

What you should know about **OUT-OF-POCKET TREATMENT COSTS**



Out-of-pocket health care costs are on the rise across Florida because health insurers are increasingly designing benefit plans to shift costs onto people who need treatment the most.

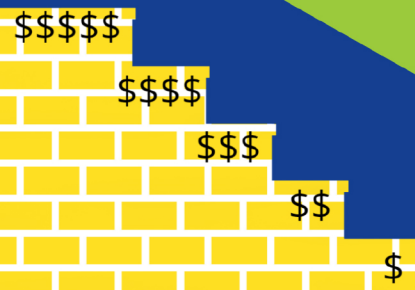
Learn How:

COINSURANCE

Instead of requiring a copay (a fixed, manageable cost) for medications, insurers are requiring patients to pay coinsurance – a percentage of the total drug cost. Coinsurance often ranges between 20 and 50 percent of the total treatment cost and can mean hundreds or thousands of dollars out-of-pocket for one prescription.

**POTENTIAL
COINSURANCE
BREAKDOWN:**

Patient Pays 50%	Insurer Pays 50%
TOTAL DRUG COST	

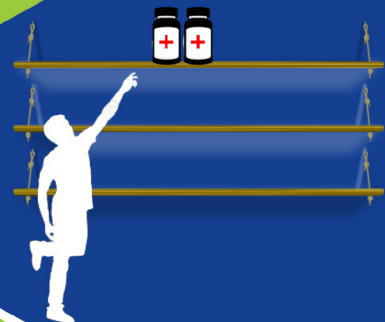


SPECIALTY TIERS

Insurance companies have traditionally organized their formularies – the lists of drugs that they cover – into three tiers, with fixed copays for each tier. Now, insurers are moving medications onto higher, so-called “specialty tiers,” which require coinsurance rather than copay – and where there is no cap on what a patient must pay.

ADVERSE TIERING

When health insurers move all available medications (even generics) prescribed for certain conditions to the highest specialty tier, it is known as “adverse tiering.” Adverse tiering pushes treatment out of reach for entire patient populations, especially if individuals are diagnosed in the middle of a health plan year.



For more information & to take action, visit www.FAIRx.org.