Getting what you want from your health plan: No surprises

We all want the same thing from our health plan — no surprises. Here’s what you can do now so you’re not caught by surprise when you start using your plan.

Know the network

Is your doctor in it? The specialist your doctor recommended? The urgent care center down the road, or the academic medical center you might need? The most convenient pharmacy? Check before you choose your health plan and before you make an appointment. If you go to a doctor, pharmacy or hospital that’s not in your plan’s network, you could have to pay a lot more.

Out-of-network health care providers can charge you whatever they want, and your plan generally covers less than it would in-network. Some plans don’t cover care outside their networks at all. A few minutes on your health plan’s website or a call to customer service before you make an appointment or schedule a procedure can save you an expensive surprise.

Compare prices

Chances are you wouldn’t buy a television or a coffee maker without comparing prices at stores or online. Why wouldn’t you do that for health care, which could have much higher price tag? Even inside your plan’s network, costs for the same services in the same community can vary greatly. They can be very different from one place to the next.

Many health plans offer their members “cost of care” tools that let you check out prices for common services ahead of time.

Know your deductible and what counts toward it

Some plans have deductibles of a few hundred dollars, while others are in the thousands. Except for preventive care, which most plans cover entirely, you’ll have to pay the full agreed-upon amount for most care and drugs until you’ve met your deductible. After that, your plan will cover some or all of the cost.

Here’s something else that could surprise you: Care outside the network often doesn’t count toward your deductible. That’s yet another reason to stay in network.

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Know what your plan covers

Do you take a brand-name drug? See if it’s on your plan’s formulary, or drug list, and how much you would have to pay for it.

If it isn’t on the plan’s list, or would be quite expensive, ask your doctor. He or she may be able to prescribe a generic or a different brand that would work just as well. Where you get your medications can also affect how much you pay. This can be particularly important if you take specialty drugs.

Plan ahead for other costs

People are sometimes surprised to learn that health plans generally don’t pay for some kinds of care. This can include special dietary supplements, an aide for a homebound family member or admission to a long-term care facility. It’s important to come up with alternative ways to pay for bills like these if you expect them.

Visit our website under the member section to find helpful information about the following:

- How to submit a claim
- How to find a health care professional and information about them
- Benefit restrictions and how to get care when you’re outside the system or service area
- How to get emergency care or care when your doctor’s office is closed
- How to get primary care, including points of access and pharmacy procedures
- Our list of covered prescription drugs, also known as a formulary
- How to file a complaint or appeal and your right to an independent review of an appeal
- Our chronic disease and case management programs
- Your rights and responsibilities as a plan member
- Our privacy practices
- Our utilization management program and how we make coverage decisions, including our financial compensation policy
- Standards our network providers must meet
- Our quality improvement program, including goals and outcomes
- How we evaluate new medical technology
- How to get specialty, behavioral health or hospital care
- What benefits and services your plan covers
- Copayments and other charges you have to pay
- Preventive care guidelines, health appraisals and tools for managing your health
Have a serious medical concern? Our case management program can help

Do you have a serious medical concern like diabetes, heart failure, chronic obstructive pulmonary disease or coronary artery disease? If you do, you can ask to participate in our enhanced case management program. A caregiver can also make the request for you.

If you qualify for the program, you’ll work with a registered nurse trained in serious illness or high-risk conditions. The nurse will work with you and your provider to identify your needs and help you get the most out of available resources.

For more information or to find out if you’re eligible, call us at the number on your member ID card.
How we make coverage decisions

We use a process called utilization management to review the care you receive. Here are some important facts about how we make our coverage decisions:

- We use nationally recognized guidelines and resources to make our decisions.
- We base our decisions entirely on if the care or service is appropriate for you and if it’s covered under your plan.
- We don’t pay or reward providers, our employees or other individuals to deny coverage or care.
- We don’t encourage our employees to deny coverage. In fact, we train them to focus on the risk to you if you don’t use certain services.
- We don’t encourage decisions that result in you not using services.