Insurance 101: Coverage Explained

At Balancing Minds Wellness, we believe care should be accessible and affordable. We offer 45, 60, or 90-minute sessions tailored to your needs. Before starting, check if your insurance plan includes out-of-network coverage.

What's Covered?

Coverage for in-person and telehealth therapy depends on your plan. The main factors are:

- **Deductibles** – What you pay before insurance begins covering services.
- **Coinsurance** – The portion deducted from the reimbursement check you receive from your insurance company after submitting claims.

Key Terms

- **Deductible**: Amount you pay out-of-pocket each year before insurance starts covering costs.
- **Coinsurance**: After your deductible, your insurance shares costs with you. Since you pay the full fee upfront, your reimbursement check will already have your coinsurance portion deducted. For example, if your coinsurance is 20% and the session fee is $325 (for a 45-minute session), your insurance will cover 80%. Your reimbursement check would be $260, reflecting insurance's payment minus your $65 coinsurance.
- **Out-of-Network**: We don't contract directly with your insurer, but many plans still offer benefits.

How to Prepare

- Ask your insurer about out-of-network coverage for mental health.
- Check your deductible status.
- Find out your coinsurance percentage.

Understanding these details helps you begin therapy feeling confident and prepared.