Out-of-Network (OON) Insurance Benefits Reference Sheet

Navigating insurance can be difficult but we hope this reference sheet can help. This guide and worksheet were created to better assist you in understanding your OON benefits and helping you to make an informed decision regarding out-of-pocket vs. reimbursable expenses. However, this is not a guarantee by The Chesapeake Center of reimbursement to you.

Deductible:

A deductible must be satisfied before the insurance company will pay for services. Please note that you may have separate In-Network and Out-of-Network deductibles and that they may be different amounts.

Copay:

If you have an office visit copay, the insurance company will subtract that amount from the percentage they will pay. This will affect the amount of reimbursement you will receive.

Reimbursement:

The reimbursement percentage will be based on your insurance company's established UCR (usual, customary and reasonable) price for the services rendered. The fees charged by The Chesapeake Center are higher than the UCR rates of most insurance companies.

Pre-Authorization:

If your policy requires a pre-authorization, that will need to be submitted prior to services rendered. Our office can help provide information to you for the pre-authorization that is needed, but we do not check to see if the services you are receiving need approval from your insurance company prior to visits. Please be aware that insurance companies may not authorize all of the services rendered by us, which may affect the amount you receive for reimbursement.

How to determine your OON benefits:

1. Call the toll-free number on your insurance card. Choose whichever option will allow you to speak with a live representative rather than using the automated system. You must let the representative know that you are seeing an OON provider.
2. Ask your representative to quote your benefits for the CPT codes that are provided on your cover page, when provided out-of-network.
3. Below are some of the questions you can ask to help obtain as much information as possible about your coverage and benefits. This is not a complete list and only designed as a tool to help navigate the conversation with your insurance company.

Questions to Ask Your Insurance Company

1. Do I have out-of-network benefits for behavioral health services (Therapy, assessments, medication and medication management, testing, etc)? Yes ☐ No ☐

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2. Do I have a deductible? Yes ☐ No ☐

   a. If yes, how much is it? ____________________________
   b. How much has already been met? ____________________________

3. Do I have a per calendar year plan or a per benefit year plan?

   a. If per benefit year, what are my dates of coverage? ___________________

4. What percentage of coverage is my responsibility for seeing an OON or non-preferred provider? __________________

5. Does my policy require pre-authorization or a referral on file for my scheduled services (see the cover sheet for the CPT codes we provided)? Yes ☐ No ☐

   a. If yes, do they have one on file? ________________
   b. What is the expiration date? ____________________
   c. Is there a dollar or visit limit per year? _________________
   d. If yes, what is it? ______________

Be sure to get the name of the representative that you spoke to, the date and time you spoke to them and a reference number if they have one.

Name of Representative: ______________ Date/Time: _______________
Reference Number: __________________