

MAKING YOUR HEALTH PLAN WORK FOR YOU



**It's your health.
You call the shots.**

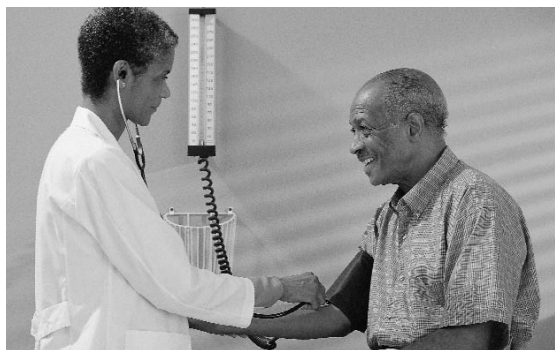


NATIONAL HEALTH COUNCIL

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HOW TO GET YOUR MONEY'S WORTH OUT OF YOUR HEALTH PLAN



You're one of millions of Americans with health insurance. Whoever is paying for your plan — you, your employer, Medicare, or a combination of these — you have the right to use your plan to the fullest, and to take advantage of everything it offers. But figuring out your benefits can be a challenge. So can getting them. Here's how to get the most from your health insurance plan.

Invest an hour. Read your plan.

It might not be the most exciting thing you've ever read, but it could be the most valuable. Some health plans are written so that they are easy to understand. Unfortunately, some are not. Either way, the first step is to simply sit down and read yours. Make note of terms you don't understand. Here are some key points to be aware of:

- **Doctors and hospitals “in the plan”:**

Most health plans will only pay their greatest amount of coverage for patients who use doctors and hospitals that participate in their plan, and who agree to follow the plan's rules. Every year when your new policy comes out, or when you get a new plan, you need to make sure that your doctor is in the plan. And if you want to continue with the same doctor even if he or she is not in the plan, look for information on how your plan might (or might not) cover doctors *not* in the plan.

- **Deductibles:** Deductibles—the amount you must pay for medical expenses in a calendar year *before* your health plan begins paying part of the cost—can change from year to year. Check to make sure you know the deductible amount for each person covered in your family, and for your family as a whole.

- **Co-pays:** These small fees (for example, \$5, \$10, or \$25), which the health plan may require you to pay each time you see a doctor or fill a prescription, can be different from one plan to another and from one year to another. Make sure you understand the co-pays your plan requires.

- **Pre-certification requirements:** Many health plans require that you get advance permission, which they call “certification,” to get surgery or an expensive test or other procedure that a doctor recommends. Be sure you understand the rules on pre-certification; if you move forward without it, the health plan may not pay for the services or treatment.



- **Seeing a specialist:** Many plans require you to see your primary doctor before you can make an appointment with a specialist. Make sure you get the proper approval in advance, so the cost will be covered. If the wait for an approval threatens your health or comfort, call your plan representative. Be sure to keep notes of all conversations with representatives from your health plan.

As you read your plan, there may be words and phrases you don't understand. Don't skip them. Underline them and ask the people mentioned below to explain them. Start a special file to keep your health plan information, medical records, and your personal notes together. Keep it organized, handy, and up to date so it will be useful if you have a problem.

To get the right answers, talk to the right people.

You need to know who in your organization or company is in charge of managing your health insurance plan, and who is in charge of choosing your plan.

In small organizations, an office manager or financial officer may manage the plan, and may help the president or owner select the plan with advice from an outside broker—a person who represents several plans and will recommend the plan he or she feels is best for your organization. Some small employers have the outside broker serve as the plan manager for their employees.

For mid-size and larger employers, someone in the Human Resources department usually manages the plan and helps employees with health insurance issues, while top executives choose the plan with the advice of outside brokers and consultants. Find out who does what in your organization, so you'll know where to go for help when you need it.

Don't hesitate to ask the plan manager in your organization to explain anything that isn't clear. Always take notes on your conversations about the plan, and write down the dates. If people use words and phrases you don't understand, say so. Remember, it is part of their job to help you take advantage of your health care benefits. **So ask until you understand.**

Health plans aren't forever. Just one year at a time.

Most organizations review their health insurance plans every year. That's when they decide to keep the same plan, or shop for a new one. Ask when that decision is made. Then, make your voice heard.

If you think the plan is a good one that covers employees well and provides good service, tell your plan manager. He or she needs to hear good feedback, not just complaints.

But, if you have a complaint, you should also speak up. Remember that your company or organization invests a lot of money and effort to provide you with health care benefits, and they want these benefits to work well for employees. If you have problems with getting information on the phone, getting claims paid, or getting treatment approved, there is a good chance others are having the same problems.

Let your plan managers know what is important, so when they review the plan each year they consider what employees need most.

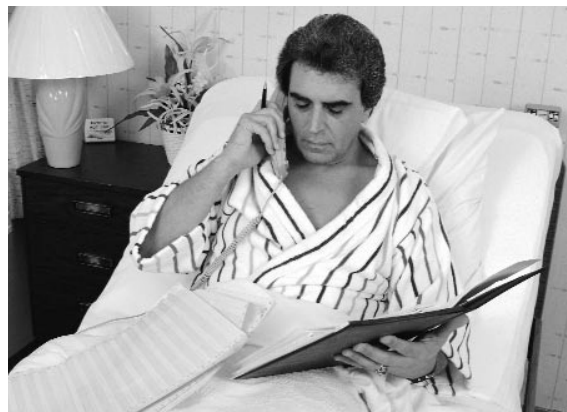
- ***Are the doctors and hospitals you want “in the network”?*** If not, how much does the plan cover if you still want to use them?
- ***Does your plan cover medical equipment*** you might need to buy for your home, or visits from a home care provider?
- ***Is preventive health covered,*** such as well-child visits, physical exams, and screenings for breast cancer (mammograms) or prostate cancer?

Don't hold back with your comments. Your opinions could make a big difference when your employer is reviewing the plan every year to consider making changes to the plan or shopping for a new plan. It's okay to talk with your plan manager about personal health issues, because it's his or her job to keep your information private. On the other hand, it's also okay to give a gentle reminder of your need to keep the information confidential.

Need to call your health plan? Make the call count.

If you need to call your health plan, remember that the representatives you are talking to should be there to help you. If they use words and phrases you don't understand, say so. Ask them to explain or clarify—that is part of their job.

Ask until you understand.



Have your records and your policy numbers ready. Before you call, be prepared to take notes in your personal health notebook. Write down the date, the name of the person you're talking to, and the details of the conversation. Especially note if the information has changed since the last time you called.

How to solve problems with your health plan.

If you have a serious problem that a simple phone call isn't solving, you have other rights. Try the following steps:

- ***If the representative on the phone cannot answer your questions or provide help, ask for a supervisor.*** Usually the supervisor is in a position to make a decision about your problem.
- ***If the health plan supervisor can't help, ask your employer's health plan manager to step in.*** Problems often are solved at this level, because your health insurance plan does not want to risk losing your company or organization as a client.
- ***If you are not satisfied, ask the health plan manager in your company to tell you how to go about "filing a grievance" or "appealing a decision."*** Some plans have, and some state governments require, an outside board of medical experts and citizens to review problem cases.
- ***You can also call your state government agency that oversees health insurance plans.*** Every state has one. Find yours in the phone book or at the National Association of Insurance Commissioners' Web site, www.naic.org.



How to choose wisely.

If you are lucky enough to work for an organization that offers a choice of health plans, invest some effort in making the right choice. Don't depend completely on sales brochures prepared by the plan. Ask detailed questions about deductibles, limits on care, doctors and hospitals in the plan, or anything that is important to you. There are many organizations and Web sites that can guide you through this choice. One dependable brochure that is being offered is *Choosing and Using a Health Plan*, by the U.S. Agency for Healthcare Research and Quality, available at www.AHRQ.gov.

To make sure you're getting the most out of your health care providers, get a copy of our brochure, "How to Bring Out the Best in Your Health Care Team: Eight Easy Tips." Visit our Web site at www.NationalHealthCouncil.org or write to us at our Washington, DC address.