Signed up for health insurance? Congratulations!

Getting health insurance is a big step toward living a healthier and less stressful life.

Some people get health insurance, but then they don’t get all the benefits they pay for. Or some people lose their insurance because they can’t find the money to pay all the expenses. Let’s make sure that does not happen to you.

This health insurance user’s manual will help you make decisions so you can get the most out of your new health insurance.

- Use it like a user’s manual
- Write your information in it
- Check off the boxes that talk about your situation

This workbook is for informational purposes only. It includes general health care information and personal health care planning materials solely intended for the use of individual consumers for their own personal use. Georgians for a Healthy Future and its staff do not intend to collect, store or share it with enrollment assisters or any other entities. Consumers are advised to be discreet if planning to share this workbook with their authorized representatives for their own health care related services. Georgians for a Healthy Future and its staff will not be responsible if it is lost or stolen.
Don’t try to read the whole user’s manual all at once. Just go to the parts you need, when you need them. Here’s where to go:

1. **I just signed up for insurance.**
   I need to organize my information about my plan.
   [GO TO PAGE 4].

2. **I need to pay my premium.**
   [GO TO PAGE 6].

3. **I need to find a doctor or clinic** that works with my insurance.
   [GO TO PAGE 9].

4. **I’m not sick, but I need to get preventive care** (like an exam or a shot).
   [GO TO PAGE 11].

5. **I feel sick or I have a medical problem.**
   [GO TO PAGE 13].

6. **I just made an appointment** to see a medical professional.
   I want to get the most out of my appointment.
   [GO TO PAGE 16].

7. **My doctor or nurse gave me some medicine.**
   I need to make sure I take my medicine the right way.
   [GO TO PAGE 19].

8. **I need to make sure I can keep paying for my health costs.**
    **I need to figure out a budget.**
    [GO TO PAGE 21].

9. **I’ve had big changes in my life.**
    I want to make sure that that my health plan is still the best one for me.
    [GO TO PAGE 25].

10. **It’s time to re-enroll in health insurance.**
    I want to make sure that my health plan is still the best one for me.
    [GO TO PAGE 26].
My new health insurance.
I am going to use it. I’m not going to lose it.

A. Here is the name of the **health insurance company** I signed up for:

________________________________________________________________________

B. Here is the name of the insurance **plan** I signed up for:

________________________________________________________________________

C. Here is the **phone number for customer service** at my insurance company:

________________________________________________________________________

Let’s say I have a question or a problem. I can call that number to fix the problem.

D. Here is the **name and phone number for the enrollment assister** who helped me enroll:

________________________________________________________________________

Let’s say I have a problem with my health insurance. I can get help from this person. **The help is free.**

If you did not have an enrollment assister help you enroll, or you can’t find their information, you can always call the Marketplace at 1-800-318-2596 to get help or to find in-person assistance in your area.

E. Here is my password and ID for the healthcare.gov web site.

**Username:** ___________________________________________________________________

**Password:** ___________________________________________________________________

I will need that username and password to get back on healthcare.gov next year when I shop for insurance.
F. This will be my part of the cost of the **insurance premium**:

$ ________________________________

I have to pay this same amount to my insurance company every month.

☐ I paid my first premium

G. This is my **deductible**. This is how much money I have to spend from my own pocket each year before my insurance company starts paying any doctor or hospital bills:

$ ________________________________

Note: **Except for preventive care**! My health insurance company will pay for preventive care even if I have not met my deductible.

H. I will also have to pay a **co-pay** when I go to the doctor. I can find the amount of the co-pay on my insurance card.

My co-pay for my main doctor (primary care provider or PCP) is: $ ________________________________

My co-pay for a specialist (like an eye doctor) is: $ ________________________________

My co-pay for an Emergency Room visit is: $ ________________________________

I. This is my **co-insurance** payment. After I pay my deductible each year, this is the part (percent %) of my doctor or hospital bills I still have to pay:

________________________ %

Let’s say I paid my deductible costs for the year. Then I get a doctor bill for $100. If my co-insurance is 20%, I would pay $20 because 20% of 100 is 20.

Note: Some insurance plans do not have any co-insurance.

J. This is my **out-of-pocket maximum**. This is the most I will pay during a policy period before my health insurance starts to pay 100% for covered services. This does not include my premium.

$ ________________________________
Did you pay your first premium?
You may have paid it when you signed up for your plan.

Here is what my premium costs every month:

$ __________________________

*You can find this on page 6

My premium is due on the _______ of each month.

YES. I did pay my premium.
I know I need to pay the premium every month.

NO. I did not pay my premium.

I did not know how to pay the premium.

Here’s what to do if you did not know how to pay your premium.
Just pick ONE:

• Write a check to your insurance company.
  Write your insurance policy number on the bottom of the check. Mail it to the right address.

• Use your credit card or debit card to pay your insurance.
  • Your insurance company will give you a form to mail in.
  • Or you can pay over the phone for a small charge.
  • Or you can pay online. Write down your insurance company’s website here: ______________________

• Get a money order at the post office or grocery store.
  Write your insurance policy number on the bottom of the money order. Mail it to the right address.

• Set up automatic payments from your bank.
  Your insurance company can tell you how.
I did not have enough money to pay my premium.

Here’s what to do if you did not have enough money to pay your premium:

1. Make sure that you have enough money next month to pay that month’s premium and the month that you missed. You must do this to keep your insurance.

2. Everyone needs a good budget. Make a budget that includes your premium payment. The last section of this book tells you how to make a budget that includes your health insurance costs. Go to page 21 of the book now.

Next, you will get your insurance card. Turn the page!
Did you get a letter from your insurance company? Did the letter say you are insured?
The letter should come within 4 weeks of when you signed up. The letter could come by email or by US Mail.

☐ Yes! I got the letter from my insurance company. I am enrolled!

☐ NO. I did not get a letter from my insurance company. It’s been more than 4 weeks.

Here’s what you should do if you never got a letter from your insurance:

• Call the customer service number for your insurance company.

• If your insurance company doesn’t help you, call the person that helped you enroll. The phone numbers are on page 4.

Here is my insurance plan number:

Here is where I keep my insurance card so I will not lose it:

* You can find your policy number on your insurance card

* Treat it like your driver’s license. Keep it in your wallet.

Next, you have to pick a primary care provider. Next page!
Do you have a primary care provider?

What is a primary care provider?
Your primary care provider is the doctor or nurse or medical office that you call or visit whenever you are sick. Your primary provider might send you out to see specialists like a skin doctor or a doctor for your ears.

Note: Some insurance companies may list this provider as a family doctor. Some insurance companies will call approved providers “in-network.” In-network providers will cost you a lot less money.

☐ Yes! I do have a primary care provider.

Here is the name of my primary care provider:


Here is the phone number for my primary care provider:


Here is the phone number of the pharmacy where I get my medicine:


☐ No. I do not have a primary care provider.
Here’s what to do if you do not have a primary care provider.

☐ Call your insurance company or go online to find a list of approved primary care providers for your policy. Approved providers are also called “in-network providers”.

☐ Figure out which offices will be easy for you to travel to.

☐ Ask people you know to recommend doctors they have used.

☐ Shop around on the phone.

☐ Call a few medical offices you might choose from.
☐ Double-check they accept your specific insurance policy.
☐ Find out how long you have to wait to get an appointment.
☐ Is the office staff helpful?

☐ Sign up with the best primary care provider for your needs.

☐ Ask the office to send you the forms to fill out before your first visit
☐ Ask the office what it will cost you to come in for the preventive services you are entitled to. Your insurance covers certain preventive services at no further cost to you. See the next page in this user’s manual.

• If you are not happy with the primary care provider you chose, you can always switch to another. It’s okay to switch providers.

☐ Every November or December, check to see if your primary care provider is still approved by your insurance.

• You might need to choose a different provider.
• Or you might need to choose a different insurance policy.
• Mark it on your calendar: Talk to your enrollment assister in November or December to make sure your needs will be met the next year.

Next, it’s time to schedule an appointment to receive preventive services that you can get with no additional payment. Next page!
Are you getting care that keeps you healthy?

What are preventive services?
Sometimes you visit your primary care provider even when you are not sick. Preventive services keep you from getting some sicknesses. Like when a baby gets a shot to keep away whooping cough, or when you check your blood pressure—that’s preventive services.

You have a right!
Because you pay your insurance premium every month, you have a right to get preventive services. You do NOT have to pay more to get these services. You are already paying for them! Be sure to get the services you deserve.

☐ Make an appointment with your primary care provider soon for preventive services.

Here is my primary care provider’s phone number: __________________________
Your primary care provider’s number is on page 9.

When you call your doctor’s office to make the appointment, tell the receptionist that you want to schedule a wellness exam or physical. That way your doctor will do any preventive services needed.

Here is the name of my insurance: __________________________
Here is my policy number: __________________________

They will ask you for your health insurance information. You can find this on page 4.
Here are a few of the preventive benefits you should ask about:

- Blood pressure checks
- Shots to help keep away many diseases like lock jaw, pneumonia, cervical cancer, hepatitis and shingles
- What foods to eat and what foods to avoid
- Help to stop smoking
- Certain cancer check-ups
- Nutrition and disease checks for pregnant women
- Full check-up for women every year
- Eye-sight check-ups for children
- Sexual health check-ups and some treatments
- Check-ups for depression and substance abuse
- Yearly physical for all adults
I feel sick.
I was injured.
Should I go to the doctor?

☐ EMERGENCY! For medical emergencies call 911 right away
  • Bleeding that won't stop
  • Trouble breathing
  • Coughing up or spitting up blood
  • Neck or back injury—DO NOT MOVE SOMEONE WHO MIGHT HAVE BROKEN THEIR BACK BONE
  • Fainting or someone does not respond you when you talk or touch them
  • Poisoning or drug overdose
  • Unusual and severe headache that comes on suddenly
  • Any sudden and unexplained changes in behavior, walking, speaking, confusion

Use emergency services for medical emergencies only.
  • The hospital emergency room is not your primary care provider. Emergency room visits are very expensive. They will be covered by your insurance company only if you have an emergency. 🌟
  • Do not call emergency services for regular coughing or stomach aches or fever.
  • An ambulance is not a taxi. The cost of an ambulance is high. It will be covered by your insurance company only if you have an emergency. 🌟

If it’s NOT an emergency...

☐ Call the free nurse help line from your insurance company. These nurses want to hear from you. They will have good medical advice for you. You can call any time day or night.

☐ Call your insurance company to find out the number for their free nurse help line.
WHAT TO DO IF I FEEL SICK OR AM INJURED?

Here is the phone number for my insurance company: __________________________

The number for your insurance company is on page 4

Here is the number for the free nurse help line: __________________________

☐ What did the nurse help line tell you to do?

☐ Did the nurse help line tell you to call your primary care provider?

☐ Call your primary care provider to find out if you should come in.

  • Here is the phone number for my primary care:

  ____________________________________________

  • Here are the office hours for my primary care:

  ____________________________________________

  • Tell the receptionist about your sickness or injury. But remember, the receptionist is not a medical professional.
  • You can ask to talk to a nurse about your problem.
  • Ask the receptionist how much money you will probably have to pay at the time of the visit.
YES! I made an appointment to see my primary care provider.

• Write down the date and time for the appointment.
  • Date: ______________________
  • Time: ______________________
• Don’t forget your insurance card!
• How much money should you bring with you?
  • Bring enough money for your co-pay (see page 5)
  • Bring extra money for transportation, and parking
• How will you get to your doctor’s office?
  • Date: ______________________
  • Public transportation option ______________________
  • Will you need a ride? ______________________
  • Who can you ask? ______________________
• How will you handle getting time to go to the doctor?
  • Ask if you can get time off at work to go to your appointment.
  • Do you need help taking care of kids or others?
    Who can you ask? ______________________

No. My primary care office is closed now, but I need to see a doctor quickly.

What is urgent care?
• Usually not in your insurance network.
  Will cost you extra money. $
• Walk-in clinic. No appointment needed
• Open earlier in the morning and later at night
• Open every day of the week
• Some may be located inside drug stores, some are free-standing
• Can treat regular infections, injuries, coughs, fever

Find an urgent care location near you.
• Urgent care address: ______________________
• Urgent care phone number: ______________________
• Call ahead to let them know the reason why you are coming.
  • Ask how long the wait will be.
  • Ask if they participate or accept your insurance.
  • Find out how much money you will need to bring, and what forms of payment they will take. $
  • Next time you see your primary care provider, tell them about your visit to urgent care.

It’s very important to use the terms “participate” vs. “accept.” If a doctor participates in your insurance it will be cheaper than if they accept it.
Are you getting the most out of your doctor’s visits?

Plan ahead for your visit.
Sometimes you have to wait a long time to see your doctor. And then you only get a few minutes with them. Think ahead and bring some notes to make sure you get what you need from the visit.

- Bring all your medicines with you to your appointment. Include:
  - Any medicines that you have a prescription for.
  - Any vitamins you take.
  - Medicines you take without a prescription like Tylenol or Claritin.

- Can you tell your doctor or nurse your top goals for your health?
Make sure your health professionals know your main hopes for your health.

What are your top 3 health goals?

- I want to stay strong so I can enjoy life.
- I want to live with less pain every day.
- I don’t want to get cancer.
- I never enjoy life. I want to be able to feel happy.
- Sometimes I feel dizzy or weak. I want that to stop.
- I am always tired. I want more energy.
- I weigh too much. I want to lose weight.
- I want to stop smoking.
- I want to have healthy children.

Tip:
It is important to talk about your health goals with your whole family and with your friends.
Can you explain to your doctor or nurse why you need to see them today?

☐ I want to be sure I am up to date on all my shots.
☐ I just need a check-up to make sure I’m healthy.
☐ I need a refill on my medicine.
☐ I am not able to ________________________________
   I think it may be a medical problem.
☐ I’m feeling sick. Or I am not feeling as healthy as I should feel.
   • This is how I feel:
     ____________________________________________
   • And this is also how I feel:
     ____________________________________________
   • This is when I started feeling this way: _____________
   • Here are some things that make me feel better:
     ____________________________________________
   • Here are some things that make me feel worse:
     ____________________________________________
   • Here is a time when I felt this same way before
     ____________________________________________
   • Here is someone in my family who had the same problem
     ____________________________________________
   • Here is someone I know who is having this same problem, or who recently had it
     ____________________________________________
Questions are the answer!
Don’t leave the doctor’s office until you are sure you know the answer to these 3 questions:
• What is my main problem?
• What do I need to do about it?
• What will happen to me if I don’t do that?

TIP: Write down your questions beforehand. Bring the list with you to your appointment. Don’t be shy about asking questions.

Your questions help your health professional do their job.

☐ Can you plan some questions to ask at your medical appointment?

☐ Will you be comfortable asking questions if you don’t understand something your provider tells you?

☐ Which of these questions will you want to ask at your appointment?

☐ What is the test for? Why is it necessary?
☐ What is the test called? When will I get the results?
☐ Will I need to see a specialist doctor? Will my insurance cover that specialist?
☐ Do I need to change my daily routine to feel better?
☐ Why do I need this treatment?
☐ Are there any other ways to treat my problem?
☐ What will the medicine you are giving me do?
☐ How do I take it?
☐ Are there any side effects?
☐ How do you spell the name of that drug?

☐ Does this medicine mix okay with medicines that I’m already taking?
☐ Do I need surgery? Are there other ways to treat my condition?
☐ How often do you perform this surgery?
☐ What will happen if I wait and do nothing about my problem? Will it go away by itself?
Are you taking your medicines the right way?

Why is it important to take my medicine just like my doctor or nurse told me?
If you take your medicine wrong, it will not help you enough. It could even hurt you. Follow the instructions exactly. Ask your doctor or pharmacist if you are not sure about anything.

☐ For each of your medicines, you need to know all this information:

- The name of my medicine is ________________________________

- This is the reason why I am taking this medicine (how it helps me)

______________________________

- What is the form of this medicine?
  - Pill
  - Liquid
  - Cream
  - Drops
  - Patch
  - Other ________________________________

- The color of the medicine is ________________________________
- The shape and size of the pill is ________________________________

Trouble paying for your medicine? Ask your health insurance professional if you qualify for a discount program like NeedyMeds
• These are the days when I take this medicine: ____________________________
  OR
• I only take this medicine sometimes. Here is how I know if I should take this medicine today:
  • I am feeling this kind of pain today: ____________________________
  OR
  • I am having this kind of trouble breathing or moving today: ____________________________
  OR
  • My thermometer says I have a fever of _______ degrees
  OR
  • My blood sugar is over this level: _______

• This is how many times I take this medicine each day: ____________________________

• These are the times I take the medicine each day: ____________________________

• What are the rules for eating and drinking with this medicine?

  • I should take this medicine before I eat a meal
  OR
  • I should take this medicine with a meal
  OR
  • I should take this medicine after I eat
  • Here are some foods I can NOT eat or drinks I can NOT drink with this medicine: ____________________________
  • I should drink lots of water when I take this medicine

• This is the day I should finish taking the medicine: _______

  • Here is what I should do when I finish taking this medicine:
    • I should call the pharmacy to refill the prescription
    • Here is the phone number of my pharmacy: ____________________________
    • I should call my doctor to find out what to do next.
    • I should dispose of any unused medicine.
    I’ll call my pharmacy to find out how to dispose of this medicine.

**Tip:**
Take your medicine for the full time you are supposed to take it. Finish your prescription even if you are already feeling better.
Including health costs in your budget.

Do I really need to make a budget?
I hate budgets! It’s easy to fool yourself about how much money you have to spend each month. A budget is the only way to be honest with yourself about how much money you usually bring in each month and how much you spend. A budget will show you how much you can afford to spend for health insurance and other health costs.

Here is where my money came from last month (my income):

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job</td>
<td>$ _______</td>
</tr>
<tr>
<td>Second job</td>
<td>$ _______</td>
</tr>
<tr>
<td>Tips</td>
<td>$ _______</td>
</tr>
<tr>
<td>Self-employment</td>
<td>$ _______</td>
</tr>
<tr>
<td>Selling stuff</td>
<td>$ _______</td>
</tr>
<tr>
<td>Pension</td>
<td>$ _______</td>
</tr>
<tr>
<td>Investments</td>
<td>$ _______</td>
</tr>
<tr>
<td>SNAP</td>
<td>$ _______</td>
</tr>
<tr>
<td>Temp Assistance</td>
<td>$ _______</td>
</tr>
<tr>
<td>Housing voucher</td>
<td>$ _______</td>
</tr>
<tr>
<td>Social Security</td>
<td>$ _______</td>
</tr>
<tr>
<td>Disability</td>
<td>$ _______</td>
</tr>
<tr>
<td>Alimony received</td>
<td>$ _______</td>
</tr>
<tr>
<td>Child support received</td>
<td>$ _______</td>
</tr>
<tr>
<td>Tax refund</td>
<td>$ _______</td>
</tr>
<tr>
<td>Other income</td>
<td>$ _______</td>
</tr>
<tr>
<td>I got a gift</td>
<td>$ _______</td>
</tr>
<tr>
<td>I used savings</td>
<td>$ _______</td>
</tr>
</tbody>
</table>

Add up all of these numbers to get your TOTAL income last month $ ____________ Line A = Total income
Here is how I spent my money last month (not counting health costs):

### Paying off debts
- Credit card interest and late fees: $____
- Payday loan payments: $____
- Personal loans: $____
- Alimony payments: $____
- Other loans (furniture, jeweler): $____

### Housing and Utilities
- Rent or mortgage payment: $____
- Homeowners or rental insurance: $____
- Home repairs: $____
- Gardening, home decorating: $____
- Electricity: $____
- Gas: $____
- Water and sewer: $____
- Home items (furniture, washer): $____

### Telephone and Media
- Cable or satellite TV fees: $____
- Internet or WiFi service: $____
- Phone and cell phone service: $____
- Online service fees (Netflix): $____
- Purchase phone, IPad, TV: $____

### Food and Household Goods
- Groceries: $____
- Eating out (meals and beverage): $____
- Snacks, treats, coffees, soda: $____
- Cleaning supplies: $____

### Transportation
- Car payment: $____
- Car insurance: $____
- Gas for car: $____
- Car repair, oil change, car wash: $____
- Car registration: $____
- Public transportation and taxis: $____
- Parking and tolls: $____
### Child care or elder care
- Daycare Center: $________________
- Home Aides: $______________
- Baby sitters: $______________
- Diapers: $______________
- School supplies and fees: $______________
- Child support payments: $______________

### Personal expenses
- Cigarettes: $______________
- Money given or sent to family: $______________
- Clothing and shoes: $______________
- Hair care, nails: $______________
- Alcohol/Drinking: $______________
- Laundry: $______________
- Donations (worship, charities): $______________
- Entertainment (like movies): $______________
- Vacation expense: $______________
- Gifts: $______________

### Savings and investments
- $______________

### Line B = Total Spending

- Here is the Total amount of money I spent last month (except for health): $______________

### Tip:
If you spent more money than you earned, that's a problem. You should figure out where you can cut back on your spending.

### Line A

- I will subtract my spending from my income to find out how much money I have left for health care costs

- My income last month was $______________
- My spending last month was - $______________

### Line B

- Here is how much “extra” money I had last month. $______________
- This is the maximum I can spend on health costs each month.
Here are my expected health care costs:

- Monthly insurance premium $____________
- Annual deductible/12 $____________
  Example: $3000 deductible/12 = $250
- Co-pay x number of medical appointments or prescriptions each month $____________
  Example: 2 visits X $20 + 3 prescriptions X $10 = $70 copay
- Co-insurance/12 $____________
  Example: 30% of $6,000 covered expenses = $1800/12 = $150
- Drugs and vitamins insurance does not cover (Tylenol, laxative) $____________
- Transportation to medical visits $____________

Total: $____________

Now that I look at my whole budget, here are 3 places I can cut back to make sure I can always afford my health costs:

- ________________________________________________________
- ________________________________________________________
- ________________________________________________________

Tip: Tell your insurance company you want to pay your monthly premium by automatic withdrawal from your bank account.
My life has changed in some big ways since I signed up for health insurance. I want to change my plan right away.

One of these big changes happened to me recently:

- I have a new child in my family
- I got married
- Someone in my household died
- I moved to a new area
- I used to have health insurance from my job, but I lost it
- I used to have Medicaid, but I lost it
- I used to be covered on my parents’ insurance, but I just turned 26
- My immigration or citizenship status changed
- My income went down a lot

I did have one of those big changes in my life. I will call my enrollment assister to find out if I can change my insurance plan.

My enrollment assister’s phone number is ________________

I can find this number on page 4 of this users’ manual.
How to make sure my health insurance is still the right plan for me and my family

Even if nothing big has changed in your life, you want to make sure that your health insurance is still the right plan for you and your family.

What is Open Enrollment?
Every year there are just a few months when everyone can sign up for new health insurance. Open enrollment is the time to check out new health insurance plans to see if they will work better for you.

☐ Here is when the next open enrollment for health insurance starts: ____________________________

☐ Here is when the next open enrollment for health insurance ends: ____________________________

☐ I am going to visit my enrollment assister during the next open enrollment. Maybe I will switch plans.
  • I am going to see if I can save some money on health insurance
  • I am going to find a plan that pays for the doctor or clinic I like best
  • I am going to choose a policy that fits the way I use my health benefits.

☐ Here is the phone number of my enrollment assister: ____________________________

  I find the number on page 4.

☐ My appointment to visit the enrollment assister is

  on this day ____________________________

  at this time ____________________________
Notes: