

Find out if your insurance plan covers your medication

Here are some sample questions to ask your insurance company so you can get relevant information and know what to expect when filling your prescription.

Keep in mind that your prescriptions may be managed separately from your medical insurance, so be sure to call the customer service number of your prescription insurance plan to find out.

Does my insurance plan cover my medication?

Once you get an answer, use the follow-up questions from the sections below to gain additional information and plan for next steps.

My insurance plan covers my medication

Are there any specific requirements or steps my doctor or I need to take, such as **prior authorization** or **step therapy**?

Is this considered a commercial plan? (If so, you may be eligible for a **savings offer** on your prescription from Novo Nordisk.)

What would my cost be? Is it considered a **copay** or **coinsurance**?



Terms to know

Prior authorization is your insurance company's decision to cover the cost of your medication, after reviewing your medical history and agreeing that this prescription is medically necessary for you. Many insurers require prior authorization before they will cover certain prescriptions.

Step therapy is when an insurance company requires patients to try a preferred medication before covering another. For example, you might try a generic version before the brand-name version.

A **copay** is a flat fee you pay for your prescription.

Coinsurance is a percentage of the cost of your prescription.



Want to learn more about health insurance?

Gabby, your health insurance guide, can help at [DB.HealthInsuranceEd.com](https://www.DB.HealthInsuranceEd.com).

My insurance plan covers my medication (cont'd)

Have I met my **deductible** for the year? If not, how much remains? How much will my cost be afterward?

Have I hit my **out-of-pocket maximum** for the year? If not, how much remains? How much will my cost be afterward?

Terms to know



A **deductible** is a fixed amount that you are responsible for paying per year before your insurance company will begin to cover part of the overall cost.

An **out-of-pocket maximum** is the most you'll have to pay for health care services in a benefit year. After you spend this amount on deductibles, copayments, and coinsurance for in-network care and services, your health plan pays 100% of the costs of health care services.

Are there other things to consider to ensure I'm getting the best price?
For example, can I save money by trying a 90-day prescription or a mail-order pharmacy?

My insurance plan does not cover my medication

Are there any other options to get my medication covered by insurance, such as exceptions or appeals?
If so, what do I need to do?



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