

You're Covered, Now What?

Get the most out of your health insurance

No one plans to get sick or hurt, but everyone needs medical care at some point. Health insurance helps pay for these costs, and protects you from very high medical bills. It also allows you to stay healthy before you get sick. Now that you have health insurance, there are some things that you should do to get the most out of your insurance plan.

1 Pay your premium

You must pay your first premium before your coverage will be active. You can do this online when you select a plan or over the phone by calling the insurance company. You will need your insurance plan ID to pay. You need to pay your premium each month to stay covered.

2 Get Your Card

Insurance Company Name	
Plan Type	Member Name: Jane Doe
Effective Date	Member Number: XXX-XX-XXXX
	Group Number: XXXXX-XX
	PCP Co-Pay \$15.00
Prescription Group # XXXX	Specialist Co-Pay \$25.00
	Emergency Room Co-Pay \$75.00
Prescription Co-Pay	Member Service: 800-XXX-XXXX
\$15.00 Generic	
\$20.00 Name Brand	

Your insurance card may look different than this sample but should have similar information

Your insurance company will send you a card in the mail with your plan's information. You may also be able to get a printable card from your insurer's website. The card has important information printed on it, like your plan number, group number, and contact information for the company. It is important to always take your card with you to doctor's appointments.

3 Find a doctor

Find a doctor who you can see when you need medical care. It's important to find one that accepts your insurance. Your insurance company can give you a list of doctors in your area that accept your plan. If you already have a doctor that you want to keep, call their office and ask if they accept your insurance. You should check with both your insurance company and your doctor to make sure the doctor is "in-network."



Note: If you need more information about how to find a doctor or a primary care provider — see the sheet: **"How to Find a Primary Care Provider."**

In-Network vs. Out-of-Network

In-network doctors have a contract with your health insurance company. That means that you pay less to visit "in-network" doctors. It is important to know whether a doctor is in- or out-of-network. Services from out-of-network doctors are more expensive for you.

Health Care Provider

When you go to see the doctor, you are visiting your health care provider. Health care providers can be doctors, nurses, or physician's assistants. When we use the word "doctor," we mean all of these providers. They are sometimes called "primary care providers."

4 Make an Appointment

You can get a wellness check-up every year for free. During your check-up, your doctor will ask you questions about your health, take your vital signs (like blood pressure and heart rate), and may do some routine tests to check for diseases. When you go to your appointment, make sure you bring:

- Photo ID
- Your health insurance card
- Your family medical history — the doctor will ask about it
- A list of any medications you are taking
- Any questions you have for the doctor — it helps to write them down so you don't forget

5 Stay Well

After your appointment, follow any instructions that your doctor gave you. It's very important to get any prescriptions that you were given. Take your medicine exactly as the doctor told you to. If you get sick or injured throughout the year you can make an appointment to get checked out. Unless it is a life-threatening situation, going to your doctor is much less expensive than going to the emergency room.

Key Terms to Know

Premium

A monthly bill you pay to your health insurance company, just like when you pay your electricity or water bill. You have to pay your premium even if you do not receive any medical care that month. If you don't pay this premium every month you may lose your health insurance.

Deductible

The amount of money you must spend on your health care services each year before your health insurance plan starts to pay for some of the cost.

The deductible includes your co-pays, and other costs you have to pay to receive health care. (It does not include your premiums.)

Co-Pay

The fixed amount you pay when you use health care services — like going to the doctor or getting a lab test done. You pay a small amount each time you visit the doctor or fill a prescription. Different types of health care services have different co-pays.

Note: The amounts of your co-pays are listed on your insurance card.

Questions?

If you have questions about using your health insurance please reach out to:

For example:
Jose has a \$1000 deductible and has to stay in the hospital, which costs \$10,000. He has to pay \$1000 and his insurance pays \$9000.

Co-Insurance

Once you have paid the amount of your deductible, your health insurance company starts sharing the costs of your health care. Co-insurance is your share of the costs, usually 10 to 30%.

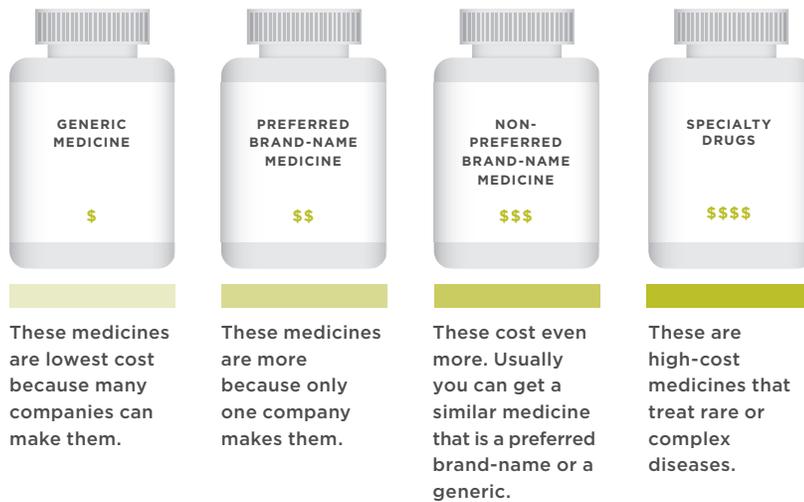
Out-of-Pocket Maximum

The maximum amount you will have to pay for health care services for the year if you get all of your health care services “in-network.” Once you have reached this amount, your health insurance pays 100% of your medical costs. The out-of-pocket maximum starts over each year.

NOTE: The out-of-pocket maximum does not include your monthly premium or “out-of-network” health care services.

Prescription Drug Formulary

The list of prescription medicines approved by your health insurance company. Buying medicines that are in your plan’s formulary will save you money. Formularies use a system called “tiering” to categorize medicines by price. This is what tiering looks like:



To get a better idea of what your prescription drug costs will be see the “My drug formulary costs” sheet

For example: Cara needs an x-ray and her co-insurance is 20%. The x-ray costs \$1000, so Cara must pay \$200.

