

HOW TO AVOID SURPRISE HEALTHCARE BILLS AND LOWER YOUR COSTS



KNOW YOUR COVERAGE

- ✓ Learn important definitions
- ✓ Know your costs (copayments, coinsurance, and deductibles)
- ✓ Ask your employer or insurance company for a Summary of Benefits and Coverage document that summarizes the key features of the plan or coverage.
- ✓ Use your coverage for preventive care services at no cost to you.

Use the Questions on the back of this form to learn more about your coverage.

Deductible

The amount that you must pay out-of-pocket before your insurance starts to pay. The monthly premium does not count towards the deductible.

Co-Insurance

The amount you are responsible for after your deductible has been met. It is a percentage of the amount due for the service(s) you received.

Copay

The fixed amount you are responsible for paying at the time of service. The amount will be written in your plan and determined by the type of service.

In-Network Healthcare Providers

Doctors, Hospitals, Labs, and other healthcare providers that have contracted with the insurance company to accept a negotiated, discounted rate.

Out-of-Network Healthcare Providers

Healthcare providers that have not contracted with your insurance company. They may charge more than your insurance will pay. You will be responsible for the difference. Your insurance may also pay less or not at all for services provided out-of-network.



CHOOSE THE RIGHT FACILITY

- ✓ Learn what it means for a provider to be in-network or out-of-network
- ✓ ALWAYS find out ALL providers who will be involved in your care for a particular service
- ✓ ALWAYS find out if ALL providers are in-network
- ✓ Ask your insurance how much they will pay for out-of-network
- ✓ Ask out-of-network providers how much they charge. Try negotiating!

Before calling your insurance, know the Billing code for the service, Diagnosis Code, Facility/Doctor you will go to.



GET PRICES UP FRONT

- ✓ Ask your insurance company about their online cost estimator tool for your specific plan.
- ✓ Use Online Price Transparency Tools to get estimated amounts for the service(s) you need.
- ✓ Ask about related services that may not be included in your preventive care coverage.
- ✓ Ask out-of-network providers how much they charge. Try negotiating!

Prices vary by facility. Call and ask what the price will be. Compare it to the price found on online tools and negotiate!

www.FAIRHealthConsumer.org

Research the average in-network vs out-of-network costs in your area for specific services.

www.HealthCareBlueBook.com

Prices can vary by location and Doctor. Search for a service and find the lowest, highest and fair price for the care you need. Use it for negotiation and comparison!

www.Amino.com

Find facilities and Doctors in your area that provide the service you need. View price and experience information.

MY INSURANCE COVERAGE INFORMATION

Date: _____

Name of Insurance Representative: _____

My Costs

Knowing the details of your individual plan will help to avoid surprise bills and learn how to lower out-of-pocket costs. Understand basic definitions, know the out-of-pocket responsibilities that are outlined in your plan, and ask questions!

Premium	\$ /month	Individual Deductible	\$ /yr	Family Deductible	\$ /yr
Co-Insurance	\$	CoPay	\$	Out-of-Pocket Maximum	\$ /yr

Preventive Care Services

Ask about visits, screenings and labs are included in the monthly premium at no additional cost. There may be limitations. For example, plans usually only pay for one Annual Physical every 12 months. Be sure to ask about how often each service can be done and still be covered. Also ask about any other limitations or exclusions. Ask your insurance about all preventive care services that are covered in full. Below are examples.

Care	How often?	Limitations or Exclusions	Care	How often?	Limitations or Exclusions
Annual GYN exam			Hepatitis C		
Annual Physical			HIV		
Blood Pressure			Mammogram		
Cholesterol Labs			Pneumonia Shot		
Colonoscopy			Pap Smear		
Flu Shot			Tetanus		

Prescription Drugs

What prescription drugs are covered?

Questions About Specific Services

Costs for the same service can be different depending on the location and even the Doctor(s) or Clinician(s) involved. Doing research before you get the service means you can plan ahead and avoid surprises later on.

Is the provider in-network?

Remember, there can be multiple providers involved, like Doctors, Labs, Radiology, Anesthesiology, Surgery Centers and Hospitals.

Is this covered?

The insurance will pay for a covered service based on your plan. You will be responsible for a deductible, copay and/or co-insurance if you have not met the yearly maximum. The amount will depend on the service and the location.

Does this require an Authorization?

Your insurance may require that specific criteria be met prior to having a service. Your doctor's office can assist with the authorization process. You will still be responsible for the copay, coinsurance, and/or deductible for an authorized service!

Is there a Limit to the Number of Services?

Sometimes there is a maximum number of visits/services in a year. Examples include Physical Therapy and Chiropractic.