

# NAVIGATING CF: KNOW BEFORE YOU CHOOSE

**Find out if the health plans you are considering will meet your unique needs.** Information can vary plan to plan (even year to year for the same plan). It is important to know what to look for.



## GET READY

Before you begin, have this information at hand:

- Names of your doctors, CF care center, and the laboratories and pharmacies you use
- Current prescriptions, including dosages and usual costs
- Health services you get now or may need in the coming year (e.g., home health care, durable medical equipment, supplies, transplant, other)



## GET ANSWERS

### Provider network

- Are your doctors, laboratory, care center, and pharmacies in the plan's network?
- What are the plan's policies for using a provider outside the network?

### Drug formulary

- Are all of your medications on the plan's formulary?
- Does the plan have any coverage restrictions, such as prior authorization, quantity limits, limited distribution, or step therapy?
- If the plan does not cover a medication, does it cover another acceptable drug, such as a generic option, that will work?

### Type of plan

- What type of plan is it (e.g., HMO, PPO, POS, EPO)?  
*The type of plan you choose will affect which providers you can see, where you can receive care, and how much that care will cost.*
- Does the plan require a referral to see a specialist?

### CONNECT WITH COMPASS

Case managers can provide one-on-one assistance finding and comparing health insurance options.

Call 844-COMPASS (844-266-7277) or email [compass@cff.org](mailto:compass@cff.org). Check the [Glossary of Common Health Insurance Terms](#) for help with definitions. Compare health insurance plans using the [Plan Comparison Checklist](#).

## Will you need coverage for...

Mental health services?  
Home health care?  
Durable medical equipment?  
Medical supplies?  
Emergency services?

CF-related diabetes?  
Transplant evaluation?  
Surgery?  
Hospitalizations?  
Prenatal and maternity care?

### Benefits

- Do you have a copy of the plan's summary of benefits and coverage (SBC)?
- What benefits does the plan include?
- Does the plan cover the services you currently use or might need in the coming year?
- What services are not covered?

### Costs

- What is the monthly premium?
- How much is the annual deductible?
- Is there a separate deductible for prescription medications? If so, how much?
- What is the annual maximum you can pay out of pocket?
- What is the copay/coinsurance for:
  - PCP office visit?
  - Diagnostic testing?
  - Hospitalizations?
  - Durable medical equipment?
  - Outpatient facility fee?
  - Mental health services?
  - Specialist office visit?
  - Home health care?
  - Other?
- What is the copay/coinsurance for each of your medications?
- Does the plan allow copay assistance amounts to be applied to the deductible and out-of-pocket maximums?
- How much will you have to pay if you use an out-of-network provider?



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