

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

### **Services with Plan Specific Benefits**

Some services selected will require that you enter specific benefits in addition to overall benefits. Many plans have specific benefits for a specific service. For example, Specialist Care is an office visit with a specialist. Depending on the plan, you may have a co-pay.

Common services that have specific benefits are Specialist Care, Physical Therapy, Occupational Therapy, Telemedicine, Screening/Preventative Care, and Behavioral Health.

**Verify this information with your insurance plan to get the most accurate estimate, as these details depend on your specific plan.**

Please enter at least one overall benefit to proceed.

#### Overall Benefits

If you have benefits that aren't specific to a certain type of service, enter them here. They might be called Health Benefit Plan Coverage in the information provided by your insurance provider.

<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>
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#### Specific Benefits

This estimate involves the following service types, which might have different benefits under your insurance coverage. Check to see if you have benefits specific to any of these service types.

	Copay (\$)	Remaining Deductible (\$)	Coinsurance (%)	Maximum Out-of-Pocket (\$)
BEHAVIORAL HEALTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

After you have confirmed your plan's specific benefits, enter them in the specific benefits section in the Coverage Information area of the MyChart estimate tool.

\*How you enter benefits in this area is specific to your plan. Review examples on the following pages.

## Scenario 1- Co-Pay Only:

John wants to know how much he will owe for a behavior health visit. John verifies with his insurance plan that it applies a \$35.00 copay for behavioral health visits.

John would enter his benefit information as indicated below. Entering his overall benefits, but then in the plan specific section, entering the copay amount of \$35, \$0 in remaining deductible, 0 in coinsurance, and the amount of the remaining maximum out-of-pocket.

Please enter at least one overall benefit to proceed.

### Overall Benefits

If you have benefits that aren't specific to a certain type of service, enter them here. They might be called Health Benefit Plan Coverage in the information provided by your insurance provider.

<b>Remaining Deductible</b> ⓘ \$ 250.00 <a href="#">I don't have a deductible</a>	<b>Coinsurance</b> ⓘ 25.00 % <a href="#">I don't have a coinsurance</a>	<b>Maximum Out-of-Pocket</b> ⓘ \$ 5,000.00 <a href="#">I don't have a max out-of-pocket</a>
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### Specific Benefits

This estimate involves the following service types, which might have different benefits under your insurance coverage. Check to see if you have benefits specific to any of these service types.

	Copay (\$)	Remaining Deductible (\$)	Coinsurance (%)	Maximum Out-of-Pocket (\$)
BEHAVIORAL HEALTH	35.00	0.00	0.00	5,000.00

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](#)

After the benefits are entered, click **Use These Benefits** and the tool will process the plan benefits and give you an estimate based on what was entered.

In this example, John will owe \$35 for his visit and insurance covers the rest.

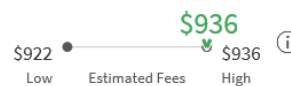
### You Pay

\$35

Copay ⓘ

\$35

### Details



Total Fees ⓘ	\$936
Hospital Fees	\$532
Physician Fees	\$404
Insurance Covers ⓘ	-\$901
You Pay ⓘ	\$35

## Scenario 2 No Co-Pay, Subject to Deductible and Co-Insurance

Sally calls her insurance company and verifies that co-pays do not apply for behavioral health visits. This means she is responsible for her deductible and coinsurance until deductible and out-of-pocket max are met. Her remaining deductible is \$250, she has a 10% coinsurance, and \$3,000 remaining

on her maximum out-of-pocket. She can enter her information in the Overall Benefit section and leave the specific benefits blank as shown below.

**Estimate for TEST\_Shoppable PSYCHOTHERAPY WITH PATIENT, WITH EVALUATION & MANA...**

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.**

**Overall Benefits**  
If you have benefits that aren't specific to a certain type of service, enter them here. They might be called Health Benefit Plan Coverage in the information provided by your insurance provider.

<b>Remaining Deductible</b> ⓘ \$ 250.00 <a href="#">I don't have a deductible</a>	<b>Coinsurance</b> ⓘ 10.00 % <a href="#">I don't have a coinsurance</a>	<b>Maximum Out-of-Pocket</b> ⓘ \$ 3000.00 × <a href="#">I don't have a max out-of-pocket</a>
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**Specific Benefits**  
This estimate involves the following service types, which might have different benefits under your insurance coverage. Check to see if you have benefits specific to any of these service types.

	Copay (\$)	Remaining Deductible (\$)	Coinsurance (%)	Maximum Out-of-Pocket (\$)
BEHAVIORAL	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEALTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Select **Use These Benefits** to generate the estimate. Sally is subject to her remaining deductible and 10% coinsurance for this service.

**Estimate for TEST\_Shoppable PSYCHOTHERAPY WITH PATIENT, WITH EVALUATION & MANA...**

The Financial Clearance Center team is available to answer your questions about your estimate. They can guide you and give you information about insurance coverage, costs and payment options. You can reach the team by phone at 1-844-294-4322 or 713-792-4322, or you may send them a message in MyChart. They are available Monday-Friday, 8 a.m.-5 p.m. Learn more about insurance and billing at [mdanderson.org/InsuranceandBilling](http://mdanderson.org/InsuranceandBilling)

<b>You Pay</b>	<b>Details</b>										
<p><b>\$299</b></p> <p>Deductible ⓘ \$250</p> <p>10% Coinsurance ⓘ \$49</p>	<p>\$922 ● Low Estimated Fees High \$936 ⓘ</p> <table border="1"><tr><td>Total Fees ⓘ</td><td>\$936</td></tr><tr><td>Hospital Fees</td><td>\$532</td></tr><tr><td>Physician Fees</td><td>\$404</td></tr><tr><td>Insurance Covers ⓘ</td><td>-\$637</td></tr><tr><td><b>You Pay ⓘ</b></td><td><b>\$299</b></td></tr></table>	Total Fees ⓘ	\$936	Hospital Fees	\$532	Physician Fees	\$404	Insurance Covers ⓘ	-\$637	<b>You Pay ⓘ</b>	<b>\$299</b>
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