My Health Insurance Checklist

Tracking my benefits

My Plan

Plan Name: _____

Plan type: ☐ HMO ☐ EPO ☐ POS ☐ PPO

- Do you need to choose a primary care physician (PCP)? ☐ Yes ☐ No
- If so, is your current PCP in network? ☐ Yes ☐ No
- Do I need a referral to see a specialist? ☐ Yes ☐ No
- Are my other doctors and clinics in network? ☐ Yes ☐ No

Plan coverage: ☐ In-network only ☐ In-network and out-of-network

My Costs

Yearly Premium: $_____

Deductible (in network):
Individual $_____ Family $_____

Deductible (out of network):
Individual $_____ Family $_____

- Are any services covered before the deductible is met? ☐ Yes ☐ No

Coinsurance: Hospital _____% Emergency room _____% Other _____%

Copay: Outpatient $_____ Prescription $_____
Emergency room $_____ Other $_____

Maximum out-of-pocket: Individual $_____ Family $_____

- Is the deductible included in the out of pocket? ☐ Yes ☐ No

Are you eligible or enrolled in a program to help with out-of-pocket costs (like a health savings account or cost sharing reduction)? ☐ Yes ☐ No

My Covered Services

Does the plan cover all the services I need? ☐ Yes ☐ No

☐ Emergency services	☐ Laboratory tests	☐ Skilled nursing facility
☐ Hospital inpatient services	☐ Durable medical equipment	☐ Hospice care
☐ Immunizations	☐ Home health care	☐ Other: _____
☐ Physical therapy	☐ Occupational therapy	_____
☐ Mental health	☐ Organ transplants	_____

Does the plan include other services like vision or dental care? ☐ Yes ☐ No
Does the plan require prior authorization to cover medical services or procedures? ☐ Yes ☐ No
Am I covered if I get sick out of state or in another country? ☐ Yes ☐ No
Does the plan offer health care continuation coverage assistance (also known as COBRA) if I'm in between jobs? ☐ Yes ☐ No

My Medications

Are my medications covered under a separate prescription plan? ☐ Yes ☐ No

- If so, what is my plan? _____

Is there a separate deductible for the pharmacy benefit? ☐ Yes ☐ No
Is my medication covered? ☐ Yes ☐ No
Are you signed up for a copay assistance program? ☐ Yes ☐ No
Does the manufacturer offer an emergency assistance program? ☐ Yes ☐ No

- If yes, are you signed up? ☐ Yes ☐ No

COBRA (Consolidated Omnibus Budget Reconciliation Act); EPO (exclusive provider organization); HMO (health maintenance organization); PCP (primary care provider); POS (point-of-service); PPO (preferred provider organization).

Covering your bases

Do insurance terms seem like a foreign language to you? Don't worry, we've got you covered.

Premium

Like car insurance, this is the amount you pay your health insurance company regularly to keep your health plan. Most people pay their premium once a month.

Deductible

This is a set amount you pay for health care services each plan year before your insurance benefits kick in. Once you reach this amount, your insurance company will start paying for their portion of the covered services.

Copayment (or copay)

This is a fixed fee you pay for each doctor visit, medication refill or other covered services. Your copay may vary from one service to another depending on your plan. Copays often do not count towards your deductible.

Coinsurance

Think of this as a way you and your insurance company split the medical bill after you've met your deductible. Coinsurance is the percentage of your medical bill that you're responsible for after the insurance company pays for their portion. A plan may have different categories called 'tiers' based on how the bill is split.

Maximum out-of-pocket

Once you reach this set limit, your insurance will pay for 100% of the covered services. The maximum out-of-pocket may be for the whole family or one person.

Formulary

This is a list of medications that are covered by your plan. A formulary is put together by a team of doctors and pharmacists based on how well the medication works, how safe it is, and how much it costs. So, if your doctor prescribes a medication on the formulary, your plan will help pay for it. A formulary may vary from one plan to another.

Prior authorization (PA)

This is a way your health insurance company keeps prescription costs in check. It helps make sure the right medication is being prescribed under your plan. Your doctor must get approval from your insurance company before prescribing a specific medication that's not on the formulary in order for you to get the coverage.

Supporting you is what we do best. Find more resources at **CVSspecialty.com/educationcenter**

All About Your Health Insurance

Getting the most from your benefits

CVS specialty™

We know that navigating health insurance can be confusing at times. To help, we want to share this guide with you to make benefits a little easier to understand.

Taking a closer look

Health insurance helps pay for your health care costs. But how do you make sure you're getting the best possible coverage for you and your family? It starts with knowing your options.

You typically have two groups to choose from—either public or private health insurance plans.

By the way

Does your plan include dental, vision and other insurance? Not all plans do. If yours doesn't, be sure to get them separately.

Public

- **Medicaid:** For families with low income and few resources.
- **The Children's Health Insurance Program (CHIP):** For children in families who have incomes too high to qualify for Medicaid, but too low to afford private health insurance.
- **Medicare:** For people who are at least 65 years old and for those with disabilities.

Private

- **Commercial or group plans:** Provided and managed by employers.
- **Marketplace plans:** For individuals and small business owners. Anyone who may not have access to an employer's plan can choose this plan.

What insurance covers

The Affordable Care Act allows every American to get access to health insurance.

- Outpatient care (care you can get without being admitted to a hospital)
- Emergency services
- Hospitalization
- Maternity and newborn care
- Mental health and substance abuse treatment
- Prescription medications
- Rehabilitation services
- Laboratory tests
- Preventive services (like yearly checkups and flu shots) and chronic disease management
- Pediatric services, including dental and vision care

Thinking it through

All private plans work with a group of health care providers. They agree on lower costs on certain services. That means you pay less when you get care from these in-network doctors and facilities. And you pay more or full cost if you go to a provider outside the network who are not part of the agreement.

Think about each type to help you decide what's best for you and your family.

Plan types

- **Health Maintenance Organization (HMO):** You choose a primary care physician (PCP) that's in network. All of your care will be coordinated by your PCP, and you'll need a referral from your PCP to see a specialist. HMOs do not cover any out-of-network health care costs. It's typically the least expensive and most restrictive type of plan.
- **Preferred Provider Organization (PPO):** You have a choice to go to an in-network provider at a lower cost or an out-of-network doctor at a higher cost. And PPOs allow you to see a specialist without a referral from your PCP. It's typically the most expensive and least restrictive type of plan.
- **Point-of-Service (POS) and exclusive provider organization (EPO):** These are a mix between HMO and PPO plans. They are less expensive than PPOs but more than HMOs.

By the way

Children can be covered under their parents' or guardians' plan until they turn 26 years old.

Getting some answers

How does the insurance process work at CVS Specialty®?

We'll file claims with your insurance company. We'll call your insurance company to learn what's covered and the paperwork that's needed. If a claim is denied, we'll work to find an alternate solution to get you the medication you need.

What can I do to help the reimbursement process?

If you have a prescription card or other insurance, let CVS Specialty know as soon as you place your order. Work with us promptly if we request information or ask you to call your insurer. Make sure you know about your medical and pharmacy benefits, as well as your financial responsibility.

How will I know when payments have been made? Or if I have a balance due?

We'll send you a patient statement to show if there's activity on your account, including any balance that you may still need to pay. Your insurer may also provide you with an Explanation of Benefits (EOB) report that describes the services that were covered and how much was paid.

What should I do if my insurance changes?

Update us as soon as you can to avoid a delay in getting your medication. We'll check your new benefits to find how much of your medication will be covered. Many insurance companies need to give their permission ahead of time. This can take as long as 30 days.

What do I do about health benefits if I lose my job?

If you lose your job, you can sometimes keep your policy with your employer for 18 months. You will have to pay the insurance company to keep the coverage. This benefit is often called COBRA. You must get this benefit within 60 days after you stop working. Another option is to ask for coverage under a state program or short term medical insurance policy to cover you between jobs.