a provider such as gender or specialty areas (such as: works with depression, trauma, anxiety, Autism).
- You might also want to ask for instructions on how to get a list of names using the internet.
- Ask about any required deductibles. Some plans have deductibles and others do not. A
 deductible is the amount of money that an insurance company may require you to pay out
 of pocket before your insurance benefits begin. For example, a plan may have a \$100
 deductible for medicines, a \$300 deductible for in-network providers, and a \$1000
 deductible for out of network providers. This is in addition to any required copays that begin
 after the required deductible has been met.
- Keep in mind that mental health benefits are often different than medical benefits.

Step 4: Call Providers Who Take Your Insurance

Start calling some of the providers on the list you were given by your insurance company. You may need to call more than one person if the first person you try doesn't call you back in 24 to 48 hours. If you need a therapist and a psychiatrist you will need to call people from both lists.

- Providers almost never pick up the phone. You will need to leave a message with your phone number and a good time to reach you.
- If you haven't set up your voicemail, this is a good time to do it so that you don't miss a call back. Most providers will not email or text to set up an initial appointment.
- When you leave a message or talk to the provider, ask if the provider is accepting new
 patients/clients. Tell them what kind of insurance you have, and a bit about why you are
 seeking services with them.
- Often psychiatrists and neurologists are listed together under psychiatrist providers. While some neurologists are capable and comfortable prescribing some psychiatric meds, many others are not. Be sure to clarify that the provider is someone who is comfortable assessing and treating your condition.
- Psychology Today offers a helpful provider search that many clinicians post profiles to: https://www.psychologytoday.com/

Insurance Frequently Asked Questions

1. How much will my appointments cost?

The answer to this question will vary depending on your individual insurance plan. Call your insurance company to find out the answer. Inquire what your co-pay is to see a therapist/psychiatrist and if there is a deductible that must be met first. A co-pay is the amount that you will be responsible for paying each session. You can also ask how many sessions per year you are able to attend.

2. Will my parents know I'm going to a mental health provider if I'm on their insurance plan?

While confidentiality of mental health services is legally protected, some information (including date and type of appointments) may be conveyed in correspondence to the person who pays for your insurance. For more details, please speak to your insurance company and your provider.

3. Can I just look on the internet to find a provider that takes my insurance?

If you decide to use the "Find a Provider" feature on the website for your insurance company, be sure to enter your member number or plan name for a correct list of options. If you just go to the website of the main insurance company on your card, you might end up with a list of providers that don't take your insurance. Keep in mind that you should **always confirm directly** with your provider that they take your specific insurance plan.

4. What's the difference between types of therapists?

Your therapist list may contain Psychologists (PsyD and PhD), Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Professional Clinical Counselors (LPCC). All of these providers work with a variety of concerns that can help you feel better. Psychiatrists are typically MDs; they prescribe medication and occasionally provide therapy. You may also be referred to a Psychiatric Nurse Practitioner (PNP) for medication.

5. What if I want to see someone who doesn't contract with my insurance company?

It will likely be more expensive to see an "out of network provider" than a provider connected to your insurance company. Many insurance companies will not pay at all for you to see someone not on their list. Be sure to ask your insurance company about this before signing up with someone who is out of network.

6. What if I'm having an emergency?

If you are having an emergency or urgent matter and you are a current Pacific student, you can still utilize the emergency/crisis options through CAPS. This includes requesting an emergency same-day in person appointment and/or calling our 24/7 help line at 946.2315 x2, option 4 to speak with a therapist on the phone. If you are in danger of hurting yourself or someone else, call 911 or go to your local emergency room.

Kaiser

TELEHEALTH: KP.ORG - Make appointments for email, video or phone appoints online

Anthem Blue Cross

• TELEHEALTH: LiveHealthOnline.com (Free for students with the University plan)

BCBS - Blue Cross Blue Shield

- TELEHEALTH: LiveHealthOnline.com
- Check the back of your BCBS member card or visit your BCBS company website.

Cigna

• TELEHEALTH: Cigna Telehealth Connection

United Healthcare

TELEHEALTH: Virtual Visits Access available through the United Healthcare website

Aetna

• TELEHEALTH: Teladoc Access available through the Aetna website

HealthNet

TELEHEALTH: Teledoc Access available through the HealthNet website

Western Health Advantage

• TELEHEALTH: Access available through the Western Health Advantage website

VA – Veterans Administration

• TELEHEALTH: <u>VA Video Connect</u>

Sutter Health

• TELEHEALTH: MDLIVE

Dignity Health

my care.

Download the My care app