

WORKSHEET 15

UNDERSTANDING THE HEALTH INSURANCE PLAN

Visit www.LLS.org/CaregiverWorkbook to access all chapters and worksheets.

To estimate the cost of medical care, you and your loved one must understand the health insurance plan. Use this chart to view all the plan specifics in one place. If the insurance plan changes, the information must be updated. For example, there may be a different co-pay amount with a new plan.

Plan Name		
Type of Plan		
Primary Care Provider	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Specialists	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Treatment Center	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Other Medical Service Providers (Lab Tests, Infusions, Radiology)	Covered In Network <input type="checkbox"/>	Covered Out of Network <input type="checkbox"/>
Premium	Per Month: \$ _____	Per Year: \$ _____
Maximum Out-of-Pocket Expense	Per Individual Per Year: \$ _____	Per Family Per Year: \$ _____
Co-pays and/or Co-insurance	Primary Care Visits:	Co-Pay \$ _____ Co-Insurance _____ %
	Specialist Visits:	\$ _____ %
	Hospitalization:	\$ _____ %
	Emergency Room:	\$ _____ %
	Urgent Care:	\$ _____ %
	Prescription Drugs:	\$ _____ %
Plan Status as of this Date: _____	\$ _____ of patient's \$ _____ individual deductible has been met \$ _____ of patient's \$ _____ family deductible has been met \$ _____ of patient's \$ _____ individual maximum out-of-pocket expense has been met \$ _____ of patient's \$ _____ family maximum out-of-pocket expense has been met	

Once a treatment plan is in place, talk to someone at the treatment center's financial department who can advise you about estimated costs and payment plan options so that you can better estimate the total health insurance costs.

Health Insurance Terms Glossary

Premium: The monthly cost of participating in the plan.

Deductible: A fixed amount of money that must be paid out-of-pocket by a patient each year before the insurance plan will cover expenses.

Co-payments/Co-pays: A set dollar amount that is paid by the patient at the time of service, for certain medical services and prescription drugs. Co-pays do not count toward the deductible.

Co-insurance/Cost Share: The percentage of medical expenses shared by the patient and the health plan. This cost is in addition to any deductibles and co-payments.

Out-of-Pocket Expenses: The total amount of medical expenses that the patient is responsible for paying.

Out-of-Pocket Maximum: The limit on the total amount a health insurance company requires a patient to pay in deductible and co-insurance per year. After reaching an out-of-pocket maximum, the plan begins to pay 100 percent of covered medical expenses.

In-Network Provider: An in-network provider is contracted with an individual's health insurance company to provide services to plan members at a predetermined lower rate.

Out-of-Network Provider: An out-of-network provider is not directly contracted with an individual's health insurance plan.