

# Five simple questions to help you choose your insurance.

This Insurance Comparison Chart can help make the conversation easier with HR or your benefits administrators.

Before calling, here are some questions you may want to think about and ask:

<p>1</p> <p>Is my treatment covered under the plan's formulary?*</p>	<p>2</p> <p>Will my treatment require prior authorization* under this plan?</p>	<p>3</p> <p>Will I be required to get my prescription from a Specialty Pharmacy under this plan?</p>	<p>4</p> <p>Does this plan have an annual limit on benefits that it will pay? If so, what is it?</p>	<p>5</p> <p>Does this plan have a lifetime limit that it will pay? If so, what is it?</p>
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\*See our helpful insurance definitions on page 2.

Take a closer look at this Insurance Comparison Chart to help you pick your plan.

	Plan Option A	Plan Option B	Plan Option C
<b>Name of Plan</b>			
Does the plan have a deductible? If so, how much?	\$	\$	\$
Does the plan have a co-pay (\$) or co-insurance? If so, how much?	\$	\$	\$
Does the plan have an out-of-pocket maximum? If so, how much?	\$	\$	\$
What is the monthly insurance premium?	\$	\$	\$
Is my doctor in the plan's network?	Y or N	Y or N	Y or N
<input checked="" type="checkbox"/> Check the box for the plan that's best for you.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Notes

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Have questions? Call one of our Insurance Specialists at 1.800.448.6472.

# Understanding your insurance terms.

## Annual Limit

The cap on benefits your insurance plan will pay in a year.

## Benefits Verification (BV)

The process that confirms your benefits and eligibility or your insurance coverage for a prescription or medical service.

## Co-pay Savings Card

The card that helps patients save on their out-of-pocket costs for each prescription.

## Deductible

The amount you will have to pay for your health care costs before your insurance starts paying.

## Explanation of Benefits (EOB)

A statement from the insurance administrator that tells you what portion of the provider's charges are eligible for benefits under your insurance.

## Formulary

The list of medicines that your health insurance plan will pay for or cover.

## Health Savings Account (HSA)

An account that allows you to set aside pretax dollars to pay for yearly health care expenses. To be eligible to open an HSA, you must have a high-deductible health insurance plan.

## High-Deductible Health Plan

A plan that has a higher deductible than a traditional health insurance plan. This means you pay a greater amount each year before your medical expenses are covered. But typically, your yearly premium is lower.

## Lifetime Limit

A cap on the total lifetime benefits you may receive from your insurance plan.

## Open Enrollment

An annual period during which people can enroll in a group-sponsored health insurance plan.

## Patient Out-of-Pocket Costs

The shared health care costs between the insurance company and the patient. Cost-sharing methods include:

- **Co-Insurance:** The percentage of cost that you will have to pay for a prescription or a medical service. Example: You may pay 25% and the insurance pays 75%
- **Co-Pay:** Your share of the cost for a medical service or prescription that is a fixed amount. For example, you may pay \$25
- **Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year before your insurance plan begins paying 100%

## Pharmacy Benefit

Covered prescription drugs, usually self-administered such as oral, injectable, or in other ways taken outside the physician's office.

## Premium

The amount that you pay for your health insurance every month.

## Prior Authorization (PA)

Many insurance plans require a prior authorization or approval. This means your health care provider must provide additional information to your insurance before they will cover a service/medication.