

Ready to talk to your insurance company about _____?

This guide features questions you can ask your insurance company to better understand your coverage.
To contact your insurance company, call the number on the back of your insurance card.



Patient Name: _____ Date of Birth: _____

Does my insurance plan offer coverage?

☐ Yes (see below) ☐ No (See page 2)

My insurance plan provides coverage

Prior Authorization

Does my plan require prior authorization?

Most insurance plans require prior authorization (or "pre-approval") to cover this medication. That means your health care provider must submit a form to your insurance company seeking approval.

If your plan does not require prior authorization, skip to D) Financial questions

- If your plan does require prior authorization, ask: Is there a document you can send me that includes all the criteria I must meet before this medication is covered?

If your insurance company can provide this document, you can skip to D) Financial questions. Don't forget to give this document to your health care provider.

A) More coverage questions

What are the covered conditions for using this medication and are there specific diagnostic codes associated with them?

Some insurance companies will cover this medication for certain approved indications or conditions. Your health care provider will need to include this information when completing a prior authorization.

Do I need to try another medication before my plan will provide coverage? (This process is also known as step therapy.)

☐ I can start with this medication ☐ First I must try: _____

B) Medical information needed

What other health details do you need? *For example, a specific recorded BMI? Any detailed information associated with comorbidities (diseases)?*

What type of medical documentation do you need to cover this medication? *For example, documentation of obesity diagnosis, evidence of prior treatment failures, medical records, diagnostic, or lab test results?*

Do I need to participate in a behavior modification plan, along with dietary restrictions, prior to starting treatment?

What number should my health care provider call for more information? What is the preferred method in which my health care provider should submit the prior authorization? *For example, email, an online portal, etc.?*

C) Keeping my coverage for this medication

What ongoing information do you need once I'm taking this medication? *For example...*

- How frequently do I need to weigh in or document my BMI?
- Are there other health metrics (readings) that I need to keep sending to you, such as my blood pressure, cholesterol level, and blood sugar level?
- Do I also need to document that I am meeting certain requirements for my lifestyle? Like specific exercise programs, counseling, or nutritional plans.

- How does this information need to be submitted and by whom?
- Do you cover health club memberships, behavioral counseling, visits with a dietitian or nutritionist, etc.?

D) Financial questions

How much will I pay for this medication? (Is it considered a coinsurance or copay?)

Is my plan considered commercial insurance or government insurance?

How much is my deductible? *(Have I met it this year? If not, how much is left, and what will my cost be afterward?)*

What is my out-of-pocket maximum? *(How close am I to reaching it and what will my cost be afterward?)*

Are there other ways to get cost savings? *(Like a 90-day prescription, a specific pharmacy, or a mail-order pharmacy.)*

My insurance plan does not provide coverage

Can my health care provider ask for an appeal or exception so I can get coverage for this medication? What are the steps?

More to consider

If your prescription insurance is provided by an employer that does not cover this medication, you can reach out to the benefits or human resources manager and request that they add coverage. A letter from your health care provider can support your request.

Terms-to-know glossary

Appeal or exception: If your insurance company does not cover the cost of this medication, your health care provider can file an appeal or exception request. If the insurance company agrees it is medically necessary, they can approve the appeal or exception request and cover the medication.

Commercial insurance: Commercial insurance is also known as private health insurance (such as insurance you receive through an employer or purchase directly).

Coinsurance: Coinsurance is the amount of money you pay for your prescription, as a percentage. For example, if you've met your deductible, you might have to pay 20% of the cost. Then your insurance company would cover the rest.

Copay: Copay is the amount of money you pay for your prescription as a flat fee.

Deductible: A deductible is a fixed amount that you are responsible for paying per year before your insurance company will begin to cover part of the overall cost.

Government insurance: Government insurance includes Medicaid, Medicare, Tricare, and VA Coverage. Plans covered under the Affordable Care Act (ie, health care exchange) are not considered government plans.

Out-of-pocket maximum: An out-of-pocket maximum is the most you'll have to pay in a benefit year. After you spend this amount, your insurance plan usually pays 100% of the remaining costs.

Prior authorization: Your health insurance company might need to approve your prescription before agreeing to cover the cost. The process for getting this approval is called prior authorization. Your health care provider will fill out a prior authorization form and submit it to the insurance company. The insurer will then decide whether to cover all, some, or none of the cost.

Step therapy: Step therapy is trying a less expensive or generic version of a medication to see if it works before stepping up to a more expensive prescription.