

MedBen

WellCare

benefitness for you.

Vol. 2, No. 10

October 2014

Taking the Stress Out of Health Care Costs

For many people, finances and stress go together like peanut butter and jelly. As financial burdens increase, so does the level of stress. And this can be especially true when you add health care into the mix.

While your health plan does its best to keep benefit details clear cut, it's understandable that all the talk of deductibles and coinsurance can at times feel overwhelming. But at its core, health coverage is pretty simple.

The majority of care is preventive in nature – you see the family doctor for a checkup or to get tests that help you stay healthy. Such care usually comes at no cost to you if you see a doctor in your provider network. Likewise, office visits to treat general ailments typically require only a small copayment – again, so long as the physician is in-network.

Note that we're emphasizing the importance of **in-network care**. By seeing doctors who have contractually agreed to treat you for a lower cost, you pay less and you minimize the hassle of added paperwork.

Be aware that not every service you receive from an in-network provider will necessarily be covered, so it's a good idea to check your plan summary for any limitations or exclusions. And if you have questions about your benefits coverage, speak to your Human Resources Department or call MedBen Customer Service at **(800) 686-8425**.



Avoid These Health Care Cost Pitfalls

Additional tips to help you steer clear of higher bills:

- For certain types of care, your plan may require pre-authorization or pre-certification. Review your plan carefully; if prior approval is needed, contact the number on your ID card.
- Make sure your preventive care is billed as "wellness" rather than "diagnostic."
- Your plan may require a referral for specialist or out-of-network care.
- Know in advance what your plan covers in regard to emergency room care.
- Convenience and personal items (i.e., free weights for physical therapy) are usually not covered.
- Make sure your claims are submitted in a timely manner. If you don't receive an EOB within 90 days of care, check with your provider.

