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FALL 2015

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Recent Television News Stories Highlight FAIR Health’s Consumer Tools

In case you missed it, FAIR Health’s consumer cost lookup tools were highlighted recently on network television as an effective way to estimate medical and dental care costs. View the clips: [Good Morning America](#); [CBS Nightly News](#)

Be Open During Enrollment Season!

Its open enrollment season again—the time when you enroll (or re-enroll) in a health coverage plan for the coming year. Although open enrollment season is generally from October through December, this time frame varies by plan sponsor. With so many different types of plans, which choice is the best one for you? We’d love to tell you, but only you know the answer. After all, one plan does not fit all.

If you do not have health coverage, you may want to think about buying it this year, to protect yourself and your family against the possibility of costly healthcare bills. If you do currently have coverage, you may be wondering whether to re-enroll in the plan you have, or choose a new one. So, what are some of your options for enrolling in a plan?

- You can enroll (or re-enroll) in an employer-sponsored health plan, or you may be covered as the spouse or dependent of a relative with coverage through their employer.
- If you don’t have employer-based coverage, you can purchase coverage online by using the federal Health Insurance Marketplace (www.healthcare.gov) or through your state’s health insurance exchange.
- You or your family members may be eligible to enroll in an affordable public health coverage program, including Medicare, Medicaid or The Children’s Health Insurance Program (CHIP).

Too many choices? We’re here to help! In this issue of **FAIR Health Consumer Access**, we explore the different ways to get coverage, direct you to explanations of the different plan types and give you tips about planning your costs based on where you get care. And, if you’ve ever wondered what cost has got to do with choosing a health plan, we explain.

But that’s not all! Be sure to visit FAIR Health’s free consumer websites—www.fairhealthconsumer.org (English) and www.consumidor.fairhealth.org (Spanish)—and download our mobile apps, **FH[®] Cost Lookup** (English) and the newly-released Spanish-language version, **FH[®] CCSalud**.^{*} These tools enable you to estimate the cost of medical and

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dental services in your area and offer educational resources to help you navigate the healthcare system.

This open enrollment season, keep an open mind, and only choose a plan after you have compared how each of your coverage options impacts your health and wallet. After all, the wisest healthcare consumers tend to be the choosiest.

*The development of FH CCSalud was supported by a grant from the New York Community Trust.

Be Choosy!

Under the Affordable Care Act (ACA), health coverage has become a requirement; everyone above a certain income level must have health insurance or pay a penalty, with some exceptions. That means that over the next few months, many consumers will be enrolling in a health coverage plan for 2016. It's important to remember that there are different options for coverage—the best plan for your neighbor might not work for you. Here is how you can be choosy when it comes to picking the plan that suits you and your family best! **Three questions to help you pick the right plan.**

Question 1: What are my options for getting coverage?

Get your coverage through your job or a family member's job.

Most people in the U.S. get health coverage through their jobs. In general, employers are required to offer insurance to full-time staff. You may also be covered through your spouse or parent if their employer provides family coverage—or, if you are a college student, through your school. Some employers offer one plan, while others give you a range to choose from, all with different benefits and costs. You may have the option of covering yourself or your whole family. Remember, many, but not all, employer open enrollment periods coincide with the ACA's open enrollment season.

Buy your own coverage through the marketplace.

If you aren't covered through your job or a family member's job, you can buy coverage directly from an insurance company, or through special federal and state marketplaces set up through the ACA. During the federal open enrollment period—November 1 through January 31, 2015—you can enroll in a health plan through the Health Insurance Marketplace for annual coverage that can start as soon as January 1, 2016 and as late as March 1, 2016. Some may be eligible to enroll during other times of the year, as well. The federal government's website, www.healthcare.gov, explains your federal plan options and also provides links to each state's marketplace.

Apply for public programs.

Depending upon your circumstances, you may be eligible for the following public programs that offer affordable health coverage to the elderly, disabled and people who cannot pay for a plan:

- **Medicare** covers the elderly (65 and older) and disabled. You can apply for Medicare online at www.socialsecurity.gov, or in person at your local Social Security office.
- **Medicaid** covers people who cannot afford health coverage. Eligibility, coverage and costs are different in each state. If you apply for coverage through www.healthcare.gov, or your state's online health insurance

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marketplace, the site you visit will determine if you are eligible for Medicaid in your state. You do not have to wait for an annual open enrollment period—you can apply for Medicaid any time.

- **The Children’s Health Insurance Program (CHIP)** covers children in need whose family income is too high to be eligible for Medicaid. Some state programs also cover parents and pregnant women. Eligibility, coverage and costs differ by state. You can apply for CHIP any time by visiting your state’s online health insurance marketplace.

Read our FH Health Insurance 101 articles for more information about [getting covered](#) and to learn about [dental plans](#) and [pediatric dental coverage](#).

Question 2: What’s cost got to do with it?

Wherever you receive your coverage, you may have a choice of plan types—like [HMOs](#), [PPOs](#) or [high-deductible plans](#)—that feature different benefit levels at different costs. You will usually have some out-of-pocket cost-sharing requirements when you use your coverage, like [deductibles](#), [copays](#) and [co-insurance](#). Learn more by reading our FH Health Insurance 101 [cost-sharing](#) article.

Cost-sharing means your insurer pays for part of your care, and you pay for part. It’s important for you to know the cost-sharing requirements for each plan option you are considering. Read your plan description (available from your health plan or its website) to understand all of your costs, from monthly premium payments to copays and deductibles. Find out the answers to questions like:

- What cost-sharing features are part of each plan?
- Do certain services require higher copays?
- Do you have a separate deductible for individual and family coverage, or for different types of coverage, such as medical or prescription benefits?
- What costs count toward the deductible? Are there services that are not covered?
- Do you have an out-of-pocket limit, and what is it?

To avoid out-of-network costs:

- Ask your provider to refer you in-network first unless there is a specific reason why you want to go out-of-network.
- Before making an appointment with a new provider, ask if they participate in your plan’s network.
- Remember that the law in New York State protects consumers if they have checked to make sure that all of their providers—including doctors, hospitals and other facilities (e.g., labs, imaging centers)—were in their plan’s network, and later received a “surprise bill” for services.

Question 3: Is my doctor in my plan’s network?

While cost is often a primary concern for consumers when selecting a health plan, provider choice can be a close

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second. When you review the plan options available to you during open enrollment, keep handy a list of all of the providers your family regularly sees. Pediatricians, OB/GYNs, and practitioners providing care for ongoing, long-term conditions, like diabetes or behavioral health issues, all have established relationships with you and your family members. If you live in New York, the good news is that New York State requires doctors and hospitals to provide information about the networks in which they participate. Insurers also must provide this information. Wherever you live, check the provider directories on the websites of the health plans available to you to verify provider participation and help ensure continuity of care for you and your family members.

The Right Fit?

Understanding narrow provider networks

Health plans negotiate the price of medical services with certain doctors, hospitals, labs, pharmacies and other providers so the plan, and you, pay a lower cost. These providers are in your plan's "network." If you visit providers who are not in your network, you may have to pay more. Today, many insurers offer plans with "narrow" networks. These plans have a lower monthly premium, but as a trade-off, give you a more limited choice of providers. Many plans sold in the health insurance marketplace have narrow networks, and some employers offer them, too. If you have one of these plans, it's important to know which providers are in your network to avoid high out-of-pocket costs.

Plans with narrow networks, just like all health plans, must meet requirements set by state insurance and health laws, and other regulations. For instance, narrow network plans must have an "adequate" network of providers in each city or region they cover, and include certain types of providers, like primary care doctors and specialists. The definition of "adequate" differs from state to state, but it generally means a plan must have enough providers to deliver the services and coverage that it promises to its members.

How do I know if a plan has a narrow network?

A narrow network simply describes the number of providers in the health plan's network. Often, you may not even realize your plan uses one. To find out about the providers available to you, call the insurer, or check the insurer's online provider directory. Use our Questions to Ask Your Insurance Plan as a guide. Since networks can change, you should also ask your doctor if he or she is in the plan's network before selecting it at open enrollment time. The size of the provider network can also vary with different plan types. Learn more about different types of plans. Remember, New York State requires doctors and hospitals to provide information about the networks in which they participate.

Is a narrow network health plan right for me?

The best plan for you depends on your family's specific health needs. Health plans with narrower networks typically

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have lower premiums. But, they also limit the number and type of providers available to you. If you are young and healthy, a plan with a narrow network may be a reasonable choice. The lower premiums may balance out the smaller network if you usually only visit your doctor for regular checkups, and don't see a lot of specialists or require many medical tests.

How do I manage my costs in a narrow network plan?

If you visit a provider that is not in your plan's network, you will likely have to pay more, for two reasons. First, that provider has not agreed to accept your plan's reimbursement rate and can charge their usual full cost. Second, some plans with narrow networks do not cover any costs for care you receive from out-of-network doctors, leaving you to pay the full price yourself.

If you find that you are in a narrow network plan, or choose to enroll in one, you can follow these steps to manage your costs:

Step 1:

If you have a regular primary care physician, check that her or she is in your plan's network. You should do the same for all your regular providers, including any specialists that you visit, labs where you have blood drawn and the hospital you prefer. Make sure that the doctors you might visit at that hospital are in the network too.

Step 2:

Review the amount and types of care your family received in the past year. Did you visit one provider or many different specialists? Do you need ongoing care for a chronic condition, like diabetes? If you visit many different providers in a year, a narrow network may not be right for you.

Step 3:

If an insurer offers a choice of different plans, evaluate the networks in each carefully to make sure you have access to the providers you need. Check the plan's provider directory, which is usually on the insurer's website. You can often search by your zip code and type of provider (for example, pediatricians, OB/Gyns) to get an idea of the number of providers near where you work or live. Insurers offer many different types of plans, so make sure you look at the network for your specific plan.

Step 4:

When you call your insurer or check their website, make sure to find out:

- Is this a narrow network plan?
- Are your doctors in the network, including specialists?
- What hospitals are your doctors affiliated with? Are they in the network, too?

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- How many network providers are close to where you live and work?

If you are selecting a new doctor listed in the plan's directory, are they accepting new patients?

Share Your “Words from the Wise Consumer”

Here at FAIR Health, we're interested in knowing if you have used our website or mobile app to help you choose your health plan, discuss cost with your doctor or manage your expenses. If you have, we'd love to hear your story. In fact, we often consider consumer feedback when we plan changes and enhancements to our website and mobile app to help ensure that they continue to meet the changing needs of healthcare consumers like you. [Click here](#) to complete a quick survey about our site, e-mail us at consumer@fairhealth.org or call us at 1-855-LOOKUP (566-5871).

We Want to Hear From You!

E-mail Us at consumer@fairhealth.org with future topics to feature in *FAIR Health Consumer Access*.

[Take Our Survey](#) and let us know how we can improve the *FH Consumer Cost Lookup*.

Tell Us

How have our consumer tools and resources helped you? E-mail us at consumer@fairhealth.org.