balloonnotes

children's health

Transitioning to Adult Care: Health Insurance.

Learning about health insurance is an important part of your health care transition. This helps you pay for health care needs and medicines (prescriptions) your doctor orders.

As you transition to adult care, your health insurance may change. You should:

- Talk with your health care team about planning for changes.
- Call them to find out when your health insurance will change.
- Ask about choices you may have for future health insurance.

Below is a guide to help you prepare for changes in your health insurance. There are a lot of new terms below. The terms in bold are defined on the 2nd and 3rd page.

Cost
Health insurance has many terms about paying for insurance and health care needs. You need to know what these are, and how much you think you can pay for: Questions to ask about paying for health insurance: • What will be the monthly **premiums**? • Is there a **deductible** you must pay before your health insurance will begin to pay? • After you pay your **deductible**, how much will your health insurance pay? • What is the limit to the **out of-pocket** amount you must pay? • Is there a **co-pay** when you see your doctor? • What will you pay for a specialty care visit? • What are the differences between a health care provider who is **in-network** and **out-of-network**?
Covered Services (Coverage)

What health insurance will cover and help pay for. These can differ between health insurance companies.
 	
Questions to ask about coverage:
• Will it cover the costs of your medical needs?
• Are medicines part of the **deductible**, **co-insurance**, or **out-of-pocket maximum**?
• Are dental and vision covered under the health insurance plan?
• Does the health insurance plan include durable medical equipment (DME) such as wheelchairs, walkers, and crutches?
• Does the health insurance have any limits on:
  ○ Who your doctor is
  ○ Where you can get medicine
  ○ How many times will you be able to see your **primary care doctor (PCP)** a year?
  ○ Is there a limit on how many times you can refill meds?

Access to Care
Things to think and ask about when choosing your doctors, pharmacies, and other health care needs and services: Questions to ask about access to care: • Are your current doctors i**n-network**? • What if your current doctor(s) is **out-of-network**? • How can you find a doctor that is **in-network** for your specific health care needs? • Do you need a referral from your **primary care doctor** to see a **specialty care doctor**? • What hospitals near you are i**n-network**? • What happens if you are away from home and must go to an **out-of-network** hospital? • Are your current medicines covered?

Helpful Terms to Know

Appeal: the action you can take if you disagree with a decision made by your health insurance company. The insurance company will review their original decision with any new information.

Benefits or Covered Services (Coverage): the services or supplies your health insurance agrees to cover. What is and is not covered differs from plan to plan.

Co-Insurance: once you have paid the amount of the deductible (defined below), any more health care costs will be shared by you and the health insurance company. Co-insurance differs from plan to plan.

Co-Payments (Copay): a set amount you pay when you go to the doctor, or get a medical supply.

Deductible: amount you pay for any health care services before your health insurance starts to pay.
Excluded Services: health care services that your health insurance does not pay for.
Explanation of Benefits (EOB): a summary of charges that your health insurance sends you after you see a doctor or get a service. It will show what the service is, what they paid for, and how much you owe. This is not a bill.

Formulary (drug list): list of prescriptions (medicines ordered by your doctor) covered by a prescription drug plan.

In-Network: a health care provider who has a contract with your health insurance.
Out-of-Network: a health care provider that does **not** have a contract with your health insurance to provide services to you. You will pay more to see them.

Out-of-Pocket Maximum: the most you will have to pay (within a year) for health care services and prescriptions. After you have paid this, your health insurance will pay all further costs.

Preauthorization (prior authorization): when your health insurance requires you get approval before you can get health care services.

Premium: what you pay each month to the health insurance company.

Primary Care Doctor: a doctor you see for most general health problems. They may send you to another doctor that treats a specific health care need.

Specialty Care Doctor: a doctor that treats a specific health care need.

Source: https://marketplace.cms.gov/outreach-and-education/downloads/c2c-roadmap.pdf