



Know Before You Go: A Fast Guide to Figuring Out Your Insurance Basics

Congratulations on your new health plan. This guide is intended to be for planning purposes only for private insurance plans. This guide does not include details about how to use Medicaid, Medicare or other types of plans. If you have specific questions about your policy, please call your agent or the member service number for your health insurance company.

About My Plan

Year: _____

My Insurance Company: _____

Website: _____

Phone Number for Member Services: _____

Navigator, Agent, or Other: _____

Plan Name: _____

My Member Identification Number: _____

My Plan is an: HMO PPO

Personal Information

My Primary Care Physician: _____

Phone Number: _____

My Yearly Check-Up Date: _____

In-Network? Yes No

Other Physician: _____

Phone Number: _____

My Yearly Check-Up Date: _____

In-Network? Yes No

Use your Summary of Benefits and Coverage (SBC) statement to answer the following questions about your health coverage.

My Co-Pays

A co-pay is a fixed amount that you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service. Below are the most used examples.

Primary Care: _____

Prescription: _____

Specialist: _____

Emergency Room: _____

My Deductible

The deductible is the amount you owe for health care services covered by your plan before your health insurance begins to pay. Some preventative services may not require a deductible and the deductible will not apply to all services.

My Deductible: _____

Family Deductible: _____

My Coinsurance

Coinsurance refers to the percentage you pay for most medical care after you meet your deductible.

My Coinsurance: _____

My Out of Pocket Maximum

The out of pocket maximum is the most that you will pay during a policy period before your health insurance starts to pay 100% of costs for covered services. This maximum does not include your monthly premium, which you will still pay.

My Out of Pocket Maximum: _____

Family Out of Pocket Maximum: _____

My Monthly Premium

The premium is the fixed amount that you pay each month for your insurance plan. If you miss payments or pay late, your coverage could be canceled.

My Monthly Premium: _____

Premium Due Date: _____