Alison Y. Sanderson, MA, LPC
117 Salem Towne Court, Apex, NC 27502
919-999-3090

Guide to Understanding Your Out of Network Health Insurance Benefits

Most health insurance companies contract with different medical and behavioral health providers to create a network of preferred or covered providers. Depending on your insurance plan and its policies, you may have what are called “out-of-network benefits” or coverage. This means that if you want to see a provider that is not in your insurance company’s network, there is still partial or total coverage available.

Because each health insurance plan is different, the best way to determine if you have out-of-network benefits is to call and speak with a benefits representative at your insurance company directly. The insurance company is also known as the “carrier.” The representative you speak with should be able to explain the details of your plan, as well as provide you with necessary instructions to use your benefits.

Below are steps to take to understand how to utilize your out-of-network benefits. I encourage you to document the date, representative’s name/ID# and call confirmation number (if possible). This will be helpful in case you need to follow up a phone conversation or ever appeal or challenge a claim.

I encourage you to take these steps BEFORE your first appointment.

STEP 1 – Check the back of your card and call

Sometimes there are different carriers for behavioral health and medical care existing under one insurance plan. For example, Blue Cross Blue Shield could manage your medical benefits while Magellan Behavioral Health could oversee your behavioral/mental health benefits. Refer to the back of your insurance card to obtain the name and number of your behavioral health carrier. You may have to call to confirm the carrier if your insurance card does not show it.

STEP 2 – Ask your representative these questions

- Can you explain what my out-of-network benefits are?
- Do I have a deductible? If so, how much is it?
- Is there an annual visit maximum amount?
- What percentage of my cost will I be reimbursed?
- Where do I send my Health Insurance Claim Form (I will provide this for you. It is often called a “superbill”.)
- How long is processing time? (This is important so you can plan accordingly.)
- Will I be paid directly by the insurance company? (If your plan is a HMO, they may have more in-depth requirements to go outside of the network, and may want to pay me directly. Again each plan is different.)

They may ask for information about my location, or what my discipline is (Licensed Professional Counselor). They may also need to clarify your information including plan number, so keep your card handy. Take detailed notes, don’t hesitate to ask clarifying questions and feel free to contact me for any help along the way.