Understanding Your Outpatient Mental Health Benefits

Q. Am I eligible to get mental health care on-campus?
A. All full-time students have paid a mandatory health fee. In addition to Health Service Benefits, this fee covers an initial consultation at the Counseling and Mental Health Service (CMHS). The outcome of this consultation may be referral to a counselor on campus for brief individual counseling, referral to group counseling, or referral to a provider in the community, according to what is most appropriate.

Q. What if I need psychiatric medications?
A. The health fee covers the first visit with a CMHS psychiatry clinician.
   □ If you have student insurance, ongoing visits with the CMHS psychiatry staff are covered at 100%.
   □ If you do not have student insurance, the psychiatry fee will be added to your tuition bill under the heading “Medical Services”. After payment is made, you may submit your receipt for these services to your insurance company for any reimbursement they offer. However, as these costs need to be paid “up front”, seeking care in the community will keep costs more manageable and minimize interruptions of treatment due to financial considerations.

Q. What is the difference between an in-network and an out-of-network provider?
A. In-network providers contract with the insurance company to accept a negotiated fee from the company, as well as a co-payment from the insured person. Out-of-network providers are those who have not contracted with the insurance company, and who set their fees at will.

Q. What does this mean for me?
A. If you see an in-network provider, you will be responsible for a $10 co-payment at each visit, and that is all. The provider accepts the insurance reimbursement for the remainder of the fee.

If you see a provider who is out-of-network, you will be responsible for a $15 copay per visit, the insurance will pay 80% of the “usual and customary” provider’s fee, and you will be responsible for the remaining balance (“Co-insurance”).
Student Insurance: Mental Health Insurance Benefit 2020-2021

<table>
<thead>
<tr>
<th></th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Your Co-payment</td>
<td>$10.00</td>
<td>$15.00</td>
</tr>
<tr>
<td>Your Co-insurance (the additional amount you are responsible for)</td>
<td>0%</td>
<td>20% of “Reasonable Usual &amp; Customary Charges”</td>
</tr>
<tr>
<td>Insurance benefit</td>
<td>100% of the Negotiated Fee</td>
<td>80% of “Reasonable Usual &amp; Customary Charges”</td>
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Q. How much could I end up paying?
   A. This amount is variable. The usual and customary costs are different for different locations and providers.

Q. How do I know if a provider is in-network?
   A. If you get a referral from CMHS or from Health Services, you will generally be offered names of in-network providers unless you specify you wish to see someone outside the network.

You can also find out if a provider is in-network by going to https://www.uhcsr.com/tufts, and then click on:

- College Student
- Find My Schools Plan
- Tufts University-Medford Campus
- United Behavioral Health

If you have questions, please contact:
The Health Service Business Office at 617-627-5176
studenthealthinsurance@tufts.edu
Tufts University Health Service http://go.tufts.edu/studenthealthinsurance