

HEALTH INSURANCE BASICS

What you should bring to your appointment

If you have health insurance, always bring your current insurance card and a photo ID each time you visit Medics USA. We accept most insurance plans, plus Medicaid and Medicare. A list of the plans we accept can be found on our website. If your plan is not on our list, you should contact your insurance provider prior to your appointment to verify if Medics USA is in your network.

Health insurance involves three kinds of costs you might have to pay

1. First, there is *the premium*. This is the monthly amount you pay to be a member of a specific plan. Everybody who has health insurance pays a premium, but the size of the premium varies. Generally, if the premium is higher, then the plan covers more procedures or has a low or zero deductible.
2. Many plans also have an *annual deductible*. A deductible is a set amount you must pay yourself before your insurance company helps to pay toward your care. It may be \$500, \$1,000, or more. For example, if you have a deductible of \$1000, you might have to pay \$1,000 in accumulated medical bills before your insurance kicks in. If you receive care from a Medics USA office and have not yet made your deductible, then we must collect some money from you towards a portion of your care. PLEASE NOTE: Medics USA does not know what your deductible is – only you do. We just send our bill for your procedure to your insurance company; then they tell us what is the allowable charge for that procedure (that is, what they will pay), and they also tell us whether you have made your deductible or not. We then bill you accordingly.
3. Once you've met your deductible, the insurance company will begin to share in the cost of your medical bills. However, you typically will still have to pay *cost-sharing* -- the portion of each treatment or service that is your responsibility. Cost-sharing usually takes the form of "*co-payment*" or "*co-insurance*." Co-payments ("co-pays") are fixed amounts you pay for covered services. For instance, you might have a \$10 co-pay every time you see your primary care doctor or \$30 every time you see a specialist. This amount stays the same no matter how much the visit costs. Co-insurance is the percentage of the cost that you're responsible for. Example: Your co-insurance is 20%. Medics USA provides you a medical service for which your insurance company says the allowable charge is \$300. That means you will have to pay \$60 (20% of \$300) and the insurance pays the rest. The amount of your plan's co-pay or co-insurance is often reprinted on your insurance card.

Health insurance doesn't cover everything

Your insurance might not cover the following:

- Over-the-counter medicines
- Vitamins and supplements
- Acupuncture or chiropractic care
- Travel vaccinations (although common vaccines, like flu and tetanus, are often covered)
- Immigration physicals
- Fees for providers that are not part of your plan's network

It is always a good idea to check with your insurance carrier to see if they cover a procedure you are considering.

Co-pays and deductibles are determined by your insurance company, not Medics USA. All co-pays, co-insurance, and past due balances are expected at time of service, unless a prior agreement has been made with the Medics USA billing department. We understand that a lot of insurance policies have a high patient responsibility for services provided, so we offer friendly payment plans and can provide automatic monthly debit from your account.