



*Southeastern Med*

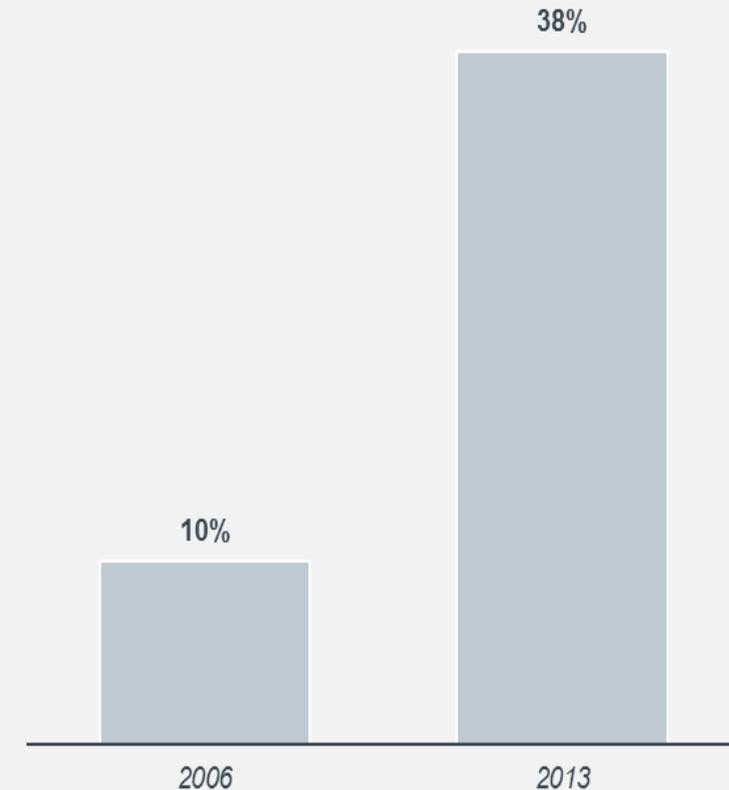
Understanding Your Health  
Insurance Benefits

## WHY YOUR HEALTH INSURANCE IS AN IMPORTANT BENEFIT

Health Care consumers today are facing steadily increasing responsibility for the cost of their care.

Trends show increased self-pay costs across all insurance plan types.

- **High Deductible Plan Enrollments**
- Percentage of Commercially-Insured Patients with Deductible of \$1000 or More



## WHY HEALTH INSURANCE IS AN IMPORTANT BENEFIT

- Staying healthy is important for you and your family.
- Helps you maintain a healthy lifestyle.
- Get recommended health screenings & manage chronic conditions. Many screenings are available with no out of pocket cost. SEORMC also offers assistance with screening programs through the Komen grant and the local Tina Kiser Cancer Concern Coalition (TKC 3)

# WHY HEALTH INSURANCE IS AN IMPORTANT BENEFIT

Most patients don't know what an emergency department visit or an operation costs until a bill from a healthcare provider or a letter from your health insurance plan comes in the mail. We realize this uncertainty can be stressful and can make it hard to plan your personal or household finances. That's why we developed this presentation.

- Understanding your health insurance benefits
- Where to get answers to your questions about healthcare prices

## PRICE MATTERS

From the smallest purchases, like a package of gum, to the biggest ones, like a car or a house, you typically know what things cost before you buy them. But when it comes to health care, knowing your cost up front is not always easy. Estimating how much it will cost to “fix” a person will never be like estimating the cost of fixing a refrigerator. It’s not always easy to predict what is needed to treat an illness or restore a person’s health.

- **PRICE IS LINKED TO INSURANCE COVERAGE.** The price you pay for a healthcare service depends on the health insurance you have, for several reasons.
- First, if you have insurance, you and your health plan share your healthcare costs.
- The specifics of your health plan coverage, including your **deductible, copayment, and coinsurance**, determine how much of your healthcare costs you will pay, and how much your health plan pays.
- Second, health plans have different networks of doctor, hospitals, and other healthcare professionals. When you choose a doctor or hospital, you will want to know if the providers you are considering are in your health plan’s network. And you’ll want to know how your out-of-pocket costs will be affected if you use an out-of-network provider.

## UNDERSTAND YOUR HEALTH INSURANCE COVERAGE

Understand key insurance terms

Review your plan to see what services are covered.

Know the difference between in-network and out-of-network.

Understand your out of pocket costs.

- **A Network** is the facilities, providers, and suppliers your health insurer has contracted with to provide health care services.
- Contact your insurance company to find out which providers are “in-network.” These providers may also be called “preferred-providers” or “participating providers.”
- If a provider is “ out-of-network” it might cost you more to see them.
- **Premium** is a payment made, usually monthly, to an insurance company for your coverage.
- **Deductible** is the amount you owe for health care services before your plan will start paying for your care. Note: May not apply to all services.
- **Copayment (Copay)** is a fixed amount you pay for a covered health care service or supply. For example, \$15 for a doctor visit.
- **Coinsurance** is your share (a percent) of the costs of a covered service. For example, if your coinsurance is 20%, and the service cost \$100, you pay \$20.

## IN-NETWORK & OUT-OF-NETWORK CARE

First, let's look at in-network costs. Say you visit a provider who usually charges \$1,000 for a service.

But, that provider is in your plan's network. That means they have agreed to accept your insurer's contracted rate—say, \$500—rather than the amount they normally charge. How much will you have to pay?

	HMO In-Network	POS In-Network	PPO In-Network
Provider's Usual Charge	\$1,000	\$1,000	\$1,000
Your Plan's Contracted Rate	\$500	\$500	\$500
Your Cost Sharing	\$10 copayment	\$10 copayment	20% coinsurance
Your Plan Pays to the Provider	\$490 (\$500 - \$10)	\$490 (\$500 - \$10)	\$500 x 80% = \$400
You Pay to the Provider	\$10	\$10	\$500 x 20% = \$100

## WHY GO OUT OF NETWORK?

So, why would you go out of network? There are some very good reasons. If you or a family member is facing a serious illness, you may want more options than are available in your network. Sometimes that means using a hospital that does not participate in your plan, or a specialist who is not a part of your network.

Also, patients often go out-of-network without intending to do so.

- **Your primary care physician refers you to a specialist who is not in your network.** Don't assume that your primary care physician knows the details of your plan. If you need a referral, remind your doctor what insurance coverage you have, and ask him or her to refer you to a specialist in that plan. When you call to make an appointment with that provider, ask the office staff to confirm that the doctor is in your network. You can also call your insurer or visit their website to find a doctor in your network. Make sure you are choosing from the provider directory for your type of plan (many insurers offer HMO, PPO, and POS options which may have different networks).
- **You receive care at an in-network hospital—and then get a bill.** While your hospital may participate in your health plan, some providers at that hospital, like anesthesiologists or radiologists, might not. If you have a serious illness, many providers will be involved in your treatment. Inpatient surgery will require a surgeon, an operating room, anesthesia, medication, the hospital room and board, and more. All of these will have separate charges, and all will contract separately with insurers. Before you schedule a service or procedure, ask if all the providers who will be treating you at the hospital are in your network.

## BE AWARE THAT SOME SERVICES ARE NOT COVERED

THESE SERVICES WILL VARY DEPENDING  
ON YOUR HEALTH INSURANCE BENEFITS  
PLAN

- You are responsible for paying the full amount of any healthcare products or services that are not covered by your health plan, such as Lasik surgery to improve vision, cosmetic surgery, and over-the-counter medications.
- To get price information for these, you should contact the provider or the retail outlet directly. In general, providers of products and services that are not typically covered by health insurance are used to working with consumers who are seeking information on pricing and payment plans.
- **Noncovered services** don't count toward the annual **out-of-pocket maximum** under your health plan.
- However, some of these services may qualify for payment through a **flexible spending account, health savings account, or health reimbursement account** offered by some employers. Contact your human resources department for more information.

## **ASK YOUR HEALTH PLAN ABOUT PRE-APPROVAL**

- You may need pre-approval (sometimes called pre-authorization or prior authorization) from your health plan before you have surgery or receive certain other healthcare services. Through the pre-approval process, your health plan confirms medical necessity—in other words, that the service is appropriate for your condition.
- As a healthcare consumer, it is important to understand which services require pre-approval. If you receive care without first obtaining a required pre-approval, your health plan may not cover your claims. Pre-approval may be required for a variety of services, such as CT scans or MRI scans, not just for surgery.
- When in doubt, call your health plan to find out whether pre-approval is needed. If your health plan requires pre-approval for a particular service, that's a step you need to take prior to receiving services.

TAKE AN ACTIVE ROLE IN  
YOUR HEALTHCARE

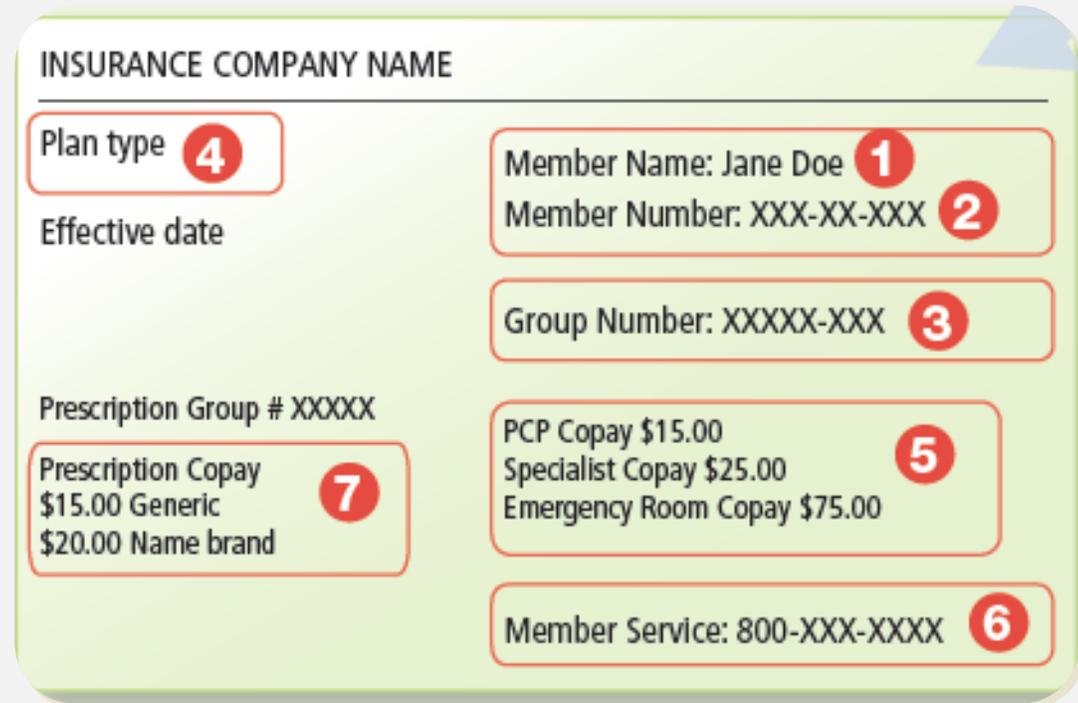


- Being active in your health can lead to better care and better health for you and your family.
- Keep track of your health information.
- Ask questions.
- Utilize SEORMC's **MyHealth Portal**
- **Southeastern Med MyHealth Portal allows you to:**
  - View laboratory results
  - Find a list of current medications, allergies and health conditions
  - View upcoming appointments
  - Download medical records or send medical records to another provider
  - View past hospital visit history
  - Update personal information
  - View or print discharge summary

# BRING YOUR INSURANCE CARD WITH YOU FOR EACH VISIT

## Key terms

- 1) Member Name
- 2) Member Number
- 3) Group Number
- 4) Plan Type
- 5) Copayment
- 6) Phone Numbers
- 7) Prescription Copayment



INSURANCE COMPANY NAME

Plan type **4**

Effective date

Member Name: Jane Doe **1**

Member Number: XXX-XX-XXX **2**

Group Number: XXXXX-XXX **3**

Prescription Group # XXXXX

Prescription Copay **7**  
\$15.00 Generic  
\$20.00 Name brand

PCP Copay \$15.00 **5**  
Specialist Copay \$25.00  
Emergency Room Copay \$75.00

Member Service: 800-XXX-XXXX **6**

# EXPLANATION OF BENEFITS

A SUMMARY OF HEALTH CARE CHARGES FOR THE CARE YOU OR THOSE COVERED UNDER YOUR POLICY RECEIVED.

THIS IS NOT A BILL

## Explanation of Benefits (EOB)

Customer service: 1-800-123-4567



Statement date: XXXXXX

Document number: XXXXXX XXXXXX XXXXXX

Member name:

Address:

City, State, Zip:

THIS IS NOT A BILL

Subscriber number: XXXXXX XXXX

ID: XXXXXX XXXX

Group: ABCDE

Group number: XXXXXX

Patient name:

Provider:

Claim number: XXXXXX XXXX

Date received:

5 Payee:

Date paid: XXXXXX XXXX

Claim Detail				What your provider can charge you		Your responsibility			Total Claim Cost		
Line No.	Date of Service	1 Service Description	Claim Status	2 Provider Charges	3 Allowed Charges	Co-Pay	Deductible	Co-Insurance	4 Paid by Insurer	6 What You Owe	7 Remark Code
1	3/20/14–3/20/14	Medical care	Paid	\$31.60	\$2.15	\$0.00	\$0.00	\$0.00	\$2.15	\$0.00	PDC
2	3/20/14–3/20/14	Medical care	Paid	\$375.00	\$118.12	\$35.00	\$0.00	\$0.00	\$83.12	\$35.00	PDC
Total				\$406.60	\$120.27	\$35.00	\$0.00	\$0.00	\$85.27	\$35.00	

Remark Code: PDC—Billed amount is higher than the maximum payment insurance allows. The payment is for the allowed amount.

## OUR BUSINESS OFFICE AND FINANCIAL COUNSELORS ARE HERE TO HELP YOU

Financial Counseling is not just for patients  
who are uninsured.

- Our Financial Counselors can help explain insurance benefits, hospital pricing, and estimates in a clear, easy to understand way. This can help you make more informed choices about your care and plan for the financial cost of your care.
- SEORMC provides customized estimates of the anticipated out-of-pocket cost for upcoming services.
- Estimates are based on real-time insurance verifications of patients' benefits.
- Patients have the opportunity to save 20% with a Point of Service discount if they choose to pay before or within 5 days of the date of their service.
- Counselors assist patients with large out of pocket balances to see if they qualify for financial assistance discounts or interest free monthly payment arrangements.

## INSURANCE CODES: WHAT YOU NEED TO KNOW

### Requesting an Estimate

- Your healthcare providers and your health plan use several types of codes to communicate with each other about payment. The codes are designed to make sure that billing and payment are handled the right way.
- **To get a price estimate, you should have the following code information:**
- **▶▶ICD-9 or ICD-10 code.** The International Classification of Diseases codes identify your health condition or diagnosis. For example, 250.0 means diabetes with no complications; 493.0 is the ICD-9 code for asthma.
- **▶▶CPT® code.** Current Procedural Terminology (CPT) codes are numbers that are often used on medical bills to identify the charge for each service and procedure billed by a provider to you and/or your health insurance plan. For example, the six CPT codes 99460–99465 are for newborn care services; 99281–99288 are CPT codes for emergency department services.
- Before you ask your health plan for a price estimate, ask your provider to supply the code numbers that relate to the service or procedure you plan to receive. In many instances, the exact code is not known until the procedure is performed. Because thousands of codes are in use, the codes may not be available at the time of your request. Your doctor or hospital may need to follow up with you to provide this information.
- Also, few of the online price information tools available today include price information for all of these codes.
- Often, online information is available only for common tests and procedures.

## CONTACT INFORMATION



*Southeastern Med*

- Our Financial Counselors are located on-site at SEORMC. 1341 Clark Street. Cambridge, Ohio 43725
- Office hours are Monday through Friday from 8:00 a.m. to 4:30 p.m. No appointment necessary.
- You can contact a Counselor by phone at (740) 439-8140 option 2.
- Email us at [financialcounselors@seormc.org](mailto:financialcounselors@seormc.org)
- Southeastern Med's financial assistance application and Billing, Collection, HCAP, and Charity policies can be accessed on our website at <http://www.seormc.org>.

## FOR MORE INFORMATION

- **Choosing Wisely.** This website offers lists of questions you and your doctor can use to make decisions about tests and procedures for a wide variety of healthcare situations. [www.choosingwisely.org](http://www.choosingwisely.org)
- **Comparing Health Care Quality: A National Directory.** Measuring and publicly reporting on the care doctors and hospitals provide are crucial to improving quality and lowering the cost of healthcare nationwide. Published by the Robert Wood Johnson Foundation, this interactive directory of 208 national, state, and local public reports is intended to help patients find reliable information on the care in their communities. [www.rwjf.org/en/research-publications/find-rwjf-research/2013/09/national-directory.html](http://www.rwjf.org/en/research-publications/find-rwjf-research/2013/09/national-directory.html)
- **DoctorFinder.** This service, provided by the American Medical Association, has information about licensed doctors throughout the United States. [www.ama-assn.org](http://www.ama-assn.org). (Click on Patients, then on DoctorFinder.)
- **FH Reimbursement 101.** This is a series of online informational guides designed to help consumers better understand the healthcare system and how to use it. Developed by FAIR Health®, Inc. [www.fairhealth.org](http://www.fairhealth.org)
- **Health Care Quality Report Cards.** The National Committee for Quality Assurance, an independent, not-for-profit organization, publishes report cards designed to help consumers choose physicians and health plans. <http://reportcard.ncqa.org>
- **Hospital Compare.** This federal government website has information about the quality of care at over 4,000 Medicare-certified hospitals across the country. You can use Hospital Compare to find hospitals and compare the quality of their care. [medicare.gov/hospitalcompare](http://medicare.gov/hospitalcompare)