

Questions to Ask When Buying Health Insurance



- How much are the premiums?
- What is the annual deductible?
- Are there any co-payments due at time of service?
- What is the most the policy will pay in a year?
- What is the maximum lifetime policy benefit?
- Does the plan cover health problems I already have?
- Are the doctors I want to see covered in this policy?
- If not, what are the costs of services out of the network?
- What medical services are covered and what is out-of-pocket?
- Is there an annual cap on out-of-pocket expenses in a year?
- Which prescriptions are covered and for how much?
- Does the policy pay for all or just a portion of brand-name drugs?
- Are the medicines you need included in the formulary?

Common Insurance Terms

- **Premium** – Amount paid in exchange for health insurance coverage
- **Deductible** – Amount paid by patient before the insurance starts paying
- **Co-payment** – Predetermined fee that the patient pays for each service
- **Covered services** – Services the insurance will pay for, as defined in policy
- **Exclusions** – Services the insurance will NOT pay for, as defined in policy
- **Lifetime maximum** – Cap on the benefits paid for the duration of the policy
- **Formulary** – Prescription drug list that the insurance agrees to pay for
- **Exclusion period** – Period of time when an insurance company can delay coverage of a pre-existing condition
- **Network** – Groups of health care providers working with the health plan to offer care at negotiated rates
- **Pre-existing condition** – Health problem that existed before the insurance became effective
- **Rider** – Attachment, amendment, or endorsement to an insurance policy