

Intro Slide:

Hello and welcome to the UCSD CAPS insurance information presentation. This prerecorded video will cover general information regarding how to utilize health insurance to receive mental health treatment off campus.

Please remember that this presentation is designed to provide a brief overview of utilizing insurance. UCSD CAPS strongly recommends you contact your insurance provider for detailed information regarding your insurance benefits and coverage.

Slide 1:

First we will cover common insurance terms that you are likely to see when utilizing your health insurance.

A member ID or member number is a unique number that identifies you as the insured and is often found on the front of your insurance card. You can think of it as similar to your student Id or driver's license number.

A co-pay is a fixed amount for a covered service that is paid by the patient to the provider for each appointment. For example, an individual with a \$20 co-pay will pay their therapist \$20 for each session.

A deductible is the amount that you pay for covered healthcare services before the insurance provider begins to pay. For example, someone with a \$500 deductible must pay \$500 towards covered healthcare services before their insurance provider will begin paying for services. After the deductible is paid in full, the insurance provider will then pay a fixed amount.

The term in-network is used to describe therapists and psychiatrists who are contracted with your insurance plan and will directly bill the insurance company for your services. When you select an in-network provider, you will be responsible to pay your designated co-pay and/or deductible.

The term out-of-network is used to describe a provider who is not contracted with your insurance company and will bill you directly for services. If you want to receive services from a provider who is out of network, you will be responsible for paying the full cost of the service. After paying for the services, you can then request reimbursement from your health insurance by submitting a superbill or invoice. A superbill is an itemized receipt from your provider that details services received and associated costs. Please note, requesting a superbill does not guarantee your insurance provider will pay for costs of services received.

Please contact your health insurance provider for specific information regarding your co-pay, deductible, coverage, and additional information.

Slide 2:

There are two ways to contact your insurance provider to find out coverage information and receive a list of in-network providers.

First you can call the insurance provider's customer service number, which should be located on the back of your insurance card. When contacting your insurance provider, we recommend you have your member card and member Id readily available as they will most likely ask for this information at the beginning of the phone call in order to find your specific health care plan.

It is also recommended to plan to spend at minimum 10 min on the phone with your insurance provider. However, sometimes there are longer wait times, so allow for extra time so that you do not feel rushed when contacting them.

When speaking with an insurance representative, some questions you may want to ask include: how much is the deductible and co-pay for psychotherapy and/or psychiatry services? Is there a limit of number of sessions that you can receive from a therapist or psychiatrist? And can

they provide you with a list of local in-network therapists who are currently accepting new clients.

Some students request privacy from their insurance providers so that parents, guardians, or individuals who are the main member on their insurance plan, cannot access their mental health information and use of benefits. If you would like to request privacy for utilizing your insurance for mental health services, we encourage you to call your insurance provider and request them to assist you with implementing adult privacy protections.

Slide 3:

Often, you can also obtain this information through your insurance provider's web portal, which may be listed on the back of your insurance card. Usually your insurance provider's web portal will request you to enter your member ID, group plan, and possibly other demographic information so that it can display your specific health care benefits and coverage.

Insurance web portals usually have a "find a provider" function on the website that you can use to find a list of local therapists and psychiatrists and often can filter therapists and psychiatrists by identities, geographical location, specialties, and more.

Slide 4:

Once you have obtained a list of therapists or psychiatrists in the area, you can begin researching providers to narrow down who you would like to contact.

Using Google can help find if the therapist or psychiatrist has a website with information about their practice or you can use the website PsychologyToday.com, which some therapists use to post profiles about themselves. Psychologytoday.com also allows filters to search therapists by location, insurance plan, identities, and more. Lastly, you can use Konvergent to view therapists UCSD CAPS regularly refers to. Some

providers may not have personal websites or Psychologytoday.com profiles, thus we have included questions later in the presentation that you can ask to help determine if you would like to receive treatment from them.

Some questions you may want to consider prior to contacting a therapist to help determine if they are a good fit include: Does the therapist have identities you feel comfortable interacting with? What is their therapeutic style or working relationship with clients? And do they work with clients who are similar to you and/or have similar presenting concerns?

Slide 5:

After you've selected about 4-6 providers you may be interested in, you can begin calling to schedule your first appointment. When first contacting a provider, we strongly encourage you to double check with them that they accept your insurance.

After they have confirmed they accept your insurance plan, there are a few questions you may want to ask, such as: are they accepting new clients and when the next available appointment is? This will help determine if they can meet your needs and if there is a wait for services. If there is a wait to be seen for a first appointment, you may want to consider contacting other therapists.

You can also ask how many sessions the therapist typically sees their clients for and how often (such as weekly or bi weekly, which means every other week). This will also help determine if the therapist can meet your needs.

If you have a preference for telehealth or in-person sessions, you can ask the therapist how they are meeting clients and plan to meet with clients going forward.

Lastly, if there's a therapist that is out-of-network, you can ask if they offer a reduced fee for students on a budget. Typically, this is known as sliding

scale, cash-pay discount, or pro-bono work, and is based on your income. Please note the specific costs will vary depending on provider.

Closing Slide:

We thank you for viewing the UCSD CAPS health insurance presentation for utilizing insurance to access mental health services off campus.

We hope you have found this information beneficial and remind you that this presentation is a general summary of information and encourage you to contact your insurance company directly for more detailed information about benefits and coverage. If you have general questions regarding psychotherapy and referrals, please contact the CAPS central office at: 858-534-3755