

How to Use Your Health Insurance ID Card

You have selected a health plan, paid your first premium and can now start using your health coverage. One of the first things your health plan will do is send you a health insurance ID card. Your ID card is your proof of insurance when you visit the doctor, hospital or other type of provider. But it is also an easy and quick reference that lets you know how much you may have to pay out-of-pocket for care. Understanding this information can help you plan your healthcare expenses and get the care you need.

What's On Your Health Insurance ID Card?

Your Personal Information

Not all health insurance ID cards look the same or have the same exact information. But, you can expect to see some of the same information on any card. First, your card will list your **name** and **member ID number**. If you get health coverage through your job, your employer's name and/or the **group number** assigned to your employer's plan may be listed, too. If your dependents (such as a spouse or children) are covered by your health plan, they each will get a card with their names.

You also will see the name of your insurer and their **member services contact number**—this may be on the back of the card. Refer to this number if you need to call your insurer with any questions.

Your Plan Type

Your health insurance ID card will let you know the **type of plan** you have. The plan type determines how you can get care and what providers you can visit. Some of the types of plans you may see on your card include:

- **HMO:** In an HMO (Health Maintenance Organization), you choose a primary care provider (PCP) who coordinates your care. To avoid high out-of-pocket costs, make sure to get a referral from your PCP so that you can see a specialist, and use specialists in your plan's provider network.
- **POS:** In a POS (Point-of-Service) plan, you also choose a PCP in your network. If you need to see a specialist, you can decide to use one who is in-network or out-of-network at the time you need care—the "point of service." But remember, your costs will likely be higher if you go outside your network.

USA Insurance Company	PPO
ID: 5678 1234-A	PCP \$25 SPC \$35
Mary A. Doe GRP: 2424-78787-WXZ	ER \$150 URGENT \$100
PCP: Dr. Michael Jones PCP Telephone: (212) 234-5678	Rx Co-Pay: Generic \$15 Name Brand \$20

www.usainsurancecompany.com	
In Network Deductible/Coinsurance:	\$800/10%
OON Deductible/Coinsurance:	\$1200/20%
Prior approval is required for certain services, as described in your member documents.	
ON-CALL NURSE LINE: 1-888-123-4567 MEMBER SERVICES: 1-888-246-7890 PROVIDERS CALL: 1-888-357-1234	

Sample Insurance Card

- **PPO:** In a PPO (Preferred Provider Organization), you can visit any doctor without getting a referral from a PCP first. But, like a POS plan, you will generally pay more if you go out-of-network.

Your health insurance ID card may also show that you have vision, dental and prescription drug benefits (look for the Rx symbol) if they are part of your health plan.

Primary and Specialist Care Coverage

Often, the name of your primary care provider (“PCP”) will be listed on your health insurance ID card. Many plans require you to have a PCP who coordinates your care and makes sure you stay healthy. You may choose your own PCP, or your plan might assign you one. You also can change your PCP if you choose. If you do not have a PCP, you can call your plan, or check the provider directory, to find one in your network.

Your ID card may list your co-pay for a PCP visit. This also may be listed as the “office visit” co-pay. Keep in mind that many plans now offer preventive care at no cost to you, including one PCP visit each year. You can call your insurer or check with your doctor to find out what services you can get without a co-pay.

You may also see a co-pay for specialist care. Your **specialist co-pay** will usually be more than your PCP co-pay. In addition to knowing the co-pay, it’s important to know your plan’s rules for getting specialist care. Do you need a referral from your PCP first? Does your plan need to authorize the service that you need? Will the plan pay for a specialist who is not in your network? Make sure you ask these questions before your visit to avoid any unexpected costs.

Where You Can Get Care

Your costs may be different depending on where you get care. On your health insurance ID card, you might see different co-pays for emergency room care, hospital care and urgent care. Often, the emergency room co-pay will be waived if you are admitted to the hospital. If you can, check what you’ll have to pay for each healthcare setting before you go.

In-Network and Out-of-Network Benefits

Your health insurance ID card can help you understand how much you will pay for care that is provided by a health provider in your plan’s network—and outside of it.

- **In-network:** Your health insurance ID card may list your network deductible and co-insurance, if you have them. Your deductible is the amount of money you need to pay out of your own pocket before your plan starts to cover your healthcare costs. After you meet the deductible, you may still have to pay co-insurance, or a portion of the cost for services.
- **Out-of-network:** If your plan pays for out-of-network care, your card also may also list your out-of-network deductible and co-insurance. These are usually higher than the network amounts. If your card does not list any information about out-of-network benefits, your plan may not cover them at all. Make sure you understand what your plan will or will not cover if you are considering out-of-network care.

Different Cards for Different Plans

You may have more than one insurance ID card. If you have separate prescription drug coverage, for example, you might receive a separate ID card for that plan. This is the card you should show at the pharmacy. Like your health insurance ID card, your prescription drug ID card will list your



personal information. It also may list several different co-pays, depending on the kinds of drugs you are prescribed—generic and brand-name drugs, or drugs that your plan has put into different “tiers.” To avoid high out-of-pocket costs, you can discuss with your doctor whether you can be prescribed generic or lower-tiered drugs. If you have dental coverage under a separate plan, you also will have a different dental insurance ID card.

You also may have more than one insurance card if your family is covered by more than one plan. This might happen if you and your spouse both have health coverage through your jobs. In that case, you may need to show both health insurance ID cards when you visit the doctor. The two insurers will coordinate your coverage between them.

If you have a flexible spending plan, you may have a separate debit card that you can use to spend on qualified healthcare services and items—this debit card is **not** the same as a health insurance ID card. Flexible spending plans let you or your employer put money into a special tax-free account to pay for your care. There are three main types of flexible spending plans:

- *Health Savings Accounts (HSAs)*: HSAs are linked to high deductible health plans (HDHPs). These plans have low monthly premiums, but you will need to pay a large deductible before the plan starts to pay for your care. HSAs let you set money aside to cover those costs. The amount of your deductible may be listed on your health insurance ID card.
- *Flexible Spending Arrangements (FSAs)*: With an FSA, you decide how much money you want to contribute to your account. Your employer might put money into the account, too. But, unlike an HSA, you lose any money that you don’t spend by the end of the year.
- *Health Reimbursement Arrangements (HRAs)*: With an HRA, your employer puts money in your account. Depending on the arrangement, you may be able to carry money over from year to year. But, you can’t take it with you if you change employers.

You can learn more about these types of savings plans by reading *A New Look at Flexible Spending Plans*.

Your Action Plan: Use Your Health Insurance ID Card For Quick Reference

Review your health insurance ID card as soon as you receive it. If there are any mistakes, contact your plan to request a new card with the correct information.

- Compare the cost-sharing features listed on your card to your summary of benefits and make sure it reflects your understanding of your coverage.
 - If you do not receive your health insurance ID card in a reasonable timeframe, contact your insurer.
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- Show your health insurance ID card at the doctor’s office when you receive care. Make sure your doctor’s staff charges you the co-pay listed on your card. If you are there for a preventive visit, ask whether the co-pay is waived. This is because check-ups and other preventive services are now free to patients under many plans.
 - Before you receive care, make sure you know your plan’s rules, and how much your care will cost. Do you need a pre-authorization, or a referral for certain visits? Is your provider in your network?
 - Download and refer to our *Questions to Ask Your Plan Before Going Out-of-Network* and *Questions to Ask Your Provider*.
 - If your benefits change, your plan will send you a new card. Don’t ignore it. Make sure you’re using your most current card when you go for your visits.



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