

# Understanding your health insurance



Understanding your health insurance plan and what it covers is an important part of managing the costs of a breast cancer diagnosis. Knowing the terms of your benefits can help you plan ahead. It can also help you get the most coverage possible for the care you need.



## Find out what your plan covers

Health insurance providers offer a variety of plans with different coverage options. Ask your provider for an up-to-date copy of your plan and make a list of the following:

**Any exclusions**, including certain treatments, specialists, prescriptions that your insurance provider will not cover.

**Any out-of-pocket (OOP) expenses**, like copayments or deductibles, that may be required.

**Any coinsurance requirements**; this can make planning harder and treatment more expensive.

Many insurance providers and employers offer broad plans that may cover more than your current plan for a higher premium. If you find that your expenses are high with your current plan, consider switching to another plan during an enrollment period. Find out more about changing plans on our [Understanding your health insurance](#) page.

## Explore limitations and requirements

**Referrals.** Some health plans require you to see your general or primary care doctor for a referral before you are able to see a specialist.

**Specialist coverage.** Sometimes a healthcare plan will cover certain services from one medical specialist and not another. Find out which specialists participate in your plan.

**Mental health care.** Most insurance plans cover some mental health counseling services. Coverage is often limited to a certain number of sessions.

**In-network vs. out-of-network providers.** Many insurance plans require holders to see doctors in their network to pay the lowest possible fees. If you see an out-of-network provider, you will likely have to pay a higher co-pay or the whole cost of treatment.

**Pre-authorization.** Some insurance providers require you to get approval for a treatment or test in advance. Someone at your doctor's office usually handles getting pre-authorization for you. The process can take a few hours to a few days.

**Prescriptions.** Find out if they are covered, and if you need to get name-brand or generic medicines for insurance to cover costs.

**Hospice.** Most employer-based and private insurance providers offer some coverage for hospice care. Medicare Part A offers hospice benefits for people who are eligible. Some states offer hospice benefits with Medicaid. You may want to find out what your plan covers and what criteria need to be met for you to be covered.

# Health insurance words to know



**Coinsurance.** A percentage of the bill for a healthcare service that you must pay after you've paid your deductible.

**Copayments (or copays).** A set amount you pay for each medical service you get, such as a test or doctor's visit, after you've paid your deductible.

**Deductible.** Amount of money you pay out of pocket for healthcare services before your insurance plan starts to pay.

**In network.** When healthcare providers are on your insurance plan's list of approved providers and their services are covered by your plan. Also called network or preferred providers. Even if you see an in-network provider, you still may have costs (copays, for example) to pay.

**Out of network.** Healthcare providers who are not on your insurance plan's list of approved providers. You may have to pay a higher copayment or coinsurance to an out-of-network provider.

**Out-of-pocket (OOP) expenses.** Expenses you must pay when a treatment or service is not covered by insurance or covered only in part. Includes deductibles, coinsurance, and copayments for covered services.

**Preferred providers.** In-network doctors and other providers who work with your health insurance plan.

**Premium.** The fee you pay to your insurance company every month.

A list of additional insurance words is available on our [Understanding your health insurance](#) page.



Ask for professional help to navigate insurance and treatment decisions if you have concerns about costs. You can find help from a health insurance case manager, your healthcare team (a patient navigator, financial navigator or advocate, or oncology social worker), or through your employer's human resources department.



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