

Making the Most of Your Coverage

Now that you've enrolled in health insurance, use this guide to learn how to start using your benefits.



MAKING THE MOST OF YOUR COVERAGE

Check your mail.

Once you've enrolled in a health insurance plan, check your mail for important documents from your insurance company. You will need these to start using your coverage.

- **Look for your welcome packet or your first bill.** To start your coverage someone must pay the first bill, whether that is you, the Ryan White Program, your employer, or someone else.
- **Look for your insurance card once the first bill, or premium, has been paid.** Put the card in your wallet so that you have it when you go to your doctor's appointments. Call your insurance company if you do not receive your card.

TIP

If you don't know your insurance company's phone number, call Healthcare.gov at 1-800-318-2596. If your state does not use the Healthcare.gov website, the person you speak to will give you the phone number for your state's website.

Sample Insurance Card. Your actual card may look slightly different.

INSURANCE COMPANY NAME	COVERAGE TYPE
MEMBER NAME: JOHN DOE MEMBER NUMBER: XXX-XXX-XXXX	EFFECTIVE DATE: VDD/MM/YYYY
GROUP #: XXXX-XXXXXXX	PRESCRIPTION GROUP #: XXXX
PCP CO-PAY: \$15 SPECIALIST CO-PAY: \$35 EMER. ROOM: \$75	PRESCRIPTION CO-PAY: GENERIC: \$10 NAME BRAND: \$25
MEMBERSHIP SERVICES: 1-800-XXX-XXXX	



WHAT DOES "PREMIUM" MEAN? The amount you pay for a health insurance plan. A premium may be paid every month, every three months, or every year. Part or all of your premium may be paid by your employer, the AIDS Drug Assistance Program (ADAP), or someone else.



Know your costs.

Health insurance helps you pay for a wide range of health care needs, but it is important to know what your plan covers **before** you need to see a doctor. Use these tips to understand your potential health care costs.

1. Ask your Ryan White provider how the Ryan White Program, including ADAP, might help pay for some of the costs associated with insurance, such as **premiums**, **co-pays** and HIV medications.
2. Call your health insurance company if you have questions about a bill or think your insurance should have covered a service you received.
3. Review the **Explanation of Benefits** letter that will be mailed to you after any visit. The letter tells you what services you got during your visit and the total cost. **THIS IS NOT A BILL**. If you have to pay any money, you will receive a separate bill from your doctor.
4. Pay medical bills on time and keep your insurance paperwork in one place in case you need them in the future.
5. Ask someone at your doctor's office for help if you receive forms or letters and are not sure what to do with them.

Continue taking your medications.



It's important to keep taking your medications as prescribed, particularly for HIV.

If your health insurance plan does **not** cover your HIV medication, you have the right to ask them to make an exception. ADAP might be able to help if you are switching from ADAP to a new insurance plan.

If there is a short time that you are not covered, some pharmacies offer a short-term supply of medications (15 or 30-day refills) until your new coverage begins.



WHAT IS A "CO-PAYMENT"? People with health insurance usually have to pay for part of their health care services. This is called a **co-payment**, or **co-pay**, and the amount may be listed on your insurance card.

Know where to go for care.

Your health insurance plan allows you to see different types of doctors depending on the type of care you need.

Primary Care Provider

You should visit your primary care provider when you feel well and need a regular checkup or when you feel sick. Your primary care provider may also be your HIV provider, helping you manage your HIV and get your lab tests and medication refills.

If your HIV provider is not your primary care provider, then he or she is a **specialist** that you will see only for your HIV-related care needs.



All insurance plans must include the same preventive services to keep you well, which you can get for free or at a low cost. Ask your doctor for help getting these services, such as counseling, vaccines, and screenings for high blood pressure, depression, diabetes, colon cancer, and more.



WHAT DOES “IN-NETWORK” MEAN? The doctors, clinics, health centers, and hospitals whose services are covered by your health insurance plan.



WHAT DOES “OUT-OF-NETWORK” MEAN? The doctors, clinics, health centers, and hospitals whose services may cost more or not be covered at all by your health plan.

If you haven't selected a primary care provider,

visit your insurance company's website or call them to choose from their list of doctors. You will need to know the type of health insurance plan you have to find doctors, clinics and hospitals that accept your insurance. If you need help, contact your case manager.

TIP

Look at your insurance card to find out what kind of plan you have and find the phone number for your insurance company.



MAKING THE MOST OF YOUR COVERAGE
Know where to go for care

Aside from your primary doctor, here are some of the common places you will go for care. The **co-pay** may differ depending on your plan or the type of service you receive at the visit.

Places to go for care

Cost

See a **Specialty Care Provider / Specialist** when you have specific symptoms or conditions that your primary care provider doesn't treat. Your HIV provider may also be considered a specialist. There are many other types of specialists, too.

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Less expensive

Before you go: Check with your insurance company to see if a pre-approval is required before you can make your appointment with a specialist.

Go to an **Urgent Care Clinic** when you have an illness or injury that is not life-threatening and when your regular doctor isn't available. This is a good option at night and on the weekend.

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Could be somewhat more expensive

Before you go: Call your insurance company or visit their website to find an urgent care clinic that accepts your insurance.

Go to the **Emergency Room (ER) / Department** when you are very sick, seriously injured, in a life-threatening situation or having any other medical emergency.

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Most expensive

After you go: Call your doctor's office to let them know you have been to the ER and why.



WHAT IS A "CO-PAYMENT"? People with health insurance usually have to pay for part of their health care services. This is called a **co-payment**, or **co-pay**, and the amount may be listed on your insurance card.

Before you see any new doctor, call his or her office to make sure they accept your health insurance. If they do not accept your insurance, contact your insurance company to find a doctor that will be covered by your plan.



Make the most of your visit.

Use these tips to prepare for your next visit to the doctor.

Before your **first** visit with a new doctor

Bring your **past medical records** to help your doctor understand your medical history and current health care needs. You can also ask your previous doctor to send these for you. See “Before every visit” for other documents you should bring to your first visit.

Before every visit

Bring these important items to every visit:

- Insurance card
- Photo ID
- A list of medications you are taking
- Information about any other health care providers you have seen since your last visit
- Information about an ongoing health condition or symptoms
- A list of any questions to ask your doctor



If you are running late to your appointment,

call the clinic and let them know as soon as possible. To avoid paying a fee that insurance will not cover, call the clinic at least **24 hours** in advance if you need to cancel.



TIP

Always arrive 15 minutes early to fill out paperwork.



Make the most of your visit

During each visit

Make sure your doctor knows your concerns and answers your questions. Ask your doctor to explain what you need to do to stay healthy and why it is important. Also ask your doctor to write down any instructions you need to follow after the visit. You can bring a family member or friend to your appointment to help you.

After each visit

- **Follow any instructions** your doctor gave you during the appointment. You may need to refill a prescription, make an appointment, see a specialist, or get a test done.
- **Call your doctor** if you lose your instructions, do not understand them, or need to find out when to schedule your next appointment. In between appointments, you can call your doctor with any questions.
- **You may receive a letter from your insurance company** telling you what services you got during your visit and the total cost. This is called an **Explanation of Benefits** letter. It is not a bill. Ask your case manager for help if the letter is not clear to you.
- **If you owe any money**, you will receive a separate bill from your doctor's office

If you are unhappy with your doctor,

talk to someone at the clinic. Often clinics have ways for you to give feedback if you feel you have been mistreated, such as a patient advocate. Or contact your insurance company for help finding a new doctor





The ACE TA Center helps Ryan White HIV/AIDS Program providers to enroll diverse clients in health insurance. For more information, visit: www.targethiv.org/ACE

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