

OUT OF NETWORK BENEFITS GUIDE

Use the following resource to learn how out-of-network benefits work and what steps to take to inquire about your benefits. Though navigating out-of-network benefits can be challenging, it can save you a lot of money and make mental health care more affordable.

Step 1: Know Your Terms

DEDUCTIBLE:

Your deductible is a dollar amount you may have to pay out of pocket before insurance kicks in to start reimbursing services.

Deductibles can range from zero to upwards of \$10,000.

Each plan is different, so it's important to check with your insurance company to fully understand the expectations. Deductibles also reset each year.

For example, if you have a deductible of \$500, you will be paying out of pocket up to that amount and then you will be eligible for your reimbursement amount.

COINSURANCE:

Coinsurance is the percentage that you are responsible for (of the allowed amount of services) once you reach your deductible. This percentage will not be reimbursed.

ALLOWED AMOUNT:

Allowable amount means that the Insurance company will reimburse you the contracted percent of what they deem is an appropriate rate for a specific service.

For example, a Therapist's session rate might be \$130, but the Insurance company may deem that the allowable amount for a therapy session is only \$100. So they will only reimburse you the contracted reimbursement % of \$100, not of the \$130 you actually paid up front.

Step 2: Call Your Insurance Company

Make sure to select Mental Health and aim to speak with a Representative.

Questions to Ask:

1. Do I have Out of Network (OON) Benefits for Mental Health?
2. Does my coverage include in-office and telehealth visits?
3. What is my OON deductible, when does it reset, and how much have I met thus far?
4. What is my reimbursement percentage?
5. How do I submit claim forms for reimbursement?
6. How long do I have to file for reimbursement?

Step 3: Submit claims with a superbill

Following the instructions you received on your call for submitting in a timely manner, your insurance company will mail you a check to reimburse the portion contracted in your plan.

DBT of South Jersey emails a superbill through the client portal on a monthly basis. This document is sent the first week of the month for the previous month's services. It includes everything most insurance companies typically require: dates of services, diagnosis and procedure codes, fees paid, provider information, etc.

This is the document you submit to your insurance company for reimbursement. Single session receipts are not sufficient.

If you still have questions regarding your OON benefits, do not hesitate to reach out to our Intake Coordinator: contact@dbtofsouthjersey.com

