

What You Don't Know CAN Hurt You!

Association Benefits Company

Wants You To Know...

...your membership provides you with a valuable benefit: **your group health insurance**. Association Benefits Company wants to:

- ❑ Assist you in becoming a knowledgeable insurance consumer.
- ❑ Ensure that you receive all the benefits to which you are entitled, and,
- ❑ Help minimize any unfortunate health insurance "surprises".

If you have never taken the time to learn how your coverage works and learn what YOUR responsibilities are, you have probably had unnecessary and avoidable health insurance expenses. What you DON'T know could be costing you money! The Blue Cross Blue Shield of Michigan (BCBSM) "Your Benefits Guide" explains the particular group health plan that your membership has provided for you. Unfortunately, many people do not read their "Your Benefits Guide" and never know what benefits they have. *Here's a brief quiz:*

- ❑ Do you know what type of plan you have?
- ❑ What is your deductible?
- ❑ Do you have a co-payment?
- ❑ Is there a cap on the co-payment you are responsible for each year?
- ❑ Do you know what that amount is?
- ❑ Are office visits covered?
- ❑ Are prescription drugs covered?
- ❑ Who submits the claim form for these services?

Were you able to answer them, correctly? Have no fear you are not alone. The answers to these questions, and many more can be found in "Your Benefits Guide". Here are some frequently asked questions to help you get on your way to becoming a knowledgeable insurance consumer.

WHO IS RESPONSIBLE FOR IDENTIFYING PARTICIPATING PROVIDERS?

As a health insurance consumer, it is YOUR RESPONSIBILITY to find out if the providers you choose (doctors, hospitals, surgeons, anesthesiologists, laboratories, dentists, etc.) participate with Blue Cross Blue Shield of Michigan (BCBSM).

HOW DO I FIND A PARTICIPATING PROVIDER (HOSPITAL, DOCTOR, SURGEON, SPECIALIST, OR ANESTHESIOLOGIST)?

You should inquire BEFORE an event (surgery or test) whenever possible. Any time you need to find Participating Provider, you can:

- ✓ Call the provider's office and ask someone on staff,
 - ✓ Call your BCBSM customer service number and ask a representative,
 - ✓ Check a current BCBSM Participating Provider directory, or
 - ✓ Check the BCBSM website: <http://www.BCBSM.com>.
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✓ IMPORTANT TO NOTE:

- ❑ **Hospitals** - All hospitals in Michigan are under contract with Blue Cross Blue Shield of Michigan (BCBSM), which means they are BCBSM Participating Providers. However, not all of these hospitals are PPO providers. If you have a BCBSM PPO plan, you should check the hospitals in your area to see which ones are also contracted with BCBSM for the PPO plan. Do not wait until there is an emergency in your family. Be prepared!
- ❑ **Surgeons, Anesthesiologists and Laboratories** - When preparing for surgery or tests, ask if they participate with BCBSM. Participating Providers may not necessarily use participating laboratories and anesthesiologists. Tell your providers you want them to use a BCBSM participating lab or anesthesiologist, if they do not work with one.

HOW DO I FIND OUT IF SPECIFIC PROCEDURES, LIKE A SURGERY, TESTS, OR PHYSICAL THERAPY, ARE COVERED BY MY HEALTH INSURANCE PLAN?

Ask the your provider's office to check with BCBSM - or - ask your doctor or provider for the:

- ❑ **Diagnosis code**, and,
- ❑ **Procedure code** for the service to be performed,
- ❑ **Call your BCBSM customer service number** and speak with a representative.
- ❑ **Ask** if there are any limitations on those services. Some services have limits on the number of visits allowed, may be paid at a different percentage than most other services on your plan, or may have a maximum payment amount. For example, psychiatric services carry a yearly AND lifetime maximum payment amount. Unfortunately, every doctor does not know the details of every patient's health plan. Remember, the doctor's staff that processes the insurance work, and the doctor is not always aware of the latest changes to health plans.

MY DOCTOR IS A PARTICIPATING PROVIDER FOR BCBSM, DOES THIS MEAN THAT SHE IS AUTOMATICALLY A PARTICIPATING PROVIDER FOR MY PPO PLAN?

Be advised: All BCBSM Participating Providers do not participate in the PPO program. If you have a PPO plan and this occurs, that doctor would be considered a non-Participating Provider. In this case, the amount BCBSM will pay is usually reduced, and YOU will be responsible for any amount that your insurance did not cover, *in addition to* any deductible and/or co-pay that is applicable to your plan.

MY PLAN COVERS OFFICE VISITS, BUT THE OFFICE STAFF TOLD ME THAT I DON'T HAVE OFFICE VISIT COVERAGE. WHO'S RIGHT?

Doctor's Office staff have been known to erroneously tell patients that they don't have office visit coverage, when what they really mean is that the office policy is to have patients pay at the time of service. Some providers may submit an office visit claim for you. Others may want you to pay at the time of service, expecting you to submit the claim to your insurance company for reimbursement. Don't let them confuse you. If your plan states that you have office coverage, send in your receipt with a claim form to get reimbursed.

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WHAT DO I DO WHEN A PROVIDER SENDS ME A BILL?

If you are billed by for the ENTIRE amount charged and the provider tells you that your insurance company did not pay anything, or that the claim was denied, *always question the situation:*

- ❑ Did you receive an Explanation of Benefits (EOB) from BCBSM showing it was denied?
- ❑ If not, you can be fairly certain that the claim never reached the insurance company, therefore, was never processed. The provider should resubmit it to BCBSM.
- ❑ If it was processed and denied, what is the reason for the denial?
- ❑ Was an error made?

A BCBSM customer service representative can tell you for certain if they have record of receiving the claim, and if so why it was denied for payment.

WHAT DOES BLUE CROSS AND BLUE SHIELD OF MICHIGAN (BCBSM) PAY FOR IN REGARDS TO MY EMERGENCY ROOM VISIT?

Per BCBSM, coverage includes Hospital Benefits and Physician Benefits (after deductibles and/or co-pays if they apply) as follows:

- ❑ Emergency Room Care for the initial exam and treatment of accidental Injuries or conditions determined by BCBSM to be medical emergencies. (Note: Routine care for minor medical problems such as headaches, colds, slight fever and back pain is not considered emergency care.) See "Your Emergency Benefits" (page 8) for more information.

RULES OF THUMB:

- ❑ **CLAIMS** - When you are submitting a claim to BCBSM, make copies of all forms and documentation before you send it in. This way you have a copy for your files, and you can easily make another copy should you need to resubmit the claim.
 - ❑ **TELEPHONE CONTACTS** - When you speak to a customer service representative from BCBSM, write down their first AND last name. Take notes on their replies to your questions. You may need to refer back to the person you spoke with, or the information they gave you at a later date.
 - ❑ **BE PROACTIVE AND ASK QUESTIONS** - It is NOT in your best interest to leave your health insurance matters entirely in the hands of the providers and insurance company. Providers' offices work with many insurance companies, each having numerous types of plans. What IS in your best interest is to learn as much as you can about how YOUR insurance plan works and never be afraid to ask questions.
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