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.

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.
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.
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.