

# FAIRHEALTH<sup>®</sup>

## Consumer

# ACCESS



WINTER 2016

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## An ounce of preparation...makes a confident consumer!

Welcome to the Winter 2016 issue of *FAIR Health Consumer Access*! While the wintry season is typically a time to focus on staying healthy, it's also a good time to take stock of what your health coverage means for you. In our last issue, we shared some tips about choosing the health plan that best meets your needs. Now that you are enrolled, we're sharing tips on becoming a prepared—and confident—user of your healthcare coverage. (And, if you are not enrolled, you may still be eligible to sign up. Learn more [here](#).)

Of course, if you're feeling fit as a fiddle, a doctor's visit may be the last thing on your mind. But, if you or a family member need care in the future, doing the prep work now will make it easier for you to make the most of your healthcare dollars later on.

Whether you have coverage from your employer, a public health exchange or a public program such as Medicaid or Medicare (or the Children's Health Insurance Program [CHIP], for your children), you likely have a health insurance ID card—and possibly one for each covered family member—as well as a summary of your benefits. Keep those items handy—they have important information you'll need to know when you go for care.

And, of course, read this issue of *Consumer Access*! We offer tips on using your benefits wisely, the basics of how health plans work, how to estimate the cost of your care based on where you are treated and questions you can ask your doctor or dentist before receiving care.

An ounce of prevention may be worth a pound of cure during the cold winter season, but an ounce of preparation makes a confident consumer all year long.

## It's basic! Understanding how your health plan works

Many insurers offer different types of health coverage plans. Employers may offer a variety of health coverage plan types, too. It's important to understand how your particular health plan works because the costs, coverage and rules differ for each. Finding out how your plan works can help you save on costs and avoid headaches later on.

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### Identifying your plan type

How do you know what type of plan you have? The first place to look is your ID card. In most cases, the front of the ID card will include the plan type. If you don't see it, call your insurer's number listed on your card. The customer service representative should be able to tell you your plan type based on your member ID number.

You may be enrolled in an HMO, PPO, POS or EPO. To learn more, read our *FH Health Insurance 101* article on [Types of Health Plans](#).

### Different plan types have different rules for receiving and paying for coverage

When you confirm the type of plan you have, you will need to find out the answers to these questions:

- Does my plan require that I have a primary care physician (PCP)?
- Can I see a specialist I choose from my network or do I need to see my PCP first?
- Can I see providers outside my network and still receive coverage?
- What are my costs each time I see a provider?
- Are my costs limited to a copay, or do I have to pay coinsurance, too?

### Common types of costs

Here are typical out-of-pocket costs you will have to pay, depending upon your plan type:

- **Premium.** A payment to buy and keep up your coverage, often made on a monthly basis. If you have coverage through your job, your employer may pay part or all of your premium. Almost all plans require you to pay some kind of premium.
- **Deductible.** A set dollar amount you must pay out of pocket each year before your plan starts paying for services. Plans may have separate deductibles for individuals and families, or for types of coverage like medical care or prescription drugs.
- **Copay (or copayment).** A set dollar amount for each doctor visit or service, such as \$20 to visit your PCP. Copays may be higher for some services. For instance, you may pay \$20 to visit your PCP, but \$30 for a specialist. Some preventive services, like yearly health exams, flu shots and mammograms, may not need a copay.
- **Coinsurance.** A percentage of the cost of a service (for example, you pay 20 percent, your plan pays 80 percent).

### High-deductible health plans (HDHPs)

Some of the plan types listed above may require a higher than usual deductible. These HDHPs have lower premiums than traditional health coverage, but you have to pay a deductible each year before your plan starts paying for your care. Usually, there are deductibles for each individual family member and an overall family deductible. Amounts paid toward individual deductibles can be added up to help meet the family deductible.

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After meeting the deductible, you may still have other costs, like copays, and in some cases, coinsurance. Some HDHPs may cover preventive services and programs even if you haven't met your deductible. Ask your plan about which preventive services and programs may be covered before the deductible is met.

### Tips for managing the costs of HDHPs include:

- Find out from your plan which costs count towards your deductible (e.g., medical care, prescription drugs).
- Keep a copy of your healthcare receipts, as well as any bills and Explanations of Benefits (EOBs) you receive. Those records will help you keep track of your healthcare costs. That way, you will know when you have met your deductible.
- On the [FH Consumer Cost Lookup](#), find cost estimates for services and procedures you may need. Knowing how much you may have to pay can help you plan your healthcare expenses.

To learn more about managing your deductible, read our *FH Health Insurance 101* article on [High-Deductible Health Plans](#).

### Ready, set, ask!

Now that you are ready to see your doctor, it's important that you know what your specific costs will be. The complete answer to that question depends upon information that only your doctor's office can provide. Review the list of questions below, or, better yet, download the questions and take them with you to your appointment.

### Here are some questions to ask your provider's staff *before* you receive treatment:

- Do you participate in my plan's network? If not, how much can I expect to be billed for my appointment?
- Will my insurance plan's payment cover the full cost of this out-of-network visit? If not, will you expect me to pay the difference between your bill and what you are paid by the insurance company?
- Will your office check with my plan to determine if preauthorization is required for any tests or procedures?
- Will you be performing or ordering services not typically covered by my plan?
- Can you tell me which procedure codes you likely will submit for the services I will receive? (CPT® or HCPCS codes for medical; CDT® codes for dental)
- Do you offer payment options or discounts or otherwise negotiate your fees for services that are out of network or not paid by my plan?
- Will my surgery/procedure be performed at an in-network facility? Will all of the providers (such as anesthesiologists and radiologists that I see at the hospital or outpatient facility) be part of my plan's network?

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For the full list of questions, read and download our *FH Health Insurance101* article on [Questions for Your Provider](#).

### For more information

- **Answers to specific questions.** For answers to specific questions about your coverage, including charges that appear on your EOBs or bills you may have received, contact your insurer at the customer service number on your ID card.
- **Cost estimates and answers to general questions.** To access tools that can help you estimate the cost of medical and dental services in your area and educational resources to help you navigate the healthcare system, visit FAIR Health's free consumer websites—[www.fairhealthconsumer.org](http://www.fairhealthconsumer.org) (English) and [www.consumidor.fairhealth.org](http://www.consumidor.fairhealth.org) (Spanish)—and download our mobile apps, **FH<sup>®</sup> Cost Lookup** (English) and the newly released Spanish-language version, **FH CCSalud**.\*

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

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### We Want to Hear From You!

E-mail Us at [consumer@fairhealth.org](mailto: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](mailto:consumer@fairhealth.org).