

## How to Enter Insurance Benefits as part of MyChart Patient Estimates

### **Entering Benefits for Services that Use Overall Plan Benefits:**

You can use MyChart to generate an estimate for a specific service. After you select the service that you want, complete the following Coverage Information by entering your plans' benefit information.

**Verify what your benefits are with your insurance plan.**

**Estimate for 2D Screening Mammogram**

Coverage Information  
**Enter your Humana insurance details.**

Please enter your benefits. These may be found on your member card or other material provided by your insurance provider. If you can't find this information, you can contact your insurance provider at the number on the back of your insurance card. If you are still having trouble, you can contact our Financial Clearance Center at 1-844-294-4322 or 713-792-4322.

Please enter at least one overall benefit to proceed.

<b>Remaining Deductible</b> ⓘ \$ <input type="text"/> <a href="#">I don't have a deductible</a>	<b>Coinsurance</b> ⓘ <input type="text"/> % <a href="#">I don't have a coinsurance</a>	<b>Maximum Out-of-Pocket</b> ⓘ \$ <input type="text"/> <a href="#">I don't have a max out-of-pocket</a>
---	--	---

If your insurance information is out of date, please contact us at to update it, or [request to update your insurance online](#).

[USE THESE BENEFITS](#) [DON'T USE INSURANCE](#)

[SELECT A DIFFERENT SERVICE](#)

**Make sure you verify the following information before entering it in MyChart:**

**Overall Benefits Section** (See Key Terms at the end of this document)

- 1) Your remaining deductible (the amount that remains for the plan year)
- 2) Your coinsurance % (if you have coinsurance, you will need to verify what %)
- 3) Your remaining maximum out-of-pocket (the most that your insurance will pay for the year)

After you verify your benefits for your insurance plan, enter the remaining deductible, co-insurance, and maximum out-of-pocket amounts. See next page for an example.

## Estimate for 2D Screening Mammogram

Coverage Information

Enter your Humana insurance details.

Please enter your benefits. These may be found on your member card or other material provided by your insurance provider. If you can't find this information, you can contact your insurance provider at the number on the back of your insurance card. If you are still having trouble, you can contact our Financial Clearance Center at 1-844-294-4322 or 713-792-4322.

Please enter at least one overall benefit to proceed.

### Remaining Deductible ⓘ

\$ 1,000.00

[I don't have a deductible](#)

### Coinsurance ⓘ

10.00 %

[I don't have a coinsurance](#)

### Maximum Out-of-Pocket ⓘ

\$ 10000 x

[I don't have a max out-of-pocket](#)

If your insurance information is out of date, please contact us at to update it, or [request to update your insurance online](#).

USE THESE BENEFITS

DON'T USE INSURANCE

Next, select **Use These Benefits**.

An estimate will generate. To save a copy, you read and accept the disclaimer by clicking on the **Yes, I accept** button.

Deductible ⓘ \$641

\$641

Total Fees ⓘ \$808

Hospital Fees \$500

Physician Fees \$308

Insurance Covers ⓘ -\$167

You Pay ⓘ \$641

ⓘ This service may be considered out of network by your insurance provider.

Coverage Information  
✔ Humana

**Disclaimer**

I understand that the following charge information is based on historical data and is an estimate of charges for the service(s), excluding complications that may arise. I acknowledge that this estimate may not include all associated professional fees or charges for any additional tests ordered for my care. I understand that my physician may find it necessary to perform more, fewer, or different procedures at the time of service, which will affect my actual cost. My final bill will include charges for the actual services provided to me.

I acknowledge that I can contact my insurance company to verify details of my coverage to help me better understand my anticipated financial obligations.

Yes, I accept

SAVE DON'T SAVE

## Key Terms

**Co-insurance:** A method of cost-sharing between you and your insurance provider. You pay a percentage of costs as part of your contract with your insurance provider. You pay this amount even if your deductible has been met. For example, you may pay 20% of the costs of your services even after you have met your deductible.

**Co-payment:** The fixed dollar amount that you must pay out-of-pocket prior to or at the time of service. This amount is pre-determined and varies by insurance provider. It is based on your plan type and the type of service being provided. MD Anderson is contractually obligated to collect co-payments from patients when a co-payment applies to the services being provided.

**Deductible:** The specified amount you must pay for health care expenses before insurance covers the remaining costs. It is your part of the contract with your insurance provider.

**Out-of-pocket maximum:** A yearly cap on the amount of money you are required to pay out-of-pocket for health care costs, but not including the premium cost.

**Standard charge(s):** The charge amount is a fixed fee. The combination of services will determine the estimate of the total charged amount.

**Shoppable Service Estimate:** An estimate of standard charges for common shoppable services created by you from our price estimator tool in MyChart. These estimates have not been reviewed or verified because services rendered to each individual patient and their cost may vary due to treatment decisions, unforeseen complications, additional tests or services ordered by your provider, and the individual needs and condition of each patient.