

# What to Do Before Receiving a Service or Treatment from a Provider



Understanding your health insurance coverage before receiving care can help you avoid unexpected costs and ensure treatment is appropriately covered. Follow the steps below to make informed decisions about your care and coverage.

## 1. Confirm Whether Your Provider Is In-Network

Before receiving care, verify with your health plan – not your provider – whether the provider is in-network. Using an out-of-network provider may result in significantly higher out-of-pocket costs.

### How to Check:

- Visit your health plan's website and search the provider directory. For the most accurate results, enter your plan ID number or specific plan name where possible.
- You may also contact your health plan directly to receive a list of participating providers.

### Know Your Rights:

Health plans must update their provider directories at least annually and within 15 days of any changes, such as a provider joining or leaving the network or a change in hospital affiliation. If you rely on incorrect information in your plan's provider directory and are charged more than the in-network rate, you are only responsible for your in-network copayment, coinsurance, or deductible.

## 2. Understand Your Copayments, Deductibles, and Out-of-Pocket Costs

Once you have confirmed that your provider is in-network, review your health insurance policy to understand your financial responsibilities under the policy.

### Where to Find This Information:

- Detailed information is available in your health insurance policy, typically under its Schedule of Benefits section.
- Your insurance ID card will also list common copayment, coinsurance, and deductible amounts under your policy, as well as key contact information.

### Your ID Card Must Include:

- Copayment or coinsurance information for the following services under your policy (if applicable):
  - Primary care visits
  - Specialist visits
  - Urgent care
  - Emergency room visits
  - 30-day supply of prescription drugs at a retail pharmacy
- Your annual deductible and maximum out-of-pocket limit
- A phone number for you and/or your provider to get assistance with eligibility, benefit verification, and prior authorizations for health care services

## Need Assistance?

The New York State Department of Financial Services is committed to helping New Yorkers understand their rights and protections.

For assistance or to file a complaint, visit [dfs.ny.gov](https://dfs.ny.gov) or contact the DFS Consumer Assistance Unit hotline at **(800) 342-3736** or scan QR code:

