

KNOW BEFORE YOU CHOOSE

Gather this important information for each plan you are considering.

Check the [Glossary of Common Health Insurance Terms](#) for help with definitions.

Compare health insurance plans using the [Plan Comparison Checklist](#).



GET READY

Before you begin, have this information at hand

- Names of your doctors, CF care center, and the laboratories and pharmacies you use
- Current prescriptions, including dosages and usual costs
- Health services you get now or may need in the coming year (e.g., home health care, durable medical equipment, supplies, transplant, other)



GET ANSWERS

Provider network

- Are your doctors, laboratory, care center, and pharmacies in the plan's network?
- What are the plan's policies for using a provider outside the network?

Drug formulary

- Are all of your medications on the plan's formulary?
- Does the plan have any coverage restrictions, such as prior authorization, quantity limits, limited distribution, or step therapy?
- If the plan does not cover a medication, does it cover another acceptable drug, such as a generic option, that will work?

Type of plan

- What type of plan is it: Health Maintenance Organization (HMO), Preferred Provider Organization (PPO), Point of Service (POS), or Exclusive Provider Organization (EPO)?
- Does the plan require a referral to see a specialist?

Will you need coverage for...



- | | |
|----------------------------|------------------------------|
| Mental health services? | CF-related diabetes? |
| Home health care? | Transplant evaluation? |
| Durable medical equipment? | Surgery? |
| Medical supplies? | Hospitalizations? |
| Emergency services? | Prenatal and maternity care? |

Benefits

- Do you have a copy of the plan's summary of benefits and coverage (SBC)?
- What benefits does the plan include?
- Does the plan cover the services you currently use or might need in the coming year?
- What services are not covered?

Costs

- What is the monthly premium?
- How much is the annual deductible?
- Is there a separate deductible for prescription medications? If so, how much?
- What is the annual maximum you can pay out of pocket?
- What is the copay/coinsurance for:
 - PCP office visit?
 - Diagnostic testing?
 - Hospitalizations?
 - Home health care?
 - Specialist office visit?
 - Outpatient facility fee?
 - Mental health services?
 - Durable medical equipment?
 - Other?
- What is the copay/coinsurance for each of your medications?
- Does the plan allow copay assistance amounts to be applied to the deductible and out-of-pocket maximums?
- How much will you have to pay if you use an out-of-network provider?



CONNECT WITH COMPASS

CF Foundation *Compass* case managers can help you choose a health insurance plan that works for you. Call 844-COMPASS (844-266-7277) or email compass@cff.org.



COMPASS[®]
CYSTIC FIBROSIS FOUNDATION