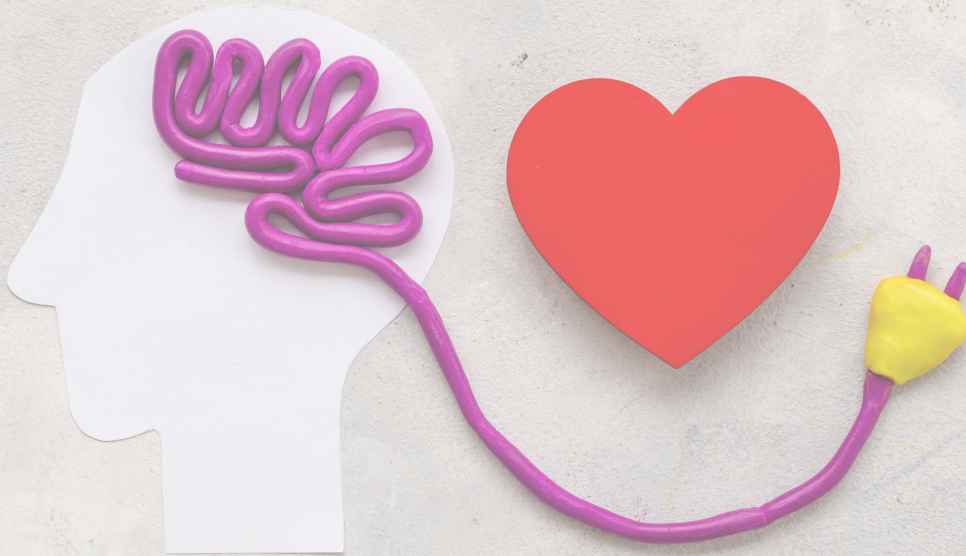




UNIVERSITY of MARYLAND
BALTIMORE

Insurance Explained

UMB Student Counseling Center



Insurance companies work closely with mental health providers to cover your mental health needs and services.

Definitions

In-network

A discounted, contracted rate with your insurance. Based on your individual behavioral benefits, your insurance will cover the cost and you will pay a copay.

Out-of-network

Provider does not have a special agreement with your insurance. Cash pay or exploring an interest-free payment plan may be the best options for starting therapy.

Deductible

Your out-of-pocket responsibility for services before your insurance plan covers the costs. Deductibles can restart at set times each year, check with your insurance company for the amount and timeline.

Copay

A fixed amount that you are responsible for paying each session, regardless of the type of session or how long it lasts. This applies after deductibles have been met.

Sliding Scale

Cost of services is based on client income. Affordable services.

Super Bill

A Superbill is a paid invoice that you can independently submit to your insurance company for partial or full reimbursement. Please check with your insurance for out of network coverage policy.

Getting Started

Contact Your Insurance Company

To best understand what you'll personally be responsible for under your specific plan, we encourage you to contact your insurance directly. Services may be covered in full or in part by your health insurance plan.

To find out about your deductible and copay, call the number on the back of your insurance card before your first session and ask about your deductible. It is important to ascertain the cost of your deductible prior to the first session so that you are prepared for a potential cost.

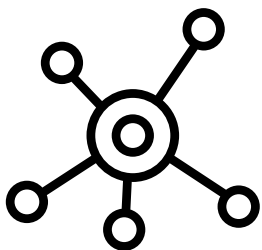
Questions to ask Your Insurance Company

- Do I have mental health benefits?
 - How many sessions per calendar year does my plan cover?
 - What address should I use to submit claims?
- Do I have out-of-network benefits?
 - Can I be reimbursed for a "superbill" received from my clinician?
 - How much does my plan cover for an out-of-network provider?
 - If you are told that it is a percentage (i.e., 80%), ask "How much is my co-payment?"
- How much is my deductible and has it been met?
 - Does my deductible include mental health services?



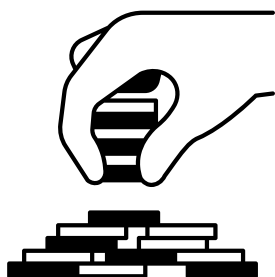
Payment Options for Mental Health Services

Use Insurance In-network Benefits:



Provider bills a set amount to insurance providers based on the length and type of your sessions. The cost you'll be responsible for comes down to your own coverage details like deductibles, copayments, and secondary insurance. For example, if you haven't met your deductible yet, you may be responsible for a higher portion of the cost.

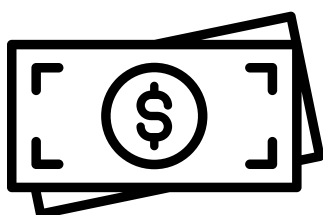
Use Insurance Out-of-network Benefits:



Providers that are out-of-network with insurance companies will require payment for services upfront in exchange of a "super bill" which you provide to your insurance company for a percentage of reimbursement. Reimbursement can be 40-80% of the total cost.

1. You can use a credit card or health savings account card to pay for sessions.
2. Your clinician will provide you with an itemized invoice (superbill).
3. You will submit those invoices to your insurance provider.
4. You will receive full or partial reimbursement, and this depends on your plan and policy.

Self-pay, Cash Payments:



Some providers do not work with insurance companies at all. They only accept self-pay from clients often in the form of credit cards, debit cards, cash or online payments.

Specialist providers such as those focusing on eating disorders, obsessive compulsive disorders, couples therapy and psychological evaluations may request self-pay. Providers with higher levels of license and education such as those with an MD, Ph.D., Psy.D may also only accept self payment options for services.

Good Faith Estimate

On January 1, 2022, congress enacted a "No Surprises Act", which is a "new federal protections against surprise medical bills that take effect in 2022. Surprise medical bills arise when insured consumers inadvertently receive care from out-of-network hospitals, doctors, or other providers they did not choose". Under the law, health care providers, including mental health providers, must give clients who are not using insurance an estimate of the bill for services.

The Good Faith Estimate details the cash payment rates for services you may need for your healthcare. These rates apply specifically to individuals who are not using insurance to cover their healthcare costs. Providers should be committed to transparency and to making therapy as affordable as possible. You can ask for a Good Faith Estimate before your first therapy session, so you can keep it handy and look it over if you choose.

Your legal rights to a Good Faith Estimate:

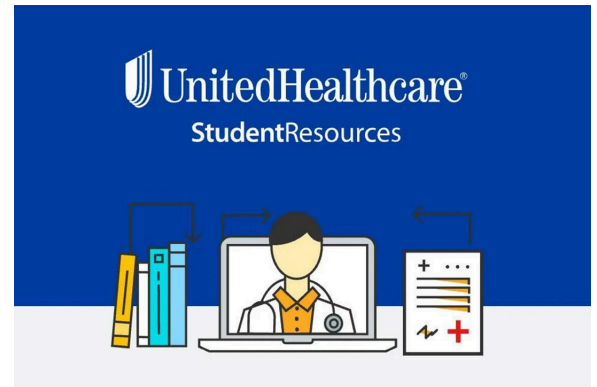
- You have the right to receive a Good Faith Estimate for the total expected cost of any non-emergency services.
- Make sure your health care provider gives you a Good Faith Estimate in writing before your service. You can also ask your health care provider for a Good Faith Estimate before you schedule a service.
- If you receive a bill that is at least \$400 more than your Good Faith Estimate, you can dispute the bill.

Student Health Insurance Plan (SHIP):

United Healthcare Student Resources

Copay and Deductable:

Copay for mental health services under the SHIP is **\$15.00** per session for both medication management and counseling services. There is no deductible to be met before using in-network benefits with the UMB health insurance. Services only require a copay be paid.



HealthiestYou:

The Student Health Insurance Plan covers teletherapy and telepsychiatry through HealthiestYou, an online platform connecting insurance holders to virtual therapy with designated providers.

If you are having a problem getting service at HealthiestYou, you can report your concerns via email help@healthiestyou.com or phone 855-870-5858



SCC Referral Assistance



Upon completion of a phone triage with an SCC clinician, staff will use the detailed information to develop a short list of providers within the scope of students needs and are accepting clients at this time. The off-campus provider will be in-network with the students given insurance and within the parameters they prefer.

Referral Assistance Services:

1. Educate students on how to utilize their behavioral health benefits through their insurance
2. Identify mental health providers who may be a good “fit” with the student and provide referrals for specialized mental health providers
3. Support students in advocating for their mental health treatment needs with their providers

Contact Us:

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