

Fact Sheet

News from the IBD Help Center

IBD INSURANCE CHECKLIST

How This Checklist Can Help You

The IBD Insurance Checklist is designed to help you compare insurance plans and consider your health needs when shopping for insurance in the Health Insurance Marketplace/Exchange. You may also consider using this checklist to evaluate insurance plans outside of the Marketplace, as it is a helpful guide to compare insurance plans for any patient with inflammatory bowel diseases (IBD), including Crohn's disease and ulcerative colitis.

When thinking about your choices for health coverage through the Marketplace, there are many things to consider beyond the plan's monthly premium. Low premiums may mean that fewer services are covered or that your out-of-pocket expenses may be higher. If you or a family member requires routine medical services, consider the out-of-pocket expenses over and above the premium.

This checklist is a useful guide to help you find a plan that will meet your healthcare needs. Keep in mind, you may not need all the treatments or services in the checklist, and there may be other treatments, costs, or aspects of your care that you need to consider.

When to Use This Checklist:

- If you or a family member have IBD
- When evaluating insurance plans and options
- When discussing your insurance needs with a Marketplace healthcare navigator
- When discussing your needs as an IBD patient with your healthcare provider

Fill in the following worksheets for each insurance plan you are considering. By doing so, you will be able to tell which insurance plan best fits your needs and your budget.

For more information on paying for health insurance or receiving assistance from a healthcare navigator when choosing and applying for a Marketplace plan, visit www.healthcare.gov or call 1-800-318-2596 / TTY: 1-855-889-4325.

This fact sheet was adapted from www.CancerInsuranceChecklist.org

My Current Care

List your current healthcare providers and health services. After doing so, review the insurance plan you are considering to see if your current providers, medications, hospital, etc., are covered in the plan, and if they are considered in-network or out-of-network. Using providers that are in-network will be most cost-efficient. Out-of-network providers will likely result in higher out-of-pocket costs.

Type of Provider/Service	Name of Provider/Notes	In-Network	Out-of-Network
My primary care doctor:			
My specialist services: (gastroenterologist, infusion center, psychologist, etc.)			
My hospital:			
My diagnostic/lab tests: (routine blood work, colonoscopy, MRI, etc.)			
My medications: (including all prescriptions, over-the- counter medications, and/or any medication given at an infusion center)			
My additional health services: (infusion center, home health aide, etc.)			

Treatment and Health Care Needs

Complete this chart for each insurance plan you are considering. This chart lists services you may need as a patient. By reviewing the services covered by the Marketplace insurance plan(s), this should help you find the plan that best fits your needs.

Type of Service	Covered?	Do I need a referral or pre-authorization?	What is the copay/coinsurance/deductible?	What are the limits or maximums?
Primary care visits	Y / N	Y / N		
Specialist visits	Y / N	Y / N		
Emergency room	Y / N	Y / N		
Urgent care	Y / N	Y / N		
Hospital care	Y / N	Y / N		
Prescription medications	Y / N	Y / N		
Preventative screenings (colon cancer, skin cancer)	Y / N	Y / N		
Imaging/diagnostic testing (colonoscopy, CT scan, complete blood count, vitamin panel)	Y / N	Y / N		
Surgery	Y / N	Y / N		

Type of Service	Covered?	Do I need a referral or pre-authorization?	What is the copay/coinsurance/deductible?	What are the limits or maximums?
Infusion/injection therapy, etc. (Remicade, Humira, Cimzia, Entyvio)	Y / N	Y / N		
Infusion center/hospital/outpatient (where you go for Remicade or other drug treatments)	Y / N	Y / N		
Second opinion	Y / N	Y / N		
Clinical trials	Y / N	Y / N		
Mental health services	Y / N	Y / N		
Nutrition/dietary services	Y / N	Y / N		
Pain management	Y / N	Y / N		
Physical therapy	Y / N	Y / N		
Home healthcare	Y / N	Y / N		
Ostomy/medical supplies	Y / N	Y / N		

Additional Blood Testing Doctor <i>May</i> Recommend: (not always needed)	Covered?	Do I need a referral or pre-authorization?	What is the copay/coinsurance/deductible?	What are the limits or maximums?
Biomarker blood or stool testing (ESR, CRP, fecal calprotectin)	Y / N	Y / N		
Thiopurine/metabolite testing (tests medication levels to be sure your dose is adequate and safe)	Y / N	Y / N		
Biologic drug-level testing (assesses for adequate biologic dose, interprets reasons for loss of response to a therapy, i.e., infliximab trough level)	Y / N	Y / N		

My Costs to Consider

Fill in the boxes on the right for each insurance plan you are considering.

Plan name:	
Type of plan:	Platinum Gold Silver Bronze Catastrophic
# of people in my household:	
Total household income per year:	\$
How much is the premium?	Per month: \$ Per year: \$
How much is the deductible?	Per year: \$
How much are the copays?	Primary care visits: \$ Specialist visits: \$ Hospital: \$ ER: \$ Urgent care: \$ Prescription drugs: \$ Other: \$
How much is the coinsurance?	\$ or %:
What is the maximum out-of-pocket expense?	Per individual per year: \$ Per family per year: \$
Do I qualify for a reduction in maximum out-of-pocket costs? (silver plans only) Can I get a tax credit for the premium?	Amount per year: \$
Are there any additional costs?	

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