

Understanding Insurance

How to choose and purchase student medical coverage:

1. Through school- LMU partners with Aetna. If you have this insurance, there is a \$25 fee each time you see a mental health provider who is **in the Aetna network**.
2. Parent Health Plan- By law, you can stay on your parents' insurance plan until you are 26 years old. You do not have to be a student.
3. Marketplace Plan and Medicaid- Individuals can purchase health insurance on the marketplace at [healthcare.gov](https://www.healthcare.gov). These are income-driven plans and you may be eligible for government assistance to help you pay for your insurance.

Steps for Using Your Mental Health Insurance:

1. Call the 1-800 number on your insurance card or go to their website:

-Get an Explanation of Mental Health Benefits to understand how to use your insurance:

Note: mental health benefits are sometimes listed under “behavioral health”

How many appointments am I eligible for?
What mental health services are included?
Are my prescriptions covered?

-Find out if there is a **co-pay** (How much is it?).

-If you have to pay out-of-pocket, find out how to submit a **claim** and the amount they cover.

2. Ask the insurance company to help you find a mental health professional who is on their provider panel.

-Call the mental health office directly to confirm that they take your exact plan.

-If it's **in-network**, confirm the co-pay amount. If it's **out-of-network**, confirm the amount you pay per service.

3. Bring your insurance card and co-pay to your visit. If you must pay out-of-pocket, ask your provider for an invoice or “superbill” to send to insurance with your claim.

4. If you pay out-of-pocket, submit a claim to insurance. Make copies of your claim and superbill to have for your records. You can call the 1-800 on your insurance card for assistance.

Insurance Directory:

LMU Aetna: 877-409-7356
Aetna: 800-872-3862
Anthem: 800-552-2682
MHNet: 866-992-5246

Beacon Health: 866-477-8208
Healthnet: 888-926-4921
Kaiser: 800-788-0710
Blue Shield CA: 800-393-6130

United BH: 800-600-9007
Cigna: 200-997-1654
Optum: 800-873-4575
Good RX: 855-213-1275

If these steps don't work for you or you do not have mental health benefits, return to SPS for further assistance or community referrals.

Must-Know Terms

HMO (Health Maintenance Organization): A type of insurance plan that covers you only if you see a provider with that HMO's network. In most cases, you need a primary care physician who can provide a referral for mental health services. HMOs tend to be more affordable, but you'll get less coverage and more restrictions.

PPO (Preferred Provider Organization): A type of insurance plan allows for flexibility when picking a doctor or hospital. They provide greater options for coverage, but come with a higher price tag.

Premium: What you pay, usually monthly, for your insurance plan. This is a bill and is unrelated to other expenses for care, medication and treatment that you are expected to pay.

Deductible: A fixed amount that you are expected to pay out-of-pocket each year. After you meet your deductible, your insurance plan covers all or a percentage (depending on plan type) of your expenses until the end of the year. Keep in mind that your monthly premium and copayments do not count toward the deductible.

Co-pay: This is a fee that patients are required to pay up-front for clinic visits and prescriptions. A common example of a co-pay is the small flat fee you pay each time you visit a doctor.

In-Network: A group of providers that partner with your insurance carrier. Your insurance plan charges you less for treatment when you use one of these providers.

Out-of-network: When patients receive treatment from out-of-network providers, it means the professionals have not negotiated to offer services at a plan's rate. As a result, patients pay more for the treatments they receive.

Referral: A referral occurs when a doctor writes an order for a patient to receive services from another provider. For example, a primary care physician may refer a patient to a specialist for treatment of a specific issue.

Out-of-Pocket: Paying out-of-pocket meant that rather than using your insurance plan, you cover the full cost of your care. You pay the provider directly and then your insurance company reimburses you all or part of the cost.

A Claim: A claim is a form you submit to your insurance company to get reimbursement after paying out-of-pocket.

Sliding-scale: A pricing option for medical services that allows individuals to have reduced or free services based on their income.