

Other Things to Know

Co-insurance: percentage that a patient pays for medical services after the deductible is met.

Co-payment: a fee paid by managed care enrollees for a medical visit, for medical services or for a prescription that is filled.

Deductible: fixed amount members in an insurance plan must pay before health benefits begin.

Recertification: approval needed from an insurance company for non-emergency care before service is given. Payment may be a patient's responsibility if precertification for the service has not been given.

Referral: recommendation by a doctor or HMO to send a patient to another doctor.

Pre-existing condition: a condition treated or diagnosed before a policy was issued. Many policies will not pay benefits for pre-existing conditions, or will only cover treatments after the policy has been in force for a specified period of time that will vary according to individual coverage.

Primary Care Physician (PCP): licensed doctor in family practice, general internal medicine, or general pediatrics who provides primary care services for enrollees who selected that doctor from a provider network. The PCP maintains a patient's care, coordinates non-emergency urgent care, conducts preventive screenings and refers patients to specialists or for special services.

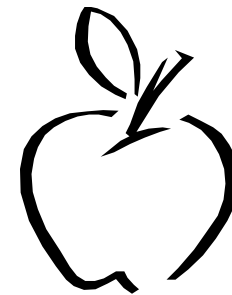
Special circumstances Check your member services handbook before traveling to see what to do if you need care after office hours or if you have an emergency. Insurance plans vary, so be sure you understand what to do in these cases.



Help is only
a call away!

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Using Your Health Insurance Wisely



A quick guide to the
basic facts about
health insurance

LANCASTER COUNTY
BUSINESS GROUP ON
HEALTH

Health Insurance

One step at a time

Why is it important for me to know about my health insurance?

- ? Quality care is important to you.
- ? You can help keep costs down.
- ? Time is important— to you and to your doctor. These tips will save time.

What should I know about my health plan?

Take some time to learn about your insurance and how it works BEFORE you need to use it. Learning about your health coverage may seem overwhelming at first, but if you take it step by step, you will be a whiz in no time!

And, the most important thing is that you will know exactly what to do when you or someone in your family needs medical care or has an emergency. If you're not sure about something in your plan documents, just ask! There are people to help you. Ask the member services department of your insurance company, go to your company's human resource department, benefits manager or to your employer if there is no benefit department.

Proper use of your health insurance will help you get quality care, will help your doctor get the right information and will help the insurance company pay the bill promptly.

But, where do I start?

The most important thing to know is that there are many different types of health insurance plans. Your employer may even offer you more than one choice.

However, no single health insurance plan will cover all the costs related to your medical care.

Some plans will cover more than others and pay for different kinds of health services, so you need to know how your particular health plan works and your obligations as a covered member of the plan.

- ? What type of health insurance do you have ?
- ? What is your coverage under that plan?
- ? What must you do before seeking care?
- ? What is your financial responsibility?

What kinds of health insurance are there?

Fee for Service: traditional, indemnity health insurance that pays all, or a portion, of the bills after an insured receives services. Deductibles may have to be paid before a policy pays. There may also be co-payments.

Managed care: includes HMO's (health maintenance organizations), PPO's (preferred provider organizations) and other integrated delivery systems. These plans vary in provider choice, convenience and costs.

PPO: network of doctors, hospitals, and others that provide services at reduced rates. Enrollees choose a primary care physician and pay lower deductibles, coinsurance, etc., when they use preferred providers.

HMO: comprehensive health services provided by, arranged through, or coordinated by an enrollee's primary care physician.

POS: combines features of HMO and PPO plans. Members can choose network providers or not but pay higher fees unless they consult the primary care physician prior to obtaining treatment.

Being a wise health consumer means taking an active interest in and participating in your medical care.

What about seeking medical care?

Now that you've learned that there are a lot of different kinds of health plans, you have to be able to tell your healthcare provider the kind of plan you have. This will streamline your care because doctors deal with dozens of different plans every day, so they don't know the specifics of your particular coverage.

When you call for an appointment, let the receptionist know the kind of insurance you have. Always carry your insurance card and present it when you or your family go for treatment. Oh, and one more thing, please remember to tell the office if there has been a change of any kind with your insurance.

Anything else I can do to make it easier?

If you're going to anyone but your family doctor or having tests done, your insurance plan may require you to do certain things, like get a referral, before you receive treatment.

When making appointments, ask about advance instructions. Can you eat and drink, must you take preparations the night before, can you drive home, and so on. Canceled tests waste your time and waste healthcare dollars because equipment and personnel that have been set up for you must be reorganized and rescheduled.

Call ahead for directions and parking so you

Lancaster County Business Group on Health

Visit www.lcbgh.org for health insurance terms and answers to questions about health insurance

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