



How to Use Your Health Insurance

You've taken the first step to safeguarding your health and your finances and purchased a health insurance plan. Here are some tips for making the most of your health insurance policy.

Choose the right doctor - Maybe you are more comfortable with a doctor that is female, speaks your primary language, or has experience treating your age group. Many insurance companies offer a provider or facility finder on their website. You can also contact the customer service telephone number located on the back of your insurance card to find out how you choose a provider that is the best fit for you.

Understand your prescription coverage - Review your policy to see how your plan covers prescription drugs. Typically, insurance companies offer a detailed list, called a formulary, showing the types of drugs covered and how payments are categorized. Find out what types of drugs are covered and what you are required to pay. Remember, some medications may cost more than others and some may not be covered at all.

Get answers when you need them - Many insurance companies now offer a dedicated telephone line ("nurse line," "advice line," "health line" or similar), allowing you to get medical advice for a variety of issues. These can help you decide whether or not to see a doctor or seek emergency care. Look to your insurance carrier's website or your insurance ID card for a health advice telephone number.

After-hours and emergency care - Make sure you know what facilities are covered by your plan for after-hours and emergency care. Some facilities may not be included in your provider network. For serious emergencies, go the nearest facility.

Make payments - Understand when you will pay and when you will be billed. Do you have a co-pay, coinsurance, and/or a deductible? With some plans you may be expected to make a partial payment to the doctor or healthcare provider at the time of service, with others you will be sent a bill after the service. If the amounts you are asked to pay do not match what you think you owe, ask questions. Billing and payment mistakes happen in all areas of life, including healthcare.

Keep good records - After your visit to healthcare provider, you will receive an Explanation of Benefits (EOB) from your insurance company, which will list what portion, if any, of the provider charges you will be responsible to pay. Typically, this is not a bill, but a summary. In most cases, and depending on the type of plan you have, you will then receive a bill from the healthcare provider if you owe anything. Verify this against the EOB. Pay attention to these documents and the amounts shown. If something doesn't look right, ask questions.

The Division of Insurance (DOI), part of the Colorado Department of Regulatory Agencies (DORA), has resources and experts to help answer your health insurance questions. Visit www.dora.colorado.gov/insurance or call 303-894-7490 or 800-930-3745 (outside the Denver metro area).