Patient Advocate Foundation Presents

A series to educate and empower

It Matters
Empowerment Pathways

Should I Always Use My Insurance?

In most situations, using your insurance coverage is in your best interest because it ensures you are receiving the maximum benefits that you are entitled to, and utilizes what you are paying for with your premiums. But, in some cases, you may choose to pay directly for the care you want, and forgo your insurer's assistance and insurance policy.

We have highlighted a couple of instances where you might choose to forfeit any insurance intervention.

SCENARIO #1: A LENGTHY APPEAL

Samantha's doctor prescribes a new migraine medication necessary for her care. Her insurer requires prior authorization, so her doctor submits the request to her insurance company. Her health plan denies the request because it is not on the formulary. Samantha's doctor starts the appeals process, as her doctor is confident this medication has the ability to help her feel better. He explains that the appeals process could be lengthy and tells her she should start the medication as soon as possible.

What can Samantha do?

- Opt to pay for the medication privately
- Shop around at different pharmacies to get the best price (websites like goodrx.com can show her, based on her specific location, which local pharmacy has the best retail price)
- Utilize medication discount cards, like one available from NeedyMeds.com or goodrx.com to help further lower the cost.

As well, lots of manufacturers offer free drug programs. If she is approved based on the criteria of the program, Samantha may still have access to the medication, and actually at little or no cost to her.

PRO AND CON OF SCENARIO #1

Pro

- Samantha was able to get the medication she needed immediately.

Con

- If Samantha spends any money on her medication, that money does **not** count towards meeting her deductible or out-of-pocket maximum associated with her plan.

SCENARIO #2: SEEKING A DISCOUNT

Jeff has a great relationship with his long-time neurologist, but his doctor makes the decision to leave his insurance network. Jeff's plan does have out-of-network benefits, but the plan only pays 50% while his in-network benefits pay 80%. Steve can still continue to see his doctor, but he does have the option to pay cash instead of utilizing his insurance benefits.

So, Jeff speaks with the billing coordinator at the neurologist's office and asks that the doctor's office work with him financially. He tells them his health insurance will not be paying towards the cost of the visits but he would still like to remain a patient. The office may offer him what's called a self-pay discount, where the office would reduce the charges since he is now paying without any health coverage.

PRO AND CONS OF SCENARIO #2

Pro

- Jeff is able to continue seeing the doctor he prefers.

Cons

- Any money Jeff pays for his visits does not count towards his plan's deductible or out-of-pocket maximum. Also, if his doctor is not in network, Jeff will need to pay close attention to the other services this doctor coordinates for him. It's a strong possibility that any lab work, referrals, procedures, or facilities that are recommended might also be out of network for his plan.

WEIGHING YOUR OPTIONS

As you can see, it's worth it to analyze your options when these types of situations arise. Try to stay in contact with your provider and insurance plan if you need guidance.

You will almost always want to use your insurance coverage. However, there may be some rare cased where you may want to choose to forgo your insurer's assistance and instead pay directly.

Learn more at patientadvocate.org/migrainematters