Memorial Community Hospital & Health System
Blair • Fort Calhoun • Tekamah

# A Guide to Understanding Health Insurance

Understanding health insurance **empowers** individuals to make informed decisions about their healthcare, access necessary services, and **protect** themselves financially.

It promotes proactive healthcare management, financial stability, and **peace of mind** in the face of medical uncertainties.

*** There are hundreds of different insurance plans and coverages. The following information is meant to explain what most insurance companies cover, it is not specific to your plan. It is always best to contact the phone number on the back of your insurance card to determine your specific benefits, copay's and deductibles. ***

# Preventative Care vs Diagnostic Care

At first glance, a physical and an office visit may seem like the same thing… BUT, there is a difference. It is important to understand the differences between the two, because it may affect your costs.

**Preventive care** is often also referred to as a “physical,” “annual exam,” “well child,” or “well women”. It is a routine check-up given to you when you’re symptom free and have no reason to believe you might be unhealthy. Essentially, the goal of preventive care is to detect health problems before symptoms develop. Preventive care includes immunizations, lab tests, screenings and other services intended to prevent illness or detect problems before you notice any symptoms. The right preventive care at the right time can help you stay well and could even save your life.

**Diagnostic care** is what you receive when you are seen for a problem/symptom, concern, or an existing condition. Diagnostic care is given to diagnose, treat, or monitor symptoms/conditions you already have. Diagnostic care may result if a preventive screening detects abnormal results. Diagnostic medical care involves treating or diagnosing a problem you’re having by monitoring existing problems, checking out new symptoms or following up on abnormal test results. Some of the diagnostic tools include radiology, ultrasound, nuclear medicine, laboratory, and pathology.

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| Test | When it's Preventative | When it's Diagnostic |
|---|---|---|
| **Colorectal Cancer Screening** | When it's given as a routine test to check for early signs of cancer in accordance with age-based guidelines or family history. | When it's given in response to symptoms, such as bleeding, abdominal pain, change in bowel habits.<br><br>If the doctor discovers a polyp (an abnormal growth) during your preventative colonoscopy, your doctor will often remove it and have it tested for cancer. The follow-up test is considered diagnostic. |
| **Diabetes Screening** | A blood glucose test is used to check for problems with your blood sugar control, even though you may not have symptoms. | If you have diabetes, your doctor will check your blood sugar regularly with an A1C test.<br>The A1C test is diagnostic. |
| **Mammogram** | Routine mammogram to screen for breast cancer. | When given in response to symptoms such as a lump in the breast, breast pain, or visible changes in breast tissue. |

**Preventative —** most insurance plans cover preventative care at no cost.

**Diagnostic —** If a service is considered diagnostic, your usual copayment, coinsurance and/or deductibles apply.

** A **medical diagnosis** (diagnosis for short) is given when a problem or condition has been found and is being treated. There are acute (short term) and chronic (long-term or lifetime) diagnoses. Hypertension, Diabetes, High Cholesterol, and Hypothyroid are some examples of chronic diagnoses. Bronchitis, UTI, Influenza, Ankle Sprain, and wrist fracture are some examples of acute diagnoses. If you are taking long term daily medication you have a chronic diagnosis.**

# What is covered during an Annual Exam?

Proper preventive care is important to help you live a longer, healthier life. A preventive checkup can help prevent disease before it starts and detect problems early, before they cause serious illness. How often and what kind of preventive care you need depends on your age, gender, health and family health history. Ask your medical provider for guidelines regarding the recommended frequency of preventative visits.
A preventive care visit with your doctor focuses on your overall health and how to stay healthy. An “annual” exam is a series of routine examinations performed every year that may include the following:

**Blood tests:** Some of the most common blood tests include complete blood count (CBC), fasting blood sugar, and chemistry panels such as lipid and thyroid hormone tests. (These are covered as screening tests, if you already have a diagnosis, your insurance company may apply these to your deductible/coinsurance.)

**Urinalysis:** The urine can provide a lot of information about infection, presence of excess protein and blood that may indicate problems in the urinary system such as the kidneys, and crystallized deposits to name a few.

**Vital signs:** You will have your heart rate, blood pressure, respiratory rate, oxygen level and temperature taken, as well as height and weight.

**Physical appearance**: In an annual physical exam, the doctor takes the time to observe and take note of changes in the physical appearance, including weight, posture, gait, balance, hair loss..

**Physical exam:** The provider will listen to your heart, lungs, and stomach. They will look in your ears, eyes, and throat. They will discuss skin changes and may complete a skin assessment.

**Health History**: Your provider will review your medical/surgical and family health history and will ask if there have been any changes since your last annual exam. They will also review your immunization history and also see if you are due for any cancer screenings, such as breast, colorectal, cervical, and prostate.

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**Screening procedures:** Depending on your sex, age, and family history, your provider will recommend/order a mammogram and/or colonoscopy. They may complete a pap during the appointment.

**Immunizations:** Depending on your immunization history, your provider will recommend/order any immunizations you are due for.

***In regards to blood tests,** we are finding that labs are paid for when drawn as part of a "wellness" visit, IF the patient does not have a diagnosis of hypertension, hyperlipidemia, diabetes, etc. Labs that are drawn as part of the wellness visit when a patient has been diagnosed with hypertension, hyperlipidemia, diabetes, etc. are often applied to the patients deductible/coinsurance. It is still vital for patients to have these tests completed to monitor their health.

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# When does a preventative visit become an office visit?

Preventive and diagnostic care may occur during the same visit.  On occasion an appointment meets the requirement for both types of visits.  If this is the case, your provider will submit a charge for both.

Some examples where this may occur are;

- If you sustain an injury and have it evaluated during your annual physical appointment.
- If you schedule a preventive care visit and ask your doctor about a specific health concern or condition
- Blood tests drawn during a preventive visit to monitor a chronic condition/diagnosis.

While combining a preventive physical and an office visit will save you time by eliminating an extra appointment, it may also affect your costs. Providers must bill your visit based on both the reason you initially scheduled the appointment and for what is done during the appointment. For this reason, it's important to remember that when you see your provider for a physical, something more than a general evaluation may result in unanticipated out of pocket costs for you based on your benefit plan.

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# Understanding health insurance; A glossary

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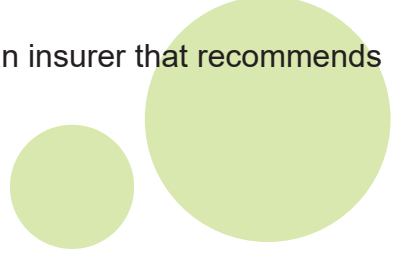
| **Premium** | The amount you pay your insurance company for health coverage each month or year. |
| **Deductible** | The amount of money you must pay out-of-pocket before coverage kicks in. Deductibles are usually set at rounded amounts (such as $500 or $1,000). Typically, the lower the premium, the higher the deductible. |
| **Coinsurance** | The amount of money you owe to a medical provider once the deductible has been paid. Coinsurance is usually a predetermined percentage of the total bill. If the policy's co-insurance is set at 15% and the bill comes to $100, the policy-holder owes $15 in coinsurance. |
| **Co-pay** | This type of insurance plan is similar to co-insurance, but with one key exception: rather than waiting until the deductible has been paid out, you must make their copayment at the time of service. Most often, copayments are standardized by your plan, meaning you'll pay the same $30 each time you see a physician, or the same $50 each time you see a specialist. |
| **Out-of-pocket Maximum** | The amount of money you pay for deductibles and coinsurance charges within a given year before the insurance company starts paying for all covered expenses. |
| **Out-of-Network** | This term refers to physicians and medical establishments not covered under your insurance plan. Services from out-of-network providers are usually more expensive than those rendered by in-network providers. This is because out-of-network providers have not negotiated lower rates with your insurer. |
| **Pre-existing Condition** | Any chronic disease, disability, or other condition you have at the time of application. In some cases, symptoms or ongoing treatments related to pre-existing conditions cause premiums to be higher than usual. |
| **Referral** | An official notice from a qualified physician to an insurer that recommends specialist treatment for a current policy-holder. |



# Questions to ask your insurance company before your appointment....

- Is my office visit covered completely? If not, how much must I pay?
- Will my tests be covered completely? If not, how much must I pay?
- If you are being seen for your annual — Are preventative services covered at 100%? Are there restrictions to my preventative coverage?
- If I need a procedure, including surgery, how much will my insurance cover? How much must I pay?
- What is my copay?
- What is my coinsurance?
- What is my deductible? How much of my deductible have I met?
- Do I have an out of pocket maximum? How much has been met?
- Do I need a referral to see a specialist?
- Will I need authorization from my insurance company before my health care visit?

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# To avoid unwanted health care billing surprises...

- Always bring your most up-date insurance card(s) to every doctor appointment and healthcare visit.

- Learn about your specific insurance plan benefits. The clinic staff has some knowledge over what is generally covered, however it may not be true for all plans. There are hundreds of different plans and staff is unable to answer or guarantee what your specific plan coverage is like.

- Ask your insurance company what costs you must pay out of pocket for your doctor visit, healthcare visit, test, procedure or surgery. Most often the customer service number is on the back of your insurance card.

# How can I lower my healthcare costs?

Memorial Community Hospital and Health System offers several option to assist with the cost of some procedures, therapies, laboratory testing and x-rays.

- Low cost vouchers for many services offered at MCH can be purchased on the MDSave website at MDSave.com. These are available for many clinic visits, hospital procedures, therapies, laboratory testing and imaging services such as X-rays, CT Scans, MRIs. etc. If you do not see a service offered on MDSave that you are trying to purchase, please reach out to 402-426-1288 to inquire further.

- Financial assistance is available for patients that qualify based on financial need.

- Call Memorial Community Hospital Financial Assistance 402-426-1288

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