**Health Insurance Checklist**

* Have **Social Security numbers** for everyone you want on your insurance policy.
* Have the **gross salary** for your family, or just yourself, if you're not covering anyone else.
* Do you know where your pay stubs are for the last year? What about your most recent tax filing? If you don't know either, how likely is it that you're going to have to track these down from an employer and the IRS?
* Do you have other sources of income like interest from a bank account or unemployment benefits? If so, do you know where that info is?
* Have the list of **providers you want** ready. That way you can check each plan's network for them. Make note of the copays for in-network providers and for those not in-network.
* Family doctor
* Child's pediatrician
* Eye doctor
* Dentist
* OB/GYN
* Physical therapist or occupational therapist
* Mental health counselor
* Specialists such as a urologist, endocrinologist, or cardiologist
* Names of hospitals and their locations if you have a preference
* Have the **list of medicines your family needs.**Use it to check the drug formulary for any plan you're considering. Make note how much the copay will be for each prescription.
* Write down the dose you take.
* List full names (spelled correctly) for all the medicines you take.
* If you know it, write down if it's the generic name or brand name.
* Look at the **summary of benefits** for any health plan you're considering if you haven't done it yet.
* Review the details in each plan's **essential benefits.**Look for services you need, such as infertility treatment or gastric bypass, since not all states will include the same items.
* Know **how much you can afford** each month to pay a premium.
* If you're using your state's Marketplace, also called an Exchange, use its subsidy calculator or its insurance cost calculator. From it, you'll find out how much financial help you can put toward your premium costs. This may lower your costs each month.
* If you're using your state's Marketplace, have the information you need to have insurance **payments sent directly from your bank account.**States may also take credit cards or checks.

Other questions to consider:

* In the upcoming year, do you know if you will need to see the doctor more frequently, or see specialists?
* Is there an area where you would like to improve the level of coverage you’ve had in the past, such as emergency care or hospitalization?

**Health Plan Checklist Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **BENEFIT** | **COVERED OR IN EFFECT? (YES OR NO)** | **HOW MUCH IS COVERED?** | **YOU PAY** |
| Office visits |  |  |  |
| Physical exams |  |  |  |
| Diagnostics (lab, medical procedures) |  |  |  |
| Emergency room visits |  |  |  |
| Cardiac/advanced procedures |  |  |  |
| Hospitalization |  |  |  |
| Preventive care |  |  |  |
| Pre-existing conditions |  |  |  |
| Well-child exams |  |  |  |
| Immunization |  |  |  |
| Maternity care |  |  |  |
| Drug benefits |  |  |  |
| Mental health coverage |  |  |  |
| Network discount applies to deductible? |  |  |  |
| Maximum out-of-pocket limits? |  |  |  |
| Limitations on reimbursement for certain procedures? |  |  |  |

|  |  |
| --- | --- |
| **COSTS** | **AMOUNT** |
| Premium |  |
| Office visit co-pay |  |
| Prescription drug co-pay (generic, name brand) |  |
| Emergency room co-pay |  |
| Coinsurance (you pay) |  |
| Deductible |  |

**Questions to Ask Your Insurance Plan**

1. Are my doctors/dentists members of the plan’s network? How can I look up doctors/dentists who participate in the network? Can I get a list of doctors/dentists in my area?
2. What is the best way to find out in advance what I will have to pay for out-of-network care?  Is the policy for reimbursing out-of-network care posted on your website or otherwise available?
3. What are the rules for accessing care outside my plan’s network?  For example, how will I know if a service or test needs to be pre-authorized?  Is there a phone number that I need to call?
4. What services and tests are covered by my plan? Will they be covered if performed by an out-of-network provider? What services or tests are excluded?
5. What is your definition of screening tests?   Do I have to pay a co-pay or meet a deductible to have a screening test as recommended by my doctor?
6. What happens if my in-network provider sends lab tests to an out-of-network laboratory?  Would I be responsible for additional costs?  If so, how can I guard against this additional expense?
7. Is there a deductible?  Do both in-network and out-of-network services count towards the same deductible?   Do pharmacy services and laboratory services count towards the same deductible?
8. Does the deductible have to be reached for coverage to be applied to primary care physician (PCP), specialist visits or prescription drugs?
9. How can I appeal a decision about a claim?
10. How can I confirm that all providers who will provide care during a procedure, surgery or hospitalization (e.g., anesthesiologist, radiologist, pathologist) participate in my plan’s network?
11. How does the plan cover emergency services from a non-network provider?   How does the plan define “emergency” services?   If I am brought by ambulance to a non-participating Emergency Room, am I financially responsible for a decision that was not in my control?

*Make a note of the date and the name of the person(s) you spoke with.*

**Questions to Ask Your Provider**

Don’t forget to bring your plan ID card to your appointment!

1. Do you participate in my plan’s network?  If not, how much can I expect to be billed for my visit?
2. Will my insurance plan’s payment cover the full cost of this out-of-network visit? If not, will you expect me to pay the difference between your bill and what you are paid by the insurance company?  If you participate in another network, are you willing to accept their payment amount as full payment for this visit/service?
3. Will you file claim forms for out-of-network services on my behalf?
4. What tests/lab work will be ordered for my visit?  Will they be covered by my health plan? If performed elsewhere, are the facilities performing the tests/lab work considered “in-network” under my plan?
5. Will your office check with my plan to determine if pre-authorization is required for any tests or procedures?
6. Will you be performing or ordering services not typically covered by my plan?
7. Can you tell me which procedure codes you will likely submit for the services I will receive? (CPT® or HCPCS codes for medical; CDT®codes for dental)
8. Do you offer payment options, discounts, or otherwise negotiate your fees, for services that are out-of-network or not covered by my plan?
9. Are the medications you prescribed covered by my plan? If not, is there a less expensive alternative such as a different brand or generic option that is covered?   If you are prescribing a drug that must be administered in the physician’s office, is there an alternative such as a pill or injection that can be self-administered?
10. Will my surgery/procedure be performed at an in-network facility? Will all of the providers (anesthesiologist, radiologist etc.) that I see at the hospital or outpatient facility be part of my plan’s network?  If not, can you provide me with contact information for these providers so that I can obtain information to help me plan for my health care expenses?

 *Make a note of the date and the name of the person(s) you spoke with.*