

## Help in making the most of your Coverage

Being informed and educated about your benefits with some back-up supporting information will go a long way. When you are sick, one of the last things you want to have happen is confusion at the doctor's office about what you have to pay. The two most common areas for helping your visit go smoother are: 1) knowing the plan you are on; 2) confirming your provider is part of the plan you have chosen, and; 3) having a good understanding of your plans covered benefits.

### **Keep your Health Plan ID card with you at all times**

As a minimum, when both making an appointment or when at the doctor seeking care, make sure you have your health plan benefit card with you and proper photo ID. This will help remind you of important coverage information when making an appointment, while at the provider's location, informing office staff of the plan you are on, and confirming for office staff you are the right person who should receive the insurance coverage benefits.

### **Verify the provider is available under your selected coverage**

First, it is good practice to understand a bit about the provider network you have available with your coverage. This can help you and your doctor better know and ensure services you may need are covered at the appropriate benefit level. The provider network you have with your plan is identified on your health plan ID card. This is typically called out as an HMO, PPO, or EPO plan. Each of these corresponds to a list of providers

*Tip: If you see the doctor on the website but when you get to the doctor's office the doctor says he/she is not in the network, it is best to have office staff call the carrier while you are still at the doctor's office to verify what is actually correct.*

offered by your health plan that are available to you as part of the benefits of your plan. Knowing this is something to learn about at the time you sign-up for your plan and can be of help when you need to make financial decisions about treatment.

Prior to making an appointment, go to your carrier's web site and look up your provider (doctor, hospital, etc.). Doing this can help provide you with verification at that point in time your provider participates in your chosen plan's provider network.

### **Understand your coverage benefits**

It is important to review and understand the benefits of the plan you have selected. A good way to do this is to keep a copy of your benefits summary handy as you seek services. This information can be found online at [coveredca.gov](http://coveredca.gov) or from your health plan directly. This information will not only help determine the correct level of benefit for the most immediate services you seek, but in the event of continuing treatment, it can also work to help ensure the next steps for services are covered to the full extent of your plan. Having this information with you can help ensure you are only charged for what you should be. And making sure services are rendered fairly is important to both you and the provider.

*Tip: Keeping a folded up copy of your plan benefits may not be entirely practical - although it is a good idea to keep a copy in your car glove box. This said, at least know the website address to access what your benefits are is on your plan ID card. While both CoveredCA and the health plans work to make information more quickly found, the truth is there is a very large amount of information on these websites. As such, it is a good idea for you to have gone into the website ahead of time and do a "test run" of its navigation so you can find information easier when needed.*

All health insurance benefit plans now share some common characteristics. The Affordable Care Act requires that all health insurance plans offered to individuals must provide a comprehensive package of items and services, known as essential health benefits. These benefits fit into the following 10 categories:

- Ambulatory patient services
- Emergency services.
- Hospitalization.
- Maternity and newborn care.
- Mental health and substance use disorder services, including behavioral health treatment.
- Prescription drugs.
- Rehabilitative and habilitative services and devices.
- Laboratory services.
- Preventive and wellness services and chronic disease management.
- Pediatric services, including dental and vision care.

*Tip: If there is a question about services while you are at the doctor's office, have the office staff call your insurance carrier right then and there to both verify the provider participation in the plan you have and to verify service coverage level. Doing this may take more time while at the office and for your appointment, but remember even the doctors and hospitals are adjusting to the new rules under the ACA. So there may just be an honest misunderstanding.*

Another big advantage of keeping a summary of benefits handy is to better understand services available when you aren't sick. This is because you can better be in position to make use of services such as preventative check-ups that have no added cost to you and more importantly, can help you stay healthy.

As we move into coverage requirements that are part of the ACA, many people still do not know about what is covered under their plan. Additional information about the essential health benefits, including preventive services, can be found on the CoveredCalifornia web site at: <https://www.coveredca.com/coverage-basics/>

### **Some comments about planning ahead for your coverage renewal**

In choosing a plan it's important to consider how often and what types of health care needs you may have. It's also worthwhile to consider if you have an on-going relationship with a provider and how important (or not) it may be for you to maintain the doctor as being available. Knowing more about how you actually utilized the coverage in the previous year can help you decide if plan changes make sense. Generally speaking, a person who utilizes their benefits a lot may find it advantageous to pay more in monthly premium for plans that come with higher benefit levels. While the monthly premium payments may be higher, costs for services may be lower than with other benefit plans and thus over the course of a year will be the most cost effective.