

# **Checklist For Diagnosing Your Health Care Insurance Coverage\***

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It's no fun to review that dusty, fine-print health insurance policy. The good news? Almost everyone has a relative, friend, or advocate who seems to enjoy the challenge of the language game — ask that person to help you fill out this checklist. Why? If you or your family gets sick, it's important to know your coverage and appeal rights.

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## **Contents**

- A) Important names and numbers**
- B) Date of open enrollment**
- C) Type of health plan (ie, HMO, PPO, etc.)**
- D) Coverage for “out-of-network” services**
- E) Out-of-pocket costs for out-of-network services**
- F) Insurance plan referral requirements**
- G) Primary care physician referral requirements**
- H) Access to specialty care**
- I) Exclusions and Limitations**
- J) Appeals**

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\* Adapted from the Kaiser Family Foundation's "A Consumer Guide to Handling Disputes with Your Private or Employer Health Plan," [www.kff.org/consumerguide/05-checklist.cfm](http://www.kff.org/consumerguide/05-checklist.cfm).

**Important names and numbers**

**A**

My **primary-care** physician is: \_\_\_\_\_ phone: \_\_\_\_\_

\_\_\_\_\_  
**Phone number for general** problems  
with insurance coverage:

\_\_\_\_\_  
**Phone number for billing questions:**

\_\_\_\_\_  
**Telephone number to seek care**  
**outside of my plan's service area:**

**B**

**Date of open enrollment** for my health insurance plan: \_\_\_\_\_

**C**

**My health plan is a:**

**Which means...**

Health maintenance organization (HMO)

Not allowed to go "out-of network"

Preferred provider organization (PPO)

Can go "out-of-network" with some  
additional cost

Point-of-service plan (POS)

Out-of-network will cost a lot more

Traditional indemnity plan (also known as  
fee-for-service)

Watch out for "Usual, Customary  
or Reasonable (UCR)" coverage

Other:

**See "Insurance ABC's" Brochure  
for definitions**

**D**

**My insurance will not cover "out-of-network" services for:**

Any service

Mental health services

Substance abuse treatment

Other: \_\_\_\_\_

**E** If I use out-of-network providers, I will pay:

\$\_\_\_\_\_ annual deductible

\_\_\_\_\_% coinsurance for charges exceeding the deductible

\_\_\_\_Costs above the ““Usual, Customary or Reasonable (UCR)” or “Maximum Allowable Charge (MAC)” reimbursement

**F** I need a referral from a primary care physician for:

- Lab and x-ray tests
- Gynecologist (for well-woman exam)
- Gynecologist (for other concerns)
- Pediatrician
- Other specialist visits
- Surgery
- Other:

**G** My insurance requires the following to obtain referrals:

- Requires an office visit
- Requires \_\_\_\_\_ days advance notice
- Other: \_\_\_\_\_

**H** Under my plan, insurance will pay for refers to specialists who:

- Are part of my doctor’s **group practice**
- Are on the health plan **network** list (“in-network”)
- Are **outside of the health plan network** (“out-of-network”) only if there are no similar specialists within the network
- Are outside of the health plan network (“out-of-network”)
- I do not need a referral from my primary care physician

**I**

Exclusions and Limitations within my "Evidence of Coverage" section:

My health plan will not pay for:

My health plan limits coverage for:

My plan will cover services at these hospitals:

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- 

**J**

Appeals

I receive health insurance coverage through:

My **employer** ("group coverage"), whose plan is administered by an insurance company

My **employer**, whose plan is self-funded

A policy **I bought myself** ("individual coverage")

An policy I purchased through a **trade, civic or educational association**

Other:

	If employer is public . . .	If employer is private . . .
Appeals are regulated by:		
<input type="checkbox"/> My <b>employer</b> ("group coverage"), whose plan is administered by an insurance company	State law	State law and Federal (ERISA)
<input type="checkbox"/> My <b>employer</b> , whose plan is self-funded	Not state or federal, unless voluntary	Federal (ERISA)
<input type="checkbox"/> A policy <b>I bought myself</b> ("individual coverage")	State law	
<input type="checkbox"/> An policy I purchased through a <b>trade, civic or educational association</b>	State if "insured," neither (unless voluntary) if "self-funded"	
<input type="checkbox"/> Other:		

If coverage is denied, I should receive written information about appeals from the insurer, or can call \_\_\_\_\_ for more information.

Notes

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