



ROADMAP TO GETTING HEALTH CARE



LEARN HOW TO:



Use your
health plan



Find
providers



Make
appointments



Plan for
visits



Getting started

This Roadmap to Getting Health Care is designed to help you understand your health coverage, find the right care, and make the most of your benefits. Inside, you'll learn how to use your health plan, choose providers, schedule appointments, and prepare for visits. The guide also explains key terms, offers practical tips, and shares resources to help you confidently manage your health and get the care you need. Read it from start to finish or jump to a specific step for quick reference.

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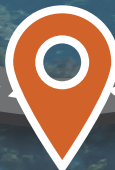
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Your path to getting health care

STEP 1: Understand your health coverage

- Check with your health plan to see what services are covered (it may be in your plan's handbook or website).
- Understand what you'll have to pay, including premiums, deductibles, copayments, and coinsurance.
- Know the difference between in-network and out-of-network care.
- Know where to find cost and coverage information, including using your health plan's website or portal and reviewing your Explanation of Benefits (EOB) statements.



STEP 2: Know where to go for care

- Primary care: for regular, non-urgent care, like a cold or an annual physical.
- Emergency department: for emergencies and life-threatening situations, like a high fever or heart attack.
- Urgent care: for when you can't wait to see your primary care provider, like developing a bad rash over the weekend.



STEP 3: Find a provider

- Find a provider in your plan's network by calling your plan or checking their website.
- Look for a provider who's taking new patients and in-network with your insurance.
- Contact your health plan if they assigned you to a provider, and you want to change.



STEP 4: Make an appointment and plan for your visit

- When you make your appointment, ask if they accept your insurance and how you can pay any out-of-pocket costs.
- If needed, ask if the office can provide a translator or any disability accommodations you need.
- Gather what you need to take to your appointment, like your insurance card, a list of the medications you take, and any questions or concerns you want to discuss.
- During your visit, ask questions and make sure you understand your next steps.
- Bring someone with you if you need help asking questions or remembering information.





STEP 1: Understand your health coverage

Knowing how to use your health coverage is an important step to better health and well-being. You or your family may have health coverage through:

- Your employer, either directly or through a private insurance company
- A Marketplace plan through HealthCare.gov
- A health insurance policy purchased directly from a private insurance company
- Medicare
- Medicaid
- Children's Health Insurance Program (CHIP)
- Other coverage sources

Health coverage generally pays for screenings and other preventive services, provider services, medicines, hospital care, and special equipment when you're sick.

Most coverage includes vaccinations for children and adults, annual checkups, and more, with no out-of-pocket costs. Keep your coverage by paying your monthly premiums (if you have them).

**COST TIP**

You have the right to get cost information. Many employer health plans and commercial health insurance plans must:

- Make information about the costs of covered items and services available. If you need cost information, ask your plan how to find it.
- Give you real-time information about your out-of-pocket costs.

Health plans differ, so it’s important to understand the details of your coverage, including:

- The providers in your plan’s network
- The services your plan covers
- Out-of-pocket costs for each visit when you’re in-network and out-of-network
- Out-of-pocket costs for your prescription drugs

Ask your health plan for a “Summary of Benefits and Coverage.” It outlines what your health insurance plan covers, your out-of-pocket costs (like deductibles and copayments), and coverage limitations. Visit [HealthCare.gov/health-care-law-protections/summary-of-benefits-and-coverage](https://www.healthcare.gov/health-care-law-protections/summary-of-benefits-and-coverage) to learn more.

Here are some terms related to your health plan:

A **premium** is the periodic payment to your health care or prescription drug plan for health or drug coverage. You and/or your employer usually pay it monthly, quarterly, or yearly. Your premium isn’t included in your deductible, copayment, or coinsurance. If you don’t pay your premium, you will lose your coverage.

A **network** is the group of providers your health plan has contracted with to provide health care.

- Contact your health plan to find out which providers are “in-network.” These providers may also be called “preferred providers” or “participating providers.”
- If a provider is “out-of-network,” it might cost you more to see them.
- Networks can change. Check with your provider each time you make an appointment to find out how much you’ll have to pay.

Your **deductible** is the amount you pay for covered services before your health plan begins to pay.

EXAMPLE: If you have a \$1,000 deductible, you’ll pay \$1,000 out-of-pocket for health care services before your plan starts to pay.

After you pay your deductible, you usually pay a copayment or coinsurance for covered services, and your health plan pays the rest. Some preventive care is available without a copayment or coinsurance, even before you pay the deductible.

Preventive care helps you avoid developing health problems and detects illness at an early stage, when treatment is likely to work best. Preventive care includes screenings, check-ups, and patient counseling to help prevent illnesses, diseases, or other health problems. Visit [HealthCare.gov/coverage/preventive-care-benefits](https://www.healthcare.gov/coverage/preventive-care-benefits) to learn more.

Your **coinsurance** is the amount you may be required to pay as your share of the cost for benefits after you pay any deductibles, and it can vary depending on your health plan and the type of service you get.

EXAMPLE: Your provider charges \$100 for an office visit (as allowed under their contract with your health plan). If you’ve met your deductible, your 20% coinsurance payment would be \$20. The health plan pays the other 80%.

Your **copayment**, also called copay, is a fixed amount you may be required to pay as your share of the cost for benefits after you pay any deductibles. A copayment is a fixed amount, like \$30.

EXAMPLE: Your provider charges \$100 for an office visit (as allowed under their contract with your health plan). Your copay is \$30. If you’ve paid your deductible, then you pay \$30, usually at the time of your visit.

You can have different copayments for different services within the same plan, like drugs, lab tests, and specialist visits. Generally, plans with lower monthly premiums have higher copays. Plans with higher monthly premiums usually have lower copays.

The **out-of-pocket maximum**, also called the out-of-pocket limit, is the most you pay for covered services in a plan year. After you spend this amount on deductibles, copays, and coinsurance, your plan pays 100% of your covered health services for the rest of the year.

The out-of-pocket maximum doesn’t include:

- Your monthly premium
- Anything you spend on services your plan doesn’t cover
- Out-of-network services (some plans have a separate out-of-pocket maximum for out-of-network services)
- Costs above the allowed amount for a service that a provider may charge, where legally permitted



Your health plan will send you an [Explanation of Benefits \(EOB\)](#) after you visit a provider or get a service. It isn't a bill. It's a record of the care you got and how much your provider charged your health plan. Go to page 12 to learn more about your EOB.

If you have to pay more for your care, you'll get a bill from your provider.

Your insurance card

Your health plan likely sent you an insurance card with important information about your coverage. Hold on to it. You'll need it when you go to a provider or if you call your health plan to ask a question.

Your card may look different from the one on the next page, but it should have the same type of information. Some health plans don't provide cards, but will give you this information another way.

Contact your plan if you didn't get a card (or the information that would be on a card) or you have questions about that information.

Your card may include:

1. Member Name
This is usually printed on your card. It's usually your name or the name of the policyholder.

2. Member Number
This number is used to identify you. It tells your provider how to bill your health plan. If your spouse or children are also on your coverage, your member numbers may look very similar.

3. Group Number
This number is used to track the specific benefits your plan offers.

4. Copayment
These are the amounts that you will owe when you get health care, after you pay your deductible.

5. Phone Numbers
This is the number to call your health plan if you have questions about finding a provider or what your coverage includes.

6. Plan Type
Your card might have a label like Health Maintenance Organization (HMO) or Preferred Provider Organization (PPO) to describe the type of plan you have. These labels tell you what type of network your plan has.

7. Prescription Copayments
These are the amounts that you will owe for each prescription, after you pay your deductible.

**Insurance Company**

Member Name: Jane Doe **1**

Member Number: XXX XXX XXXX **2**

Group Number: XXX XXX XXXX **3**

Plan Type: HMO **6**

Effective Date: 1/1/21

Primary Care Provider (PCP) Copay: \$15.00

Specialist Copay: \$25.00

Emergency Room Copay: \$25.00 **4**

Member Service: 800 XXX XXXX **5**

Prescription Group #: 123456789

Prescription Copay: \$15.00 Generic
\$25.00 Name brand **7**

PREVENT FRAUD

If someone else uses your insurance card or member number to get prescription drugs or medical care for anyone other than you, they’re committing fraud. Help prevent health care fraud.



Never let anyone else use your insurance card.



Keep your personal information safe. Guard your card like a credit card.



Call your health plan right away if you lose your insurance card or suspect fraud.

Questions to help you understand your costs

It’s important to understand what you may need to pay when you get care. The questions below can help you better understand your costs. Contact your health plan for help if you don’t know the answers to these questions.

- How much will I have to pay for a primary care visit? A specialist visit? A behavioral health visit?
- Would I have to pay a different amount if I see an “in-network” or “out-of-network” provider?
- How much do I have to pay for prescription drugs?
- Are there limits on the number of times I can go to a specific type of provider?
- How much will it cost me to go to the emergency room if it’s not an emergency?
- What’s my deductible?
- Do I need a referral to see a specialist?
- What services aren’t covered by my plan?

Example of costs

Below are examples of how your health plan might use the terms discussed in this section to explain your health plan’s coverage.

Managing type 2 diabetes (1 year of routine maintenance of a well-controlled chronic condition)	Having a baby (normal delivery)																																																
• Amount owed to providers: \$5,400 • Plan pays: \$3,520 • Patient pays: \$1,880 Sample care costs: <table><tr><td>Prescriptions</td><td>\$2,900</td></tr><tr><td>Medical equipment and supplies</td><td>\$1,300</td></tr><tr><td>Office visits and procedures</td><td>\$700</td></tr><tr><td>Education</td><td>\$300</td></tr><tr><td>Laboratory test</td><td>\$100</td></tr><tr><td>Vaccines and other preventive services</td><td>\$100</td></tr><tr><td>Total</td><td>\$5,400</td></tr> Patient pays: <table><tr><td>Deductibles</td><td>\$800</td></tr><tr><td>Copays</td><td>\$500</td></tr><tr><td>Coinsurance</td><td>\$580</td></tr><tr><td>Total</td><td>\$1,880</td></tr></table></table>	Prescriptions	\$2,900	Medical equipment and supplies	\$1,300	Office visits and procedures	\$700	Education	\$300	Laboratory test	\$100	Vaccines and other preventive services	\$100	Total	\$5,400	Deductibles	\$800	Copays	\$500	Coinsurance	\$580	Total	\$1,880	• Amount owed to providers: \$7,540 • Plan pays: \$5,490 • Patient pays: \$2,050 Sample care costs: <table><tr><td>Hospital charges (mother)</td><td>\$2,700</td></tr><tr><td>Routine obstetric care</td><td>\$2,100</td></tr><tr><td>Hospital charges (baby)</td><td>\$900</td></tr><tr><td>Anesthesia</td><td>\$900</td></tr><tr><td>Laboratory test</td><td>\$500</td></tr><tr><td>Prescriptions</td><td>\$200</td></tr><tr><td>Radiology</td><td>\$200</td></tr><tr><td>Vaccines and other preventive services</td><td>\$40</td></tr><tr><td>Total</td><td>\$7,540</td></tr> Patient pays: <table><tr><td>Deductibles</td><td>\$700</td></tr><tr><td>Copays</td><td>\$30</td></tr><tr><td>Coinsurance</td><td>\$1,320</td></tr><tr><td>Total</td><td>\$2,050</td></tr></table></table>	Hospital charges (mother)	\$2,700	Routine obstetric care	\$2,100	Hospital charges (baby)	\$900	Anesthesia	\$900	Laboratory test	\$500	Prescriptions	\$200	Radiology	\$200	Vaccines and other preventive services	\$40	Total	\$7,540	Deductibles	\$700	Copays	\$30	Coinsurance	\$1,320	Total	\$2,050
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Your health plan website or portal

Your health plan should have a website or portal that gives you more details about your coverage and health care. You may be required to sign in to create an account with this website, especially if it offers personalized information. This website lists which providers are in your network. You may also be able to use the website to make appointments with your provider.

Your Explanation of Benefits (EOB)

After each visit to a provider or health care service, your health plan will send you an EOB. An EOB is NOT A BILL. It shows what was billed, what your plan covered, and what you **may** need to pay. You may get a separate bill from the provider.

You can use your EOB to track how you and your family use your coverage. Reviewing your EOB is a simple way to stay informed about your health care costs.

Important! Review your EOB notice and check it for mistakes. Contact your plan if you have questions or find mistakes. **If you suspect fraud**, call the fraud hotline or the Member Services phone number printed on your insurance card.

For Medicare fraud, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048. You can also visit [Medicare.gov/basics/reporting-medicare-fraud-and-abuse](https://www.medicare.gov/basics/reporting-medicare-fraud-and-abuse) for more reporting options.



QUICK TIP

Contact your health plan if you have questions about your EOB.

Pay your bills

Pay your bills and keep all paperwork in a safe place. Some providers won’t see you if you have unpaid bills. You may be able to pay your bills online or over the phone—this depends on your health plan and coverage.

Appeals

If you disagree with a coverage or payment decision by your health plan, you may be able to file an appeal. If you think you were charged for tests or services your health

plan should pay for, keep the bill. Call your health plan right away. Health plans have call and support centers to help.

If your plan denies a medical bill claim or gets your cost-sharing amount wrong, you can also ask for an independent external review. Your plan’s denial letter will explain how to request this review, or you can call your plan and ask for the external review process.





STEP 2: Know where to go for care

Many people get routine care and preventive services from a primary care provider. You can find primary care providers in offices, clinics, and health centers nationwide. Depending on your coverage and where you live, you might find a primary care provider in:



Doctor's
offices



Urgent
care centers



Outpatient
clinics



Federally qualified
health centers



Community clinics
and free clinics



School-based
health centers



Indian Health Service,
tribal, and urban Indian
health program facilities



Veterans Affairs
medical centers and
outpatient clinics

Primary care providers work with you to help you get the right preventive care, manage any chronic conditions, and improve your health. Some places may offer community-based services and support, behavioral health care, dental and vision services, transportation, and language translation.

Know before you go

Not all providers and facilities take all types of health plans, so check with the office before your appointment to make sure they take your health plan. There are also important differences between visits to your primary care provider and visits to the emergency department. These include cost, time spent waiting for care, and follow-up.

Differences between your primary care provider’s office and the emergency department:

Primary Care Provider	Emergency Department
You'll pay your primary care copay, if you have one.	You'll likely pay a copay, coinsurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency.
You go for routine wellness check-ups and non-urgent illnesses.	You should go when you're injured or very sick.
You generally call ahead to make an appointment.	You show up when you need to and wait until they can get to you.
You may have a short wait after you arrive, but you'll usually be treated around your appointment time.	You may wait for several hours before you're treated if it's not an emergency.
You'll usually see the same provider each time. The provider usually gets to know you and your health history.	You'll see the provider who is working that day. The provider may not know your health history or have access to your health records.
Your provider works with you to take care of your health care concerns, chronic conditions, and your overall health.	The provider may not know what chronic conditions you have and may only treat the emergency, not your other health issues.
If you need to visit other providers or manage your care, your primary care provider can help you make a plan, get your medicines, and find specialists.	When your visit is over, you'll get discharge instructions to follow up with your primary care provider. There may not be any follow-up support.

NEED HELP WITH AN EMERGENCY?

Call 9-1-1 if you have an emergency or life-threatening situation.

What about urgent care?

You may consider an urgent care center when you have a health concern that can't wait for an appointment with your primary care provider but isn't a medical emergency. Call your health plan before you go to find out how much you'll have to pay. Urgent care centers may offer flexible hours and walk-in visits, and can handle many sick visits and other types of care. However, urgent care usually has a higher copay or coinsurance than a provider's office, and you may not see the same provider each time. You can share medical records from urgent care visits with your primary care provider, so they have all of your health information.





STEP 3: Find a provider

Choosing the right provider is one of the most important decisions you'll make about your health care.

What's a provider?

A provider is any health care professional you may see for care. This may be a doctor, nurse practitioner, physician assistant, behavioral health professional, or another health care professional.

Choose someone you can trust and work with to improve your health. Depending on your health care needs, you may need to visit more than one type of provider or specialist.

Differences between your primary care provider and a specialist:

Primary Care Provider	Specialist
Your first stop for most health concerns. Your primary care provider is your main point of contact for your health and may refer you to specialists when needed.	An expert you go to for specific health services or conditions. You may need a referral from your primary care provider to visit a specialist.
Helps you get recommended screenings, keeps your health records, and helps manage chronic conditions.	Focuses on a specific area of health, such as cardiology (heart) or oncology (cancer).
Examples include family physician, internist, general practitioner, nurse practitioner, physician assistant, or pediatrician for children.	Examples include cardiologists, oncologists, psychologists, allergists, podiatrists, and orthopedists.
You can choose one directly, or your health plan may assign one to you.	You're typically referred by your primary care provider.

You may need a referral from your primary care provider before you go to a specialist. If you don't have a referral, your health plan may not pay for your visit.

Your health plan may require you to get preauthorization before you can get an item or service. This means your health plan decides if it will cover the item or service. This may also be called prior authorization, prior approval, or precertification. You may need it for a treatment plan, prescription drug, medical service, or equipment before your health plan will pay for the item or service.



COST TIP

Ask your health plan if you need preauthorization BEFORE you visit a provider. Without preauthorization, you may have to pay for care your health plan would otherwise cover.

How to choose a provider

Follow these steps to find a provider you can work with to stay healthy.

1. Identify providers in your network

- Call your health plan or visit their website to find providers in your network.
- If you currently have a provider you like and want to keep, call their office to make sure they accept your health insurance and call the plan to verify the provider is in your plan's network. Keep in mind that you'll usually pay more to visit a provider who's out of network.

2. Ask people you trust

- If you don't know the providers on the plan's website, ask your friends and family for recommendations.
- You can also find providers online and read feedback from others who've used their services.

3. Choose a provider

You may consider questions like these to help you decide if a provider is a good fit:

- Are they accepting new patients, and do they take your health coverage?
- Is the office close to your home or your work? How would you travel there?
- Do they offer appointment times that work with your schedule?
- Do they speak your language or have a translator available?
- Was the person from the provider's office respectful and helpful when you called?

4. Make sure they're a good match

Once you've narrowed down your options and found a provider, your next step is to schedule an appointment and find out if they're a good fit for you. Sometimes it takes more than one visit to determine if a provider is right for you. Contact your health plan to learn how to make a change if needed.



QUICK TIP

Telehealth lets you visit with your provider by phone, computer, or other internet-connected devices. Ask your provider if they offer telehealth and if your plan will cover it. Make sure you have the right equipment at home for the appointment.



STEP 4:

Make an appointment and plan for your visit

Now that you've found a provider, it's time to set up your appointment and get ready for your visit.

When you make an appointment, you may be asked:

- For your name and if you're a new patient.
- The reason for your visit. Share the reason for your visit in a way that fits your situation. You can tell them you're looking for a new primary care provider for a "yearly exam" or "wellness visit," or mention a specific concern, like the flu, allergies, or depression.
- The name of your health plan and your member and/or group number. You'll need your insurance card to find this information.
- The name of the provider you'd like to visit. It may take longer to get an appointment with a specific provider. If you're sick or need care sooner, the office may recommend another provider in your network.
- If you have a specific need like a translator or accessible medical equipment.
- What days and times work for you. Some offices may have weekend or evening appointments.

You can ask:

- If they can send you any forms you need to fill out before you arrive for your visit.
- How you can pay out-of-pocket costs for your visit, if you have any. Do they take cash, checks, or credit cards?



COST TIP

If you need to change or cancel your appointment, contact your provider's office as soon as possible.

Many providers charge a fee if you're late, don't show up for your appointment, or cancel less than 24 hours before it starts. Most health plans won't pay these fees.

Prepare for your visit

Show up early for your appointment!

When you arrive at your provider's office, check in with the front office staff. You may be asked to provide:

- Your insurance card
- A photo identification (like a driver's license, government or school ID, passport)
- Completed forms
- Your copay, if you have one. Ask for a receipt for your records.

You may have to fill out more forms and read over their privacy policy, which is required by law. It explains how the provider will protect your information and keep it private.

During the appointment, it's helpful to share:

- Your medical records and health history (including things like known allergies) and your family health history. It's okay if you don't know all of your family's health history.
- The medicines you take. Write down the names and doses, or bring the medicines with you, so your provider knows the dose you take. If you need a refill, ask for one.
- Any questions or concerns you have about your health. Writing them down ahead of time can help you remember what you want to ask.



You may want to bring a friend or family member with you to the appointment.

Your provider is there to help you. They can provide you with better care if you're honest with them and ask them about your questions or concerns. If they say something you don't understand, ask them to explain it.

You should be able to answer these questions before you leave your provider's office:

- How is my health? What can I do to stay healthy?
- What do I do next? Do I need blood work or another test? If so, what is it for? When and how will I get the results?
- What are my treatment options if I have an illness or chronic condition? What are the benefits and concerns for each option? What will happen if I don't take care of it?
- When do I take medicine if I need it? How much do I take? Are there any side effects? Is a generic available? Are there any programs available that might help me pay for my medicine?

If you have to take medicine and you're concerned about the cost, tell your provider. They may have cheaper options or know of programs that can help with the cost.

If you want to try a new provider—or you were assigned one and want to switch—check with your health plan or the provider's office first to be sure you won't be charged, or to find out when you can schedule another appointment. Make sure you choose a provider in your plan's network (use Step 3) so you don't pay more.

Know your rights

People with disabilities have the right to access the same health care as everyone else.

Providers must offer:

- Access to care. They can't deny you care because buildings, exam rooms, or equipment aren't accessible.
- Information in a way you can understand, including qualified sign language interpreters, assistive listening devices, or materials in braille or large print.
- Equal access to telehealth and telecommunications technology.

Helpful links and resources

A quick guide to the Health Insurance Marketplace®

[HealthCare.gov/quick-guide/one-page-guide-to-the-marketplace](https://www.healthcare.gov/quick-guide/one-page-guide-to-the-marketplace)

Children's Health Insurance Program (CHIP)

[Insurekidsnow.gov](https://insurekidsnow.gov)

Get started with Medicare

[Medicare.gov/basics/get-started-with-medicare](https://www.medicare.gov/basics/get-started-with-medicare)

Medicaid & CHIP coverage

[HealthCare.gov/medicaid-chip/getting-medicaid-chip](https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip)

MyHealthfinder

Trusted information to help your family stay healthy

[ODPHP.health.gov/myhealthfinder](https://odphp.health.gov/myhealthfinder)

Preventive health services

[HealthCare.gov/coverage/preventive-care-benefits/](https://www.healthcare.gov/coverage/preventive-care-benefits/)

Summary of benefits and coverage

[HealthCare.gov/health-care-law-protections/summary-of-benefits-and-coverage/](https://www.healthcare.gov/health-care-law-protections/summary-of-benefits-and-coverage/)



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