



# Insurance Worksheet

## Your Insurance

### My primary health insurance source is:

- Don't have health insurance
- Employer/family member's employer
- Insurance that I purchased myself
- Medicaid
- Medicare
- Military/veterans

### My primary health insurance company is: (e.g., Aetna, BlueCross, etc.)

\_\_\_\_\_

### My secondary health insurance coverage is:

\_\_\_\_\_

- Not applicable

Open enrollment is the period of time when you can make changes or adjustments to your insurance.

My open enrollment period is: \_\_\_\_\_

### I have health insurance that covers:

If you use the same medical card for “major medical” coverage (i.e., in-patient and out-patient services) and prescription coverage, then your **insurance type** will be the same for each category.

Check All That Apply	Type of Medical Care	Insurance Type	How It Applies to Me
	<i>(Example)</i> <b>Glasses</b>	<i>Avesis vision insurance</i>	<i>Covers one pair of glasses every year</i>
	<b>Prescription Drugs</b>		
	<b>In-Patient Care</b> (e.g., hospitalizations)		
	<b>Out-Patient Care</b> (e.g., doctor's appointments, health screenings, lab tests)		
	<b>Durable Medical Equipment</b> (e.g., pumps, oxygen equipment, wheelchair)		

## Financial Assistance

Many PH medical teams include a staff member knowledgeable about ways to reduce your out-of-pocket responsibility for your PH medication. You should ask your nurse or doctor if any of these options would work for you.

I have spoken with my medical team about the following resources to help pay for my medication:

- Nonprofit assistance funds
- Drug manufacturer assistance programs
- Specialty pharmacy
- Social Security Disability assistance and other government programs

PHA does not help pay for medications, but we list available resources on our website: [PHAssociation.org/Help](https://www.phaassociation.org/Help).

## Troubleshooting Insurance Problems

Many PH medical teams have staff dedicated to requesting prior authorization, navigating fail-first requirements and appealing denials. Most likely you will not be responsible for completing the steps below, however this chart can help you understand some key insurance challenges in case you have questions or need to advocate for yourself.

**Prior authorization:** A health insurance plan requires approval for certain medical services or treatments before the services or treatments are given. *Not all services will require prior authorization.*

**Step therapy:** A requirement that less costly and less risky treatment alternatives be explored and deemed unsuitable before more uncertain or expensive therapies are approved.

## Receiving Treatment

**If your insurance company refuses to pay for treatment you have received:** Make an appeal and request a re-evaluation of a claim or service that your insurance company denied. *An initial denial is not final and may be overturned if you appeal.*

**If you reach your benefit limit:** Apply for a “limit override” if there is sufficient medical need or petition your plan to consider a higher level of coverage.

**File a grievance:** If you encounter a problem with your health insurance unrelated to a coverage decision, such as a customer service issue. Begin by filing a grievance directly with your health insurance company. If needed, you can escalate the formal complaint to your state health insurance commission.

## Who Can Help?



People who might be able to help you if you are having problems with your insurance:

- Your PH care team
- Your PH treatment center's billing department
- Friends or family members
- PHA – call 301-565-3004, ext. 749
- Constituent services staff in the offices of your elected officials

## Glossary

**Coinsurance:** An amount you are required to pay out of pocket when you receive covered medical care that is a percentage of the total cost.

**Copay:** An amount you are required to pay out of pocket when you receive covered medical care that is a fixed dollar amount.

**Deductible:** The amount of money that you have to pay before your insurance plan pays for any medical care or prescriptions.

**Durable medical equipment:** Medical equipment that can be used repeatedly and is not disposable: such as wheelchairs, pumps and oxygen equipment.

**Formulary:** An approved list of prescription drugs covered under a specific insurance plan.

**Medicaid:** Government health insurance program for eligible, low-income individuals; eligibility varies by state.

**Medicare:** A federal health insurance program primarily for those aged 65 and older. If you qualify for social security disability assistance, you may also qualify for Medicare after a 24-month waiting period regardless of your age. Medicare coverage can be broken down into several parts, typically referred to by the letters A, B, C and D.

- **Part A** covers hospitalization and inpatient care.
- **Part B** covers outpatient care including doctor's visits and health screenings. It also covers durable medical equipment, such as oxygen; scooters and wheelchairs; and nebulizers and pumps.
- **Part D** covers prescription drugs.
- **Part C**, i.e., Medicare Advantage, combines part A and B coverage into a single plan. Some Advantage plans also include prescription drug coverage. Medicare recipients may choose to have Medicare Advantage coverage rather than Medicare Parts A and B.

**Premium:** The monthly payment made by an employer or individual to purchase insurance.

**Step therapy:** Insurance may require you to "try and fail" a specific, less expensive medication before the originally prescribed medication will be approved.