WORKSHEET 17 UNDERSTANDING THE HEALTH INSURANCE PLAN

To estimate the cost of medical care, you must understand your or your child's 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	Covered Out of Network
Specialists	Covered In Network	Covered Out of Network
Treatment Center	Covered In Network	Covered Out of Network
Other Medical Services (Lab Tests, Infusions, Radiology)	Covered In Network	Covered Out of Network
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: Specialist Visits: Hospitalization: Emergency Room: Urgent Care: Prescription Drugs:	Co-Pay Co-Insurance \$
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 costs and payment plan options so that you can better estimate 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 generally 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: A provider that is contracted with an individual's health insurance company to provide services to plan members at a predetermined lower rate.

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

2 I FAMILY WORKBOOK Page 2 of 2