

# Your Health Insurance: Questions and Answers

This simple guide will help you understand how to use and keep your health insurance

Meet four people with questions about their health insurance:

**George** is 54 years old and divorced. He lost his health insurance when he was laid off from his job.



**Allyson** is 40 years old. She and her husband do not have any kids.

**Lupe** is a 32-year-old single mother of two children younger than 18.

**Tam** is a 23-year-old student who is single. His parents don't live in the U.S., so he can't get on his parent's policy like other students his age.

We'll try to answer their questions.  
Look inside to see if we answer some of your questions, too.

## Everyone needs health insurance.

You never know when you will get sick or injured. Medical bills can add up in a hurry—into the thousands of dollars before you know it.

## There are many different kinds of health insurance.

This booklet is written to help you understand the basic concepts of how to use, and keep, your health insurance. Whenever you come across something you don't understand, look in your insurance Member Handbook for answers.

If you can't find the answer, or you don't understand, call your insurance company and ask them for help.



## Using your health insurance the right way is a smart thing to do.

You can stay healthy, save money and catch health problems early before they become worse problems. Work with your doctor. Your doctor will set up a plan for you, tell you what tests and shots you need, and help you get and stay healthy.

### Where to turn for more information

**Remember, for those questions that we don't answer here, we try to point you in the right direction to ask for more help. That may be:**

- your insurance Member Handbook
- your insurance company
- your doctor or nurse
- your Summary of Benefits
- your health insurance card

# What's in This Booklet

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# 1. What You Pay and What You Get



**Allyson**

**How can I figure out the costs of my health insurance?**

They use so many different terms. I need a simple list of all the things I may need to pay for and why.

**If you feel like the words used to talk about the cost of insurance are hard to understand, you are not alone.**

Most health insurance works by sharing the cost of care between the health plan and the insured (you). Sometimes the health plan pays most, if not all, of the cost. Other times they don't pay anything until you've paid a certain amount.

**There are three things you may need to pay for:**

- 1. Premiums.** This is the cost of your insurance each month. It's like your phone bill or electric bill.
- 2. Deductible.** This is an amount you may have to pay first each year before the insurance company starts to pay. Some plans don't have one.
- 3. Co-pay and co-insurance.** These are two different ways for you to pay YOUR share of the costs for your own care. You pay your share. Your insurance company pays the rest.





**Now let's look a little closer at each of these costs.**

## **1. Your Premium (Your Monthly Cost)**

Your premium is the amount you pay each month to buy and keep your health insurance.

- You pay your first month's premium to get your health insurance started.
- Then, you need to pay it each month to keep your insurance active.
- It works just like your phone bill or your electric bill. If you don't pay each month, they stop the service.
- If you don't pay your premium on time, you can lose your health insurance.

In return for paying your premium, you get to use healthcare services. These are called your Benefits.

**Do you know how much your premium is? If not, check your bill.**  
**Write your monthly premium here: \_\_\_\_\_**



## 2. Deductible

Most people find this term confusing. A deductible is an amount you may have to spend on your own care, each year, BEFORE insurance starts helping you pay.

So, your policy may say your insurance pays for something - like lab work, an x-ray, a prescription, or crutches. But, it may only pay once you've spent enough, on your own, to match the amount of your deductible for the year.

### What IS counted toward your deductible?

- Money you spend on medical services (like doctor visits or lab work).
- Money you spend on prescription drugs or medical equipment (like crutches).
- Both of these are counted toward your deductible. Some plans have separate deductibles for medical care and drug benefits.

**For example, if you have a \$500 medical deductible, your insurance may not pay for most services until you have paid \$500 for any healthcare services.**





### What is **NOT** counted toward your deductible?

- Your monthly premium **DOES NOT** count toward your deductible.

**Not all plans have a deductible.** For example, Gold and Platinum plans do not have deductibles. Be sure to check your Summary of Benefits to know what your deductible is, if anything. Once you've paid your deductible, then the health plan starts to cover a portion of the costs.



**Important:** When choosing your health plan, you may choose to pay a higher deductible for the year so that your premium is lower each month. But think about this:

- You'll pay less each month for your premium. That seems like a good thing. And it may be good if you don't have many health problems.
- **BUT** it also means you will have to pay that high deductible **BEFORE** your insurance pays for the care that you may really need. That may be a bad thing for people who have serious health problems or who need to see the doctor a lot.

**If you have an annual deductible, do you know what it is? If not, check your health insurance card or your Summary of Benefits.**  
**Write your deductible here:** \_\_\_\_\_

### 3. Co-payments (also called Co-pays)

**A co-pay is the amount you pay each time you use your health insurance.**

- For example, if you go to the doctor, you may have a \$20 co-pay for that visit. When you get a prescription filled, you may have a \$10 co-pay for that, too.
- You pay the co-pay yourself. In other words, you have to pay it “out-of-pocket.”
- The amount of your co-pay depends on the plan you picked.
- If you miss an appointment without canceling in advance you may still need to pay your co-pay.

**Do you know your co-pay to see your primary care provider (PCP)?  
If not, check your health insurance card or your Summary of  
Benefits. Write your primary care co-pay here:\_\_\_\_\_**

INSURANCE COMPANY NAME		COVERAGE TYPE
MEMBER NAME: JOHN DOE		Deductible: \$1,500
MEMBER# 123-44-5678		
Group# 0000-000-000		
Prescription Group# 0000-000-000		
PCP CO-PAY \$15		PRESCRIPTION CO-PAY
SPECIALIST CO-PAY \$25		\$15 GENERIC
EMER ROOM CO-PAY \$100		\$30 NAME BRAND
MEMBER SERVICES 1-800-000-0000		
CLAIMS/INQUIRES 1-800-000-0000		





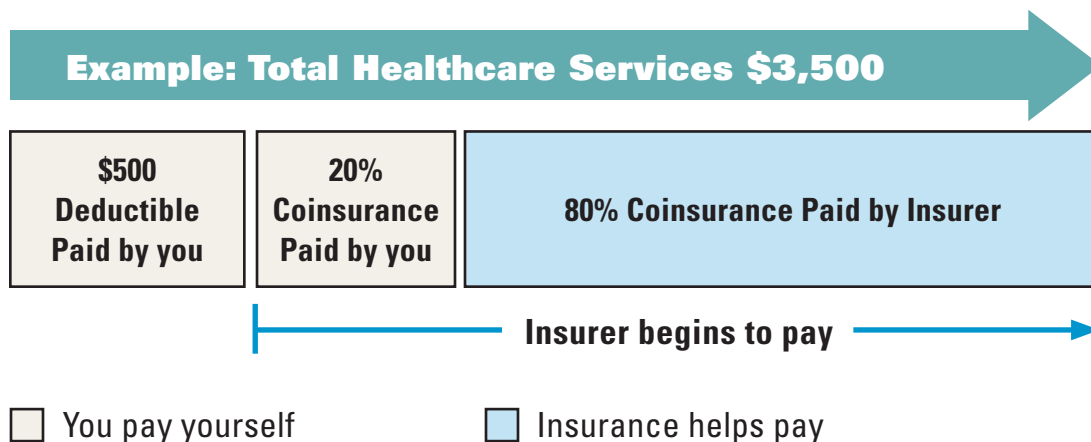
## Co-insurance

Co-insurance is like a co-pay. But, it's a PERCENTAGE of the cost of the visit service or drug.

### It's not a fixed dollar amount.

- You may get billed for it, if it's a doctor's visit. Or you may need to pay it up front, like for a prescription drug.
- Usually you will only pay either a co-pay OR co-insurance, not both.
- Co-insurance usually applies to hospital visits, while co-pays apply to regular doctor visits.
- For example, you may pay 20% of the cost of the hospital stay. The amount will depend on the length of your stay, tests and services you received.

### Sample Health Insurance Plan (\$500 deductible with a 20% Co-insurance)





### **Important: You may also have to pay for the following things**

- **Seeing a doctor that is not in your plan's network.** If you do, you may pay a higher amount, or even the entire cost, of that visit. The plan's network is a group of doctors, hospitals and labs that has a contract with the health plan to charge the health plan a certain amount.
- **Products and services that are not covered.** For example, cosmetic surgery like a facelift, may not be covered. Also, if you get things that your plan says they don't cover, you'll have to pay for those on your own. These are listed in your Member Handbook under Limitations or Exclusions.

Any doctor, hospital or lab that doesn't have a contract is considered **Out of Network**. If you go to one of these places, you'll pay a lot more. Stick with the network.

- **If you are in an HMO or EPO:** Your plan may only help you pay for providers **INSIDE** their network.
- **If you are in a PPO:** Your plan will help you pay for most providers. But you will pay more for using providers outside their network.

### **Good News!**

**There is a limit to how much you'll have to spend on your healthcare each year. It's called the "Annual Out-of-Pocket Maximum."**

- This maximum or "limit" is the **MOST** you will ever have to pay in a year. It is the total of your deductible, co-pays and co-insurance. But it does not include your premiums.
- Once you hit this limit, the insurance company will pick up all of your costs for the rest of the year.
- Unless you are hurt badly or get really sick, you probably won't ever hit these limits. But it's nice to know they are there.
- Plans with higher premiums tend to have lower out-of-pocket limits.

**Find your annual Annual Out-of-Pocket Maximum in your Summary of Benefits and write the amount here: \_\_\_\_\_**

## Here are the 10 Essential Services that the new law says every plan must cover.

In other words, your plan must offer and help you pay for these things:



**Ambulatory patient services**  
(for seeing your regular doctors)



**Rehabilitative and habilitative services and devices** (for helping you recover if you are injured, or have a disability or chronic condition)



**Emergency services**  
(for using the ER or calling an ambulance)



**Laboratory services**  
(for getting certain lab tests, like blood tests, x-rays or scans)



**Hospitalization** (If you need to go to the hospital and stay overnight or longer. That's called "being admitted.")



**Preventive and wellness services and chronic disease management**  
(for preventing health problems with immunizations, or finding them early with screenings)



**Maternity and newborn care**  
(for taking care of pregnant women and their new babies)

For example, getting a mammogram or colonoscopy. Also for helping you take care of long-term health issues like diabetes, asthma, high blood pressure, or other chronic diseases)



**Mental health and substance use disorder services, including behavioral health treatment** (for help with mental health problems and drug or alcohol abuse)



**Pediatric services, including oral and vision care** (for the care of children's teeth and eyes)



**Prescription drugs**  
(for getting certain medicines that your doctor may prescribe)

## 2. How to Use Your Health Insurance



**Tam**

**OK, now I have health insurance.  
What should I do?**

Should I just wait until I get sick, or are there things I should do right away?

**Don't wait until you get hurt or sick! Like many other things in life, it's best to be prepared.**

Here are some things you can do right now that will make you smarter about your health insurance. Doing these things now will save you time, money and keep you healthy:

### **STEP 1: Pick a primary care provider (PCP).**

This is “your doctor,” the one you will usually go to first if you have a health problem. **(But if you have an emergency, go to the ER or call 9-1-1.)**

If you never had health insurance before, you may have waited to see if the problem would go away. This is not a good approach. Many problems only get worse if you wait. When something goes wrong, call your doctor's office and talk to them.

### **STEP 2: Make your first appointment.**

At the first visit with your doctor, you can begin to get the health screenings that are right for you.

If you have never had health insurance, or it's been a while since you did have insurance, do this right away. Some health problems, like high blood pressure, don't have any signs or symptoms that tell you you're sick. Your doctor can find these problems and help you treat and control them.



**Check the box if you:**

- ☐ Have chosen a primary care provider (PCP).
- ☐ Have made your first appointment or plan to soon.

**STEP 3: Learn about your health coverage.**

**Keep your Member Handbook where you can find it:** If you don't understand something, write it down and ask someone to explain it to you. It's true that many times these books are filled with language that's hard to understand. Think of it like the owner's manual for a car or anything else you use often.

**Ask questions and get answers:** If you have questions about how your health insurance works, make a list. Look for the answers first in your Member Handbook. If you can't find the answers, or you don't understand what is written there, call your Health Plan's Customer Service helpline and ask them.

Write down the answers, and read them back to the person on the phone. Ask them if this is correct. Don't hang up until you have all your questions answered, and you are sure you understand all the answers.

**Check the box if you:**

- ☐ Plan to learn about health insurance terms, or plan to read your glossary of terms to learn more.
- ☐ Put your Member Handbook in a place you can find it easily.
- ☐ Know where to call to find out more information, or you know how to find information about your plan on your insurer's website.



**STEP 4:** Know where to go for care when you are sick.

You should always go to the nearest emergency room (ER), or call 9-1-1 if you have a true medical emergency. When you do not have an emergency, seeing your PCP can save you money. Once you have a PCP, ask him or her how to decide where to go for your care.

**Here are three places you may go for care, depending on how sick you are or how badly you're injured:**



**Primary care provider (PCP)** for normal care, shots and when you're sick but it's not life-threatening, like a flu, sore throat or cough.



**Urgent care center** when you need to see your PCP but their office is closed, or when you're hurt but it's not serious enough for the ER. For example, if you sprained your ankle or if you got cut that might need stitches. Typically, you'll have a lower co-pay to visit the urgent care versus the emergency room.



**Emergency room** for life-threatening problems, such as chest pain, a very bad burn, or head injury.



## **What's the difference? Does one cost more than the others?**

Yes! Especially if you go to the ER for something that you should go to your PCP for.

If you didn't have health insurance before, you may have gone to the ER to treat minor things like a flu, rash or cough. But now that you have insurance, you need to know where to go for which things.

If you go to the ER for something minor, you will pay much more than you would if you went to your PCP. And you will probably have to wait much longer than you would in your doctor's office or the urgent care center.

### **Check this box if you:**

- ☐ Know where your PCP is.
- ☐ Know where the nearest urgent care center is.
- ☐ Know where the nearest ER is.

Put this information where you keep your important health insurance information, OR write it on the back of this booklet:

- Name and phone number of your PCP
- Name and phone number of any Specialist who handles a health condition you have
- Name, phone number and location of the urgent care center nearest your home. Make sure it's in your network.
- Hours the urgent care center is open
- Name, phone number and location of the hospital ER nearest your home (the ER is always open)



### **STEP 5:** Prepare for your office visit.

#### **Know what to bring to your appointment**

- insurance card
- photo ID
- cash, check or credit/debit card to pay your co-pay

You will need to pay your co-pay at the time of your appointment, so it is a good idea to know how much your co-pay is. Write down questions to ask your PCP ahead of time and bring them with you.

#### **Check this box if you:**

- ☐ Know how much your co-pay is for an office visit.
  - ☐ Plan to bring a list of questions for your doctor or have done so in the past.
- 

### **STEP 6:** Decide if the provider is right for you.

Do you trust your PCP? Do you feel comfortable talking to him or her? If not, you can change providers. If you have an HMO plan, look in your Member Handbook to find out how to do this.

#### **Check this box if you:**

- ☐ Feel that you trust and can make a good medical decision together. If not, pick a new PCP.

## **STEP 7:** Follow the plan you and your doctor agree upon.

Reach a treatment plan with your PCP. Then follow the plan you agree upon.

### **Here are some things your doctor may want you to do:**

- **Get a test done.** It may be a blood test, or a screening, such as an x-ray, a mammogram or a colonoscopy.
- **Go see a specialist.** This is a doctor who has extra training in one area of medicine. For example, your doctor may have you go to an orthopedic surgeon (bone doctor) if you're having trouble with your back or neck. Make sure you make and keep this appointment!
- **Start or stop taking medicine.** Make sure you start your medicines when your doctor tells you. Don't stop taking it until your doctor tells you, even if you are feeling better. **ALWAYS** talk to your doctor before starting or stopping any medicine.

### **Check this box if you:**

- ☐ Have or intend to fill prescriptions, and take them as instructed.
- ☐ Have or intend to make a follow-up appointment when needed.
- ☐ Have or intend to get a lab test or a screening.



### 3. How to Keep Your Health Insurance



#### Lupe

#### What if I can't pay my premium or bills right on time?

Can they cancel my health insurance?  
What happens then?

**Yes, if you don't pay your monthly premium on time, your insurance company can cancel your health insurance.**

If you lose your insurance coverage, you may need to wait until the next Open Enrollment period (usually at the end of the year) to sign up for the next year. And you will have to pay a penalty with the IRS when you file your taxes.

Read your Member Handbook to see what rules they have to follow when canceling your insurance. But if you pay your premiums on time you won't have to worry. Call your insurance company if you're having trouble affording your monthly premiums.

**Afraid you may forget? Try one of these tips:**

- **If you pay online:** If you have a smartphone, tablet or computer, put the date your premium is due on those electronic calendars.
- **If you pay by mail:** Put a stamp on an envelope as soon as you get the bill. Put the stamped envelope where you can see it, such as on your nightstand or by the front door.

Or, put a note on your fridge reminding you when the premium is due. Make sure you mail it early enough so that the insurance company gets it by the due date.

- **If you have a credit card or a checking or savings account:** You may be able to have your premium paid each month automatically on your card or from your bank account. Ask your bank about how to do this.





## George

### Who can understand these bills!

How can I figure out what they're charging me for?  
Sometimes, I'm not even sure if what I have is a bill.

## Understand your medical bills, and pay them on time.

### Medical paperwork about billing can be very confusing.

- First, you get a bill from the provider. This can be from the hospital, your doctor, a lab or test center. You may pay this amount either when you go for the service, or the bill may come later in the mail.
- Your insurance company may send you an EOB, or Explanation of Benefits. This tells you what they did and did not pay for. It will also tell you how much you pay.

**Above all, pay your bill on time.**





## Lupe

### What about reporting changes?

I hear that you have to report all sorts of changes that happen in your life.

### When you first get your health insurance, you will answer a lot of questions about yourself.

But these things can change over time. When you have changes in your life or your situation, make sure you let your insurance company know.

**Tell your insurance company if you have any of these changes. If you got your insurance from your State Health Insurance Exchange, tell them, too.**

- ☐ Your contact information changes (mailing address, phone number, email address).
- ☐ You get married or divorced.
- ☐ You have a baby or adopt a child.
- ☐ You lose a dependent. For example, one of your children moves out of the home or gets their own health insurance coverage.
- ☐ You have a change in disability status.
- ☐ You have a change in income. For example, if you get a raise or if you lose your job.
- ☐ You get health coverage through a job or a program like Medicare or Medicaid.
- ☐ You change your tax filing status.
- ☐ You have a change of citizenship or immigration status.
- ☐ You are going to prison or are getting released from prison.
- ☐ You need to fix a mistake with how they list your name, Social Security Number (SSN) or date of birth.



**Allyson**

## **Why do they need to know so much?**

This is a lot to keep track of.

### **Here's why you need to tell them:**

It helps your health insurance marketplace know if you are eligible for financial assistance - and, if so, exactly how much.

Financial help is based on your household income for the year you have coverage. It is not based on your taxes or income from the previous year.

You may be eligible for more assistance if you had a baby, lost a job or got married.

If you make more money during the year than you were making when you first signed up, you need to report this change in your income.



**Important: If your income goes up and you do not report it, you may have to pay back some or all of the money they gave you to help pay your premium.**





**Tam**

## **What do you need to do to keep your health insurance?**

It seems like you have to apply for it year after year.

### **To keep your insurance, you do have to renew your coverage each year.**

#### **Here's how:**

**Look for notices about how and when to renew:** Look for notices from your plan in the fall of the year. They will tell you about the choices they may be offering for the next year. Your state's health insurance marketplace may automatically enroll you in the same plan for the coming year, and you do nothing.



**Be careful. If you don't get a notice when Open Enrollment begins, contact the marketplace yourself.**

**Also, be sure you report any changes in your situation.** See page 18 for the kinds of changes you need to report.

**Plan to renew early.** This way, you won't get caught without coverage while they process your request.



## Keep your plan if you like it, and if you have no changes to report.

**Change plans if you want to:** If you want to change plans, you can do any of the following things:

- **Choose another marketplace health plan** in your service area if you want to stay with your current insurance company.
- **Choose a new health plan** from a different insurance company through your state's Health Insurance Exchange.
- **Buy a new private health plan** outside your state's health insurance marketplace. If you do this, you won't be eligible for **premium tax credits** and **cost-sharing reductions** offered through the marketplace. If that's the case, your state's marketplace will simply enroll you in a similar plan so you don't have a gap in health coverage. They will do this, unless you choose another plan and enroll.



**Important: Some health plans won't be offered every year. Check to see if your plan will be offered next year.**

### **If your current marketplace plan won't be offered in the next year:**

Your state health insurance marketplace will automatically enroll you in a similar plan.

This is so you don't have to go without having health insurance coverage for any time.



## 4. Phone Numbers to Keep Track Of

### Primary Care Provider (PCP):

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

### Specialists:

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

**This doctor handles my:** \_\_\_\_\_

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

**This doctor handles my:** \_\_\_\_\_

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Address

**This doctor handles my:** \_\_\_\_\_



**Urgent care center nearest your home:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Hours

**Hospital emergency room nearest your home:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

**Taxi service (if ever needed to get to urgent care):**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

# Phone Numbers to Keep Track Of

## Pharmacy:

Name	Phone
------	-------

Address
---------

Hours
-------

## Your Health Insurance Company (to call with any questions):

Customer Service:	Phone
-------------------	-------

Billing:	Phone
----------	-------

## Other important names and phone numbers:

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

Name	Phone
------	-------

## Questions for your doctor or health insurance company

\_\_\_\_\_

Date:

\_\_\_\_\_

Who the question is for:

\_\_\_\_\_

Question:

\_\_\_\_\_

Answer:

\_\_\_\_\_

\_\_\_\_\_

Date:

\_\_\_\_\_

Who the question is for:

\_\_\_\_\_

Question:

\_\_\_\_\_

Answer:

\_\_\_\_\_

\_\_\_\_\_

Date:

\_\_\_\_\_

Who the question is for:

\_\_\_\_\_

Question:

\_\_\_\_\_

Answer:

\_\_\_\_\_

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