

BASIC HEALTH PLAN QUESTIONS

			<p style="text-align: center;">WRITE THE NAMES OF THE PLANS IN THE BOXES ON THE LEFT (Most of the answers can be found in the <i>Summaries of Benefits and Coverage</i>, <i>Provider directories</i>, <i>Drug Formularies</i> and <i>Plan brochures</i>.)</p>
			Is this an HMO, PPO, EPO, POS, or HDHP plan?
			Do they have a large network of doctors and medical centers?
			Can we get to their offices and medical centers easily?
			Can the providers share my family's records electronically?
			Does the plan cover all the special treatments my family needs?
			Does it cover the prescriptions and brand names we are taking?
			Does the insurer limit how much they will pay for prescriptions or any other services?
			Will I be covered if I need treatment while in another city? State? Country?
			Is there a telephone hotline I can call at any time to ask about symptoms or problems that might require immediate attention?
			Are copays listed as fixed dollar amounts or percentages? If percentages, what are appointments or prescriptions likely to cost?
			Does the Summary of Benefits and Coverage have complicated exceptions and things I can't understand? Will the insurer explain them?
			Can we enroll in more than one plan?