

Your ROADMAP to health





Understand your health coverage

- Check with your insurance plan or state Medicaid or CHIP program to see what services are covered.
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between innetwork and out-of-network.

Put your health first

- Staying healthy is important for you and your family.
- Maintain a healthy lifestyle at home, at work, and in the community.
- Get your recommended health screenings and manage chronic conditions.
- Keep all of your health information in one place.



Know where to go for care

- Use the emergency department for a lifethreatening situation.
- Primary care is preferred when it's not an emergency.
- Know the difference between primary care and emergency care.



Find a provider

- Ask people you trust and/or do research on the internet.
- Check your plan's list of providers.
- If you're assigned a provider, contact your plan if you want to change.
- If you're enrolled in Medicaid or CHIP, contact your state Medicaid or CHIP program for help.



Make an appointment

- Mention if you're a new patient or havebeen there before.
- Give the name of your insurance plan and ask if they take your insurance.
- Tell them the name of the provider you want to see and why you want an appointment.
- Ask for days or times that work for you.



Be prepared for your visit

- Have your insurance card with you.
- Know your family health history and make a list of any medicines you take.
- Bring a list of questions and things to discuss, and take notes during your visit.
- Bring someone with you to help if you need it.





Decide if the provider is right for you

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!



Next steps after your appointment

- Follow your provider's instructions.
- Fill any prescriptions you were given, and take themas directed.
- Schedule a follow-up visit if you need one.
- Review your explanation of benefits and pay your medical bills.
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.



Find a provider.

Choosing the right provider is one of the most important decisions you'll make about your health care, and finding the right one can take a little work.

Remember, you're looking for a partner you can trust and work with to improve your health and well-being, so take time to think about what you need. Depending on how complicated your health care needs are, you may need to see more than one type of provider. Two common provider types are listed below.

A **Primary Care Provider** is who you'll see first for most health problems. They will also work with you to get your recommended screenings, keep your health records, help you manage chronic conditions, and link you to other types of providers if you need them. If you're an adult, your primary care provider may be called a family physician or doctor, internist, general practitioner, nurse practitioner, or physician assistant. Your child or teenager's provider may be called a pediatrician. If you're elderly, your provider may be called a geriatrician.

In some cases your health plan may assign you to a provider. You can usually change providers if you want to. Contact your health plan for how to do this.

A **Specialist** will see you for certain services or to treat specific conditions. Specialists include: cardiologists, oncologists, psychologists, allergists, podiatrists, and orthopedists.

You may need a **Referral** (or get a specific instruction) from your primary care provider before you go to a specialist in order to have your health plan pay for your visit. For some services, your health plan may require you to first get **Preauthorization**—a decision by your coverage or health plan that a health care service, treatment plan, prescription drug, or durable medical equipment is medically necessary. This is also called prior authorization, prior approval, or precertification.

THE RIGHT PROVIDER

It might take more than one visit to figure out if a provider is the right one for you.





Follow these four steps to find a provider you can trust and partner with to live a long, healthy life.

1. Identify providers in your network.

- Call your insurance company or state Medicaid and CHIP program, look at their website, or check your member handbook to find providers in your network who take your health coverage.
- Tell them if you're looking for something particular, like a provider who speaks a language other than English, or one who can accommodate your mobility or other functional impairment.
- If you already have a provider you like and want to keep working with, call their office and ask if they accept your coverage.
- Keep in mind that most of the time, you'll pay more to see a
 provider who isn't in your network than a provider who is in
 your network.

2. Ask around.

- Ask your friends or family if they have providers they like.
- Ask them what type of provider they are and what they like about them.
- Sometimes you can look up providers on the Internet to see what other people in the community say about them.

3. Pick a provider.

Call the provider's office and ask them questions to help you decide whom you want for your primary care provider. Some things you might think about include:

- Is the provider accepting new patients, or patients with your health coverage? This may change during the year, so you should always ask.
- Is the office close to your home or your work? How would you get there?
- Will the appointment times work with your schedule?
- Does the provider speak your language or have an interpreter available?
- If you have limited mobility or another functional impairment, are you able to get into the provider's office, access the exam tables and scales, and get key information in ways that meet your needs?
- Which hospital(s) does the provider work with and can you get there?
- Is the office staff respectful and helpful?

4. Give them a try!

Sometimes it takes more than one visit to figure out if a provider is the right one for you.

COST TIP

Ask your plan if you need prior authorization before you visit your provider. If you don't get preauthorization, you may be charged for things your health plan would have paid for.

Resources

GLOSSARY

Appeal

An appeal is the action you can take if you disagree with a coverage or payment decision by your health plan. You can appeal if your health plan denies one of the following:

- Your request for a health care service, supply, or prescription drug that you think you should be able to get
- Your request for payment for health care or a prescription drug you already got
- Your request to change the amount you must pay for a prescription drug
- You can also appeal if you're already getting coverage and your plan stops paying.

Co-insurance

An amount you may be required to pay as your share of the cost for services after you pay any deductibles. Co-insurance is usually a percentage (for example, 20%).

Copayment

An amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage. For example, you might pay \$10 or \$20 for a doctor's visit or prescription.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

Emergency Services

Evaluation of an illness, injury, symptom, or condition so serious that a reasonable person would seek care right away and treatment to keep the condition from getting worse.

Excluded Services

Health care services that your health coverage or plan doesn't pay for.

Explanation of Benefits (or EOB)

A summary of health care charges that your insurance company sends you after you see a provider or get a service. It is not a bill. It is a record of the health care you or individuals covered on your policy got and how much your provider is charging your insurance company.

Formulary

A list of prescription drugs covered by a prescription drug plan or another insurance plan offering prescription drug benefits. Also called a drug list.

Hospital Outpatient Care

Care in a hospital that usually doesn't require an overnight stay.

In-network Co-insurance

The percent (for example, 20%) you pay of the allowed amount for covered health care services to providers who contract with your health insurance or plan. In-network co-insurance usually costs you less than out-of-network co-insurance.

In-network Copayment

A fixed amount (for example, \$15) you pay for covered health care services to providers who contract with your health insurance or plan. In-network copayments usually are less than out-of-network copayments.

Network (also referred to as in-network)

The facilities, providers, and suppliers your health insurer or plan has contracted with to provide health care services.

Out-of-network

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to use them.

YOUR IMPORTANT INFORMATION



This Roadmap Belongs To
Health Plan Name
Policy Number
Group Number
Health Plan Phone Number
Primary Care Provider
Other Providers
Pharmacy
Allergies
Emergency Contact
Medications
Other

Protect Your Identity: Keep your personal information safe, whether it is on paper, online, or on your computers and mobile devices. Store and dispose of your personal information securely, especially your Social Security number.

Notes

Notes

