



# MY HEALTH COVERAGE AT-A-GLANCE



## PLAN INFORMATION:

<b>Plan name</b> <input type="text"/>	<b>Group number</b> <input type="text"/>	<b>Member ID number</b> <input type="text"/>
<b>Website</b> <input type="text"/>	<b>Phone number</b> <input type="text"/>	<b>Other</b> <input type="text"/>

## KNOW WHAT YOU PAY FOR CARE:



**PREMIUM:** The payment you make to a health insurance company or plan for your coverage. This is usually paid each month to keep your coverage.

**Cost**



**DEDUCTIBLE:** The amount you pay for health care services before your health plan begins to pay.

**Cost**

Services I can get before I meet my deductible. This includes preventive services, like flu shot, pap test, and colorectal cancer test, etc.



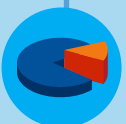
**COPAYMENT (COPAY):** A set amount you pay for a medical service or supply. There may be different costs for a doctor's visit, hospital outpatient visit, or prescription.

**Primary care copay**

**Specialist copay**

**Prescription copay**

**Hospital copay**



**COINSURANCE:** A portion you pay as your share of the cost for services after you pay any deductibles.

**Primary coinsurance**

**Specialist coinsurance**

**Prescription coinsurance**

**Hospital coinsurance**



**OUT-OF-POCKET MAXIMUM:** The most you pay before your plan starts to pay 100% for covered services in a plan year.

**Out-of-pocket maximum**

Enter current maximum and note if it includes deductible and other costs.



**PREVENTIVE SERVICES:** Routine health care screenings, check-ups, and vaccines. For example, flu shots, depression screenings, and blood pressure tests.

**Cost**

\$0 (for most plans, adjust if needed)

## KNOW WHERE TO GO FOR CARE:

Cost tip: Services usually cost less if you use in-network providers. These are facilities, providers, and suppliers your plan has agreed to use to offer services. To find out who is in-network, check the plan directory and ask your provider's office.



**PRIMARY CARE PROVIDER:** The main provider (often a doctor) you see first for most health problems. This could be a private practice, community clinic, or other place. Go to this provider for preventive services, prescriptions or other health questions.

**My provider's name**

**My provider's phone number**



**SPECIALISTS:** A physician who focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area.

**My specialist's name**

**My specialist's phone number**



**PHARMACY:** A store where prescriptions are given and sold. To fill prescriptions, find a pharmacy that's in-network. This way you won't pay as much. See the plan directory or check with your local pharmacy.

**My pharmacy's address**

**My pharmacy's phone number**



### **EMERGENCY DEPARTMENT (ED OR ER):**

The ED in your local hospital is where you would receive service for an illness, injury, symptom, or condition so serious that a reasonable person would seek care and treatment right away to keep the condition from getting worse.

**My local hospital's address**

**My local hospital's phone number**

## DATES TO REMEMBER AND OTHER NOTES

Review your plan each year before Open Enrollment and contact your plan with any life changes (like getting married or having a baby) or any changes in contact information. For more information on how to get started go to the [5 Ways to Make the Most of Your Health Coverage](#).

**Premium due date**

**Renewal date/other**

**Other information**

For more information and a glossary of terms, visit [go.cms.gov/c2c](https://www.go.cms.gov/c2c) to read the *Roadmap to Better Care*.

