BAYSIDE
OPHTHALMOLOGY

Patient Responsibility Fact Sheet

Even if you have insurance and the services are "covered," you may have to pay out of pocket depending on how your medical plan is structured. The key is knowing the difference between copays, deductibles, coinsurance, and your out-of-pocket maximum since all of these are trade-offs for higher or lower monthly premiums.

o Copay is a set amount you pay for certain services, most typically a doctor's office visit. Copays may also apply to diagnostic testing/imaging and surgical procedures.

o Deductible is a set amount that you must pay before health insurance will begin paying. If the provider is in-network, you get the benefit of the contracted pricing between your provider and the health insurance company, but the "covered amount" is still your responsibility until the deductible is satisfied.

o Coinsurance is a set percentage that you pay for services throughout the policy period. For example, if there is 10% coinsurance, you pay that amount for each applicable service and your health plan pays the remaining 90%. If you have a deductible as well, that amount must be satisfied first before coinsurance applies.

o Out-of-Pocket Maximum takes all of the above patient responsibility amounts and sets a cap so if you have a policy year with unexpectedly high utilization, there is some protection in place. Health plans have different combinations of patient responsibility amounts, so read your plan summaries carefully!

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For our patients electing advanced technology lenses, any copay/deductible/ coinsurance for the "covered" portion of the underlying cataract surgery would be in addition to non covered fees. Remember, for cataract surgery there are three billing entities: the surgeon (Dr. Montenegro), the facility (ambulatory surgery center), and anesthesia. If calling your insurance plan to verify costs, the cataract surgery code we most commonly bill is 66984 and our NPI (National Provider ID) is 1063104024.

For our Medicare patients:

o Medicare has Part A coverage for hospital services and Part B coverage for physician/professional services. There is an annual deductible each year and on going coinsurance of 20% even after the deductible has been satisfied.

o Most patients who use "traditional" Medicare purchase supplemental insurance to pick up the 20% coinsurance amounts and sometimes even the annual deductible.

o Medicare beneficiaries can also choose to sign up with a Medicare Advantage plan, which are managed by commercial insurers, instead of using "traditional" Medicare. They are essentially moving their coverage (hopefully in exchange for lower pricing or additional benefits) to Aetna, Cigna, United HealthCare, or any number of other carriers. However, the patient is typically subject to in-network, prior authorization, and other restrictions, so make sure there is no negative impact on existing care or access to existing providers.