



UNDERSTANDING INSURANCE: TERMS AND FEES TO LOOK OUT FOR

Xylem has providers in-network with BCBS PPO, Blue Choice, Aetna PPO, UHC/Optum PPO, and TryWest plans.

We can also work with you to provide a super-bill or explore sliding-scale rates for out-of-network clients.

If you have questions about your insurance, call the number on the back of your insurance card to confirm your benefits. To verify in-network coverage with Xylem, and list the following information: Provider, "Sarah Burnette, LCSW" location, 1608 W Belmont, Chicago IL 60657 OR Telehealth, and ask about coverage for an out-patient appointment with CPT Code: 90837.

Insurance terms and costs to consider

Insurance can feel overwhelming and unnecessarily hard to navigate. To help you understand your coverage, here are some key terms for potential costs to you.

These costs will depend on your individual plan:

- **Deductible:** The amount you pay at the start of your insurance year before your insurance coverage kicks in. During this time you pay 100% of your insurance company's negotiated rate, and may have exemptions for certain services (*e.g. if your \$500 deductible starts in January, after you make a \$250 payment to a psychiatrist, and 2 therapy appointments at \$125 each, you've hit \$500 total, met the deductible and now are only responsible for your copay/coinsurance*)
- **Max out-of-pocket:** The cap on the total cost you are responsible for paying per year across all covered services and providers before your insurance kicks in and covers at 100% (*e.g. if you have a Max OOP of \$2K, after paying a \$500 deductible, \$500 in co-pays and \$1000 co-insurance for a surgery, insurance will then pay 100% of costs for the remainder of the year*)
- **Negotiated rate:** The amount that your insurance company has negotiated to pay for services. This is normally less than the provider's full out of pocket cost (*e.g. Xylem charges \$195/session without insurance, but many insurance plans have negotiated rates between \$110-\$140 for ongoing individual psychotherapy; If you are using one of these plans, your negotiated rate is the maximum you will be charged for that service*)
- **Co-pay:** A set amount you pay based on the specific service. Depending on your plan, this may be instead of your deductible, or just kick in after (*e.g. a \$25 copay means you are responsible for \$25 per session and your insurance pays the rest*)
- **Co-insurance:** A percentage of your insurance negotiated rate based on the specific service that you are responsible for. This generally is only after you've met your deductible (*e.g. 10% co-insurance for a negotiated rate of \$133.66 means you owe \$13.37 per session and insurance pays the rest*)



- **Premium:** The monthly payment that you or your employer pay to stay active with your insurance plan. *If you leave your employer you may be responsible for your full premium through COBRA to keep your insurance active.*

Some other coverage details:

- **In-network:** Providers that have an agreement with and are covered by your insurance. Some insurance may also cover out-of-network providers at a different rate. (*e.g. Xylem is in-network with Aetna and BCBS PPO plans, but may be out of network with Cigna, BCBS HMO or Medicare plans*)
- **Super Bill:** A billing statement with all the information needed for you to submit directly to your insurance. If you are using out-of-network benefits, your therapist can give you a superbill, you send it to your insurance or HR, and your insurance may reimburse you directly for some or all of what you pay for therapy.
- **Preferred tier:** Some insurance plans have different co-pay, co-insurance, and/or deductible amounts for providers in a limited local network while still covering some of the cost for providers in the rest of the network (*e.g. Blue Choice plans may have a lower co-pay at Xylem than for a general BCBS provider*).
- **Out of network coverage:** Some insurance plans will still reimburse you for out of network care. Your therapist can provide you a “**Super Bill**” which is a document with all the necessary information to submit directly to your insurance company for reimbursement (*e.g. you have a Cigna plan with OON benefits that pay at 75%. You pay Xylem \$195, send the SuperBill to Cigna, and they send you a check for \$146.25*).

An Example:

Joe has BCBS PPO insurance through their job. Their insurance year starts in January. Joe has a \$1,000 deductible, \$20 copay, and their family has a total \$10,000 max-out-of-pocket. Joe's plan has a negotiated rate of \$133.66 for outpatient psychotherapy. Joe pays the negotiated rate (\$133.66) for their first 7 weekly appointments, and \$64.38 for their 8th session (the remainder of their deductible). With Joe's weekly therapy and no other medical expenses, Joe reaches their deductible in mid-February, and then only pays \$20 copay per session. Joe's child then has a hospital visit for a broken arm, and the family hits the \$5,000 max-out-of-pocket in July. Joe pays \$0 for therapy for the rest of the year, re-starting with their deductible in the following year.

Low Fee, Sliding Scale, and Negotiated Rates

For clients without insurance coverage, Xylem therapists reserve a percentage of their available times for low-fee and sliding scale clients. Sliding scale agreements are determined with your therapist, and are reviewed every 6 months.

To request a sliding-scale fee, review the **GUIDELINES FOR DETERMINING SLIDING SCALE AGREEMENT (2026)**, discuss availability for sliding scale with your therapist, and then submit the **SLIDING SCALE AND NEGOTIATED RATE AGREEMENT** form in Simple Practice.