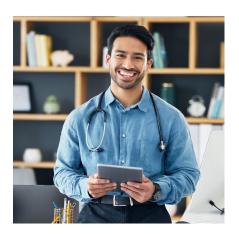




KEY TERMS

- Coverage: Payments your insurer makes for all or part of your medical expenses.
- Premium: The monthly fee you pay to your insurance company to keep your coverage active.
- Deductible: The amount you pay out-of-pocket before your insurance starts covering costs.
- Copay: A fixed amount you pay for specific services, like doctor visits or prescriptions.
- Coinsurance: The percentage of the cost you pay after meeting your deductible.
- Out-of-Pocket Costs: The total amount you pay for healthcare, including deductibles, copays, and coinsurance.
- Network: A group of healthcare providers (including hospitals, pharmacies, outpatient centers, and more) who have agreed to lower rates for your insurance plan. Note: You can find a listing of network providers on your health plan's member portal.
- Caps and Exclusions: Some health insurance plans, especially ones with lower costs, may have limits (caps) on what they'll cover for certain health conditions or might not cover some treatments or conditions at all.
- Financial Assistance: If you can't afford health insurance, you may qualify for help from the government. This could mean getting money sent directly to your insurance company or paying less out of your own pocket for care.
- Note: The PAF Co-Pay Relief Program (CPR) provides direct financial assistance to insured patients who meet certain qualifications to help them pay for prescriptions and/or treatments. This assistance helps patients afford the out-of-pocket costs of care. Some CPR funds can be used for health insurance premiums.

Get covered. No matter how old you are, how much money you make, what health conditions you have, or where you live, you need health insurance. Health insurance protects you from the full costs of the health care services you receive and can make it easier to locate a provider, hospital, or other care.





PUBLIC VS. PRIVATE HEALTH PLANS

In the United States, we have both private and public health insurance plans.

Public Health Insurance: This is funded by the government and helps cover medical costs for people who qualify. Some examples include:

- Medicare: For people 65 and older, or those with certain disabilities.
- Medicaid: For low-income individuals and families.
- CHIP: For children whose families don't qualify for Medicaid but can't afford private insurance.
- TRICARE: For active duty service members, active duty family members, National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses.
- VA: For veterans and their families.

Public health insurance plans typically have lower out-of-pocket costs (the money you pay directly) for the consumer. However, there may be eligibility requirements you need to meet to qualify.

Private Health Insurance: This is offered by insurance companies. You can get it a few ways:

- Through your employer: Many companies offer health insurance as a benefit to their employees.
- **Buying it directly:** You can buy individual health insurance from an agent, broker, or online.
- Through your state's Marketplace: This is a website run by the government where you can compare and purchase private health insurance plans. (The website is called Healthcare.gov)

Private health insurance plans offer a wider range of choices and may cover more services, but often come with higher monthly payments and out-of-pocket costs.

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The system is complicated, so choosing the right plan can seem confusing. Breaking down the task into small steps can help you get started.

WHAT YOU CAN DO

- Educate Yourself: Not all plans are the same. Take the time to understand your choices. You can talk to a counselor, HR rep, insurance broker, or agent. They can help you compare plans, costs, and benefits.
- **Get Organized:** Collect your Social Security number, income, employment status, health conditions, and medications because it will help with the application process. When you talk to experts, write down their names, dates, and any important details.
- Ask Questions: If you don't understand something, ask for clarification. You can also use your plan's glossary
 to look up terms you don't know.
- Balance Your Costs: Generally, if you buy a health plan with a higher premium, you will have lower out-of-pocket costs. Alternatively, if you buy a health plan with a low premium, you will likely pay more when you need care.
- Avoid Short-Term Plans: These plans offer minimal coverage and high costs. Your state may not offer short-term plans. Learn more about short-term plans here.
- Use Your Plan's Benefits. Take advantage of preventive services to stay healthy. Early diagnosis can lead to better outcomes and lower costs.
- Contact a Patient Advocate: PAF's team of case managers can assist you in finding the right plan. Call 800-532-5274.

QUESTIONS TO ASK

- · What plans are available to me?
- Do I qualify for any public insurance programs?
- · How much will each plan cost me upfront, in monthly premiums?
- · What is the deductible for each program?
- · What other out-of-pocket expenses will I be responsible for?
- · Are my providers and medical facilities included in the plan's network?
- · Are my prescriptions covered by this plan?
- What benefits are included in this plan?
- · Are there any plan exclusions?
- · How does this plan cover clinical trials?
- What resources does this plan offer me if I have questions or problems?
- · What can I do if I cannot afford the premiums for a plan?

RESOURCES



- Health Insurance Education
 Series
- Finding and Selecting Insurance
- Step-by-Step Guide for Choosing a Health Plan
- A User's Guide to Health Insurance Marketplaces
- Choose Wisely: Tips for Medicare Open Enrollment
- Think Twice Before Buying a Short-Term Health Plan



The Patient Education and Empowerment Department creates resources that address a range of topics from medical debt to insurance access and disability benefits. The resources we produce are reflective of real-world experiences that meet the needs of the patients PAF serves.

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