



MOUNT SINAI  
SCHOOL OF  
MEDICINE

# What kind of coverage do I have?

Review the plan documents from your employer and complete this worksheet. This exercise will make sure you understand your coverage and have all the necessary information available when you need to arrange for medical care.

## My insurance coverage is through:

- My employer (and check whether)
  - Plan is subject to state law
  - Plan is NOT subject to state law
- An individually purchased policy
- A group affiliation policy
- Medicare
- Medicaid
- Other \_\_\_\_\_

## My insurance plan is a:

- Health maintenance organization (HMO)
 

An HMO typically requires all care to be arranged and approved through your primary-care physician. Providers (hospitals, doctors and therapists) must belong to the HMO network.
- Point-of-service plan (POS)
 

A POS plan is an HMO that allows you to obtain some services from providers that are not in the HMO network. Different payment rules usually apply to care received outside the network.
- Preferred provider organization (PPO)
 

A PPO plan allows you to use any providers that you want, but you pay less when using providers in the PPO network.

## Member services number to call with questions or problems:

\_\_\_\_\_

My primary-care physician: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## I need a referral from my primary-care physician for:

- Lab and x-ray tests
- Gynecologist (well-woman exam)
- Gynecologist (other concerns)
- Pediatrician
- Surgery
- Other \_\_\_\_\_

## My primary-care physician requires the following for providing referrals:

- Office visit
- Advance notice of \_\_\_\_\_ days
- Other \_\_\_\_\_

## My primary-care physician can refer me to specialists that:

- are part of his or her group practice
- are on the health plan network list
- are outside the health plan network (only if there are no similar specialists within the network)
- are outside of the health plan network (no restriction)
- I do not need a referral from my primary-care physician.

## Exclusions and Limitations

I have reviewed the Exclusions and Limitations in my Evidence of Coverage. My insurance will not pay for, or limits, the following services (including services considered experimental, cosmetic, etc.):

\_\_\_\_\_  
\_\_\_\_\_

## I can use the following hospitals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## What if I need care while outside my plan's service area?

For non-urgent care: \_\_\_\_\_

Phone: \_\_\_\_\_

In an urgent situation: \_\_\_\_\_

Phone: \_\_\_\_\_

In an emergency: \_\_\_\_\_

Phone: \_\_\_\_\_

## If you have a POS or PPO plan:

Although I can use out-of-network doctors for most services, I cannot use out-of-network doctors for the following services:

- Mental health
- Substance abuse
- Other \_\_\_\_\_
- No restrictions

## My annual in-network deductibles and out-of-pocket limits are:

Individual: Deductible \$\_\_\_\_\_, Out-of-pocket limit \$\_\_\_\_\_

Family: Deductible \$\_\_\_\_\_, Out-of-pocket limit \$\_\_\_\_\_

If I use out-of-network providers, I will pay an annual deductible of up to \$\_\_\_\_\_ and \_\_\_\_\_% coinsurance for charges exceeding the deductible, up to \$\_\_\_\_\_ per year.