You just got health insurance. Now what?

You've signed up for health insurance. But, how do you use your plan? How do you find a doctor? This Q&A is meant to help you find answers to these types of questions.

How will I pay for my insurance plan?

A **premium** is the money you pay to have your health insurance plan. You usually pay it every month but may pay it quarterly (4 times/year) or yearly (1 time/year) depending on your plan**.**

How much will I pay for care?

Copayments (copays) and coinsurance both are money you pay out of pocket for health care services, but they work a little differently.

Copays are a set amount you pay for each service. For example, a doctor's office visit may cost $20, which you pay when you visit your doctor. **Coinsurance** is when you must pay part of a service's cost instead of a set amount. For example, you may pay 20% of the cost of the doctor's office visit.

How much you pay in copays or coinsurance depends on your plan, the type of service, and whether the provider where you get the service is in or out of network (see below).

Cost-sharing is what you have to pay out of pocket, including deductibles, copays, and coinsurance But, this doesn't include premiums or costs of services your plan doesn't cover.

What is a deductible? How is it different than an out of pocket limit?

A **deductible** is how much you have to pay out of pocket before your insurance covers a portion of the rest of your out of pocket costs. So, if your deductible is $3,000, once you pay $3,000 in out of pocket costs, your insurance pays a percentage of all costs after that.

A deductible isn't the same as an **out of pocket limit** (or **out of pocket maximum**). Your out of pocket limit is the total amount you pay out of pocket (including copays and coinsurance, but not premiums) before your insurance kicks in to cover all costs.

How do I find a doctor that takes my insurance?

A **provider network** is made up of the doctors, hospitals, clinics, and pharmacies your insurer has a relationship with to provide services. These places are considered "in network" by your plan. Some plans may charge more or not cover services at all if you get them out of network. For example, if you normally have a $20 copay for a doctor's office visit, you may have a $50 copay or have to pay the entire cost for an out of network office visit.

So, it's important to know your plan's rules and to get services from in network providers. You can figure out if a provider is in network by calling them and asking if they take your insurance or calling your insurer to ask about which providers are in network. Also, you may be able to find this information online on your insurer's website.

NEBRASKA APPLESEED
STAND UP FOR JUSTICE

Should I go to a primary care doctor or the emergency room?

A **primary care doctor** is a doctor to see for things like routine check ups, minor injuries, or things like colds or the flu. This doctor will start to know your medical history and will be able to use that information to help you make the best health decisions.

The best place for treating life-threatening or severe conditions -- like treatment after a bad accident -- is the **emergency room** (ER). You'll be treated by an ER doctor available at that time, which is probably not your primary care doctor. Going to the ER can be very expensive.

Is it true that the ACA requires my plan to cover certain things for free?

Under the ACA, your plan has to cover preventive services without cost sharing. **Preventive services** are services you get to help keep from getting sick or having health problems, such as certain types of screenings and tests and vaccinations (like flu shots).

What do I need to know about contacting my insurance company?

When you contact your insurer, such as by calling their customer service number, you should have your insurance card ready because they will ask for information on the card. If you are calling about a specific bill or charge, have that in front of you so you can be as specific as possible. Don't be afraid to ask questions if you don't understand something. Also, it can be helpful to take notes of any conversations you have in case you need to follow up later.

What if I disagree with my insurance company's decision?

Sometimes you can fix issues with your insurer by just calling the insurer and asking about the decision you disagree with. For example, you may have been charged for a preventive service that you weren't supposed to be charged for, and when you call the insurance company, they can review that charge.

But, if this doesn't work, you can **appeal**. This is a request that the company review the decision you disagree with. You can get information about about your company's appeal process in materials you got when you enrolled, by calling the insurer, or by looking at its website.

NEAPPLESEED.ORG

PUBLISHED JULY 2015

941 O STREET, SUITE 920
LINCOLN, NE 68508
P 402.438.8853
F 402.438.0263
INFO@NEAPPLESEED.ORG