HOW DO I know what my health plan covers?

Whether you get health insurance through your job, Covered California, private insurance, Medicare, or Medicaid (Medi-Cal), learn what services your health plan covers.

Read your health insurance card

Your plan will send your insurance card in the mail. Your card is very important because:

- It proves to health care providers that you have insurance.
- It lists the amount you need to pay each time you get different types of health care.

Some plans require your card at visits, while others don't. But always keep your card with you in case of an emergency.

What is on my insurance card?

Here is an example (yours may look differenct):

Read your 'summary of benefits and coverage' (SBC)

When you sign up for a health plan, you will get a 'summary of benefits and coverage' (SBC). An SBC is a written summary of the health services your plan covers (your benefits) and what you will pay out of your own pocket.

Tip: Store your SBC and other insurance and medical papers together in a safe place.

Read the statements you get after a health service

Every time you get health services, you'll get a statement from your health plan by mail or email. It shows how much your plan paid for and how much you may owe (if any). These may be called an 'explanation of benefits' (EOB), 'summary notice' or something else.

Compare your statements to any provider bills you get

1. Make sure you actually got the health services listed and check how much you may owe to the provider.
2. When you get a bill, make sure the bill matches the "amount you owe" on your statements.
3. Keep your statements for your records.

Read your 'summary of benefits and coverage' (SBC)

If you see a mistake, don't understand your statements, or your plan is not paying for health services you think should be covered, **call your health plan. It is your right to speak up when you have questions!** When you call:

- Write down your questions before you call.
- Have your insurance card with you.
- Take notes about the call, including the date and name of the person you talk with.
- After the call, put the notes with your other insurance papers.

If you don't agree with a health plan decision

If your health plan makes a coverage decision that you think is wrong:

1. Call them to make sure you understand their decision – you may be able to fix the issue by phone. If needed, politely but firmly ask to speak to a supervisor or manager.

2. If they still don't fix the issue, file an **appeal**. An appeal is a request you make to your health plan to change its decision about your plan coverage. You should only file an appeal if you think the plan made a mistake – not because you don't like their decision.

Find instructions for filing appeals on your health plan's website. The health plan will send you their decision and explain how to ask for a 2nd review if they didn't change their decision.

Use your health plan!

Using your health insurance can keep you and your family healthy.

- Be sure everyone gets a yearly check-up so you can find any health issues before they become problems.
- Take an active role in your health care – for example, find out what services your health plan covers and partner with your doctor to make decisions about treatment.

Health insurance terms to know

Deductible: The amount you must pay for healthcare services or prescriptions before your plan starts to pay its portion.

Co-insurance: The amount you pay as your portion of healthcare services after you meet your deductible. Services may include a doctor's visit, hospital outpatient visit, or prescription medicine. Co-insurance is usually a percentage of the cost of the healthcare service (for example, 20%).

Co-pay: The amount you pay as your portion of healthcare services, like a doctor's visit, hospital outpatient visit, or prescription medicine. A co-pay is usually a set amount, rather than a percentage. For example, you might pay $10 or $20 for a doctor's visit or prescription medicine.

Out-of-pocket costs: Healthcare costs you pay yourself, such as deductible, co-pay, and co-insurance.

Out-of-pocket maximum: A limit that some health plans have on the total amount you have to pay for your medicines and healthcare services in one year. Most plans have an individual or family maximum. After you meet this maximum, the plan pays 100% of covered healthcare costs.

Premium: The amount you pay, usually every month, for your health insurance. This does not count toward your deductible or out-of-pocket maximum.

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