

WELL 
INFORMED

HEALTHCARE COVERAGE

Choosing and using a **healthcare plan** can feel overwhelming.

Learn why it's important to have one and how to navigate the process.



WELL INFORMED

Everyone deserves straightforward and clear information about healthcare.

Well+Informed is a health literacy series dedicated to providing patients and providers with straightforward explanations to complicated healthcare topics.



Takeda is dedicated to providing accessible education for patients and healthcare personnel.





Plan ahead

The first step to having healthcare coverage is signing up for a **plan**.

If you get coverage through your employer or by purchasing a plan directly from a health insurance company, it's called **private or commercial insurance**. Regardless of your insurance type, your plan will usually include a premium, deductible, copay, and coinsurance.^{1,2}

Premium²

Your premium is the amount you pay every month for healthcare coverage.

Deductible³

A deductible is the amount you need to pay toward your healthcare costs before your plan begins to pay.

Copay⁴

A copay is a set amount you pay for your medical expenses after you've met your deductible.

Coinsurance⁵

Coinsurance is a percentage you pay for your medical expenses after you've paid your deductible.

Private vs public insurance



Private insurance is different from **public insurance**, which is funded by the government and restricted based on a person's income or other qualifying factors like age or disability.⁶

The pages that follow focus only on private insurance. For more information on public insurance, see the Medicare resource in this series.



Dig deeper

If you enroll in private insurance, you'll be choosing from up to **4 different types of plans**.

	Plan basics	Low deductible	Low premium	Out-of-network coverage	Referrals required
HMO Health Maintenance Organization ^{7,8}	<ul style="list-style-type: none">• Network of covered providers• Patients need to choose a primary care provider (PCP)	✓	✓		✓
PPO Preferred Provider Organization ⁹⁻¹⁰	<ul style="list-style-type: none">• PCP not required• Patients can use out-of-network providers for an additional cost			✓	
EPO Exclusive Provider Organization ^{8,11}	<ul style="list-style-type: none">• Network of care providers and healthcare facilities—usually larger than an HMO• Premiums are higher than an HMO but lower than a PPO		✓		Varies
HDHP High Deductible Health Plan ^{8,12}	<ul style="list-style-type: none">• Higher deductible than traditional plan• Option to add health savings account (HSA)		✓	Varies	

Key enrollment dates

You can sign up for and change your healthcare plan only during certain times of the year and under certain circumstances.¹³



Open Enrollment Period (OEP)

This happens once a year, typically from November 1 to December 15 (may vary), and is the time when you can change your insurance plan for any reason.



Special Enrollment Period (SEP)

If you have a baby, change your name, or move, you are allowed to change your plan outside of the open enrollment dates.





Your ID is key

After you enroll in the insurance plan of your choice, you will be issued an **insurance card**. It has important information on it like your **member ID**, **group number**, and **plan's contact information**.

INSURANCE COMPANY		PPO
1 ID: XXXX XXXX-X	PCP \$25	6
2 [Your Name]	SPC \$35	7
3 GRP: XXXX-XXXXX-XXX	ER \$150	8
	URGENT \$100	
4 PCP: [Your Doctor's Name]	Rx Co-Pay	
PCP Telephone: (XXX) XXX-XXXX	Generic \$15	9
	Name Brand \$20	

10 www.usersinsurancecompany.com

In-network Deductible/Coinsurance \$800/10% 11
Out-of-network Deductible/Coinsurance \$1200/20% 12

Price approval is required for certain services, as described in your member documents.

ON-CALL NURSE LINE: X-XXX-XXX-XXXX
MEMBER SERVICES: X-XXX-XXX-XXXX 13
PROVIDERS CALL: X-XXX-XXX-XXXX


- 1 Member ID number
- 2 Your name
- 3 Group number
- 4 PCP name
- 5 Plan type
- 6 Copay for visits to PCP
- 7 Copay for specialty care
- 8 Copay for emergency and urgent care
- 9 Prescription drug plan information
- 10 Health plan website
- 11 In-network deductible and coinsurance
- 12 Out-of-network deductible and coinsurance
- 13 Plan contact information



Stay in network

Your plan normally has a network. This is a **group of healthcare providers** that have agreed to work with your insurance company. Whether you're healthy or sick, seeing someone inside this network will always **save you money**.



 Call your **insurance company** or the **provider** directly to find out if they are in your network.

Break it down

After you receive care, you'll get an **explanation of benefits (EOB)** in the mail or online. It will show in detail the amount of money your plan paid for your care and how much you will pay out of pocket.

EOBs are not bills.

They are statements that list¹⁴:

- ✓ Description of service
- ✓ What your healthcare provider charged for care
- ✓ The amount your insurance plan will pay your healthcare provider
- ✓ What you pay after insurance has paid its share



MONEY MATTERS

If you have a high deductible plan, you can set aside money that hasn't been taxed in an HSA. Whatever you don't use rolls over from year to year, and you earn interest on the balance in your account. Use your HSA card to pay for **deductibles, copays, and coinsurance costs**. HSA funds usually can't be used to pay for premiums.¹⁵

If you're concerned about affording your medication, ask your doctor about patient support programs.



References

1. Healthcare.gov. Out-of-pocket costs. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/out-of-pocket-costs/#:-:text=Your%20expenses%20for%20medical%20care,services%20that%20aren't%20covered>
2. Healthcare.gov. Premium. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/premium/>
3. Healthcare.gov. Deductible. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/deductible>
4. Healthcare.gov. Copayment. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/co-payment/>
5. Healthcare.gov. Coinsurance. Accessed October 3, 2022. <https://www.healthcare.gov/glossary/co-insurance/>
6. National Cancer Institute. Public health insurance. Accessed October 3, 2022. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/public-health-insurance>
7. Healthcare.gov. Health maintenance organization (HMO). Accessed October 3, 2022. <https://www.healthcare.gov/glossary/health-maintenance-organization-hmo/>
8. Aetna. HMO, PPO, POS, EPO, & HDHP: What's the difference? Accessed October 3, 2022. <https://www.aetna.com/health-guide/hmo-pos-ppo-hdhp-whats-the-difference.html>
9. Healthcare.gov. Preferred provider organization (PPO). Accessed October 3, 2022. <https://www.healthcare.gov/glossary/preferred-provider-organization-ppo/>
10. Humana. What is a PPO? Accessed October 3, 2022. <https://www.humana.com/medicare/medicare-resources/what-is-ppo>
11. Healthcare.gov. Exclusive provider organization (EPO). Accessed October 3, 2022. <https://www.healthcare.gov/glossary/exclusive-provider-organization-epo-plan/>
12. Healthcare.gov. High deductible health plan (HDHP). Accessed October 3, 2022. <https://www.healthcare.gov/glossary/high-deductible-health-plan/>
13. HealthPartners. How to change health insurance: what you need to know. Accessed October 3, 2022. <https://www.healthpartners.com/blog/buyers-remorse-you-can-switch-your-health-plan/>
14. CMS.gov. Reading your explanation of benefits. Accessed October 3, 2022. <https://www.cms.gov/files/document/11819-sample-explanation-benefits-508.pdf>
15. Healthcare.gov. Health savings account (HSA). Accessed October 3, 2022. <https://www.healthcare.gov/glossary/health-savings-account-hsa/>

