



Health Insurance – Helpful Tips

First, have your insurance card ready. Your **Member ID** is your insurance number. Your **Group Number** identifies the group that receives this particular insurance. Most insurance plans include two ways to find out more about your coverage: a website and customer service line.

Online Tools

Search your insurance company online. When you find your insurance company website, take the following steps:

- ❖ If applicable, click on **Members** or **Member Services**
- ❖ If you have not registered on the website, you will likely need to create an online account. Follow the website instructions to create your account.
- ❖ Once logged in, click on **Find A Doctor** or **Find A Provider**. Please note that you may have to enter in either part or all of your **Member ID**. You may be able to search the site without creating an online account, but it may be best to search based on your individual insurance information.
- ❖ Fill in demographic information such as city (**Elgin**), zip code (**60123**), or an entire address. You will then be able to select a radius of miles within that region to search. Starting with a lower radius is recommended so the quantity of the results is not as overwhelming.
- ❖ Identify the type of provider that you would like to see. You would choose Behavioral Health, Mental Health, Counseling, or Psychology. If these are not options, please look under Specialty Providers. If looking specifically for a doctor to prescribe medicine, select Psychiatrist.
- ❖ If you are having difficulty using the website, or have more detailed questions, you should consider calling the Customer Service number located on your insurance card.

Customer Service

- ❖ Call your insurance company directly. On the back of your card, you will find a **toll free number for customer service**. Please note that many plans offer separate numbers for medical and mental health benefits. If there is an option for **Behavioral Health** or **Mental Health**, you should call that number.
- ❖ You will be asked for your **Member ID**. If you do not have your Member ID, just let them know you do not have it. Most companies can look you up by your **name, date of birth, and/or social security number**.
- ❖ When you are asked what type of service you are looking for, tell the operator that you are looking for **Outpatient Mental Health**. Be sure to indicate if you are looking for referrals for therapy, medication evaluation/psychiatry, or both.
- ❖ If you are an out-of-state or international student, be sure to let them know that you are a student at Judson University. Your insurance company may have a list of **“preferred”** mental health care providers. This means they may not pay for providers outside this network or they might, at a reduced rate (more expensive to you). If your company has

such a network, they may have providers in the Elgin area, but if not, you may still be eligible for services. In such cases, the insurance company will sometimes cover an “**out of network**” provider if you are temporarily residing out of the area.

- ❖ Most insurance companies will either provide referrals over the phone or email you a list of providers in your area.

Questions you should consider asking your insurance company:

- ❖ Is there a network of “**preferred**” providers? If so, are any of the names you’ve been provided by the Wellness Center on the list? If none are on the list, how can I find network providers nearby? (Often there is a website that lists providers by location.)
- ❖ Are there certain professional criteria your counselor must hold? (i.e., level of licensure such as LPC, LCPC, LCSW, etc.) Or can I see any counselor of my choice?
- ❖ Is there a session limit? If so, what is it?
- ❖ Do I need “**prior authorization**” to start treatment, or to continue it beyond a certain number of sessions? If so, how do I get it?
- ❖ Is there a “**co-pay**” you will need to pay per session? If so, how much is it?
- ❖ Will the co-pay or balance due from me be higher if I see someone “**out-of-network**”?
- ❖ Does my plan have a deductible, and if so, how much must be paid out of pocket before it is reached?

Helpful Tips

- ❖ Whoever is the policy holder for your plan (parents, partner, self), will receive an ‘Explanation of Benefits’ after you have met with a doctor or counselor This will provide information about what provider was seen and for what services, but is not a bill.
- ❖ Not every provider listed by the insurance company will provide outpatient mental health services. Some may be employed with a hospital or other inpatient facility. An easy way to spot this is if a large number of providers with the same address are listed. Google the address to determine if it is a hospital or other inpatient facility, and if so, they may not provide services outside of their hospital programs.
- ❖ A therapist, counselor, psychologist, psychiatrist, and social worker can all provide counseling services. A psychiatrist or nurse practitioner are the only providers who can prescribe medications.
- ❖ Remember, you are the customer and you or your family is paying for this service. If your needs are not being met by the insurance provider, let them know.