TAKING CARE OF YOUR HEALTH & FINANCES

This guide is designed to help you prepare for medical expenses with useful suggestions for navigating the cost of care. Use these tips to get started—the planning you do now may be a big help later.

WHAT'S INSIDE

KEY

 Tips

Terms in green appear in the glossary

Health Insurance Basics:
MAIN TYPES of Coverage

There are several types of plans for **health insurance benefits**. It's important to know what kind of coverage you have and who administers your plan. There are 3 main types of coverage:

GROUP COVERAGE:

Health insurance plans provided by a company, government agency, or union. These plans cover large groups of people, and pharmacy benefit managers (PBMs) handle medication benefits for employers.

INDIVIDUAL COVERAGE:

This type of coverage is purchased by individuals, not employers. Many people with individual coverage will qualify for financial help with out-of-pocket costs.

PUBLIC COVERAGE:

Government healthcare that is paid for with state and federal money. Public insurance plans include the Health Insurance Marketplace, Medicare, and Medicaid. For more information, contact your state insurance marketplace at 800-318-2596 or visit localhelp.healthcare.gov

Good to Know: Deductibles, premiums, copayments, and coinsurance are all important to consider when budgeting your healthcare expenses. To learn more about government insurance plans, visit **healthcare.gov/see-plans**/

GETTING ORGANIZED and Planning Ahead

Know When and Where to Go for Care

You can save time and money if you see your healthcare provider or use an urgent care center rather than going to the emergency department.

Ask your healthcare provider what can be handled in a doctor's office or urgent care, and what would require the hospital emergency department. Be sure to ask if you need **prior authorization**. Additionally, you can call your insurance provider's service number to ask for an explanation of their coverage for ED visits.

Make a list of which healthcare centers are near you and covered by your insurance. Use the space below:

If I have general health questions, I can call:

Examples of when I'd make a routine appointment with my healthcare provider:

The closest urgent care/walk-in clinic is:

I should go to an urgent care/ walk-in clinic if:

The closest hospital is:

I should go to a hospital's emergency department if:

Keep Track of Important Information

My primary care provider:

My health insurance policy:

Insurance company's phone number:

Insurance company's website:

Insurance ID number/group number:

Financial Support Resources

It's normal to feel worried about medical bills. These organizations may be helpful for various financial needs:

For help with caregiving expenses, contact the Caregiver Action Network: *855-227-3640 or caregiveraction.org*

To see if you qualify for government assistance, contact the Centers for Medicare & Medicaid Services: *800-633-4227 or cms.gov*

To find help with the cost of medicines, contact Needy Meds: *800-503-6897 or needymeds.org*

For case management services and financial assistance, contact the Patient Advocate Foundation: *800-532-5274 or patientadvocate.org*

To search for financial assistance resources available to you from prescription drug manufacturers, contact the Medicine Assistance Tool (MAT): *571-350-8643 or mat.org*

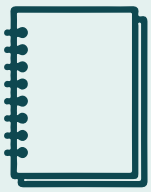
To access social security and related services, contact the Social Security Administration: *800-772-1213 or ssa.gov*

For help comparing costs and benefits of hospitals, nursing homes, and healthcare providers, visit *medicare.gov/care-compare/*

You are more likely to need prescription drugs as you age. If you have the opportunity to choose a new health insurance plan or are reviewing your current one, check if your plan offers **prescription benefits**. Review the plan's list of covered drugs (called a **formulary**), and see if it covers the medicine(s) you take. This list may change over time.

STAYING ON TRACK:
Paperwork and Conversations

To get organized and take control of the paperwork and conversations involved in your health care, it's helpful to:



Take Good Notes

Write down everything you want to remember, including the names of people you talk to and the dates of service. Take time to confirm the important points with the person you've spoken with. Ask follow-up questions if you're unclear.

Get it in Writing

Always ask for written instructions so you can refer to them any time.

Save your Documents

Keep and organize medical bills, insurance letters, authorization statements, claims/**explanations of benefits** (**EOBs**), and all receipts. You can also ask if your healthcare provider uses a **telemedicine** service to provide patients digital access to documents.

Find Help

Ask for more information about anything you don't understand.

Good to Know: Make sure to get pre-approval (also called **prior authorization**) beforehand for any tests, treatments, and surgeries. These services can be costly to pay for **out-of-pocket**.

QUESTIONS to Ask

Sometimes you may not know what questions to ask, or how to get the information you need. You could start by asking a general question, then move to more specific questions. An example of a general question is: "I am worried about costs related to my treatment. Who is the best person I can talk to about my concerns?"

You can adapt these specific questions for your individual situation:

ASK HEALTH INSURANCE REPRESENTATIVES:

Who can I reach out to with my concerns about health insurance and benefits verification (BV)?

Will you assign a case manager to me so I can talk with the same person each time I call?

Will my case manager help me understand medical codes, charges, and how to file an appeal if a claim is denied?

Does my plan cover emotional support or counseling?

Can you recommend resources that can help me?

ASK YOUR HEALTHCARE PROVIDER'S BILLING STAFF:

When is this payment due? Do you offer installment plans?

How much is my copay for each appointment?

How will I be billed for lab tests?

ASK HOSPITAL/FACILITY BILLING STAFF:

Who can give me an estimate of the total amount this treatment plan will cost?

Do I need prior authorization from my insurance company before I begin treatment?

ASK HEALTHCARE PROVIDERS/ PHARMACY STAFF:

Will I need refills or any additional prescriptions?

What is my copay for this medication?

Can you recommend any programs that may help cover the costs of my treatment?

Can I pay for this with my Health Savings Account (HSA)?

ASK OUTSIDE ORGANIZATIONS:

(see page 6 for places to start)

Is there an organization that may be able to help with paying for basic expenses during my treatment?

Who may be able to help me pay for transportation or parking related to my medical care?

Who may be able to help with the cost of home care, counseling, or other services?

Who may be able to help with the cost of child or elder care during my treatment?

Who can I contact for legal help if my condition causes employment issues?

Healthcare Terms Glossary

Appeal: If your health insurance company denies payment for a service or treatment, you can appeal, or request that they reconsider their decision.

Benefits Verification (BV): The process of confirming information such as coverage, copayments, deductibles, and coinsurance with a patient's health insurance company.

Coinsurance: The amount or percentage of health care costs an insured patient pays after meeting a health care plan's yearly deductible.

Copay: A set fee that an insurance provider requires a patient to pay each time care is received.

Deductible: The amount of approved health care costs an insured patient must pay out-of-pocket each year before the health care plan begins to pay its portion.

Explanation of Benefits (EOB): After a claim payment has been processed by your health plan, it will provide a record of the health care you received and a summary of the charges, discounts, actions taken, reasons for denying payment, and the claims appeal process. An EOB is not a bill.

Formulary: A list of prescription drugs covered by an insurance plan. Also called a drug list.

Health Insurance Benefits: A contract in which you agree to pay a fee to a company, and in return the company agrees to pay some or all of the cost of medical services during a certain time frame. You must pay the premium even if you do not receive any care during that period.

Health Insurance Marketplace: A federal government website where you can review, compare, and buy insurance plans offered by participating health insurance companies in your area. This is available at **Healthcare.gov**

Health Savings Account (HSA): A type of savings account that lets you set aside money to pay for medical expenses. The money in the savings account is not taxed, and you may keep the money you don't spend each year. Some HSAs let you accumulate non-taxable interest.

Medicaid: A form of government health insurance that provides coverage for qualifying people with low incomes. Learn more at **cms.gov**

Medicare: A type of government health insurance for people 65 years of age or older and for some people with disabilities. Learn more at **medicare.gov**

Out-of-pocket: Any expense that a patient must pay because it is not covered by insurance.

Pharmacy Benefit Manager (PBM): A separate company that negotiates and manages your health plan's pharmacy benefit. A PBM processes and pays for your prescription drug claims based on the terms of your pharmacy benefit.

Premium: The amount paid by a person or company each month to have insurance coverage.

Prescription Benefits: Health plan that pays for prescription drugs and medicines.

Prior Authorization (PA): Approval from a health plan that a specific health service, treatment, or medical equipment is medically necessary to care for you. Also called preauthorization, prior approval, or precertification.

Telemedicine: Digital services that provide access to health services or patient documents through a phone, tablet, or computer. Also referred to as telehealth.

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