**Words That Impact Your Health Savings Bill**

Defensive

The amount you pay for medical expenses before the insurance plan begins to cover any additional expenses.

In-network

A health plan’s decision.

Out-of-Pocket Maximum

The amount you must pay for medical expenses before the insurance plan begins to cover any additional expenses.

Formulary

A list of drugs covered by a particular health plan.

**Key Terms**

Out-of-Pocket Costs:

The costs you pay for health care until you reach your deductible.

Deductible:

The amount you must pay before the insurance plan begins to cover any additional expenses.

Insurance Plan:

A contract between an insurance company and an individual or group that provides health insurance coverage.

Insurance:

A contract between an insurance company and an individual or group that provides health insurance coverage.

Insurance Policies:

A contract between an insurance company and an individual or group that provides health insurance coverage.

Insurance Companies:

An organization that sells insurance policies and provides coverage for medical expenses.

Insurance Providers:

A company that provides health insurance coverage.

Insurance Carrier:

A company that provides health insurance coverage.

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The Ins and Outs of Preventive Care

Preventive care is an important part of overall health. It helps to detect and treat health problems early, prevent diseases, and reduce the risk of developing serious health conditions. Preventive care includes regular check-ups, screenings, and other tests that can help you stay healthy and reduce your risk of illness.

How is My Plan Structured?

Your health plan is made up of different parts. Each part covers different services and is paid for in different ways. Here are some key parts of your health plan:

1. **Primary Care**: This includes services provided by your doctor or other healthcare providers, such as a nurse, physical therapist, or pharmacist. Primary care is usually the first level of care you receive when you see a provider.
2. **Specialty Care**: This includes services provided by specialists, such as cardiologists, oncologists, or psychiatrists. These providers may have been referred to you by your primary care provider.
3. **Hospital Services**: This includes services provided in a hospital, such as stays in the hospital or emergency department visits.
4. **Outpatient Services**: This includes services provided outside of a hospital, such as doctor visits or therapy sessions.

What are Specialty Pharmacies?

Specialty pharmacies are used to fill prescriptions for medications that are used to treat illnesses that are chronic, rare, or long-term. These medications may include biologics, immunosuppressants, or certain cancer drugs. Specialty pharmacies are usually located at a specialty pharmacy or an independent pharmacy.

Frequently Asked Questions

1. **Should I get a second opinion?**
   - If you or your doctor have any questions about the treatment plan, you can ask for a second opinion.
   - Your health plan may require you to get a second opinion before you can receive certain services.
   - You may also be required to get a second opinion if you have a chronic, rare, or long-term illness.

Understanding Your Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a document that shows the charges, payments, and benefits for a specific service or claim. It is sent to you by your insurance company after a claim has been processed.

EOB explanation includes:
- **Provider Information**: This includes the name and address of the provider.
- **Claim Information**: This includes the date of service, the service performed, the charge, and the payment.
- **Benefit Information**: This includes the benefit amount, the benefit type, and the benefit code.
- **Payment Information**: This includes the payment amount, the payment type, and the payment code.
- **Explanation of Benefits**: This includes the reason for the payment or denial.

Always submit questions or concerns in writing.

Starting the Conversation on Billing Issues

The first step to dealing with problems is to keep your medical records organized. That way, if you experience problems, you’ll be able to provide a complete description of the problem you’re facing. Always keep your medical records organized, including the date, service, and physician’s name. If you need further assistance, you can ask your provider to help you. They can help you communicate with your insurance provider.

Keep all of your health information and insurance records in one place.

Save Money Through Prior Authorizations

Your health plan may require you to get a prior authorization or certification before you receive some services or treatments. Prior authorizations include place-in to plan, non-emergency surgery, home health or ADL therapy, and certain other medical services. Your primary care provider or a pharmacist can help you with the prior authorization process. The services must be covered under your health plan and the procedure or medication must be approved by your insurance company.
Words That Impact Your Savings Bill

Definable
The amount you pay for medical expenses before the insurance plan begins to pay for any additional costs. Before you reach your deductible, the insurance company does not pay any part of your medical expenses.

Preauthorization
A procedure that requires you to get your provider’s approval before you receive a service to ensure it is medically necessary. This may include laboratory tests, surgery, or hospital stays.

Out-of-Pocket Maximum
A limit on the total amount you will pay in out-of-pocket costs for covered services in one year. This includes deductibles, coinsurance, and copayments. After reaching the out-of-pocket maximum, the insurance plan pays 100% of the allowable costs for covered services.

Non-Covered Benefits & Exclusions
Some plans will limit coverage for certain medical services, drugs or equipment to avoid additional costs. Typical limitations and exclusions are listed in the plan’s guide.

The cost savings are passed on to you when you use the generic instead of the brand name and

A New Trend in Treatment: Personalized Medicine
Genetic testing and personalized medicine are evolving as the future of patient treatment. Genetic testing not only helps identify an individual’s risk for developing a certain disease or condition, but it also provides information on how to treat a condition. In addition to cancer, personalized medicine is driving the development of new treatments for conditions such as diabetes, breast cancer, hepatitis C and Alzheimer’s disease, which are thought to be caused by a combination of genetic and other factors.

While we are still learning about the benefits, personalized medicine allows doctors to prescribe targeted treatments or drugs based on your specific genetic makeup. Your health plan may cover these treatments, but your insurance providers are still determining how to cover them. If you find a treatment that is not covered under your insurance plan, talk to your patient advocate or insurance company about what options are available. You may also have the option to pay upfront for the medication and seek reimbursement from your insurance provider.

Essential Health Benefits
Defined by the Affordable Care Act

• Emergency services and
• Laboratory services
• Obstetric and/or contraceptive services
• Preventive care and screenings
• Ambulatory or outpatient services
• Chronic disease management
• Mental health and substance abuse treatment
• Prescription drugs, including brand name and generic medications
• Comprehensive procedures and services related to women’s health

Six of the Best Health Insurance Money Saving Tips

1. Know Your Plan, Save Your Wallet
Reading and understanding your insurance plan’s key terms and conditions will help you avoid unnecessary costs.

• Covered Benefits
A comprehensive medical policy contains several areas of coverage. To ensure you’re fully aware of all the benefits your plan contains, check with your insurance provider to confirm the covered services included in your policy.

• Non-Covered Benefits & Exclusions
It’s important to read and become familiar with the sections of your health plan that do not cover specific services. These exclusions will not contribute towards.

• Preventive Services
Most health insurance plans will cover preventive care services, including vaccines, health screenings, and some medications. These services are designed to help you stay healthy and can save you money.

• Generic vs. Brand Name
If you need a medication that is not included on the formulary, you can request that your provider contact the health plan to see if they have a specific medication. If your request is denied, you have the right to appeal your health plan decision.

Your health plan may partner with health care providers in a network to lower the cost of care for you.

Your insurance plan may require prior approval for certain services, but can sometimes be negotiated. If your insurance company will not cover the service, your patient advocate or insurance company may be able to help negotiate the cost.

3. Practice Ways to Improve Health and Lower Costs

• Exercise regularly to avoid more costly and just as effective as others.

• Keep in mind that it’s OK to ask about costs when you’re considering treatment options. Some treatments may be more costly and just as effective on one or both sides of your employer benefit package.

Out of Pocket maximums vary by plan, and you will have to pay for these costs before your insurance coverage begins. Therefore, it’s important to understand what is covered under your insurance plan to remain active. If you have to pay for medical expenses before your insurance coverage begins, you may be required to pay the full amount of costs for all covered services.

Premium
The amount you pay for your health insurance through the workplace, your employer may pay a portion or all of your premium as part of your employee benefit package.

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Premium
The amount you pay for your health insurance through the workplace, your employer may pay a portion or all of your premium as part of your employee benefit package.
How is My Plan Structured?

Whether you are working in a group or individual plan, understanding how your plan works can help you use your benefits.

Health Maintenance Organization (HMO) or Exclusive Provider Organization (EPO) plans provide medical services through a pre-defined network of healthcare facilities. HMO or EPO plans have a limited list of specialists you can choose to see, and the doctors in your plan may only work for that company. Generally, HMOs require that you select a primary care provider (PCP) who will manage your care and often make referrals to specialists. The advantage to this type of plan is lower costs for services.

Preferred Provider Organizations (PPO) and Point of Service (POS) plan providers cover members through a similar plan definition of healthcare facilities as an HMO or EPO. However, you can choose to see a specialist in another plan network for a higher fee. This type of plan is often an in-between plan structure that can best fit your needs.

What are Specialty Pharmacies?

If you have a specialty drug plan and have been told you need specialty drugs, you should verify the following:

- The Affordable Care Act allows all insurance plans to provide a specialty drug plan for members who require specialty drugs.
- To ensure you have a specialty drug plan, ask your pharmacist or your insurance provider to confirm that you have the right to receive specialty drugs.
- To find out if you have a specialty drug plan, contact your insurance provider.

Frequently Asked Questions

- **What is the Affordable Care Act?**
  - The Affordable Care Act (ACA) is a federal law that requires health insurance plans to cover a wide range of preventive care services for all plan members, including preventive care services. The ACA requires that most insurance plans cover preventive care services, such as mammograms, colonoscopies, and vaccinations.

  **What should I do if my child’s medication requires a precertification process?**

  - If you or your child requires a medication that requires a precertification process, contact your pharmacist or your insurance provider to verify that the medication is covered by your plan and to obtain the necessary documentation.

Understanding Your Explanation of Benefits (EOB)

Every time you receive care from an in-network provider or the insurance company, any remaining balance will be sent to your primary care provider or your acute care provider. To make sure your insurance company knows which services you received and what your expected costs were, you should keep a copy of your EOB.

**EOB Example**

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<th>Charges</th>
<th>Deductible</th>
<th>Co-payment</th>
<th>Out-of-Pocket</th>
<th>Total Claim Cost</th>
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<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

Always submit a claim and review the explanation of benefits closely, as the payer may have made errors.

Starting the Precertification Process

The first step in dealing with precertification is to keep your medical records organized. That way, if you experience problems, you’ll be able to provide a complete description of the problem you’re facing. Always keep a copy of your medical records, including the date, time, and phone number of the person you talked to. Don’t forget to verify your insurance plan details. If you don’t understand them, ask your doctor or pharmacist before you use the service.

Keep all of your health insurance documents and information in one place.
How is My Plan Structured?

When you are enrolled in a group or individual plan, understanding how your plan works can help you get the most benefit.

Primary Care

Includes basic healthcare services, usually delivered by general practitioners, family doctors, or internal medicine. A primary care provider is often the first point of care. This physician will determine preventive services that are important to you at a yearly appointment.

Specialty Care

Refers to care provided by a specialist such as a cardiologist or oncologist. Specialists are doctors who have had specialized training in a medical or treatment area to gain a more in-depth knowledge for that area.

Emergency Care

Is required for any medical condition that poses an immediate threat to life or health. This includes severe sore throats, minor sprains or fractures, serious allergic reactions, burns, poisoning, and severe bleeding.

Preventative Care

Services for common illnesses that are not considered a true medical emergency. Preventative care includes routine physicals, pap smears, children’s vision exams, periodic prostate exams, dental cleanings, and immunizations.

How are Specialty Pharmacies?

If you have a chronic, rare or long-term medical condition, you may be required to take medications that require special storage conditions. Medications that require special storage conditions (also referred to as specialty medicines) are only available from a specialty pharmacy.

Read Your Insurance Card

Take your insurance identification card with you on all medical appointments. This card is also a useful item to have on hand in case you need to file a claim or contact your insurance company.

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