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**Questions to Ask Your Insurance Plan**

Sometimes lower premium, higher deductible plans sound appealing, but families are often surprised at the services that may not be covered or are included in the patient's deductible. To better understand the benefits of your plan so that you are aware of your financial responsibilities, including co-payments and any out-of-pocket costs that may be incurred, we suggest that you ask your insurance company the following questions regarding your health insurance plan:

* **Does the plan cover well care visits?** Some plans do not cover any well care visits or cover them only for specific ages. Plans may also have an annual or life time maximum amount that will be paid towards well care visits.
* **Are there restrictions to vaccine coverage?** Some plans only cover certain vaccines, or for certain ages, or may have a maximum annual limit for vaccine coverage.
* **How often are well care visits covered?** Some plans require a full 365 days between these visits.
* **Does the plan cover (or limit) sick visits?**
* **What co-pay, deductibles and coinsurance amounts does the plan require for well care and sick visits? Are deductibles per person or for the entire family?**
* **What coverage does the plan have for in-office lab work?** Not all in-office labs are covered at 100% and/or may be applied to your deductible and coinsurance.
* **What coverage does the plan provide for emergency and urgent care visits?**
* **Does the plan require a referral to cover a visit with a specialist?**
* **What hospitals are covered by the plan**