

# Health Benefits



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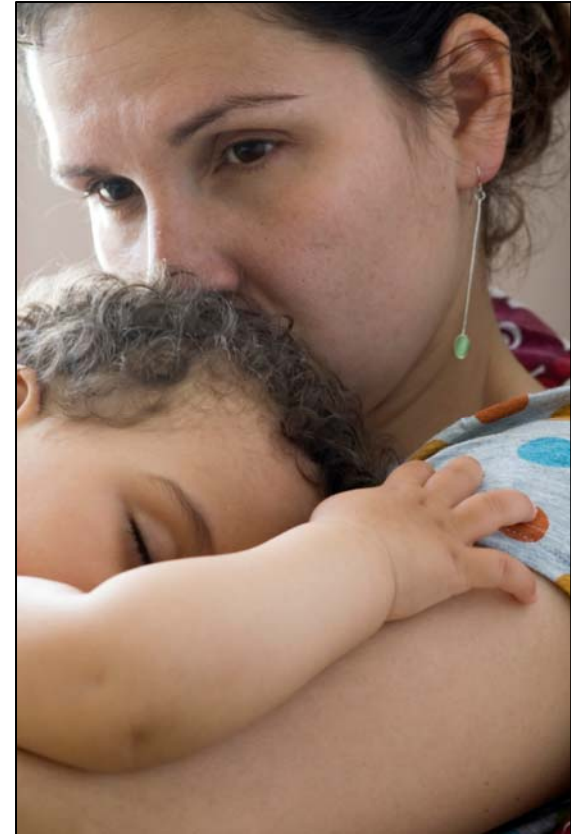
# Dad's Insurance Won't Pay

Linda had waited over two months to see an allergy specialist for her son Ian's wheezing and other allergy problems. When she arrived for the clinic appointment, she was told by the receptionist that the allergy doctor was "out of network" and she would have a higher co-pay and out of pocket expenses if her child saw this doctor. Although she was frustrated, Linda decided to see this doctor. She had heard he was a good doctor and they had waited so long to get the appointment.

The allergy doctor did some allergy skin tests in the office. He also ordered several new medications for Ian. Linda was very happy with the results of the visit and the plan of care. After the appointment Linda dropped off the new prescriptions at the pharmacy. A few hours later, Linda returned to the pharmacy to pick up the medicines. The pharmacist then told her that one of the inhalers was not covered by her insurance. He told Linda that the doctor would have to prescribe something else or write a letter of medical necessity. The other option was for Linda to pay for the medicine herself but she could not afford to do that. Linda was surprised to hear this and asked the pharmacist to call the doctor's office to find out what to do. She went home with only one of the new medicines and was not sure what would happen next.

At dinner that night, Linda and her husband Rick talked about their frustrations with the insurance plan. They had never read their insurance policy because they had not had any problems with it in the past. Rick's job had changed insurance plans last year but they did not know if this had changed their coverage. They both worried that other doctors or medications would not be paid for by their insurance.

- How can this family better understand their insurance plan and coverage?
- What can they do to get the medicine covered and plan for future medicine coverage?
- Where can they get more information about their insurance?



# What's It All About

Your child's health care can be expensive. It's important to have health care insurance. It's your responsibility to know what insurance coverage your child has. It helps to know how to get the most out of it and maximize the benefits. You need to know what public insurance options are available. You may be able to have more than one insurance plan to cover your child. Even if your child has several insurance plans, there may be things that are not covered. That's why it's important to know what is available in the community for other services and supports.

In addition to thinking about the cost of your child's care, there are other costs. You may lose income from missing work, have a higher electricity bill, or have more wear and tear on your car from traveling to and from appointments.

It's your responsibility to ask questions and look for as many resources as possible to help your child.

You need to understand your insurance plan. It's best to learn this before you need to use it. Insurance coverage can change frequently, so keep track of changes in what is covered.

Insurance policies can be confusing. When you don't understand, it's important to find people who can help explain it to you so that you do understand. There are many resources that can help you.

## **Steps to Learning about Health Benefits**

1. Describe current health insurance plan.
2. List gaps in current benefits.
3. Find other benefits and programs.
4. Apply for benefits.
5. Maximize benefits.

# Take Action

Talk with your health care provider.

## **Describe your child's current health insurance.**

Know what type of insurance your child has. Private insurance types are fee for service and managed care.

- Fee for service:
  - Usually pays for most health needs except preventative care such as check ups and shots.
  - You can choose where you go and who you see.
  - Most expensive type.
- Managed Care:
  - Health Maintenance Organization (HMO)
    - Usually pays for most care including preventative care.
    - Must get care from providers "in network."
    - Usually the least expensive type.
  - Preferred Provider Organization (PPO)
    - Insurance company pays for part of the care and you pay the rest.
    - You pay less when you use an "in network" provider.
  - Point of Service (POS)
    - Usually pays for care from an "in network" provider.
    - Only pays for part of care if you use an "out of network" provider.

Your child may have public insurance. Examples include Medicaid, SSI (Social Security Insurance), or CHIP (Children's Health Insurance Program).

Your child may have more than one type of insurance.

## **Keep a copy of the insurance policy.**

- The policy is a legal agreement. It tells what services will be covered (paid for).
- If you have private insurance, you have the right to have a copy of the policy. To get a copy ask:
  - The benefits manager if the insurance is through your job.
  - The insurance provider or agent who sold you the policy if it is an individual policy.

# Take Action

Talk with your health care provider.

## Review the insurance policy.

- Learn how your plan works before you need to use it.
- Written insurance policies are long and hard to understand.
- Use Form 9.1 Health Insurance Summary to make notes. If your child has more than one policy fill out a form for each.
- Review your insurance plan with someone to make sure you understand it. Talk with your insurance provider, your employer's benefits manager, case manager, or a resource center.

## Things to know about the insurance policy:

- Important names and contact information:
  - Insurance company general information.
  - Key people such as case manager or your benefits manager at work.
  - Group name and number.
  - Policy number.
- Insurance type such as fee for service, HMO, PPO, or POS.
- Health care that insurance pays for (benefits).
- Choice about health care providers:
  - Do you have to use providers who are "in network?"
  - Is there a cost for using "out of network" providers?
- Special permission needed before getting care or services (referrals or prior authorizations).
- Your cost for doctor visits, therapy, equipment, supplies, ER visits, hospital stays, and other services.
- Services covered for only a certain number of visits or time period (limitations).
- Health needs that are not paid for (exclusions).
- What to do if insurance does not pay for care you think should be covered.
- If the policy is renewable each year.



# Take Action

Talk with your health care provider.

## List gaps in current benefits.

Gaps are any health care needs your child has that are not covered.

- Review Form 9.1 Health Insurance Summary to find gaps in coverage. Gaps might be:
  - Exclusions, such as home nursing or leg braces that your child needs but are not covered.
  - Limitations, such as insurance only covers 20 therapy sessions per year but your child needs sessions every week.
- Determine how much money you pay each month or year for your child's health care. Include costs such as:
  - Co-payments for medicine and other treatment. For example, you may have to pay \$20 for each prescribed medicine.
  - Co-insurance. For example, if you have to pay 20 percent of each bill.
  - The cost of the policy (the premium).
  - Medical bills.
  - Out of pocket payments, such as supplements or therapies that aren't covered.
  - Other expenses, such as higher electricity bills or travel costs.

## Find other benefits and programs.

- Learn if there are other private insurance plans your child could get, such as:
  - Group plans you can get through work.
  - Individual plans you can buy.
- Use Form 9.2 Health Care Plan Worksheet to compare plans.
  - Make notes about any plans and think about your child's needs.
  - Decide which plan will best meet your child's needs.
- Talk with your benefits manager or insurance agent.
  - Even if you decide to keep the same plan, find out if there are changes from this year to next year.
  - Check that the written policy you choose meets your child's needs.
  - Ask about benefits or services that your child needs but are not in the policy.
  - Make sure you understand the limitations and exclusions.
  - Find out when the open enrollment time is, if insurance is through your job.  
Open enrollment is a time period when you can sign up for a new plan.
  - Find out when the plan has to be renewed if you buy it yourself.

# Take Action

Talk with your health care provider.

## Learn about the public benefit programs in your area.

- States have public programs for children. Programs are different in every state. Some of these public benefits are:
  - Programs for Children with Special Health Care Needs (CSHCN).
  - Birth to 3 or Early Intervention (EI).
  - Medicaid.
  - Supplemental Security Income (SSI).
  - State Children's Health Insurance Program (CHIP).
  - Health Insurance Risk Sharing Plan (HIRSP).
  - Special Education services.
  - Home and community based Medicaid waivers
- Use Form 9.3 Public Benefit Program Worksheet to compare public programs. Make notes about:
  - Name of program, address, hours, and key contact information.
  - Benefits and services.
  - How to qualify for the program (eligibility), such as rules about age, income, or medical condition.
  - Cost.
  - What you need to do to apply.
- Program eligibility may change when your child turns 18, so plan ahead.

## Apply for benefits.

Applications are often long and complicated.

- Ask for help in filling it out if you think you need it.
- Find someone who knows the public system who can help you. For example, another parent, a case manager, or nurse. Tell him or her about your child's and family's needs.
- Sending extra information will speed up the process when you apply. Send current IEP, therapy evaluations, psychological testing reports, hospital discharge summaries, clinic notes, or test results.
- Some programs have waiting lists. Apply to get on the list if you think your child might need the services at any time.
- You might need to re-apply if you are denied the first time.

## Tips for Applying for Benefits

- Make and keep copies of all paperwork.
- Keep track of who you talk to.
- You need to be the one who completes the form. Don't leave any answers blank.
- You may need to have an appointment.
- Be ready before appointments. Find out what to bring. Ask if your child needs to go to appointment with you.
- Bring completed forms to meetings.
- You will need Social Security numbers for your child.
- Ask how long it will take for the benefit to be approved.

# Take Action

Talk with your health care provider.

## Maximize benefits

### Use effective communication skills.

Most of the time you will communicate by phone with your insurance company. Before calling your insurance provider be prepared:

- Write down any questions or issues you want to discuss.
  - Gather the information you may need such as a bill, insurance card, or policy.
  - Be ready to take careful notes. Write the date, names, and phone numbers of people you talk with, and what was discussed.
  - Call when you have time. Even with a simple question, expect to spend time going through the phone menu, waiting on hold, and transferring to different people.
  - When using a phone menu, write down the numbers and what they are for. This will help if you have to call back.
- 
- Explain the main reason for your call so the person you talk with can direct your call.
  - Be friendly but assertive. Clearly explain what you need and what you expect to happen.
  - If you are not getting information you need, ask to talk with a supervisor.  
Say that you need to talk with someone who can make decisions.
  - Summarize the conversation before you hang up. Agree on the next steps and who will do what.
  - After the phone call, read over your notes to make sure they are clear and complete.

### Health Care Reform

Health insurance policies, benefits, and rules change often. For up-to-date information contact your benefits manager, insurance agent, or go to:

**[www.healthcare.gov](http://www.healthcare.gov)**

Ask your insurance company how changes in health care laws will affect your benefits. Each insurance policy may be different.



# Take Action

Talk with your health care provider.

**If you disagree with the insurance company's decision, you can file a grievance or appeal.**

Insurance companies may deny (decide not to pay for) services or treatments. This happens when they think care is not medically necessary. They may also deny paying for care that your child is already being given (duplication). If you do not agree and think they should pay then you can file a grievance or appeal.

Look at your policy. It should explain how to file a grievance or appeal. If you have questions, ask the benefits manager or the insurance company for help.

Always try to solve the problem by calling the insurance company before you file a grievance. Ask to speak with someone who can explain why the benefit was denied. Make sure the insurance company has the right information. Sometimes the benefit will be approved after talking with the insurance company. Ask them to write the exact reasons for the denial. Just writing "not medically necessary" is not enough information. Ask who made the decision and what expertise that person has. Ask where the policy says that the benefit won't be covered.

- Take good notes while you talk with the insurance company.

If a phone call does not get the service covered, then you can choose to file a grievance. To do this you must have the insurance company's denial in writing. Keep a copy of anything you send or receive about the denial.

- Read the denial letter carefully. It will say how many days you have to file a grievance. Pay attention to the timeline.
- File a grievance by writing a letter. If you need help, ask the insurance company.
- Start your grievance letter by saying what has been denied and the reason. Explain what you think will happen if your child does not get the care or treatment. Have someone look at your letter to make sure it is clear and has no mistakes. Include information from doctors, such as medical records or letters.
- The insurance company must tell you in writing that they got the letter and what will happen next.



# Take Action

Talk with your health care provider.

## **Keep track of medical bills.**

- You can use the Medical Expenses and Bills Form 9.4 to keep track of your medical expenses.
- Review each medical bill to make sure there are no mistakes.
- If your child has Medicaid and went to a Medicaid provider you cannot be billed.
- If you have insurance make sure the bill was sent to the insurance company.
- Call the provider as soon as possible with any billing questions or concerns.
- File a copy of each bill and claim form you receive .You may need them if any questions come up later.

Even if you can't pay a bill, do not ignore it. Call the provider and explain why you are having a hard time paying. Ask for:

- A payment plan. Only agree to pay an amount you can afford each month. Ask the provider to send you the payment plan in writing.
- A discount.
- Charity Care or financial assistance.
- A financial counselor or social worker who can help.

Don't use your credit card to pay bills if there's a chance your child can get Medicaid. Medicaid lets you deduct medical debt when looking at your or your child's finances. Using a credit card to pay medical bills turns those charges into credit card debt. Credit card debt cannot be used to help your child qualify for Medicaid.

## **Find ideas for paying medical bills.**

Health care is expensive and many families have a hard time paying for it. You may need some ideas for how to pay for care. Even if your family is not having a hard time paying, these ideas can still help.

Think about your whole family's costs. There may be ways to get help for all members of the family. For example, one child may have a high hospital bill and another child needs glasses. They might qualify for free glasses. You can use the money you save on glasses to pay the hospital.

Some ideas for help are listed on the next pages. There may be other programs that are not listed. Programs vary depending on the county and state where you live.

# Take Action

Talk with your health care provider.

## Ideas for saving money on health care and paying for medical bills

<p><b>Equipment and supplies</b></p> <ul style="list-style-type: none"> <li>• Formal lending and discount programs (for equipment such as bath chairs or car seats)</li> <li>• Donations from vendors or other families</li> <li>• Online sellers such as eBay, Craigslist, or medical supply stores</li> <li>• Equipment or home adaptation by college or technical school students</li> </ul>	<p><b>Free or lower cost prescription medicine</b></p> <ul style="list-style-type: none"> <li>• State may have a low cost prescription drug program</li> <li>• Ask the doctor for samples and generic form</li> <li>• Check if the medicine is part of a store discount drug program such as Walmart, Target, or Walgreens</li> <li>• Drug manufacturer</li> </ul>
<p><b>Hospitals</b></p> <ul style="list-style-type: none"> <li>• Care for children with cancer at no charge to family: St. Jude Children's Research Hospital</li> <li>• Care for spinal cord injuries, burns, bone problems and cleft lip or palate: Shriners Hospitals</li> <li>• Free or low cost care if you qualify: Hill-Burton Hospitals</li> <li>• Hospitals must give emergency care even if you are uninsured or an undocumented immigrant</li> <li>• Charity Care (also called Indigent or Free Care) Programs Scholarships or special funds for certain conditions</li> </ul>	<p><b>Travel expenses for health care</b></p> <ul style="list-style-type: none"> <li>• Free or discount airfare</li> <li>• Donated airline ticket or frequent flyer miles</li> <li>• Free travel from private pilot organizations</li> <li>• Discounted or free lodging such as Ronald McDonald House</li> <li>• Medicaid mileage reimbursement (rules differ by county)</li> </ul>
<p><b>Free or sliding scale health care</b></p> <ul style="list-style-type: none"> <li>• Community health centers</li> <li>• Clinics for specific groups: School-based, Rural, Migrant, Tribal</li> <li>• Local public health departments</li> <li>• Medical or Dental school clinics</li> <li>• Specialty clinics (such as HIV/AIDS or hemophilia)</li> </ul>	<p><b>Help and education about insurance</b></p> <ul style="list-style-type: none"> <li>• Legal aid and legal advocacy groups</li> <li>• Resource centers, financial or credit counselors at hospital or in community</li> <li>• National and local groups such as Family Voices or Mental Health of America</li> </ul>

# Take Action

Talk with your health care provider.

## More ideas for saving money on health care and paying for medical bills

<p><b>Condition-specific organizations</b></p> <ul style="list-style-type: none"> <li>• Eye exams and free glasses from New Eyes for the Needy or Vision USA</li> <li>• Medicines for some rare diseases from NORD (National Organization for Rare Disorders)</li> <li>• Leg braces from Muscular Dystrophy Association</li> <li>• Respite care or after school care from Easter Seals</li> </ul>	<p><b>Tax savings</b></p> <ul style="list-style-type: none"> <li>• Tax deductions for medical expenses (contact your local IRS office)</li> <li>• Health Savings Accounts, Health Reimbursement Accounts, Medial Savings Accounts, and Flexible Spending Accounts</li> </ul>
<p><b>Faith-based and community groups</b></p> <ul style="list-style-type: none"> <li>• Faith-based groups or agencies (such as Lutheran Social Services or Interfaith groups)</li> <li>• Service clubs (such as Rotary or Junior League)</li> <li>• Salvation Army or United Way</li> <li>• Places of worship (such as church, mosque, or temple) may help non-members</li> <li>• Community section of phone book for other groups</li> </ul>	<p><b>Financial</b> (Make sure it will not impact eligibility for public insurance or other benefits)</p> <ul style="list-style-type: none"> <li>• Ask bank or credit card companies about changing your interest rate, fees, or monthly payment</li> <li>• Fundraiser or benefit for your child's health care expenses (Some organizations help with this)</li> <li>• Second mortgage or home equity loan for home owners</li> <li>• Sell back life insurance</li> <li>• Borrow from investments</li> <li>• Borrow from family or friends</li> </ul>
<p><b>Help lines</b></p> <ul style="list-style-type: none"> <li>• 2-1-1 (in most states)</li> <li>• Maternal Child Health state hotline</li> <li>• U.S. Uninsured Help Line</li> <li>• Employee assistance program</li> </ul>	<p><b>IEP-related health services</b></p> <ul style="list-style-type: none"> <li>• School nursing</li> <li>• Therapy: physical, occupational, and speech</li> <li>• Evaluations and screenings (such as vision, hearing, or psychological)</li> <li>• Vision and hearing providers</li> </ul>

# Check Yourself



- Described my child's current health insurance plan.
- Listed gaps in current benefits.
- Found other benefits and programs.
- Applied for benefits.
- Maximized benefits.

# More Information and Resources

## General Insurance Information

- **Survivorship A to Z:** This website for families dealing with cancer and other life-long conditions explains different types of insurance such as life, disability, long-term care and health. Health care laws and paying for care are also covered. [www.survivorshipatoz.org/cancer](http://www.survivorshipatoz.org/cancer)
- **U.S. Uninsured Helpline™:** Health insurance specialists available 24 hours a day. Information for every state's public and private health care programs: 800-234-1317 or [www.coverageforall.org](http://www.coverageforall.org)
- **Healthcare.gov:** Information to find health care at this U.S. government site. Information and timelines are also included to help you stay up to date with health insurance law changes. [www.healthcare.gov/](http://www.healthcare.gov/)

## Public Insurance

- **Benefits.gov:** Information about federal and state programs at the official U.S. benefits website: [www.benefits.gov](http://www.benefits.gov)
- **Centers for Medicare & Medicaid Services (CMS):** Manages U.S. public insurance. [www.cms.gov](http://www.cms.gov) or 877-267-2323.
- **Insure Kids Now:** Helps find your state's Children's Health Insurance Program (CHIP). Families who can't afford private insurance yet earn too much to get Medicaid can buy CHIP for their kids. [insurekidsnow.gov/state](http://insurekidsnow.gov/state) or 877-543-7669
- **Pre-Existing Condition Insurance Plan:** Public plan for people who can't get insured due to a health condition. This plan will be offered until 2014 when reform laws are all in effect. [cciio.cms.gov/programs/pcip/index.html](http://cciio.cms.gov/programs/pcip/index.html)
- **Social Security Administration (SSA):** Agency managing U.S. social insurance such as SSI and SSDI. [www.ssa.gov](http://www.ssa.gov)

## Health Insurance Advocacy

- **HealthcareCoach.Com:** Tips and information for getting the most out of the health care system: [www.healthcarecoach.com](http://www.healthcarecoach.com)
- **ABC for Health:** Public law firm with advocacy tools to help families get health care: [www.safetyweb.org](http://www.safetyweb.org)
- To file a **complaint** against an insurance company in your state: [eapps.naic.org/cis/fileComplaintMap.do](http://eapps.naic.org/cis/fileComplaintMap.do)
- **PACER Center:** Information on many topics related to children with special health care needs, including appealing health plan decisions. [www.pacer.org/health](http://www.pacer.org/health)

# More Information and Resources

## Patient Assistance and Low or No Cost Care

- **Health Finder A to Z:** Links to organizations that may help pay for health care:  
<http://www.healthfinder.gov/scripts/SearchContext.asp?topic=315>
- **Community Health Centers:** Low cost or free health care, treatment, immunizations, dental care, and other services based on your income. Health centers are in most cities and many rural areas. Find health centers near you:  
<http://findahealthcenter.hrsa.gov>
- **RxAssist:** Information about free and low cost medicine programs, drug discount cards, programs offering free or low cost care:  
[www.rxassist.org/patients](http://www.rxassist.org/patients)
- **NeedyMeds:** Helps people find assistance programs to help afford medications and costs related to health care:  
[www.needymeds.org](http://www.needymeds.org)

## Mental Health

- **Mental Health America:** Information about help paying for prescriptions:  
<http://www.mentalhealthamerica.net/go/help/how-to-pay-for-treatment/prescription-assistance-programs>
- **SAMSA:** Substance Abuse and Mental Health Services Administration, Federal agency, help finding treatment for mental health or substance abuse. <http://www.samhsa.gov/treatment/?WT.ac=AD20100918FINDTREATMENT>

## Financial Information

- **National Foundation for Credit Counseling:** Free or low-cost help with debt from member agencies. Meet with credit counselors in person by calling (800) 388-2227 or online: [http://www.nfcc.org/FirstStep/firststep\\_03.cfm](http://www.nfcc.org/FirstStep/firststep_03.cfm)
- **National financial resources guidebook:** Directory of information for people seeking financial relief for needs including housing, utilities, food, transportation to medical treatment, and children's resources: <http://www.patientadvocate.org/report.php>
- **IRS Publication 502 -Medical and Dental Expenses:** Tax information about health credits and deductions:  
<http://www.irs.gov/publications/p502/index.html>

# Health Benefits Forms

<b>Form</b>	<b>How it can be used</b>
<b>Insurance Summary</b>	Use this form to review the insurance plan to help you understand the benefits.
<b>Private Insurance Plan Comparison</b>	Use this form to compare the costs and choices of two different insurance plans. If you are comparing more than two plans, use another form.
<b>Public Benefit Plan Comparison</b>	Use this form to compare public insurance plans and help you decide what is best.
<b>Medical Expenses and Bills</b>	Use this log to keep track of your family's medical expenses. If you spend a certain amount in one year they are tax deductible. Track expenses such as special seating, home changes like a wheelchair ramp, insurance copays, deductibles, premiums, and other uncovered expenses. Get the IRS booklet, "Medical and Dental Expenses," from your local IRS office or by calling 1-800-829-3676
<b>Medical Mileage Log</b>	Use this form to keep track of travel expenses such as mileage and other expenses.



## Health Insurance Summary

*Use this form to review the insurance plan to help you understand the benefits.*

### Insurance Company Contact Information

Company name:		
General information phone:		Website:
Insurance company address:		
Case manager or other contact:	Phone:	Email:
<input type="checkbox"/> Primary Insurance (Gets billed first.) <input type="checkbox"/> Secondary Insurance (Gets billed after primary.)		

### Insurance Policy Information (How my child gets insurance.)

Group plan through work.  
 Group plan through an organization such as a labor union or professional group.  
 Individual plan bought from insurance agent or insurance company.  
 Name of Policy Holder: \_\_\_\_\_

### Group Plan

Group Name:	Insurance Agency Name:
Group Number:	Phone:
Benefits Manager:	Insurance Agency Contact:
Phone:	Phone:
Email:	Email:
Fax:	Fax:

Open Enrollment Dates (Time period each year to change insurance.): \_\_\_\_\_

Who decides to renew the plan each year?

I decide to renew the plan. The insurance company can't cancel it.  
 The insurer. They can cancel the plan.  
 Renewal date: \_\_\_\_\_

### Type of Insurance

Managed care organization      Fee for Service      Other  
 HMO (Health Maintenance Organization)  
 PPO (Preferred Provider Organization)  
 POS (Point of Service)

### Out of Pocket Costs

Premium:     My employer pays.     I pay \$\_\_\_\_\_ every \_\_\_\_\_.

Comes out of paycheck.    Due date each month: \_\_\_\_\_  
 None.     For certain services.

Copay for: Office visit: \$\_\_\_\_\_ Hospital stay: \$\_\_\_\_\_ Emergency care: \$\_\_\_\_\_

Urgent care: \$\_\_\_\_\_ Medicine: \$\_\_\_\_\_ (generic), \$\_\_\_\_\_ (name brand)

Other, such as equipment, supplies, nursing care, or therapy: \$\_\_\_\_\_

### Deductible

None.     I have to pay a certain amount before the insurance starts paying.  
 Deductible for each person: \$\_\_\_\_\_    Deductible for entire family: \$\_\_\_\_\_

### Co-Insurance

None.     I pay part of the health care bill. (I pay the deductible first if I have one.)  
 Co-insurance depends on where I go:  
 \_\_\_\_\_ % for "In Network" care.    \_\_\_\_\_ % for "Out of Network" care.

Co-insurance for certain treatments. I pay \_\_\_\_\_% for \_\_\_\_\_.

**Annual Out of Pocket Limit**

None.  \$\_\_\_\_\_ is the most I will have to pay in 1 year. After that the insurance will pay for all medically necessary care until next year. I may still have copays.

**Lifetime Maximum**

None.  \$\_\_\_\_\_ is the most my insurer will ever pay for one person's care.

**Referrals, PAs (Prior Authorizations), and Notification**

Must have a primary care doctor?  No.  Yes.

Need referrals from primary doctor?  No.  Yes.

Referral needed for:

Need PA (Prior Authorization)  No.  I need a PA for:  Elective surgery,  Therapy,  Other, such as certain drugs:

Need to tell when services are used (Notification):  No.  Must tell insurance about:

Emergency care within \_\_\_\_\_ hours;  Hospital stays within \_\_\_\_\_ hours.

<b>Benefits</b>			
<b>Preventative Care</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>
Doctor check-ups, well child care	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> Yes, _____%
Shots (immunizations)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> Yes, _____%
Vision and hearing tests	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> Yes, _____%
Routine tests (x-rays, blood or urine tests)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> Yes, _____%
Wellness (such as gym membership)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Other preventative care	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
<b>Dental</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>
Regular dental checkup	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Dental care in hospital or with anesthesia	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Dental care for an injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
TMJ (jaw) treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Orthodontic treatment (braces, retainer)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Other dental care	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
<b>Care for health problems</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>
Doctor visits when sick	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Specialty doctor visits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Second opinions	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%
Tests for health problems (lab tests)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%

Hospital stays	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Outpatient hospital visits (clinic, day surgery)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Surgery	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Prosthetics, braces (orthotics), casts	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Transplants	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other health problem care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Emergency care</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>	<b>Notes</b>
Emergency room visits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Urgent care visits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Ambulance	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other emergency care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Therapies</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>	<b>Notes</b>
Physical therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Speech therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Occupational therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Chiropractic services	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Home Care</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>	<b>Notes</b>
Private duty nursing	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Providers in the home, home health aides, respiratory therapist	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Durable medical equipment (DME)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Medical supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Oxygen	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other care (dialysis, growth hormone)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	

Out of Home Care	Covered?	Copay?	Coinsurance?	Notes
Skilled nursing facility	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Hospice	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other out of home care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Mental Health and Drug Use (alcohol or chemical dependency)</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>	<b>Notes</b>
Inpatient care at behavioral health hospital	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Individual therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Group therapy	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Transitional care (residential or partial hospitalization)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Medicine for drug or tobacco use	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Grief counseling	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other mental health and drug use care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Out of area care</b>	<b>Covered?</b>	<b>Copay?</b>	<b>Coinsurance?</b>	<b>Notes</b>
Emergency or Urgent Care visits	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Routine care for dependent students	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Mental health services for dependent students	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
Other out of area care	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes, \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____%	
<b>Exclusions and Limitations (Things insurer won't pay for or will only pay in some situations.)</b>				
<b>Riders (Things added to or taken away from the insurance plan.)</b>				
<b>Denials, Grievances, and Appeals</b>				
If I disagree with a decision the insurer makes I must do these things: <input type="checkbox"/> Tell them within _____ days. <input type="checkbox"/> In writing. <input type="checkbox"/> By phone. Address: Phone:				

## Private Insurance Plans: What's the Difference?

Use this form to compare the costs and choices of two different insurance plans. If you are comparing more than two plans, use another form.

Type of Coverage	Plan 1	Plan 2
Company name Plan name		
Insurance type	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Fee for service <input type="checkbox"/> other	<input type="checkbox"/> PPO <input type="checkbox"/> POS <input type="checkbox"/> HMO <input type="checkbox"/> Fee for service <input type="checkbox"/> other
<b>Costs</b>		
Premium (Amount you pay)	\$ _____	\$ _____
Annual Deductible	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Individual \$ _____ <input type="checkbox"/> Family \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Individual \$ _____ <input type="checkbox"/> Family \$ _____
Co-insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Same cost for all care _____% <input type="checkbox"/> Costs less for in network care: <input type="checkbox"/> In network _____% <input type="checkbox"/> Out of network _____%	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Same cost for all care _____% <input type="checkbox"/> Costs less for in network care: <input type="checkbox"/> In network _____% <input type="checkbox"/> Out of network _____%
Co-payment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Therapy \$ _____ <input type="checkbox"/> Doctor visits \$ _____ <input type="checkbox"/> Emergency room visits \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Therapy \$ _____ <input type="checkbox"/> Doctor visits \$ _____ <input type="checkbox"/> Emergency room visits \$ _____
Annual out of pocket limit (Stop loss)	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
Lifetime limit	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes \$ _____
<b>Choices</b>		
Has network of doctors, hospitals, or clinics	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
May go to out of network providers	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current providers are in network	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but costs more	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Yes, but costs more
Pays for out of network care	<input type="checkbox"/> No, except in emergencies <input type="checkbox"/> Yes, but costs more <input type="checkbox"/> Yes, pays for all	<input type="checkbox"/> No, except in emergencies <input type="checkbox"/> Yes, but costs more <input type="checkbox"/> Yes, pays for all
Referrals needed for care and treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Costs more without referral	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Costs more without referral

Type of Coverage	Plan 1	Plan 2
Drug formulary (List of drugs that health care plan will pay for.)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Co-pay depends on drug (Tiered) generic \$_____ brand \$_____ Other:  Mail order pharmacy <input type="checkbox"/> No <input type="checkbox"/> Yes copay \$_____ <input type="checkbox"/> Pays for non-formulary drugs when medically necessary <input type="checkbox"/> Cost each month for all medicines: \$_____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Co-pay depends on drug (Tiered) generic \$_____ brand \$_____ Other:  Mail order pharmacy <input type="checkbox"/> No <input type="checkbox"/> Yes copay \$_____ <input type="checkbox"/> Pays for non-formulary drugs when medically necessary <input type="checkbox"/> Cost each month for all medicines: \$_____
Pre-authorization needed	<input type="checkbox"/> No <input type="checkbox"/> Yes, for: <input type="checkbox"/> hospital stays <input type="checkbox"/> surgery <input type="checkbox"/> therapy <input type="checkbox"/> some medicine <input type="checkbox"/> some testing	<input type="checkbox"/> No <input type="checkbox"/> Yes, for: <input type="checkbox"/> hospital stays <input type="checkbox"/> surgery <input type="checkbox"/> therapy <input type="checkbox"/> some medicine <input type="checkbox"/> some testing
<b>Benefits and Exclusions</b>		
Dental care	<input type="checkbox"/> Includes check-ups <input type="checkbox"/> Only when problem is due to medical condition	<input type="checkbox"/> Includes check-ups <input type="checkbox"/> Only when problem is due to medical condition
Vision (eye sight) and Hearing	<input type="checkbox"/> Exams <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing aids	<input type="checkbox"/> Exams <input type="checkbox"/> Glasses <input type="checkbox"/> Hearing aids
Hospital stays	<input type="checkbox"/> Any hospital <input type="checkbox"/> In network hospital only <input type="checkbox"/> Extra deductible for hospitalizations \$_____ <input type="checkbox"/> Limits number of days per year _____ <input type="checkbox"/> Limits cost per year \$_____	<input type="checkbox"/> Any hospital <input type="checkbox"/> In network hospital only <input type="checkbox"/> Extra deductible for hospitalizations \$_____ <input type="checkbox"/> Limits number of days per year _____ <input type="checkbox"/> Limits cost per year \$_____
Emergency	<input type="checkbox"/> Yes, no extra cost <input type="checkbox"/> Yes, with extra out of pocket cost \$_____ <input type="checkbox"/> Urgent Care costs less	<input type="checkbox"/> Yes, no extra cost <input type="checkbox"/> Yes, with extra out of pocket cost \$_____ <input type="checkbox"/> Urgent Care costs less
Therapy (PT, OT, speech)	<input type="checkbox"/> No <input type="checkbox"/> Yes, with no limits <input type="checkbox"/> Yes, with limits (explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes, with no limits <input type="checkbox"/> Yes, with limits (explain)
Home health care services	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Any agency <input type="checkbox"/> In network agency Home health covers: <input type="checkbox"/> Skilled care only <input type="checkbox"/> Skilled care and homemaker services. <input type="checkbox"/> Number of days or visits limited <input type="checkbox"/> Exclusions: (explain)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Any agency <input type="checkbox"/> In network agency Home health covers: <input type="checkbox"/> Skilled care only <input type="checkbox"/> Skilled care and homemaker services. <input type="checkbox"/> Number of days or visits limited <input type="checkbox"/> Exclusions: (explain)
Home equipment and supplies	<input type="checkbox"/> No <input type="checkbox"/> Yes Out of pocket cost \$_____	<input type="checkbox"/> No <input type="checkbox"/> Yes Out of pocket cost \$_____

Type of Coverage	Plan 1	Plan 2
Out of home care or placement	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Limits number of days per year _____ <input type="checkbox"/> Limits cost per year \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Limits number of days per year _____ <input type="checkbox"/> Limits cost per year \$ _____
Mental health and chemical dependency (Counseling, drug or alcohol treatment)	<p>Outpatient</p> <input type="checkbox"/> Covered for any provider <input type="checkbox"/> Must see certain type of provider <input type="checkbox"/> Limits number of visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____	<p>Outpatient</p> <input type="checkbox"/> Covered for any provider <input type="checkbox"/> Must see certain type of provider <input type="checkbox"/> Limits number of visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____
Complimentary and alternative medicine (Acupuncture, bio-feedback, other treatments)	<p>Inpatient</p> Covered: <input type="checkbox"/> No <input type="checkbox"/> Yes. <input type="checkbox"/> Need pre-authorization <input type="checkbox"/> Limits number of days/visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____	<p>Inpatient</p> Covered: <input type="checkbox"/> No <input type="checkbox"/> Yes. <input type="checkbox"/> Need pre-authorization <input type="checkbox"/> Limits number of days/visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____
Chiropractic care	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Limits number of visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Limits number of visits per year _____ <input type="checkbox"/> Limits cost per year \$ _____
Patient assistance and wellness benefits	<input type="checkbox"/> Health Coach or Case Manager <input type="checkbox"/> Personal Nurse <input type="checkbox"/> 24 hr nurse line <input type="checkbox"/> Disease management service <input type="checkbox"/> Wellness benefit	<input type="checkbox"/> Health Coach or Case Manager <input type="checkbox"/> Personal Nurse <input type="checkbox"/> 24 hr nurse line <input type="checkbox"/> Disease management service <input type="checkbox"/> Wellness benefit
Out of area care (While traveling or for adult children who live away)	<input type="checkbox"/> No coverage outside of home area <input type="checkbox"/> Anywhere in the United States <input type="checkbox"/> Anywhere in the world. <input type="checkbox"/> Emergency charges outside the United States	<input type="checkbox"/> No coverage outside of home area <input type="checkbox"/> Anywhere in the United States <input type="checkbox"/> Anywhere in the world. <input type="checkbox"/> Emergency charges outside the United States
Guaranteed renewal	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
For more information	Contact: Website:	Contact: Website:

## Public Insurance Plans: What's the Difference?

*Use this form to look at different public insurance plans and help you decide what is best for your family.*

Coverage	Plan 1	Plan 2	Plan 3
Name of Program			
What does it offer?			
What are eligibility rules?			
Is child eligible?			
How do you apply?			
How do you renew the plan?			
Contact person			
Where to get information?			



## Medical Expenses and Bills

Year: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

*Use this log to keep track of your family's medical expenses. If you spend a certain amount in one year they are tax deductible. Track expenses such as special seating, home changes like a wheelchair ramp, insurance copays, deductibles, premiums, and other uncovered expenses.*

Date	Expense <i>type of care or medical item</i>	Provider	Note	How Paid	Receipt? <i>If yes, write where the receipt is.</i>	Cost
<b>Total Cost</b>						

# Medical Mileage Log

Child's Name: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

*Use this form to keep track of travel expenses such as mileage and other expenses.*

Date	Travel From	Travel To	Reason for Travel	Total Miles Traveled	Federal Mileage Rate	Miles X Federal Rate	Other Expenses	Total Cost
<b>Total Miles</b>					<b>Total Cost</b>			