How to Use Your Health Insurance

Health insurance is not just for when you are sick—it also helps you stay healthy. After you buy a health plan, take these steps to use your insurance to stay healthy and pay less for services. These steps will also make it easier for you to use your insurance in case of an emergency.

Choose a Primary Care Provider

A primary care provider may be called a family doctor, a general practitioner, an internal medicine specialist, or something else. Your primary care provider will get to know you over time and become familiar with your medical history and health needs.

The Role of Your Primary Care Provider

- Helps you prevent health problems
- Teaches you how to improve your overall health
- Helps you get care when you need it

Don’t Wait Until You Are Sick to Find a Primary Care Provider

- Find out from your insurance company which primary care providers are in your area and take your insurance.
- Then, check with the provider you chose to find out if he or she is seeing new patients (some providers already have a full schedule and will not accept new patients).

Make an Appointment with Your Primary Care Provider

It is a good idea to make an appointment with your new primary care provider even if you are not sick. This visit is sometimes called a “well visit.” Having a well visit with a new primary care provider will make it easier to get an appointment with that provider when you are sick.
At this visit, the provider will ask questions about your medical history, do a routine check-up, screen for health problems, and give you any immunizations you need to help you stay healthy.

Your primary care provider may also need to draw your blood or do other tests.

Your provider should know which laboratory accepts your insurance, but if you are not sure, call your health insurance company to check.

**Have This Information with You When You Call for an Appointment**

- Personal information, including your date of birth, address, Social Security number, and information about your insurance
- Your insurance card or documents from your health insurance company that have the name of your health plan, your member number, and your group number

**Questions You May Want to Ask When You Make an Appointment**

- Is the provider taking new patients?
- Does the provider accept your insurance, and is he or she in your plan’s network? This is important because some providers will accept your insurance, but they will charge you a lot more if they are not in your plan’s network.
- How much will you pay for the visit? How will you be billed for the services, and what are your options for paying?
- Does the provider have appointments during hours that are convenient for you, such as on evenings or weekends? When is the next open appointment?
- Does the provider offer services in your preferred language? Will an interpreter be provided for you if your preferred spoken language is not English?
- Does the provider have an office, facilities, and medical equipment that are physically accessible for people with disabilities?
What information will you need to bring with you when you go to your appointment? For example, will you need to bring forms you filled out that were sent by mail or email before the visit? Will you need to bring your medical records or a list of the medicines you take?

What is the provider’s cancellation policy? Will you be charged if you are late or miss an appointment? If you need to reschedule an appointment, how long before your appointment do you need to call to avoid being charged?

**Prepare for Your Appointment with Your Primary Care Provider**

You will need to bring certain documents and information with you. You can also bring someone with you to help you talk with your provider, take notes, and provide support.

When you make an appointment, ask your provider what you should bring. These are documents you may need:

- Your insurance card or other documentation from your health plan
- Photo identification (such as a driver’s license or passport)
- Any forms the provider sent you ahead of time to fill out
- Medical records or other documents that will help your provider understand your medical history and current health care needs
- A list of medicines you are taking, their dosage, and frequency—this includes prescription medication, as well as medications you don’t need a prescription for, and vitamins you take
- A list of any prescription refills you need
- Information on allergies you have, including allergies to specific medicines
- Your payment for the visit, if any
- Questions or concerns you have about your health (write down your questions or concerns before the appointment)

**Bring a list of questions to your appointment**

Bring a list of questions or concerns you have about your health to make sure you don’t forget to ask them.
Get Information about Free Preventive Services

All health plans that are sold in the health insurance marketplaces must cover certain preventive services for free when you use providers that accept your insurance.

- Preventive care includes, but is not limited to, services such as checking your blood pressure, testing your cholesterol level, screening for depression and diabetes, giving immunizations, doing mammograms, providing well-woman care, and counseling about weight issues.

- Get more information about these free preventive services by contacting your health plan. You can find a customer service number for your health plan on your insurance card and on billing statements or other documents from your health insurance company.

Know When to Use Emergency Care

When you are sick or injured, you need to know how to get the care you need quickly. Many primary care providers offer same-day appointments or have a provider who is on call for urgent care. Seeing your regular provider is generally much cheaper than visiting an emergency room.

- Hospital emergency rooms provide fast, life-saving care and are open 24 hours a day, seven days a week.

- If you go to a hospital emergency room when it’s not a life-or-death situation, it may cost more money, and you may have a longer wait than if you go to your primary care provider.

- In most situations, when you are sick, you will save time and money by seeing your primary care provider. But in a true emergency, go to the emergency room.

- Be sure to find out which hospitals in your area are in your new insurance plan’s network so that if you need emergency care, you know which hospitals to go to.
The complete *What You Need to Know about Health Insurance* series:

**Applying for Health Insurance**
- Applying for a Marketplace Plan if You Can Get Health Insurance through Your Job
- What to Do if You Are Uninsured after March 31, 2014

**Getting Financial Assistance**
- Getting Financial Assistance to Pay for Health Insurance
- Deciding How Much Financial Assistance to Use to Lower Your Monthly Premiums
- How Getting Financial Assistance to Pay for Health Insurance Affects Your Taxes
- Getting Extra Financial Assistance to Help Pay Health Care Costs

**Choosing a Health Plan**
- Choosing the Health Plan that’s Right for You
- Choosing a Health Plan You Can Afford
- Understanding the Differences between Platinum, Gold, Silver, and Bronze Plans
- Understanding Catastrophic Health Insurance
- Buying Children’s Dental Coverage through the Marketplace

**Keeping and Using Health Insurance**
- How to Use Your Health Insurance
- How to Keep Your Marketplace Health Insurance
- What to Do after You Buy Health Insurance in the Marketplace

**Understanding the Requirement to Have Health Insurance**
- Understanding the Requirement to Have Health Insurance
- Understanding Minimum Essential Coverage

**Reference Charts and Graphics**
- Income Guidelines for Getting and Using Financial Assistance for Health Insurance
- Income Guidelines for Getting Extra Financial Assistance to Pay for Health Care Costs
- Types of Exemptions from the Requirement to Have Health Insurance

A complete list of Families USA publications is available online at www.FamiliesUSA.org/resources/publications.

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