

Guide to Insurance

While mental health care has become more accessible, getting it covered by insurance can seem complicated. Not all plans cover mental health services. For plans that do, expect to see rules about which providers are *in network*, for example, or how much you'll have to pay for services before insurance starts paying — also known as a *deductible*. If you have questions about coverage, call your insurer at the customer care phone number on the back or front of your insurance card.



Health maintenance organization (HMO)

With an HMO plan, you will likely be required to see a primary care physician (PCP) within your network. Your PCP acts as your gatekeeper, referring you to specialty providers in your network. This defined network and *referral* system can help control costs, so *premiums* tend to be lower. It's also common for an HMO to have either a low-cost or no-cost *deductible*.

While traditional HMOs are unlikely to cover services without a PCP *referral*, some modern HMOs make exceptions for services provided by specialists within the plan's network. Always check your plan's rules before seeking services with specialty providers.

Preferred provider organization (PPO)

PPO plans provide more flexibility to choose your own doctors, but you'll likely have to pay more to see doctors who are *out of network*. Also, your monthly fee, or *premium*, will likely be higher with this type of plan, and you will likely have to pay a *deductible*.

Superbill

A superbill is like a receipt for all of the services you received from an *out-of-network* provider. If your provider uses superbilling, you will have to pay them in full at the time of service and then submit the superbill to your insurer for reimbursement. Make sure you confirm the superbilling rules with your provider and insurer before receiving any services because standards for reimbursement vary widely on both sides of the process.

Key terms

Deductible

The amount you may owe during a coverage period (usually one year), before your insurer starts paying for your health care services.

In network

The health care providers (facilities, doctors, specialists, and suppliers) that *are* contracted with your health insurer to provide services.

Out of network

The health care providers (facilities, doctors, specialists, and suppliers) that *are not* contracted with your health insurer to provide services.

Premium

The monthly fee that you will have to pay for your insurance plan.

Referral

A written order from your primary care provider (PCP) for you to see a specialist or get certain health care services.



Medicaid

Uninsured children (18 years or younger) in Texas may be eligible to receive low-cost or free health coverage through statewide Medicaid programs such as STAR, STAR+PLUS, STAR Kids or the Children's Health Insurance Plan (CHIP). Medicaid eligibility is based on household income and the number of people in the household. Children using Medicaid or CHIP can only do so through a managed care organization (MCO) in their area. To learn more about MCOs and Texas Medicaid, please visit:

www.hhs.texas.gov/services/health/medicaid-chip, or call the toll-free Texas Medicaid hotline at **800-252-8263**. People with active Medicaid coverage can manage their benefits using the **Your Texas Benefits** smartphone app, or by visiting www.yourtexasbenefits.com/Learn/Home.

Medicaid Health Insurance Premium Payment Program (HIPP)

HIPP is the Texas Medicaid program that helps pay for employer-sponsored health insurance premiums. At least one person in your family has to receive Medicaid benefits to qualify. HIPP pays a portion of the family's employer-sponsored health insurance premium, and you won't lose your Medicaid benefits by enrolling. People enrolled in any Medicaid program, except for CHIP and the STAR Health managed care program, are eligible to enroll. Scan the QR code for more information or to enroll.



Tips if you have Medicaid coverage:

- Check the back of your Medicaid card for your plan's name and customer service number.
- The plan name is important because some providers will accept some Medicaid plans and not others.
- Common services covered by Medicaid include medical appointments and prescription medication.

Uninsured or not covered

If your insurance plan doesn't cover mental health services, or you are unable to access insurance, Dell Medical School's TCHATT team may be able to refer you to low-cost therapists who offer services at a sliding-scale rate based on your income and ability to pay. We also may refer you to a local mental health authority (LMHA) in your area that offers mental health services for low or no cost.

Tips for contacting providers:

- Inquire about payment options **BEFORE** starting treatment.
- Ask if sliding-scale payment is an option when scheduling.
- For partial hospitalization programs (PHP) and intensive outpatient programs (IOP), ask if the program offers financial assistance.

