

## Understanding Your Insurance Coverage Questions to Ask Your Insurance Representative

Name of Representative: \_\_\_\_\_

Date: \_\_\_\_\_

BENEFITS / COVERED SERVICES	Yes / No	Notes / Comments:
Does my plan cover hospital charges?	Yes    No	
Does my plan cover professional charges (also known as doctor fees) ?	Yes    No	
Does my plan cover prescription drugs?	Yes    No	
Does my plan cover solid organ transplantation?	Yes    No	
Does my plan have a 'pre-existing condition' clause?  If yes: How is the clause defined?	Yes    No	
If yes: Would my illness be considered a pre-existing condition?	Yes    No	
<i>For liver and kidney transplant only:</i>  Does my plan cover <b>living related</b> solid organ transplant?  If yes, does my plan cover the <b>donor</b> medical charges?  If yes, are there limits on the coverage for donor medical charges?  If yes, what are the limits?	Yes    No  Yes    No  Yes    No	
Does my plan limit the number of transplants payable in a lifetime?	Yes    No	



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<p>If yes, what is the limit?</p> <p>If yes, does that limit apply for each organ?</p>	<p>Yes    No</p>	
<p>Does my plan have a maximum <u>annual</u> amount it will pay out each year?</p> <p>If yes, what is the maximum amount?</p>	<p>Yes    No</p>	
<p>Does my plan have a maximum <u>lifetime</u> amount it will pay out over a lifetime?</p> <p>If yes, what is the maximum amount?</p>	<p>Yes    No</p>	
<p>Are there coverage exclusions in my plan?</p> <p>If so, what are the exclusions?</p> <p>What period of time applies to the exclusion?</p>	<p>Yes    No</p>	
<p>Does my plan cover any travel, meals and lodging expenses?</p> <p>If yes, does it cover for a family member as well as the patient?</p> <p>If yes, how much does it cover?</p>	<p>Yes    No</p> <p>Yes    No</p>	
<b>OUT OF POCKET COSTS</b>	<b>Yes / No</b>	<b>Notes / Comments:</b>
<p>Does my plan have deductible amounts?</p> <p>If yes, what are they?</p>	<p>Yes    No</p>	



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<p>Does my plan have co-payment amounts?</p> <p>If yes, what are the amounts?</p> <p>If yes, what services do they apply to?</p>	<p>Yes    No</p>	
<p>Is there a maximum out-of-pocket amount that I would be responsible for each year?</p> <p>If yes, what is the limit?</p>	<p>Yes    No</p>	
<b>REFERRALS / AUTHORIZATIONS</b>	<b>Yes / No</b>	<b>Notes / Comments:</b>
<p>Does my plan have any restrictions on which medical centers I can use (designated provider network)?</p> <p>If yes, is the University of Michigan Health System an approved provider?</p>	<p>Yes    No</p> <p>Yes    No</p>	
<p>Will my plan cover my services at an out-of-network provider?</p> <p>If yes, will my out-of-pocket expenses be higher?</p>	<p>Yes    No</p> <p>Yes    No</p>	
<p>Does my plan utilize a network for managing transplant services?</p> <p>If yes, is the UMHS Transplant Center an approved provider?</p>	<p>Yes    No</p> <p>Yes    No</p>	
<p>Does my plan cover a consultation at one or more transplant centers?</p>	<p>Yes    No</p>	
<p>Is a referral or authorization required for:</p>		



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Consultations?	Yes    No	
Transplant Evaluation/testing?	Yes    No	
Medical Procedures?	Yes    No	
Who will be my case manager?  How can I contact the case manager?		
<b>PHARMACY</b>	<b>Yes / No</b>	<b>Notes / Comments:</b>
Does my plan cover outpatient prescriptions?  If so, how much are the co-pays?	Yes    No	
Are prescriptions available by mail order?  If so, how much are the co-pays?	Yes    No	
Is there an approved list of covered medications?  Will the plan ever approve use of medications as exceptions to the list?  If yes, how is an exception requested?	Yes    No  Yes    No	

