

WHAT DOES HEALTH INSURANCE DO FOR ME?

Your **HEALTH INSURANCE** will pay for part or all of certain medical costs. It's important to understand what is and what isn't covered ahead of time, so you don't end up with a **SURPRISE MEDICAL BILL**.

THE SUMMARY OF BENEFITS AND COVERAGE

Your insurance provider is required to give you a summary of your health plan. They often look something like this:

Insurance Company 1: Plan Option 1		Coverage Period: 01/01/2013 – 12/31/2013
Summary of Benefits and Coverage: What this Plan Covers & What it Costs		
 This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.[insert] or by calling 1-800-[insert].		Coverage for: Individual + Spouse Plan Type: PPO
Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$500 person / \$1,000 family Doesn't apply to preventive care	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible .
Are there other deductibles for specific services?	Yes. \$300 for prescription drug coverage. There are no other specific deductibles .	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
Is there an out-of-pocket limit on my expenses?	Yes. For participating providers \$2,500 person / \$5,000 family For non-participating providers \$4,000 person / \$8,000 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.

Review your Summary of Benefits and Coverage (SBC) to understand your plan's **DEDUCTIBLE, PREMIUM, OUT-OF-POCKET COSTS, OUT-OF-POCKET MAXIMUM, REFERRALS, AND EXCLUDED SERVICES**.

DRUG FORMULARY

Within your SBC is a link to the **DRUG FORMULARY** for your plan. This document tells you what you might expect to pay at the pharmacy for certain types of drugs. Lower **TIERS** mean lower costs, and higher **TIERS** mean higher costs.

PROVIDER NETWORK

Within your SBC is a link to the **PROVIDER NETWORK** for your plan. This document tells you which hospitals, physicians, imaging, laboratories, and other healthcare facilities are in-network. Listed entities will offer you a discount for services.

Want to learn more? Visit insureez.org today!