Patient Health Insurance Roadmap

Health insurance can be confusing. This resource can help you navigate your coverage and answer some frequently asked questions on health insurance.

BEFORE YOUR DOCTOR VISIT, CONFIRM THE FOLLOWING:

- What type of insurance do I have? Is it a commercial insurance plan, often provided by employers? Or do I have an ACA Health Exchange, Medicaid or Medicare insurance?
- What insurance company provides my medical benefits?
  - Insurance name (e.g., BCBS, Aetna): _____
  - Member ID (found on front of insurance card): _____
  - Group number (found on front of insurance card): _____
  - Insurance company phone number (found on back of insurance card): _____
- Do I have a separate prescription insurance coverage card (e.g., Express Scripts, CVS Caremark)?
- What are my current prescriptions?
  - List: _____
- Are all my current prescriptions covered by my insurance? If not, which ones are not covered?
  - List: _____
- When filling a prescription does my doctor typically have to complete paperwork prior to picking my medication up at the pharmacy?
- What is my preferred pharmacy?
  - Pharmacy address: _____

QUESTIONS TO ASK YOUR INSURANCE COMPANY:

- Do I need pre-approval to see a specialist (e.g., a doctor that is an expert in liver disease)?
- If you have been previously hospitalized, is your doctor/specialist within the same hospital system?
- Does my insurance company mandate I use a specific pharmacy (If you're unsure, you can call your doctor and ask if there's a "Payer Mandated Pharmacy")?

QUESTIONS TO ASK YOUR DOCTOR:

- Have all of my health history, including any other conditions, hospitalizations, medication and treatments been added to my chart notes and shared between my primary doctor and my specialists?
- Has all my appropriate information been included on my prescriptions to the pharmacy (e.g., dosage, intake instructions, etc.)?
- Can I/my caregiver get copies of my medical records?
- How can I view my medical records?
- If I'm having a complication, how can I contact my doctors?
  - Primary doctor: _____
  - Specialist(s): _____

HOW TO BEST UNDERSTAND YOUR BENEFITS:

- Call your insurance company before any tests or before picking up prescriptions to ask if the service/medicine will be covered and how much it will cost. Ask them if there is anything you or your doctor's office can do.
- If for some reason your pharmacy says they cannot fill your prescription, try:
  - Calling your doctor's office and see if your insurance company is requiring any paperwork to be completed
  - Asking if a prior authorization* is needed by your insurance company, and if it has been completed
  - Calling your insurance provider to discuss any medical needs
  - Choosing a different pharmacy
  - Checking the amount prescribed (e.g., 30-days' worth of medicine vs. 90-days' worth of medicine)
  - Asking the pharmacy to call your doctor

FAQ

- **What happens if I go to my pharmacy and my insurance doesn't cover my treatment, or my medicine is too expensive for me to afford?**

  There are a number of options you could try:

  - Ask your pharmacist if there is paperwork he/she could assist with on your behalf to get authorization of coverage from your insurance provider
  - Ask your doctor if there is paperwork his/her office can complete on your behalf to get authorization of coverage from your insurance provider
  - Check to see if the maker of your medicine has a co-pay card that you may be eligible for that may help lower the cost of your medicine

- **How do I check if there's a manufacturer discount card for any medications my doctor prescribes me?**
  - Ask your doctor for clarity
  - Call your prescription benefit company (e.g., Express Scripts, CVS Caremark)

- **What is the difference between medical insurance and prescription insurance?**

  Medical insurance covers the services that a doctor provides, such as annual physicals, checking on your labs, trips to emergency rooms or urgent care. Prescription insurance helps cover the cost of medicines that you may take home. Prescription insurance may be separate from your medical insurance plan. Often, insurance companies that also offer prescription insurance provide you two separate insurance cards – one for your medical insurance and one for prescription insurance.

  Who are key points of contact I should reach out to with questions?

  Your insurance company should provide contact information on the back of your insurance card. You can also ask the team supporting your doctor for help understanding what is covered under your medical insurance plan, or the pharmacists at your preferred pharmacy for help understanding what is covered under your prescription insurance plan.

- **Why may I see a jump in price in medicine in January?**

  There are multiple reasons why you may experience a different price at the beginning of the calendar year. These reasons may include a new price list from your prescription insurance plan. It may also be because at the end of the calendar year, you met your deductible* for the year or met the yearly cap in out-of-pocket* costs for medicine, which both will begin anew in the following calendar year based on the insurance plan you choose during the election period.

**definition noted in Glossary terms*

HEALTH INSURANCE TERMS/GLOSSARY:

Affordable Care Act (ACA): The ACA includes subsidies to help reduce the costs of healthcare coverage for individuals who qualify.

Co-insurance: The amount you pay to cost of services covered by your insurance plan after your deductible has been met. It is usually a percentage of the total cost; for example, if your coinsurance is 80%, you are responsible for covering 20% of the total cost.

Co-payment (or co-pay for short): A fixed amount (for example, $30) you pay for health care services. The amount can vary based on the type of health care service and insurance you have.

Deductible: The amount you pay before your health insurance will begin to pay. For example, if your deductible is $5,000 for the calendar year, once you contribute $5,000 for your health care services, your insurance company will begin to pay. Your deductible may not apply to all services.

Dose: The amount of medication given to a patient at a given time.

Drug formulary: The list of prescription medicines covered by your insurance plan.

Explanation of benefits: The health insurance company's description of how a medical bill from your provider was paid.

Flexible spending account (FSA): If you have a health plan through your job, you can set up an FSA to pay for certain out-of-pocket health care costs. You don't pay taxes on this money.

Group number: The group number on your insurance card identifies the insurance plan provided by your employer. Some people may not have a group number.

Health savings account (HSA): A personal savings account that allows you to pay for medical expenses with pre-tax dollars.

Member ID number: The member ID on your insurance card identifies you as the recipient of the insurance.

Network: The facilities, providers and suppliers your health insurer has contracted with to provide health care services. Providers and suppliers that are "in-network" are typically lower in cost than providers and suppliers are "out of network".

Out-of-pocket cost: The amount or price that is required for an individual or patient to pay.

Over-the-counter (OTC): Over-the-counter medicines are those you can buy without a prescription.

Pharmacy Benefit Manager (PBM): A Pharmacy Benefit Manager helps insurance companies develop the preferred list of medicines (may be called a drug formulary) that is covered by your insurance plan. The PBM negotiates cost between the insurance company and the company that makes the medicine and ultimately decides how much it costs for you and other members of the insurance plan.

Premium: The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly or yearly. For people with employer-based insurance plans, the employer often contributes to paying the premium, and the amount paid by the individual may be taken from each pay check.

Prescription drugs: Medications that by law require a prescription from a doctor.

Prior authorization (also called prior auth or PA): A requirement that must be fulfilled for the insurance plan to cover a portion or all of the cost of a prescription. For example, some doctors may have to submit a formal document to request access to a particular medicine for their patient.

Provider: A physician, healthcare professional or healthcare facility certified as required by law.

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