#### **Out-of-Network Mental Health Insurance: Key Questions to Ask**

# **✓** 1. Do I have out-of-network benefits for mental health or therapy services?

This will tell you if your insurance covers sessions with providers who aren't in your insurance company's network.

### **2.** Is there a deductible for out-of-network mental health care?

Ask how much you need to pay out of pocket before your benefits kick in.

### **✓** 3. What percentage of the session fee will I be reimbursed?

This helps you calculate what you'll actually pay after reimbursement.

# **✓** 4. Is there a maximum reimbursement amount per session?

Some plans only reimburse up to a set rate per session, even if your therapist charges more.

### **5.** Is there a limit on the number of sessions covered per year?

Ask if there are caps on visits, either annually or per condition.

### ✓ 6. Do I need a referral or prior authorization to see an out-of-network therapist?

Some plans require you to get approval before starting therapy, even with out-of-network providers.

# 7. Can you send me my Summary of Benefits and Coverage (SBC)?

This document gives a clear breakdown of what your plan covers, including mental health services.

### **✓** 8. How do I submit a claim for reimbursement after a session?

If you plan to see an out-of-network therapist, you'll usually need to submit a claim form (and your therapist can give you a "superbill" for this).

# **✓** 9. How long does it take to get reimbursed after I file a claim?

Get a general idea of timelines so you know when to expect payment.

# **✓** 10. Can I use my out-of-network benefits for virtual therapy (telehealth)?

Make sure your plan covers remote therapy if you're not attending sessions in person.