

Conducting a Benefits Assessment

Use this guide and checklist to help you or your patient select a health plan that offers comprehensive coverage for CF-related care and to understand existing coverage. Are CF treatments and medications covered? If covered, what are the limitations of the coverage? What amount is paid for by the health plan and how much is the CF patient responsible for paying out-of-pocket?

When selecting a health plan, keep the following general trends in mind:

- Lower premium = higher out-of-pocket cost
- Higher premium = lower out-of-pocket cost

CF providers, patients and families should ask the following questions prior to implementing any treatment plan:

COST-RELATED QUESTIONS

When choosing a health plan, there are costs associated with the degree of coverage provided by insurers. The following questions will help guide you through the plan selection process based on cost.

- How much is my monthly premium?
- Will I have to pay an annual deductible? An annual deductible is the amount a patient must pay out-of-pocket prior to plan payment.
- How much is my co-payment for visits to my primary care physician (PCP) or specialist?
- How much will I pay for brand-name drugs? How much for generic drugs?
- How much will I pay for preventive care? Many employer plans are not subject to provisions in the health reform law, such as requiring preventative care, while health insurance marketplace plans must cover 100% of preventative care services.
- How much will I pay for a hospital stay or an emergency visit?
- How much will I pay for outpatient services?
- How much will I pay for lab tests or x-ray?
- How much will I pay if I use an out-of-network doctor or hospital?
- How much will I pay if I use an out-of-network pharmacy?
- Is there an annual out-of-pocket maximum? An out-of-pocket maximum can limit the patient's financial burden. After paying a certain amount, not including premiums, the health plan will pay the full cost of care.
- Does the out-of-pocket maximum apply to my prescription and major medical portion of my plan together or do prescription and major medical benefits have separate out-of-pocket maximums?
- Are all services included in the out-of-pocket maximum? For example, some plans may not include deductible or cost of prescription drugs in their out-of-pocket maximum calculations.
- Is the out-of-pocket maximum an amount I can afford?

BENEFIT-RELATED QUESTIONS

It is critical to determine if care you need is covered under your health plan. Otherwise, out-of-pocket cost could create a difficult financial burden on patients. Use the following questions to understand what benefits are covered by the plan.

- Does it cover durable medical equipments (DME) – nebulizers, Airway Clearance Therapy (ACT) devices (such as Vests, Acapella, and Flutter etc.), sleep therapy devices (CPAP, BiPAP, humidifiers), and oxygen equipment?
- Does it cover specialty inhaled medications?
- Are any prescription drugs you take on the plan’s formulary/list of covered drugs?
- Are there benefits to using mail order/specialty pharmacy?
- Does it cover diabetic supplies?
- Does it cover mental health care and substance abuse?
- Does it cover physical and respiratory therapy?
- Does it cover home health? IV infusion therapy?
- Does it cover transplant services? Transplant medications?
- Are there limits or caps on the benefit? For example, does the plan only cover a limited number of physical therapy visits?

ACCESS TO HEALTH CARE QUESTIONS

Not following plan rules can lead to increased financial burden on patients if a plan denies coverage for a service. Use the following questions to understand access to health care. Will I be able to use my doctors and pharmacy? Is my CF care center in the plan’s network? Is my care center taking new patients under that plan?

- Do I need a referral to see a specialist? How easy is it to get referrals for specialists from my PCP? How long does each referral last?
- Does my doctor need to get approval from the plan to admit me to a hospital?
- What happens if my CF care center is not in-network? Is there a network exception?
- What happens if the pharmacy I use is not in-network?
- Is there a specific pharmacy that I must use to fill specialty drugs? Can I obtain a network exception if I want to continue using my current pharmacy?
- Does the plan offer out-of-network benefits?
- What do I have to do in an emergency to ensure my care will be covered?
- Am I covered when I travel?

Use the checklist on the next page as a guide to investigate plan benefits for specialized CF care.

Benefits Assessment Checklist

DETAILED PLAN BENEFITS & COST

COST

Monthly Premium	\$		<input type="checkbox"/> Calendar Year <input type="checkbox"/> Other
Individual Deductible	In Network \$	Out of Network \$	
Family Deductible	In Network \$	Out of Network \$	
Does the deductible apply to	<input type="checkbox"/> Major Medical <input type="checkbox"/> Prescriptions		
Out of Pocket Max for one	In Network \$	Out of Network \$	
Out of Pocket Max for family	In Network \$	Out of Network \$	
Coinsurance	In Network \$	Out of Network \$	

BENEFIT

BENEFITS	COVERED	How Much is Covered?	Co-Pay
PCP Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No	e.g. 100% with co-pay	Co-pay
Specialist Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Urgent Care Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Emergency Room Visit	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Hospitalization	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnostics (lab work, x-rays)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Durable Medical Equipment (DME) (Nebulizers, vests, acapella, flutter, oxygen etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prescription Drugs (generic, brands)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Generic: Brand:
Specialty Inhalant Drugs (Cayston, Pulmozyme, TOBI, Hyper-Sal etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Diabetic Supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Health (IV Infusion)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any limits on number of visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Physical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any limits on number of visits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transplant Services	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Transplant Medications	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ACCESS

Plan Type	<input type="checkbox"/> HMO	<input type="checkbox"/> PPO	<input type="checkbox"/> POS
PCP referral required	<input type="checkbox"/> Yes <input type="checkbox"/> No		
CF Doctor In Network	<input type="checkbox"/> Yes <input type="checkbox"/> No	CF Doctor Out of Network	<input type="checkbox"/> Yes <input type="checkbox"/> No
CF Care Center In Network	<input type="checkbox"/> Yes <input type="checkbox"/> No	CF Care Center Out of Network	<input type="checkbox"/> Yes <input type="checkbox"/> No
CF Pharmacy In Network	<input type="checkbox"/> Yes <input type="checkbox"/> No	CF Pharmacy Out of Network	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of Network Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pharmacy Network Exception	<input type="checkbox"/> Yes <input type="checkbox"/> No