# What costs will you have for health care?

Now that you know more about the different types of health care costs – premium, deductible, out-of-pocket maximum, etc. – you can put this knowledge into practice by understanding how out-of-pocket costs work for your health plan. If you do not have insurance, you can [go to healthcare.gov](https://www.healthcare.gov/see-plans/#/) to find a plan to use – just enter your zip code and skip the other questions.

# Where to look

Health plans have multiple documents that include out-of-pocket cost information. The easiest place to start is the **Summary of Benefits** because it concisely outlines key features of the health plan, including out-of-pocket costs. Your health plan may have a different name for their summary documents, such as a member handbook. In addition to the summary documents, you can review the **explanation of benefits** and **formulary** for out-of-pocket cost information.

Certain out-of-pocket costs, such as the annual out-of-pocket maximum, can be different for the medical and pharmacy benefits. These details vary by health plan.

# Notes about your plan

As you research out-of-pocket costs for your health plan, take notes below about what you learn. Keep in mind – your health plan may not fit perfectly into this chart. If you have more than one health plan (such as traditional Medicare, Part D, and a supplemental plan) you can copy the chart multiple times or combine your notes. Make it your own!

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| **Out-of-pocket cost type** | **$ amount for your health plan** | **Notes** |
| Premium: The amount you pay for health insurance each month.  |  |  |
| **Deductible:** the amount of money you must pay before your insurance coverage kicks in.  |  |  |
| **Annual Out-of-Pocket Maximum:** The maximum amount you will have to pay out-of-pocket for services or treatments during the plan year before your insurance pays 100 percent of the costs.* Do you have a different out-of-pocket maximum for pharmacy benefits? What about out-of-network charges?
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| **Copayment:** a fixed cost that you owe for the treatment or service in addition to what your insurance pays.* Does your health plan have different copayments for preferred vs non-preferred drugs, or require you to get your prescriptions from a specialty pharmacy?
* How much is the copayment for a visit with your primary care provider? What about a specialist?
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| **Coinsurance:** A payment that is a percentage of the cost of the treatment/service.* What percent is the coinsurance for specialty drugs?
* What other benefits have a coinsurance? (for example, hospital visits)
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