

KNOW YOUR HEALTH INSURANCE—IT CAN SAVE YOU MONEY

Many patients and their families struggle with the costs of health care. Knowing ahead of time what your health insurance covers can help you plan for and control some of these costs. The information you put on this form can help you and the doctor make more cost-effective decisions about care.

Fill out this guide at the start of each new calendar year (because terms can change annually) or whenever you get new health insurance, and bring it with you to your medical appointments. You can find the answers to the questions on this form by reading your health care plan

documents, going to the plan’s Web site, or calling the phone number on the back of your insurance card.

NOTE 1: This form does not include every coverage item in your policy, but it does include the most common costs you are likely to face. For items not on this list, consult your plan documents or call the plan and ask.

NOTE 2: Many health insurance plans have both “in-network” and “out-of-network” costs for the same service. “In network” refers to medical providers and facilities that have an agreement with the health plan to accept a certain payment for various services. “Out of network” means that those providers and facilities do not have agreements with the health plan about costs. Check with your plan to find out if a specific doctor or facility is in or out of network before you go.

Coverage Period: ____/____/____ to 12/31/____

My Coverage Is: Just for Me Me and My Family

Cost Category	My Costs		Things to Know
	In Network	Out of Network	
<i>Health Care Premium</i> —The amount of money you pay to have health care insurance. Often it is deducted from your paycheck or billed to you monthly.			Your health insurance plan does not reimburse you for this cost.
<i>Deductible</i> —The total amount you must pay first in a calendar year before your health insurance company starts helping to pay for your costs. <i>Just me</i> or <i>Family</i>	\$ \$	\$ \$	Most plans have some health care services that are completely covered even before you pay your deductible. An example is getting a flu shot. You can check your plan Web site or call the number on the back of your card to learn what these are.
<i>Dr. Visit Copays</i> —The amount you must pay to see each type of doctor below. Copays usually apply only to in-network providers. <i>Primary care doctor</i> <i>Specialist doctor</i> <i>Retail health clinic visit (e.g., CVS)</i> <i>Urgent care visit</i>	\$ \$ \$ \$	Usually not applicable	See <i>Coinsurance</i> below for out-of-network costs.
<i>Dr. Visit Coinsurance</i> —A percentage of the total cost you must pay. Usually applies to out-of-network providers. <i>Primary care doctor</i> <i>Specialist doctor</i> <i>Retail health clinic visit (e.g., CVS)</i> <i>Urgent care visit</i>	% % % %	% % % %	For example, you might have to pay 50% of the total cost for an out-of-network specialist visit. Some plans might require coinsurance even for in-network providers. Check if your plan requires you to pay your deductible before it will pay you for out-of-network services so you won’t be surprised by your bill.

<p><i>Emergency Services</i>—Costs for being transported to and/or visiting a hospital emergency room.</p> <p style="text-align: right;"><i>Ambulance</i> \$ \$</p> <p style="text-align: right;"><i>Emergency room</i> \$ \$</p>		Some plans will waive the copay if you are admitted, but some do not.
<p><i>Hospital Stay</i>—Costs related to having to stay in the hospital.</p> <p style="text-align: right;"><i>Facility/hospital services</i> \$ \$</p> <p style="text-align: right;"><i>Physician/professional services</i> \$ \$</p>		<p>May require preauthorization.</p> <p>In addition to dollar limits, there may also be limits on the number of days your plan will pay for. Be sure to note that, as well.</p>
<p><i>Outpatient Surgery</i></p> <p style="text-align: right;"><i>Freestanding facility (not in hospital)</i> \$ \$</p> <p style="text-align: right;"><i>Hospital-based</i> \$ \$</p> <p style="text-align: right;"><i>Medical professional</i> \$ \$</p>		May require preauthorization.
<p><i>Medical Tests</i></p> <p style="text-align: right;"><i>X rays in hospital</i> \$ \$</p> <p style="text-align: right;"><i>X rays in freestanding facility</i> \$ \$</p> <p style="text-align: right;"><i>Imaging (MRI, CAT, etc.) in hospital</i> \$ \$</p> <p style="text-align: right;"><i>Imaging (MRI, CAT, etc.) in freestanding</i> \$ \$</p> <p style="text-align: right;"><i>Blood work in hospital</i> \$ \$</p> <p style="text-align: right;"><i>Blood work in freestanding facility</i> \$ \$</p>		Some of these may require preauthorization.
<p><i>Drugs/Medicines:</i> This coverage can be really complicated. Take some time to learn about yours. Things to pay attention to include:</p> <ul style="list-style-type: none"> • Your drug’s category—all drug plans have categories, and each is a different cost. • Where you get your medicines—in network will be less expensive. • Your drug plan deductible—does it have its own, or is it part of your health plan? • Is mail order an option? This usually costs even less than in network. 		
<p>Important Information About My Drug Plan:</p>		
<p><i>Out-of-Pocket Limit</i>—This is the most you will pay for your health care in a year. Once you reach this limit, your plan will pay all your costs.</p> <p style="text-align: right;"><i>Just me</i> \$ \$</p> <p style="text-align: center;">or</p> <p style="text-align: right;"><i>Family</i> \$ \$</p>		<p>If you have family coverage, check to see your plan’s rules about how the family maximum is calculated.</p> <p>Your plan may exclude certain costs from counting toward your maximum.</p>

Your health care plan covers many more items than shown. If you need treatment not listed here, check your plan details or call a

plan representative to find out the most cost-effective way to get that treatment. Know before you go—it can save you money!