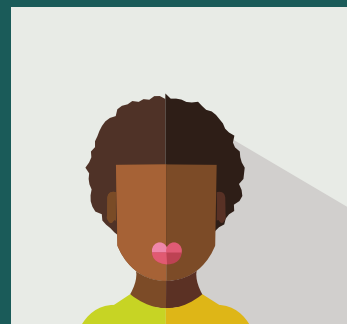
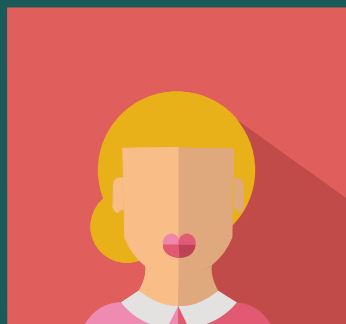
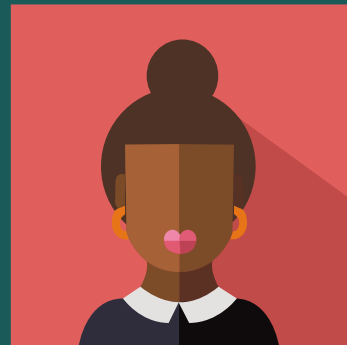
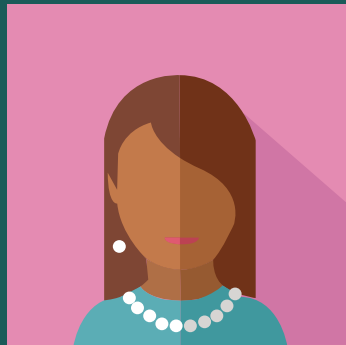


My Health, My Voice:

A Woman's
Step-by-Step
Guide to Using
Health
Insurance



My Health, My Voice resources

More help is available. This guide was designed to help you get started using your health insurance. Some of the rules for health insurance are different from state to state, especially if you have Medicaid health insurance. Your health plan may also have some rules that are different from what is described in this guide.



If you have questions about how your health plan works, call your plan's member services number. You can find it on the back of your insurance card.



To view this guide online, see updates or view our Youtube videos, scan this code with your phone, or visit MyHealthMyVoice.com.

To order copies of this guide, or find a group distributing it near you, email info@RaisingWomensVoices.net or call 212-870-2010.

My Health, My Voice: A Woman's Step-by-Step Guide to Using Health Insurance

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November 2015



**RAISING
WOMEN'S
VOICES**
for the health care
we need

About RAISING WOMEN'S VOICES

Raising Women's Voices is a national initiative working to make sure women's voices are heard and our concerns are addressed as the Affordable Care Act (ACA) is implemented. Founded in 2007, Raising Women's Voices (RWV) is a collaboration of the Black Women's Health Imperative, the MergerWatch Project of Community Catalyst and the National Women's Health Network. There are RWV regional coordinators in many states around the country. Please see the inside back cover for a list. Visit our website at www.RaisingWomensVoices.net.

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YOU ARE COVERED!

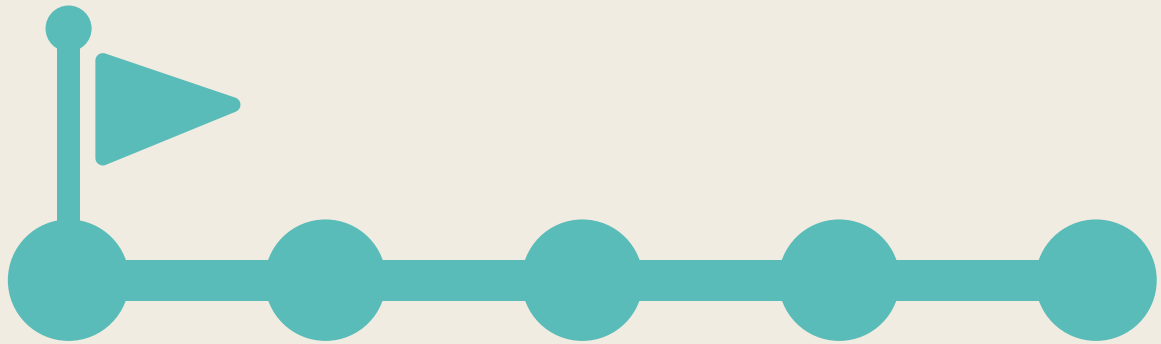
Good choice. You signed up for health insurance.
You're ready to start using your health plan.



**Don't wait until
you're sick to use
your health
insurance!**

Why? Because now you can get the health services you need to help you stay healthy - routine check-ups, screening tests like mammograms and Paps, blood pressure checks, and more. If you do have a chronic condition like diabetes, working closely with a health provider can help you manage your condition better. Use your health plan wisely and you'll see the results in a healthier life.

Here Are **5 Important Steps** To Using Your Health Insurance Wisely To Get The Care You Need



- 1 Learn** How To Use Your Insurance Card
- 2 Choose** A Primary Care Provider Who Takes Your Insurance
- 3 Make** An Appointment To See Your New Primary Care Provider Right Away
- 4 Be Prepared** For Your First Visit To Your New Primary Care Provider
- 5 Visit** Your Primary Care Provider And Take Follow Up Action

1 Learn How To Use Your Insurance Card



Take out the health insurance card that came in the mail. Always keep it with you.

You should have your health insurance card with you every time you are using health services. **Bring your insurance card when you go to:**

- the **doctor's office**
- a **lab** for a medical test
- a **drug store or pharmacy** to get your prescription filled
- a **hospital**

Learn the **exact name of your insurance plan**, such as Health America Silver. Then, if you ever forget your insurance card, the health service provider you are seeing can call your insurance company and get your information.

This is just an example. Your card may look different.

FRONT

Insurance Company Name: _____

Plan Type: _____ Member Name: _____

Member ID Number: _____

Prescription Co-Pay:

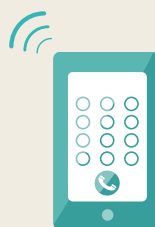
Generic: \$ _____ Office Visit Co-Pay: \$ _____

Name Brand: \$ _____ Emergency Room Co-Pay: \$ _____

BACK

www. _____

Member Services Phone: _____ - _____ - _____



Take a moment to copy down your information from your card in the sample card above. You can also make a photocopy of your card or take a picture of it with your phone.

If you lose your card, call the member services number you wrote down here and ask them to send you a new one.

2 Choose A Primary Care Provider Who Takes Your Insurance



You must choose a primary care provider who is “in your plan” or “in network.” This means he or she takes your insurance.



Almost all health plans have “provider networks.” Your health plan’s provider network is made up of doctors, nurse practitioners, hospitals, labs, and other health care providers who have agreed to take your insurance.



Choose a primary care provider or PCP you can go to for check-ups and if you are sick. Your primary care provider can be a doctor, a nurse practitioner or physician assistant. To keep things simple, we will usually just say doctor in this guide.

If a provider does not take your health insurance, you should choose a different provider.


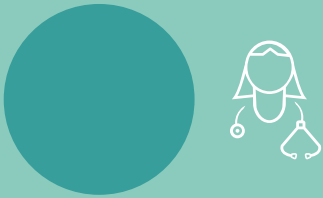
If you go to a doctor “out of your plan” or “out of network,” you may have to pay a larger portion — or all — of the doctor’s bill yourself.

If you don’t use a primary care provider who is in-network, it will cost you more.

IN NETWORK PROVIDER



OUT OF NETWORK PROVIDER



2

Choose A Primary Care Provider Who Takes Your Insurance



How to find a primary care provider who is “in your plan” or “in network”

When you are choosing your primary care provider, there are a lot of options to consider.

You **MUST** find out:

- If the doctor is in your plan AND
- If he or she is taking new patients.

You **MAY** want to consider the following:

- Does it matter to you if your doctor is a man or a woman?
- Do you want a doctor who is in a clinic, a hospital or a private office?
- Do you want a doctor who has evening and weekend hours?
- Where is the most convenient location for you to go to the doctor’s office?
- Do you want a doctor who speaks a language other than English?
- Do you want someone who is comfortable with LGBT people?



Special Note:

The list of in-network providers in a health plan can sometimes change. It can be confusing and frustrating for you. It’s better to spend extra time on the phone with member services making sure your doctor is in-network. If you don’t, you could end up with a big bill from a doctor you saw who was out of network.

The easiest way to find a new doctor who is in your plan is to call your health plan. You can also use your health plan’s web site to search for a doctor. Either way, you should call the doctor’s office to make sure he or she is still “in your plan.”

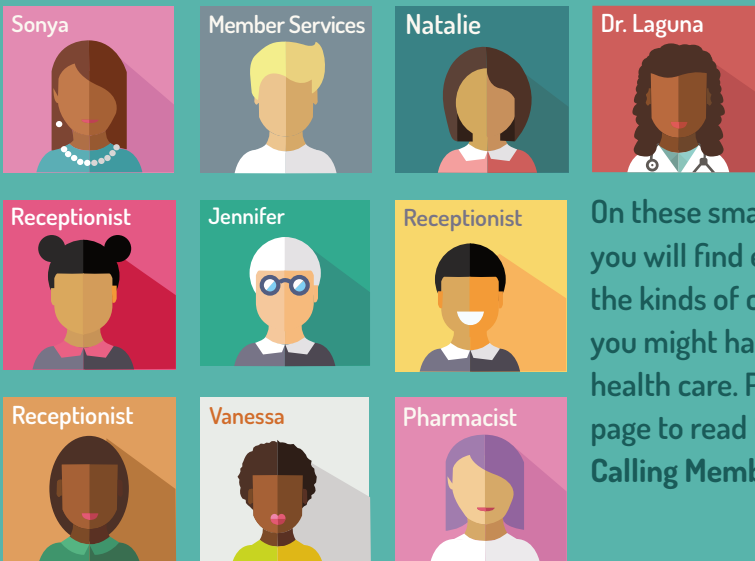
Take out your health insurance card and call the telephone number for member services or customer services. The member services person will ask you for the member ID number that is on your insurance card.



Please [go to the smaller pages on the right](#). There you will find examples of what to say when you speak with your insurance company and doctor’s office.



Example Pages



On these smaller pages you will find examples of the kinds of conversations you might have about health care. Please turn the page to read the first example: **Calling Member Services.**



Calling Member Services

Here are some examples of things to say when you call your health plan to find a new doctor.

If you want a doctor who can give you a check-up and help when you are sick, you could **say:**

“Hello, I would like to find a primary care provider in my network. Can you help me?”

If you want a women’s health doctor, ask for an obstetrician/gynecologist.

You can choose the location of the doctor’s office. **Say:**

“I would like to find a doctor who is near where I live.”

-OR-

“I would like to find a doctor who is near where I work.”

Some people prefer to see a doctor who is a certain gender.

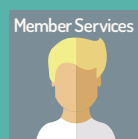
For example, if you want a doctor who is a woman, **say:**

“I prefer a woman doctor.”

If you want to speak to your doctor in another language, **say:**

“I would like a doctor who speaks _____.”

Choosing A Primary Care Provider



Sonya Morales is a 28-year-old divorced mom. Her two children have children's health insurance, but Sonya did not have her own health plan. That's because she works part time and did not get health insurance from her job. This year, she got her own coverage through the marketplace. She called her health plan's member services number. Please turn the page to read Sonya's conversation with member services.



Choosing A Primary Care Provider

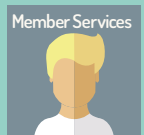


Sonya



Hello. I hope you can help me. I have this health insurance and I want to find a primary care doctor who can speak Spanish. I also would like a woman doctor. It would be best if her office is close to my job since it is easier for me to go there after work when I have a babysitter.

Member Services



I can help you with that. Where do you work?

I work downtown.

There are several doctors downtown who are women and speak Spanish.

Great! Are they all taking new patients?

No. Only three are accepting new patients. Their names are Gonzalez, Jackson and Laguna.

I am going to write down these three names. I will call back when I decide which doctor to choose. Thanks for your help.



Choosing A Primary Care Provider



Sonya

Later that day, her sister-in-law Natalie called her.

I'm glad you called. I wanted to ask you something. I have to choose a primary care provider on my new health plan. Have you heard of any of these doctors? They are all downtown. Gonzalez, Jackson, or Laguna?



Natalie

I do know one of them! Dr. Laguna! I liked her a lot. She was very kind. And, if I was sick, I could get an appointment to see her quickly. I think you should try her.

After talking to Natalie, Sonya called back member services.

Hello. This is Sonya Morales. I am calling because I'm ready to choose my primary care provider. Can I give you her name now?



Choosing A Primary Care Provider



2 Choose A Primary Care Provider Who Takes Your Insurance



Deciding which doctor is right for you.

The member services person may give you the names of several doctors. Call the first doctor's office to confirm that he or she is still accepting your insurance. If you speak a language other than English, see if the doctor and staff speak your language. Pay attention to how you are treated by the staff over the phone. If you are not satisfied, try a different doctor's office. Ask other questions. For example - Is the doctor in the office on any nights or weekends?



Read [Choosing A Primary Care Provider on page 8c](#)

You can find out what patients think of the doctors on your list by looking up reviews online. Another good idea is to try asking your neighbors, friends or co-workers if they know any of the doctors on your list. Are they satisfied with the doctors?

Here is an example of a good online review of a doctor:



"I have seen Dr. Laguna for 10 years. She has always been caring, thoughtful and put me at complete ease. Couldn't recommend her highly enough. I often have to wait 15-20 min, even for a morning apt, but office is fairly well run otherwise."

3

Make An Appointment To See Your New Primary Care Provider Right Away



It's best to visit your new doctor before you get sick.

You will get to know the doctor and the doctor will get to know you. It takes time.



To visit your new doctor, call and make an appointment. Explain that you are a new patient. It may take several weeks before you can get an appointment for that first visit to your doctor. Some states require the doctor to see you sooner.



Read [Making An Appointment on page 10a](#)

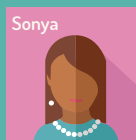
Avoid surprises. When you call for your appointment, first check that they take your health insurance. Read the full name of your health plan off the card. If you got it through the Marketplace, say so. If they say they do not take your insurance, call your health plan member services phone number for help. Remember, that phone number is on your insurance card.



Tip:

Ask for your first visit to be your yearly “well-woman visit,” so you will not have to pay a co-pay or deductible. We explain what a well-woman visit is starting [on page 12](#). See more about what costs to expect, starting [on page 21](#).

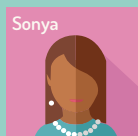
Making An Appointment



Sonya called to schedule a well-woman visit with Dr. Laguna.



Making An Appointment



Hello. I am a new patient. I would like to schedule a well-woman visit with Dr. Laguna.

I have Health America Silver. I bought it through the marketplace.

Sonya Morales. June 6, 1987.

OK. I'll take it. Thank you.



What insurance do you have?

OK. We take that. What is your name and birthdate?

OK. The next available appointment is in two weeks.

Sonya wrote the date on the calendar in her kitchen and reminded herself to tell her babysitter.

4

Be Prepared For Your First Visit To Your New Primary Care Provider



Many times people forget what they wanted to ask their doctor. Or they forget to bring important information with them. If you are prepared for your visit you will get the most out of your time with your doctor.

Allow extra time for your first visit to a new doctor. It may take longer than you might expect. That's because your doctor will ask you about your "medical history" to get a clear picture of you and your health. Before your well-woman visit, spend some time learning your family's health history. That way you'll be prepared to answer questions about your health and your family health history. Our My Family Health Story chart is also available for download on myhealthmyvoice.com. You can use it to help you keep track of your family's health history. Ask family members if any of your grandparents, parents, aunts, uncles, brothers or sisters have had any of these conditions:

- Diabetes
- Asthma
- Heart disease
- Stroke
- Colon cancer
- Breast cancer
- Ovarian cancer

Before you go to your primary care provider's office, ask if you will be having any medical tests that require you to not eat for several hours before your visit. Remember to bring with you a list of any medicines you are taking.

5

Visit Your Primary Care Provider And Take Follow Up Action



What is a “well-woman visit?”

It’s a free, once-a-year check-up of your health, just for women. Thanks to the Affordable Care Act, if you have insurance, your well-woman visit and lots of other preventive health services are free to you. “Preventive care” is regular health care intended to keep you healthy and avoid disease.

Even if you are not due for a Pap test or mammogram, you should get your free “well-woman visit” every year.



Read an example
of [A Well-Woman
Visit to the right.](#)

What happens at a well-woman visit?

- You and your doctor will talk about your health history and how your lifestyle may affect your health.
- Your doctor will examine you and do screening tests to see if you have health conditions that need to be treated. She or he will also give you any vaccines you need.
- You and your doctor will talk and set goals for your health.

What happens during your well-woman visit may depend on your age, your health conditions and how long it has been since you had your last check-up. In the small pages, you can find an example for Sonya, who is 28 and in good health, but has not had a check-up in several years. Your visit may be different.

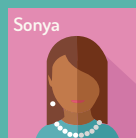
Learn more about free preventive care [on page 32](#). See the complete list of free preventive services [on page 33](#).



Special Note:

When you are done with a well-woman visit or any other preventive visit, you should NOT be charged a co-pay. If you are asked to pay, tell the receptionist that you had a “preventive” visit.

A Well-Woman Visit



On the day of her well-woman visit, Sonya arrived at Dr. Laguna's office 15 minutes early. She filled out some forms in the waiting room. She showed her insurance card to the receptionist at the front desk, who made a photocopy for the office records.



A medical assistant called Sonya into a private exam room, asked her age and took her weight, height and blood pressure. Then, Dr. Laguna came into the room.



A Well-Woman Visit

Sonya



I wanted to have a check-up to be sure I am healthy.

No. I feel fine.

It's been several years. I didn't have insurance for a while, so I skipped it.

Vaccinations? Hmm. I got a lot of shots while I was still in school and community college, including the ones that were to protect from some kind of cancer, but haven't had anything since.

Nice to meet you, Ms. Morales.
What brings you here today?

Dr. Laguna



Okay. So, we will make this a well-woman visit. Do you have any health problems that are bothering you today?

When was your last check-up?

OK. First, I have some questions about your health history, so we know what I should check on today. Do you know if you are up to date on your vaccinations?

Good, that would have been the HPV vaccine. That is an important vaccine because it can protect you against cervical cancer. You would be due for a tetanus booster then, so I'll ask our nurse to give that to you at the end of our visit.



A Well-Woman Visit

Sonya



Just when I had my two children.
They are 5 and 7 years old.

My grandmother had both when she got older.

No. I don't think so.

I used to when I was younger, but I stopped because it
wasn't good for me or my kids.

Have you ever had to stay in the hospital?

Has anyone in your family had
diabetes or high blood pressure?

What about any cancers, like breast cancer
or ovarian cancer?

Do you smoke?

That's great. If you ever start smoking again, your
health insurance will cover treatment to help you stop.

Dr. Laguna



A Well-Woman Visit



Sonya



Not often enough!

Yes, I don't want to be like my grandmother, if I can help it.

Yes, with my boyfriend. I've been with him for the past three years. He's the only person I've had sex with since my last check-up.

No, two kids is enough for me now. I was actually hoping you could give me a new prescription for my birth control pills.

Dr. Laguna



How often do you exercise?

It's important that you exercise and keep to a healthy weight so you don't get diabetes or high blood pressure. Your blood pressure is fine now, and we want to keep it that way.

Are you currently sexually active?

Do you want to become pregnant again anytime soon?



Sonya



Thank you. I will read this booklet and think about these other kinds of birth control.

Just the HIV test should be fine. I'm not worried about getting anything from my boyfriend, but I've never had the HIV test, so I guess I should get it.

No.

A Well-Woman Visit



Dr. Laguna



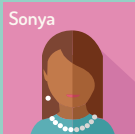
Sure. I can give you a prescription you can take to the pharmacy today. We can also discuss whether a longer-acting method, such as an implant or an IUD, would be a better option for you in the future. Your insurance will pay for these more expensive types of birth control, and you won't have to pay anything. Here's a booklet describing these methods.

You should get an HIV test every year. It sounds like you are low risk for other sexually transmitted infections, or STIs, but let me know if you are worried and we can test you for those, too. Your insurance covers testing for STIs.

I have one more question for you. Domestic violence is something that affects many people. I want to help patients be safe. Does your boyfriend or anyone else ever hurt or threaten you?



A Well-Woman Visit



Okay, I'll be ready.

Dr. Laguna knocked first and came back in the room. She explained what she was going to do:

When will I find out about the Pap test results?

That's a relief!

When Dr. Laguna finished the exam, she said:

OK. Now I'm going to do an exam. Please take off your clothes and put this gown on, with the opening in the front. I'll be back in a few minutes.



I will do a pelvic exam. This will include a Pap test, which screens for any abnormal cell growth on your cervix. If the results are normal, you won't need another one for three years. A clinical breast exam is also recommended about every three years for younger women like you. Since you haven't had a check-up recently, I will do that, too.

You will get the results in a week or two. The good news is that everything I'm seeing looks normal and healthy.

Our nurse will be in to give you your tetanus booster shot. Young and healthy people like you don't really need blood tests like older people do, so we will skip those for today. After that, let's meet in my office to talk about your health goals.



A Well-Woman Visit



Sonya

After Sonya got dressed, she went to Dr. Laguna's office. Sonya sat down in a chair across the desk from Dr. Laguna.

No, I only ran out of my last pack of pills yesterday.

Sure, it would be nice to have it, just in case.

Well, I guess I'd like to feel like I'm in better shape.



Dr. Laguna

Here is a prescription for birth control pills and a handout that explains two options for starting them, today or Sunday. Have you had any unprotected sex since your last period?

The best option for you, then, is to start this pack today. So, you can take the prescription to your pharmacy and have it filled right away. That way, you won't have any gaps in your birth control. There is also something called emergency contraception or EC that can prevent pregnancy if you ever run out of your pills and have unprotected sex. Would you like a prescription for EC to keep on hand? Your insurance will cover EC with a prescription.

Now is the time when we usually talk about your health goals. Do you have any goals?



A Well-Woman Visit

Sonya



All the activities with my kids just keep me so busy. But a couple of times we have gone out after dinner to a park near us and kicked a soccer ball around. The girls loved that. Maybe I should try to do that more often.

Nice meeting you too! How will I find out the results of my Pap and HIV tests?

I use a computer every day at work. For personal stuff, I usually just go online from my phone.

What do you think is stopping you from exercising as much as you want to?

Dr. Laguna



Exercising with the kids is a great idea and it helps keep them active and healthy as well. It was very nice meeting you, Sonya. You can stop by the office in the fall for a flu shot, and that will be covered by your insurance as well.

We will call you. Or, you can do this online, if you are comfortable with computers.

Our receptionist at the front desk will enroll you in our patient online system. She'll show you how to login and check your results. The system will also tell you when you should come in again.



A Well-Woman Visit



Sonya stopped by the front desk and got enrolled in the patient online system on her way out.



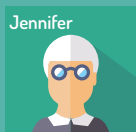
You're all set, now. You don't owe anything for today's well-woman visit. Come back to see us again.

Sonya left the office feeling happy that she was taking care of her health and had found a new doctor she liked. She liked that Dr. Laguna was friendly, asked her good questions and explained things. Sonya felt that everyone in the office had respected her. She was also happy that she didn't have to pay anything for this visit.

A Well-Woman Visit



Dr. Laguna



Jennifer

Some doctors, like Dr. Laguna in this example, will provide you with both women’s health care and general health care. Many nurse practitioners like Jennifer Brown in the example on page 18a, also do both. But, if you need to see two different providers (such as a family practice doctor and an obstetrician/gynecologist) to get all of your “well-woman” services, it’s okay. **Your insurance will pay for you to have more than one preventive care appointment.**

5 **Visit** Your Primary Care Provider And Take Follow Up Action



Ask questions. During your visit, feel free to ask all the questions you have about your health. Don't be afraid to ask your doctor or nurse to repeat something or write it down for you. You have the right to this visit because your insurance is paying for it.

You also have the right to know which tests your doctor wants to do and why. Ask questions, including whether you will have to pay for the test. For example, if you tell the doctor you have a sore throat and the doctor does a test for strep throat, you may have to pay something for it. That's because this kind of test is a **diagnostic test, not a free preventive test.**

What if you have problems?



You have the right to be treated fairly. If you feel you are being treated unfairly by your doctor or your health plan, help is available. Start by calling the member services number on your health insurance card. Explain the problem and ask for their help in fixing it. You may be asked to fill out a complaint form.

If you are not satisfied with the answer from your insurance company, you can contact government officials to help. Ask the group that gave you this guide for help filing a complaint in your state.

5

Visit Your Primary Care Provider And Take Follow Up Action



Make sure to follow the instructions from your doctor.

Find out the results of any tests you have had, such as a Pap test. Your doctor's office should call you, but if you don't hear from them in a week or two, call the office yourself. If you signed up for a patient online system, go online and check for your results.

Fill your prescriptions.



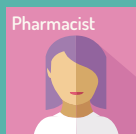
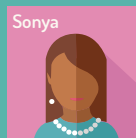
Read [Filling Your Prescription on page 14a](#)

Be sure to follow the directions on the prescription bottle or pack. If you are unsure about the directions, ask the pharmacist or call your doctor's office. When you go to the pharmacy, ask if your prescription is covered by your health plan. If it is not covered, call your doctor's office and ask if there is a similar medicine the doctor can prescribe that is covered.



There are ways to save money on prescriptions. You can ask your doctor for help getting less expensive medications. For example, "generic" medications are usually cheaper than "brand-name" drugs. Big chain stores and supermarkets that have their own pharmacies often offer very cheap or free prescription medicines. Be aware, however, that when you sign up for their discount programs, they are looking for ways to make money. They may sell your personal information to other companies. You still may get the best price on generic drugs from your health plan. Remember, generic birth control pills are free with your health insurance.

Filling Your Prescription



On her way home from her well-woman visit, Sonya stopped by the pharmacy to get the birth control pills. She gave the pharmacist her insurance card.

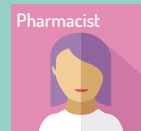


Filling Your Prescription



Sonya

The pharmacist typed into a computer.
Then she asked Sonya:



Pharmacist

Do you want to wait? It will be ready in
15 minutes.

Sonya decided to wait. After 10 minutes,
the pharmacist called her name.

Make sure to take the pills at the same time
every day.

Ok. How much do I owe?

No charge for you. Your insurance is
required to pay the full cost for generic
birth control pills.

5 **Visit** Your Primary Care Provider And Take Follow Up Action



If your doctor referred you to a specialist, make the new appointment.

For example, you may get the name of someone who treats problems digesting food – a gastroenterologist.

When you make the appointment, be sure to ask if they take your insurance.

If you are unsure, call your health plan's member services telephone number to ask. If the specialist is not in your plan, call your primary care provider and ask for a different specialist who does take your insurance.

What is a referral?

Some health plans will only pay their share when you see a specialist if they have received a request from your Primary Care Provider first. This is called a referral. If your health plan requires you to get a referral, make sure that your Primary Care Provider submits the request to your health plan before you see the specialist. Before your appointment, check with your health plan that they got the referral.

What if you **don't like the primary care provider you chose?**

After you visit your new primary care provider for the first time, think about how you felt.

Would you like to go back to this office in the future? Did you feel rushed? Did you feel the doctor understood and respected you? Did the office staff treat you well? It matters because that is who you will be dealing with most often.

If you don't like your primary care provider, you can pick a new one!

Call the member services phone number on your insurance card. Explain that you want to change primary care providers and they can help you choose a different one.

You might also need to choose a new primary care provider if your doctor stops taking your insurance.



What if **you have a medical emergency?**

If you have a medical emergency, don't wait. Go right to the emergency room at the nearest hospital.

A medical emergency is when someone is seriously ill or suffers an accident or heart attack. Some examples of medical emergencies are listed below.



Bleeding that won't stop



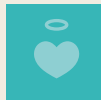
Chest pain



A car accident or other accident



Vomiting that won't stop



Seriously thinking about taking your own life or someone else's



Not being able to breathe

But for less serious problems, please read the next page. You may wind up paying a lot of money if you use the emergency room incorrectly.

What to do **if you are sick**

Call your doctor. If your illness is less serious (such as a bad cold), do NOT go to the emergency room. Instead, call your doctor's office. Some health plans have nurses you can call for advice on whether you should go to the doctor or the emergency room. You can find out by calling your health plan's member services number.



Read What If You Are Sick?
[on page 18a](#)

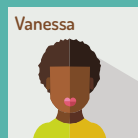
Your doctor may ask you to come for an office visit. For sick visits, usually doctors give an appointment within a short time. There may be laws in your state that require your doctor to give you a sick appointment within a certain number of days. You can call your health plan's member services number to find out.

Your doctor may prescribe medicine for you to pick up at the drug store or pharmacy. Remember to follow your doctor's instructions for taking the medicine and returning to the office for a follow-up visit, if you need to.



Special Note:
If you go to an urgent care clinic, first check that they are an "in-network" provider. Many urgent care clinics say they "accept most insurance," but you should still check that they are an "in-network" provider with your insurance. Otherwise, you could get stuck with a big bill.

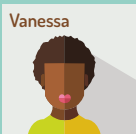
What If You Are Sick?



Sonya's cousin Vanessa is a 32-year old hair stylist. She bought insurance for the first time through the government website. She had diarrhea for two days. On Tuesday she felt too sick to go to work. She wondered if she should go to the emergency room at the hospital. She didn't have a fever or any other symptoms.



What If You Are Sick?



Vanessa

Vanessa decided to call her primary care provider, a nurse practitioner named Jennifer Brown. She called the office and spoke to the receptionist:



Receptionist

Hi. This is Vanessa Lopez. I am not feeling well and I wanted to know if I could come in to see Jennifer Brown today.

Have you been here before?

Yes. I had my well-woman check-up about three months ago.

Ok. Can you come at 1:00?

Yes.



What If You Are Sick?



Vanessa



She was relieved that she would see Jennifer in just a few hours. When Vanessa went to the appointment Jennifer asked her a lot of questions and felt her belly.

Jennifer



It is probably just a virus. It might be a few days until you are back to normal. Here's a piece of paper with some instructions on what you can eat.

Vanessa stopped at the front desk on the way out.

Why do I owe money today? Last time I was here it didn't cost me anything.

Your co-pay is \$30 for today.

Receptionist



This is a sick visit. The last time you were here was a well-woman visit. Only preventive care has no co-pay.



What If You Are Sick?

Understand the Costs You May Pay



Many women have Medicaid and private insurance at different times in their lives.

You might have Medicaid now, but have a private insurance plan next year. It's good to know how both types of insurance work.

If you have Medicaid

If your health insurance is through Medicaid, you will not have to pay a monthly premium, except in certain states. You may have to pay a small amount when you go for health services, depending on which state you live in. If you think you are covered through Medicaid, call the member services number on your health insurance card to make sure. Ask if there are any costs you will have to pay when you get health care.

If you have private health insurance

The rules are different if you bought private insurance through your state health insurance marketplace. This kind of private insurance is called a Qualified Health Plan or QHP. When you were choosing your private health insurance you probably looked carefully at what it would cost you each month. You chose a plan with a monthly payment, or premium, you could afford. But you may not know about the costs that you will have to pay when you are sick and see a doctor.



Unsure what kind of insurance you have? Medicaid works differently from state to state. Some states have their own names for their Medicaid health coverage. In New York, there is a new Essential Plan option. It can be confusing. Find out what kind of health insurance you have, and what your costs will be, by calling the number on your health insurance card.

Important Note: Most **preventive** health care **is FREE** to you



Most preventive care is fully covered by your insurance plan. That means you will not have to pay anything else for it.



“Preventive care” is regular health care intended to keep you healthy and avoid disease. Here are some examples of the preventive care services you can get for free:

- ✓ **Well-Woman Visits**
- ✓ **Birth Control**
- ✓ **Tests For Sexually Transmitted Infections (STIs)**
- ✓ **HIV Testing**
- ✓ **Blood Pressure Tests**
- ✓ **Flu Shots**
- ✓ **Help Quitting Smoking**

Check with your health plan to see if they have any special rules about getting free birth control.

Make sure to get these preventive services if you need them. Be aware, however, that if the preventive service is not the main reason you are seeing the doctor, you may get a bill for the office visit.

You can see the full list of free preventive services for adults at the end of this guide [on page 33](#).

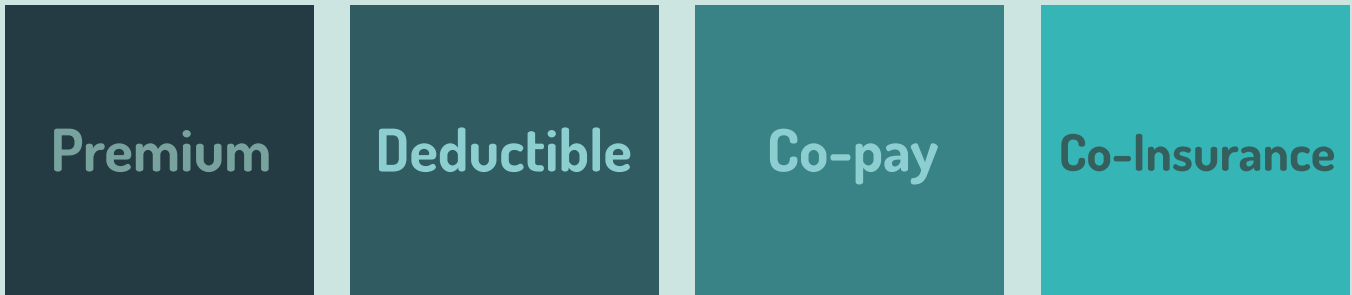


4 kinds of costs you may pay

There are 4 different kinds of health insurance costs you might have to pay.

People don't like surprises when it comes to money. So we're going to explain each of these costs to you.

Health plans can vary dramatically in which costs they charge. You'll need to check with member services to learn how your health plan works. On the following pages, we will explain all of these costs one by one.



The amount and type of costs you will pay depends on which health plan you chose when you enrolled. Private health plans sold through state marketplaces or healthcare.gov come in four levels named after types of metals: bronze, silver, gold or platinum.



However, choosing a bronze plan for its low monthly premium will mean you will pay more in out-of-pocket costs like deductibles, co-pays and co-insurance.

Monthly payment or premium



If your plan has a premium, you must pre-pay your premium each month.

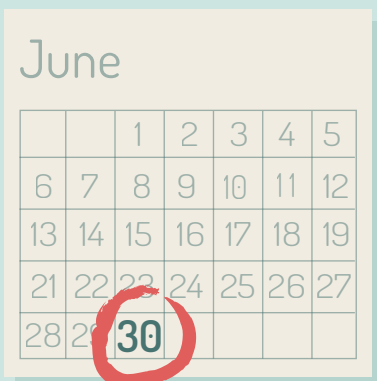
Most health insurance plans come with a monthly premium you must pay. For example, in January you will pay your monthly premium for February's health insurance coverage. You can think of your insurance like rent. You must pay for it every month. **If you don't pay this premium every month you may lose your health insurance.**



Your premium may go up each year. In some cases, it may stay the same or even go down. When it's time to renew your coverage at the end of the year, take a look at the other plans available to you. You may find that switching from a bronze plan to a silver plan, for example, is less expensive for you if you have a lot of doctor visits with the kinds of "out-of-pocket costs" described on the following pages (deductible, co-pay and co-insurance).



Write down when your health insurance bill is due and make sure to pay it on time every month. Keep records of each payment.



My monthly payment is due on the _____ day of each month.

NOTE: You may not have to pay a premium for some plans, such as Medicaid plans in most states. Some people enrolling in the new Essential Plan in New York State will also have no premium.

Deductible



Each year, before your health plan starts paying, you may have to pay for health services that are NOT preventive until you reach a certain dollar amount.

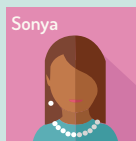
This kind of cost is called a **deductible**. The kinds of health services that count towards your deductible could be doctor visits, laboratory tests, prescription medicines or a visit to the emergency room.

Deductible

Do you have a deductible in your health plan? If you don't know, call the member services line for your health plan. The number is on your insurance card.

pay every year

But, remember: You don't have to pay anything extra for preventive services. **There is no co-pay or deductible for preventive care.** In some plans, there also is no deductible payment for certain other services like visits to your primary care doctor.



EXAMPLE:

Sonya's health plan comes with a \$1,000 deductible. This means she must pay for most health services she needs until she has paid \$1,000. After she has paid \$1,000, the plan starts paying most of the cost for her health services for the rest of that year.



- ▶ Then, your health plan starts paying its share.
- ◀ You pay your deductible first.

Co-pay



The co-pay is a fixed amount you pay when you get a health service that is NOT preventive.

A health service could be a doctor visit, a laboratory test, a prescription medicine or a visit to the emergency room.

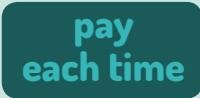
Different types of health services have different co-pays.

For example, a doctor's office visit may have a \$15 co-pay. You must pay this at the doctor's office.



Your co-pay for prescription drugs could be \$5 for some medicines and more for others. Make sure to ask your doctor to prescribe a lower-cost medication, if possible. You must pay this co-pay at the pharmacy or drug store.


The co-pay for an emergency room visit will usually cost a lot more. It could be \$150 or more.



Some health plans don't require co-pays until after you have met your annual deductible. Others require co-pays from the moment you start to use your coverage.

How do I find out what my co-pay is?

Easy. Your co-pays are listed on your health insurance card. For example, it might say OV for office visit or ER for emergency room.

 Insurance Company Name: _____

Plan Type: _____ Member Name: _____

Member ID Number: _____

Prescription **Co-Pay:**

Generic: \$ _____ Office Visit **Co-Pay:** \$ _____

Name Brand: \$ _____ Emergency Room **Co-Pay:** \$ _____

If you are not sure what your co-pay is, call the member services telephone number listed on your insurance card. But remember: **There are no co-pays for preventive services like a well-woman visit or birth control.**



Co-insurance

There is one more type of cost you may have to pay.

After you have paid your deductible for the year, you may have to pay “co-insurance” for certain health services that are NOT preventive. **This charge is a part or percentage (%) of the total cost for these health services.** For example, you may have to pay part of the cost of a hospital stay.



To find out if you will have to pay co-insurance, call your health plan’s member services phone number and ask. But remember: **Just like there are no co-pays for preventive services, there is no co-insurance for preventive services either.**



Example: If your co-insurance is 20%, you will pay 20% of the cost of a health service and your insurance will pay 80%.

Co-insurance



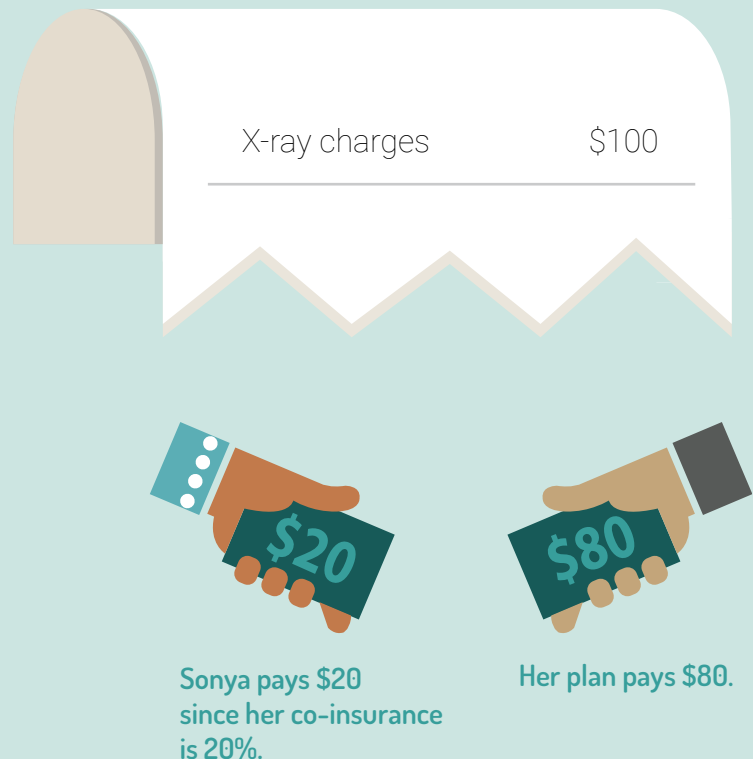
Sonya

Co-Insurance: 20%
Deductible: \$1,000

EXAMPLE:

Sonya Morales had a deductible of \$1,000 for the year. After six months, Sonya had paid that full amount for her health services. From then on, the insurance paid for **almost ALL** of her costs. But there was a small part or percentage (%) Sonya also had to pay.

Sonya slipped on the ice on the sidewalk and hurt her leg. Her doctor said it was probably not broken but she should get an X-ray at the hospital to be sure. A few weeks later, she got a bill from the hospital for \$20. The X-ray had cost \$100. Her insurance paid the hospital 80% or \$80. Sonya's co-insurance was 20%. Now Sonya had to pay the hospital \$20 since 20% of \$100 is \$20.



Good news!



There is a limit to the amount of out-of-pocket costs you have to pay for your health care.

This is called the “annual out-of-pocket maximum.” It protects you if you or a family member has a major illness or accident. In 2016, by law, the out-of-pocket maximum can be no more than \$6,850 for an individual or \$13,700 for a family. After you pay the out-of-pocket maximum, the health insurance company pays for all of the health services that year. Some health plans have lower out-of-pocket maximums.

Health plans vary in how they charge you for health services. **To find out what your premiums, co-pays, deductibles, co-insurance, and out-of-pocket maximum are for your plan, call the member services number on your health insurance card.**

Help is available!

Insurance is complicated. Dealing with insurance companies doesn't always go smoothly. Don't feel like it is your fault!



If you receive a bill you don't understand, call member services and ask them to explain it. Take careful notes during any phone calls you have with your insurance company.

It looks like a bill, but it says “This is not a bill.”



An Explanation of Benefits (EOB) form is a notification from your insurance company.

Every time you go to a doctor or get other health services, your insurance company will send you an Explanation of Benefits (EOB) in the mail or by email. This is the insurance company’s way of letting you know they are processing the payment to the doctor or other service provider. It will say on it “This is not a bill” and that is true. You may get a bill later, though.

This is an example. The form your health plan uses may look different.

Explanation of Benefits (EOB) - This is not a bill

Member: [REDACTED]
 Member ID: [REDACTED]
 Claim #: [REDACTED]
 Provider Name: [REDACTED]

DATE OF SERVICE	DESCRIPTION	CPT CODE	AMOUNT BILLED	AMOUNT ALLOWED	NOT COVERED	CO-PAY/ CO-INSURANCE	DEDUCTIBLE
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

PLAN PAYS: \$ [REDACTED]
 PATIENT RESPONSIBILITY: \$ [REDACTED]

[REDACTED]

[REDACTED]


[REDACTED]

[REDACTED]



Check to see if the information is correct. Did you actually receive a health service from this Provider (doctor, lab, urgent care center or hospital) on the Date of Service it says? If not, call your health plan. Look in the Patient Responsibility box to see whether you will owe anything for this service. If you have questions, call your health plan.

Let's look at some examples of how to add up all the costs for using your health insurance. **Meet Kiara.**



Kiara

Age: 29 years old
Status: lives with her boyfriend
Job: full-time child care worker but with no health benefits

Health insurance: She bought health insurance in the Marketplace and now she's covered.

Monthly premium: \$140
Co-pay: \$15
Deductible: \$750

I am feeling healthy and I want to stay that way. Taking care of myself is important. I put aside money every payday so I have enough to pay my insurance premium each month.

I found a doctor who takes my insurance and made an appointment for my first well-woman exam! I was so excited!

The doctor checked my blood pressure. She gave me a breast exam and explained how I can do a breast self exam at home every month. She tested me for Sexually Transmitted Infections (STIs). She also did a Pap test for cervical cancer.

Since I work with young children, it was really important for me to get a flu shot. So I got that. And, we talked about birth control. I don't want to get pregnant now so I got a prescription for birth control pills. I got it filled the next day at a pharmacy near where I live. It feels great to know that I don't have to feel like I'm on my own. Now I have a doctor to help me take care of my body.

QUESTION: The cost of Kiara's well-woman exam, the tests, her flu shot, and her birth control pills was \$550. How much did Kiara have to pay?

ANSWER: Kiara paid \$0 for all this health care.

QUESTION: Why?

ANSWER: Because it is all "preventive care."

Of course, she has to keep paying her monthly premium to keep her health coverage in effect.

Let's look at another example of how to add up all the costs for using your health insurance. **Meet Michelle.**



Monthly premium: \$140
Deductible: \$1,000
Co-insurance: 20%

Recently, I noticed that the bleeding during my period was much heavier than usual. I also started to feel sharp pain. I got worried that something might be wrong.

I went to my doctor and found out that I had uterine fibroids. I learned a lot about uterine fibroids very quickly. They are growths that develop from the muscle tissue of the uterus. Fibroids can cause pain, nausea, bleeding, or fever.

My doctor sent me for an ultrasound. The ultrasound showed that my fibroids were dangerous for my health and I needed treatment.

My doctor then sent me to a specialist doctor who said I should have surgery to remove the fibroids.

Michelle paid:

Her insurance paid:

The doctor visit cost \$150.



\$0



The ultrasound cost \$700.



\$0



The specialist visit cost \$150.



\$0



Michelle paid the first \$1,000 because she had not yet met her yearly deductible. Also none of the costs were for preventive care.

After she paid her \$1,000 deductible, Michelle's insurance paid for most of her surgery.



Monthly premium: \$140
Deductible: \$1,000
Co-insurance: 20%

I had the surgery. I am now feeling a lot better. It was a lot to pay but I never would have been able to afford the treatment I needed without my health insurance.

Michelle paid:

Her insurance paid:

The surgery cost \$15,000.



After she met her deductible, her health insurance paid 80% of her health care costs. Michelle still had to pay her co-insurance of 20%.

Q. **Question:** Last year, Michelle had to pay \$5,680 for premiums, deductible and co-insurance. Was it really worth it for her to have health insurance?

A. **Answer:** Absolutely! The total cost of her health care was \$16,000. So, she saved more than \$10,000 on the cost of her fibroid treatment.

What are the **women’s health services** that are included in your health plan?

Check with your plan.



Health services that are included in your health plan are called “covered” services. There are some women’s health services that must be covered by your health plan no matter what state you live in. It’s the law. There are other women’s health services that may or may not be covered depending upon the state you live in or which health plan you have.

Here are some examples:

Always Covered

- Maternity Care
- Prenatal Care
- Breastfeeding Support (FREE)
- Birth Control (FREE)
- Sexually Transmitted Infection Testing (FREE)

Sometimes Covered

- Infertility Treatment
- Abortion
- (Some states allow abortion coverage and others don’t. Some health health plans cover it and others don’t.)
- To find out if your health plan covers abortions, call member services.

Usually, when you get a service that is “covered” you will pay your deductible, co-pay or co-insurance and your insurance will pay the rest. But preventive services, which are listed [on page 33](#), are free.



List of **preventive services that are FREE** to you with your health insurance

For women only

- Well-woman visits
- Birth control
- Test for cervical cancer
- Tests and counseling for Sexually Transmitted Infections such as chlamydia, gonorrhea, syphilis and HPV
- Mammograms (after age 40)
- Osteoporosis Tests (after age 60)
- Help if you are the victim of domestic violence

If you are having a baby

- Tests during pregnancy for anemia, gestational diabetes, hepatitis B, Rh incompatibility, syphilis, urinary tract infections
- Breastfeeding support, counseling and supplies
- Folic acid supplements

If you have a high risk of breast cancer

- Breast cancer genetic test counseling (BRCA)
- Breast cancer chemoprevention counseling



Special Note:

Weight loss counseling is only free when you use a provider who is in your health plan. Weight loss surgery may be covered, but you may have to pay a share of the cost. Not covered are things like diet meals and non-prescription diet pills. Check with your health plan.

For women and men

• Tests for:

- Blood pressure
- Cholesterol
- Colorectal cancer (after age 50)
- Depression
- Diabetes (Type 2) test (if you have high blood pressure)
- Hepatitis B (if you have higher risk)
- Hepatitis C (if you have higher risk)
- HIV
- Lung cancer (if you are a heavy smoker aged 55-80)

• Vaccines for:

- Hepatitis A
- Hepatitis B
- The Flu
- HPV
- Measles, Mumps, Rubella (German Measles)
- Meningitis
- Pneumonia (Pneumococcal)
- Shingles
- Tetanus, Diphtheria, Pertussis (Whooping Cough)
- Chicken Pox

• Weight loss counseling (if you are obese)

• Diet counseling (if you have high risk of disease)

• Help for alcohol abuse

• Help quitting smoking

Special thanks

This guide was developed with guidance from the RWV national coordinating team: Byllye Avery, Courtney Christian and Linda Goler Blount of the Black Women's Health Imperative; Cecilia Saenz Becerra, Coco Jervis, Cindy Pearson and Ariel Tazkargy of the National Women's Health Network; and Kyle Marie Stock and Lois Uttley of MergerWatch.

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Raising Women's Voices

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ARIZONA

Arcoiris Liberation Team
Arizona Queer Undocumented Immigrant
Project (AZ QUIP)

ARKANSAS

Planned Parenthood of the Heartland

CALIFORNIA

Access Women's Health Justice
California Latinas For Reproductive Justice

COLORADO

Colorado Organization For Latina Opportunity
And Reproductive Rights

CONNECTICUT

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EverThrive Illinois

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The Institute Of Women and Ethnic Studies
Women With A Vision

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Consumers For Affordable Health Care

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The Lesbian Health Initiative of Houston, Inc
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**RAISING
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for the health care
we need