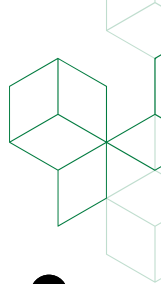


**FERRARO**  
LAW

# INSURANCE COVERAGE CHECKLIST



# UNDERSTANDING YOUR PLAN



■ DO I HAVE AN HMO, PPO, EPO, OR POS PLAN?

■ WHAT IS MY ANNUAL DEDUCTIBLE?

■ WHAT IS MY OUT-OF-POCKET MAXIMUM?

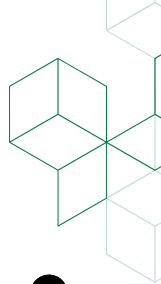
■ WHAT ARE MY COPAYS AND COINSURANCE RATES?

■ ARE THERE ANY ANNUAL OR LIFETIME COVERAGE LIMITS?



**■ DO I NEED REFERRALS TO SEE SPECIALISTS?**

# PROVIDERS & TREATMENT CENTERS



■ ARE MY DOCTORS AND SPECIALISTS IN-NETWORK?

---

---

---

■ ARE THE HOSPITAL AND TREATMENT FACILITIES IN-NETWORK?

---

---

---

■ WHAT HAPPENS IF I NEED OUT-OF-NETWORK CARE?

---

---

---

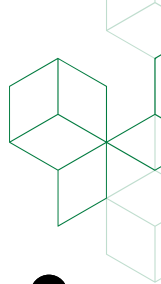
■ ARE SECOND OPINIONS COVERED?

---

---

---

# MEDICATIONS & TREATMENTS



■ ARE MY PRESCRIBED MEDICATIONS COVERED?

■ WHAT FORMULARY TIER ARE MY MEDICATIONS ON?

■ ARE GENERIC OR LOWER-COST ALTERNATIVES AVAILABLE?

■ DOES MY TREATMENT REQUIRE PRIOR AUTHORIZATION?

■ ARE INFUSION THERAPIES, SCANS, AND RADIATION COVERED?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

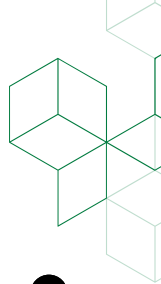
---

---

---

---

# EMPLOYMENT & LEAVE (IF EMPLOYER-SPONSORED)



■ DOES MY EMPLOYER OFFER SHORT-TERM OR LONG-TERM DISABILITY?

---

---

---

■ WHAT PROTECTIONS DO I HAVE UNDER FMLA OR STATE LEAVE LAWS?

---

---

---

■ WILL MY JOB REMAIN SECURE IF I TAKE MEDICAL LEAVE?

---

---

---

■ HOW WILL MY INSURANCE BE HANDLED WHILE I'M ON LEAVE?

---

---

---