

# FAIRHEALTH<sup>®</sup>

## Consumer

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SUMMER 2016

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## When It's Hot—and You're Not Feeling So Hot

Although winter is the season when colds and flu are on the rise, summer has its health pitfalls, too. For a variety of reasons, emergency room (ER) visits peak in the summer. Health experts agree that outdoor activities are important for your overall well-being—and your peace of mind. Still, summer fun can come at a price. Increased bike riding, skateboarding, diving and other outdoor activities may lead to accidents. People can get hurt by the fireworks they set off to mark the Fourth of July, and can suffer from insect bites, team sports-related injuries, sunburn, heatstroke and other unexpected injuries and conditions. Even if you avoid all those hazards, you can still get a summer cold.

We hope that you take precautions and have a happy and healthy summer. [These summer safety tips](#) for kids from the Centers for Disease Control and Prevention (CDC) can help. But, if your summer fun does result in a medical visit, this issue of *FAIR Health Consumer Access* explains where to go for care. The best first stop may not be the ER, or even your family doctor's office. For convenient treatment of health problems that are not emergencies, many people receive care at urgent care centers and retail clinics. To know your options about where to get care, read [Where to Go for Healthcare](#).

When choosing where to go for healthcare, think about what your insurance will cover. Health plans differ in their details, and knowing about the specifics of your coverage can save you money. For example, some plan types require you to get your primary care physician's (PCP's) approval before you go to a specialist. Others don't. Some plan types will pay part of the cost if you receive care outside your network of doctors, hospitals and other providers. Others won't. For more information, read [How Health Plans Work](#).

Stay healthy this summer. But, if you do need medical care, it pays to be prepared.

## Where to Go for Healthcare

What's the best place to go when you're sick? It all depends. If you have a serious illness or condition, call 911 or go to your nearest emergency room (ER). But, if it's not an emergency, you have several options. Those include your doctor's office, an urgent care center and a retail clinic.

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## Emergency Rooms

Health insurers usually define an “emergency” as a situation when your symptoms are so severe that, without immediate care, your health or life could be in serious danger. To be covered for an ER visit, you have to be having a real emergency. If you’re not sure that you’re having one, call your regular doctor before you go. But, if you feel strongly that you need care right away, go to the ER first and call your insurer later.

To handle emergency cases, ERs are open 24 hours a day, seven days a week. It can be expensive for hospitals to support all the equipment and staff that an ER requires. So, visits to the ER generally cost much more than those to other places of care. You’ll generally have higher copays or coinsurance for ER visits than for other medical visits.

Going to the ER in a hospital that’s in your health plan’s network will usually cost you less than going to an out-of-network ER. (For more about networks, read [How Health Plans Work](#).) But, many health plans cover part of the costs of emergency care even if you have to go to an out-of-network hospital. In some states, the law protects you on that issue. For example, in [New York State](#), your out-of-pocket costs for emergency care are generally limited to the amount required under your plan’s in-network rules.

## Your Doctor’s Office

Even if your health plan does not require a PCP, it’s a good idea to have one. A PCP—your family doctor—knows the medical history of all of your family members and can keep track of any chronic conditions, such as diabetes and asthma. Your PCP also can refer you to a specialist if you need one, and coordinate care with specialists.

If you have a PCP and you have a non-emergency, routine illness or injury, it can make sense to go to that doctor first. In fact, some plans require that you see your PCP before receiving specialist care. You’ll usually have to make an appointment during regular office hours. But, under most health plans, you pay less for seeing your PCP than if you go to a specialist (read [How Health Plans Work](#)).

## Urgent Care Centers

Suppose you have an illness or injury that isn’t serious enough for the ER, but you want it taken care of right away. You don’t want to make an appointment or wait for your doctor’s regular hours. Then, an urgent care center might be right for you.

Urgent care centers have become more popular in recent years because they offer a convenient alternative to both the ER and the doctor’s office. They provide care after regular business hours and on weekends. You can make an

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appointment or just walk in.

Urgent care centers can treat infections, sprains, broken bones, cuts that require stitches and many other conditions. They usually have their own labs and X-ray machines. They're not suited, however, for major wounds, heart attacks or strokes: those should be treated in the ER. Most health plans have urgent care centers in their networks. The copay for an urgent care center is usually higher than for a PCP but lower than for an ER.

### Retail Clinics

Another setting for care that has grown in popularity is the retail clinic. You can find retail clinics in pharmacies, supermarkets, malls and shopping centers. As with urgent care centers, you can make an appointment or walk in. But, retail clinics treat a more limited range of conditions than urgent care centers. They treat minor, common complaints like ear infections, allergies and sunburn. Some also provide preventive care, such as flu shots. They're more often staffed by nurse practitioners or physician's assistants than doctors.

Most health plans cover retail clinics. Even if you're uninsured and have to pay out of pocket, the prices may be lower at a retail clinic than in other places of care.

Remember: It's good to have a PCP to coordinate your care. But, for true emergencies, the ER is the place to go. And, for less serious medical problems, urgent care centers and retail clinics can be convenient and affordable.

### How Health Plans Work

What's the difference between in-network and out-of-network healthcare? Do you have an HMO, a PPO or another type of health plan? Understanding how your health plan works can help you get the most out of your benefits.

### Health Insurance: Sharing the Costs

Health insurance can help protect you from the high costs of healthcare. But, no matter what your health plan, you'll likely have to pay something. In addition to your premium (a regular payment to buy and keep up your coverage), most health plans require cost sharing. That means you pay part and your insurance pays part. Your costs may include:

- **A deductible:** a set dollar amount that you must pay each year before your plan starts paying for healthcare services;
- **A copay** (or copayment): a set dollar amount for each in-network doctor visit and many services; and/or
- **Coinsurance:** a percentage of the cost of the service.

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## How Networks Affect Costs

One factor that can affect the costs of using health insurance is whether you get care in or out of your health plan's network. Your insurer has contracts with a number of providers—doctors, hospitals, labs, pharmacies and so on. Those providers agree to take your insurer's contracted rate as payment in full for their services. Those providers make up your network.

If you get care from providers in your network, you'll almost always pay less than if you get it from providers outside the network. That's because the providers outside the network have not agreed with the insurer beforehand on a set rate for the services. So, the health insurer makes sure you share at least some, if not all, of the cost for that out-of-network care. How they do so depends on what type of plan you have.

## Types of Plans

Your health insurance ID card usually tells you what type of plan you have. If yours doesn't, you can find out by calling your insurer. Two of the most common types of plans generally don't pay for out-of-network care. Two other types will pay part of the costs.

The two that don't pay for out-of-network care are:

- **Health Maintenance Organization (HMO).** In an HMO, you get all of your care from providers in your plan's network. When you join, you choose a PCP who refers you to specialists, if needed. If you visit a provider outside the network, you have to pay the full cost. Many HMOs (and other plan types) make an exception for out-of-network emergency care; see [Where to Go for Healthcare](#).
- **Exclusive Provider Organization (EPO).** In an EPO, you're not required to have a PCP. You can see any doctor you want in your plan's network, without a referral. But, if you visit a doctor outside your plan's network, you have to pay the full cost.

The two that pay part of the costs for out-of-network care are:

- **Point of Service plan (POS).** In a POS, you choose a PCP who refers you to specialists, if needed. He or she can send you to in- or out-of-network providers. But, if you go out of network, your costs are higher. You don't have to pay the full cost, but you pay a bigger share than you would have if you had stayed in network.
- **Preferred Provider Organization (PPO).** In a PPO, you're not required to have a PCP. You can see any doctor you want without a referral, in or out of network. But, if you visit a doctor outside the network, your costs will be higher.

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An HMO and a POS are similar in that they both require a referral from your PCP for you to see a specialist. An EPO and a PPO are similar in that they don't require a PCP, and, consequently, don't require you to get a referral. But, most plans usually require a higher copay for seeing a specialist than they do for seeing a PCP.

Before you get sick, it's a good idea to know what type of health plan you have. Read your plan documents, visit your insurer's website or call your insurer to ask about your plan specifics. Then, if you do get sick, you can focus on getting better rather than wondering about costs.