Using Health Insurance for Therapy

The Mental Health Parity and Addiction Equity Act was enacted in 2008 and requires insurance coverage for mental health conditions, including substance use disorders, to be no more restrictive than insurance coverage for other medical conditions. In addition, the Affordable Care Act (ACA) expanded to this coverage. Most health insurance plans cover mental health treatment, but not all do, and some will only cover certain levels of care. To get started using your health insurance to help cover the cost of therapy or other mental health services, first find out if you have behavioral/mental health benefits on your health insurance plan.

- **For students on the University's Student Health Insurance Plan through Aetna:**

  - Visit the Student Health Insurance website and Aetna Resources for Members webpage for plan information, to download your insurance card and to search for a provider.
  - Create an Aetna Teladoc account to access virtual mental health care.

- **For students with other health insurance providers:**

  - Call the member services phone number listed on the back of your insurance card. Have your insurance card accessible when you call, as you will be asked to provide your member I.D. and other identifying information. You can also visit your insurance provider's website listed on your card to search for in-network providers.
  - Ask for information on your behavioral health benefits. Many insurance providers will use the terms "mental health" and "behavioral health" interchangeably.
  - Ask the customer service representative for the following information:
    - "Do I have coverage for outpatient mental health care in (state where you currently reside)?"
    - "Do I have a deductible for outpatient mental health services?" Ask if you need to meet the deductible before benefits are applied.
    - "What is my coverage for outpatient mental health services?"
    - Ask if you need a referral. Some plans require a primary care physician give you a referral. This means you will need to see a primary care physician before you can see a mental health specialist (therapist or psychiatrist).
  - Ask how you can locate a mental health provider. Your insurance website may have a provider database you can browse, or you can usually request that the representative search for providers for you and send you the results.

- **For students without mental health service benefits:**

  - Generally, health insurance is required to cover mental/behavioral health care. Sometimes, students may not have mental health service benefits in the state where they currently reside. In this case, consider the following:
    - Are you able to get connected with mental health services in your hometown/where you have coverage?
    - Are you (or your family) able to pay out of pocket for mental health services? If so, consider your budget before looking for a provider. Many out-of-network mental health providers offer superbills that can be submitted to insurance companies for reimbursement.

        - Look for a provider who offers a sliding fee scale (fees based on income). This means the provider may consider lowering their rates for someone without insurance coverage, or those who are under-insured or paying out of pocket for services.
    - Contact 211 CNY for assistance accessing local community mental health resources.
    - Connect with an insurance navigator at ACR Health to explore insurance options.
    - Visit the Substance Abuse and Mental Health Services Administration website to find free or low-cost treatment or support.

Once coverage is determined and you have identified a list of potential providers, you will need to start contacting providers directly. Providers may not pick up a call due to being in sessions during the day, so you will likely need to leave a message with your name, contact information and a good time to reach you. Whether you leave a message or speak to the provider, ask if they are accepting new clients, tell them what kind of insurance you have and indicate your reason for calling (i.e., to establish new patient services, start therapy, explore medication options, etc.). Make sure your voicemail is set up and able to accept new messages.

Pros/Cons of Seeing an In-Network vs. Out-of-Network Therapist

In-Network	**Out-of-Network**
Straightforward payment: Usually does not require special approval by the insurance company.	More options: When you expand your search beyond your health insurance network, your therapist choice becomes less restricted, allowing you to better prioritize therapist fit, expertise and convenience.
Less expensive: The health insurance plan usually pays the bulk of the session fee.	Flexible scheduling: Out-of-network therapists may have greater availability and shorter wait time.
Limited therapist selection: Because of low payment and logistical hassle, many therapists choose not to be in-network with health insurance plans. This can limit the pool of therapists to choose from, meaning your chances of finding a therapist with a specific background, therapeutic modality or identity decrease.	Potential for reimbursement: You may be able to receive money back from your health insurance company if your benefits include partial reimbursement for out-of-network mental health treatment.
Long waitlists: Because in-network therapists are in high demand, they tend to fill up quickly. You may encounter a longer wait time to see an in-network therapist.	Higher costs: Can be more costly to see an out-of-network therapist and may require paying the session fee up front.
	Managing the logistical hassle of navigating out-of-network benefits: It can be complicated to access out-of-network benefits, and reimbursements may be delayed or rejected.

Visit the ZenCare Comprehensive Health Insurance Guide for more information on different approaches to using insurance to pay for therapy.