

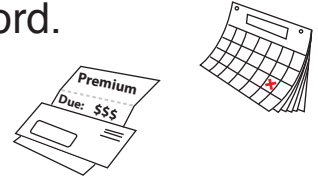
Choosing and Using a Health Insurance Plan

when living with a chronic condition

Choose a health insurance plan that will meet your health needs and save you the most money. If you are living with a chronic condition such as cancer, diabetes, heart disease, or other illness, you may need lots of medical care. Follow the steps below to help you choose a plan.

1. Look at plans with monthly **premiums** that you can afford.

A **premium** is the **monthly** payment you make to the insurance company to keep your health care plan.

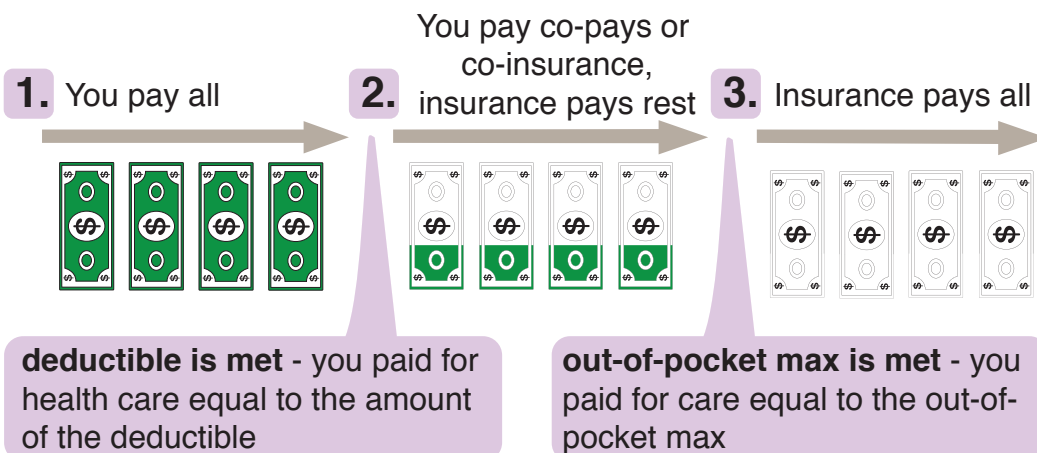


2. Find a plan with a low **out-of-pocket maximum**.

Out-of-pocket max (maximum) - This is the most you will pay in 1 year for covered health services in addition to the premium.



There are 3 stages to using your health insurance during the year:

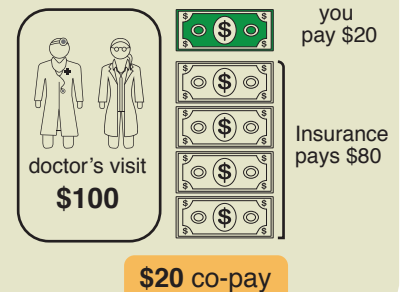


Deductible- The money you will need to pay for care before the insurance company starts to pay its part.

Co-pay:

The fixed amount you pay for a service.

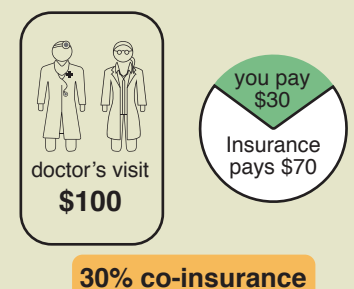
Example:



Co-insurance:

The percentage you pay for a service.

Example:



covering
Wisconsin
Connect to Care, Engage in Health

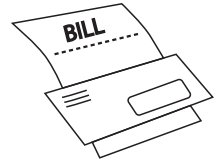
www.coveringwi.org

Example: Gabriel

Gabriel has diabetes and knows he will have many health care costs during the year.

Remember these costs:

- 1. Monthly Premiums:** The amount you pay every month to keep your health insurance even when you don't use health care.
- 2. Deductible:** The amount you pay for care before the insurance company starts to pay its part.
- 3. Out-of-pocket max:** The most you pay in 1 year when you get medical services.



Gabriel compares yearly costs for 3 plans:

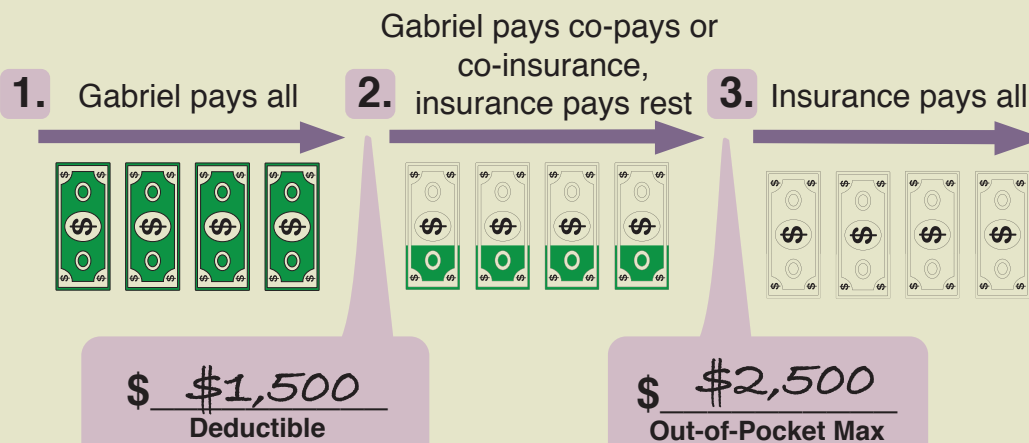
| Plan A | Plan B | Plan C |
|--|--|--|
| Premium: \$405 (x 12 = \$4,860) (per month) (per year) | Premium: \$556 (x 12 = \$6,672) (per month) (per year) | Premium: \$339 (x 12 = \$4,068) (per month) (per year) |
| Deductible: \$1,500 | Deductible: \$500 | Deductible: \$6,550 |
| Out-of-pocket max: \$2,500 | Out-of-pocket max: \$1,000 | Out-of-pocket max: \$6,550 |
| Possible yearly cost: \$7,360 (Premium + out-of-pocket max) | Possible yearly cost: \$7,672 (Premium + out-of-pocket max) | Possible yearly cost: \$10,618 (Premium + out-of-pocket max) |

Plan A Example



Yearly Out-of-Pocket Max

Gabriel chose **plan A** because the possible yearly cost is the cheapest. He will pay \$4,860 a year in monthly premiums, and up to \$2,500 a year for health services.



Gabriel's Yearly Costs

(\$405/mo premium)
\$4,860
 +
 (Out-of-Pocket Max)
\$2,500
 =
 (Possible Yearly Costs)
\$7,360

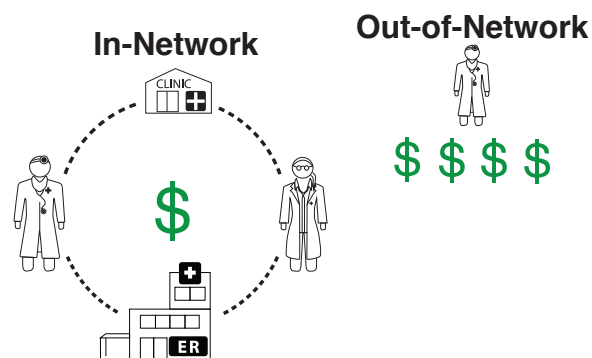
3.

Choose a plan that has a **network with the doctors and specialists you need.**

A network is the group of doctors, specialists, hospitals, and clinics that works with your insurance company.

Call the insurance company and ask if you can get the treatments you need in-network.

If you see a doctor outside of your network, you will pay more money, and it may not count toward your out-of-pocket maximum.



If you need treatments that are out-of-network or out of your area, look into a PPO (Preferred Provider Organization). PPO Plans cost more but cover out-of-network doctors. Call 2-1-1 to find an insurance agent to help you with PPO plans.

4.

Choose a plan that **covers** most of your prescription **drugs.**

Call the insurance company you are looking at and ask how much the prescription drugs you need will cost. Each insurance company has different costs for each drug.

The list of prescription drugs they cover is called a formulary.



A formulary has four levels:

\$

Generic drugs:

These are the lowest price.

\$\$\$

Non-preferred brand-name drugs:

These cost even more than preferred brand-name drugs.

\$\$

Preferred brand-name drugs:

These cost a bit more than generic drugs.

\$\$\$\$

Specialty drugs:

These cost the most. Many cancer drugs are in this level.

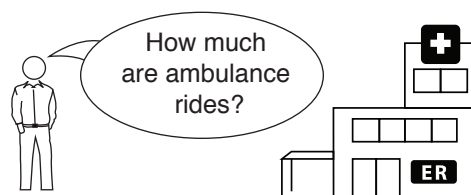


Some drugs may not be on a formulary, like chemotherapy. Ask your insurance company what they cover and how much it costs.

5.

Other **things to ask** when choosing a plan:

- How much do emergency room or urgent care visits cost?
- Are overnight hospital visits or observation stays for treatments covered?
- Are second and third options covered? Do they have to be in my network?
- Do I need pre-approval or a referral to be covered by the plan?



Tips to keep costs down

1. Review all of your bills and make sure insurance covered what they said they would.
2. Ask a financial counselor at your hospital for payment plans or financial help.
3. Ask your pharmacist if the drug company has financial help available and how to apply.
4. Ask your doctor if there are different treatments that work the same but cost less.
5. Ask your doctor to have tests and treatments scheduled on the same day so you don't pay as many co-pays. If not, ask your insurance company if you can get a copay waiver.
6. Ask your insurance company to find doctors in your network.

Other Resources

Some hospitals and insurance plans have **Case Managers** to help you for free. They can answer questions and make sure you get the services and medications you need.

Call United Way: 2-1-1



- Learn about affordable insurance and find programs in the community to help you pay for bills, food, transportation, and more.
- If your medical condition keeps you from working, learn about disability income or disability insurance.

American Cancer Society: 1-800-227-2345

- 24 hour call center with Cancer Information Specialists
- Can help find free services such as transportation to appointments, clinical trials, and emotional or financial help.

Center for Patient Partnerships: 1-608-890-0321

Free patient advocates can help you:

- find doctors
- with medical decisions
- and more
- file insurance appeals
- with medical bills and insurance problems

Ask about clinical trials

Clinical trials are new treatments that hospitals and universities test.

They may cost less. Ask your insurance company if these are covered.



If you get an **insurance denial** of coverage letter, you can file an **appeal**.

An **appeal** is forms you fill out to tell the insurance company why they should cover the service you need.

Call your insurance company and ask how to file an appeal. Also ask how much time you have to send in the forms



If you are missing work, ask your manager or Human Resources Department if you qualify for **Family Medical Leave benefits**.

Make sure to finish the paperwork by the deadline to protect your job.