



Take Charge of Your Health: Tips on Managing Your Health Plan

by Ondine Brooks Kuraoka

With health insurance costs rising, everyone wants to feel they are getting the most out of their health plan. But how many of us have set aside the introductory guidebooks from our health provider? We read about the pediatrics department and close the book.

Well, it's time to dig out those neglected manuals. You'll save yourself the stress of needing to find information when fatigued by illness, and you may also find a few unexpected perks, one of which is higher satisfaction with your health plan.

Health Plans Now Offer Extra Benefits

Arlene Lieberman, Principal of Barney and Barney, the largest privately owned insurance brokerage firm in San Diego, explains that San Diego has eight health plans currently available. Despite increasing premiums, the plans are becoming more competitive in offering extra benefits.

"Health plans give much more than the core benefits of the office visit, co-pay, and hospital stay," Lieberman says. "Most programs have partnered with vendors to provide discounts for chiropractic care, acupuncture, gym membership, and vitamins. All kinds of products and services that people may be spending full dollar value for, you can now purchase at a discount by using one of your health plan's partners."

Another helpful trend is disease management programs, including free literature, classes and support groups. "If the doctor gives a diagnosis such as high blood pressure or diabetes, chances are that your health plan has established a program to help you better manage that condition," says Lieberman.

What is a Formulary?

Understanding your plan's prescription benefit is key. Most plans use a "formulary," a list of the most common medications covered under that plan. Each drug can have two or three tiers of co-payments, depending on whether the doctor has prescribed the generic brand, the formulary brand, or a more expensive brand not included in the formulary.

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“If you take a drug that’s more expensive because it’s not on your health plan’s list of covered medications, you might want to discuss alternate formulary medications with your doctor,” says Lieberman.

Prescriptions Delivered to Your Door

Lieberman also points out that many health plans now have a mail-order pharmacy benefit, which saves errand time and can also save money. For maintenance medications some health plans allow consumers to make two co-payments and get a three-month supply, saving up to four co-payments a year.

The Doctor Works for You

Of course, the doctor’s visit is the most basic benefit of any health plan. To feel more satisfied with your health plan you need to make optimal use of time with your doctor. Colleen Murphy, RN, with Sharp Grossmont Hospital, suggests some ways to prepare for a doctor’s appointment.

“Know what your agenda is,” she says. “Bring a list of your symptoms and write down all the points you want to talk about, including questions you have. Remember that you’re the consumer; the doctor is working for you.”

Don’t be afraid to ask your doctor to slow down and have him explain something again. Patients can also ask the doctor to show an illustration of the problem area if a visual aid would help clarify questions.

“The reason we’re in medicine is to help you. The way we do that is by sharing information,” Murphy says.

For a comprehensive guide to choosing a doctor, visit the Medical Board of California’s services for consumers web page, <http://www.medbd.ca.gov/findnewdoctor.htm>.

Choosing a New Health Plan

Consumers Union (www.consumersunion.org) is “an independent, non-profit testing and information organization, serving only the consumer,” and also the publisher of *Consumer Reports*. Researching options and choosing between Health Maintenance Organizations (HMOs), Preferred Provider Organizations (PPOs), and Indemnity Plans (also called fee-for-service) involves swimming through a daunting sea of information.

Consumers Union sifts through positive feedback and complaints and reports their findings. For those of us who don’t have a firm grasp of the differences between HMOs, PPOs and indemnity plans, the Consumers Union web site is a good place for clarification.

While popular recommendations from friends and family can be helpful, closely analyze your own family’s needs when choosing a plan. Here is a sample of health needs for which a health plan may or may not offer coverage, compiled in part by The Agency for Health Care Research and Quality, <http://www.ahrp.gov/consumer/hlthpln1.htm#important>.

- Obstetrical-gynecological care and family planning services
- Physical therapy and other rehabilitative care
- Home health, nursing home, hospice care
- Preventive care: well baby visits, health screenings- mammograms, Pap smears, smoking cessation, weight loss management

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- Prescription costs
- Hospitalization, emergency care
- After-hours care
- Vision care

Further considerations

- Location- Are the medical offices convenient to where you work or live? What about when you are traveling?
- Are there limits to how much you must pay in case of a major illness?
- Exclusions: which services doesn't the plan cover?

Ways to Save

Those who can manage to pay premiums in one yearly lump sum are sometimes rewarded with substantial savings. This information is available from your plan's customer service representative.

San Diego small businesses with as few as two employees are now eligible for group health plan rates.

Be sure you're not paying for unnecessary coverage; not everyone needs "supplemental medical" insurance. If your main health plan includes adequate hospitalization and treatment coverage, the benefits of a second insurance may be redundant.

Consumer Rights

Lieberman explains that even HMO consumers can change their primary care physician every month. Family members can each have their own primary care physicians.

If your needs are not being adequately addressed, use the plan's grievance procedure.

Consumers need to know about the COBRA legislation; after leaving an employer, employees have the right to extend health benefits through COBRA (Consolidated Omnibus Budget Reconciliation Act). Learn about this legislation at <http://www.legal-database.com/cobra.htm>. Cal Cobra is available to California employees of small companies with fewer than 20 employees.

Consumers should also be aware of their rights through the HIPAA (Health Insurance Portability and Accountability Act of 1996). Visit the U.S. Department of Health and Human Services fact sheet at <http://www.os.dhhs.gov/news/facts/privacy.html> for more information.

When feeling addled by the health plan maze, try to count yourself among the fortunate; 40 million Americans have no form of health insurance, according to the U.S. Department of Health and Human Services.

Be Your Own Advocate

Don't be complacent when it comes to your health, or your health plan: voice your opinions, ask questions, and gather information. With some research and a willingness to advocate for yourself, you can have the satisfaction of managing your health plan rather than feeling managed by it.

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Sharp Women's Health Symposium

The Sharp Women's Health Symposium is scheduled for Saturday, Feb. 12, 2005. Please call 1-800-82-SHARP (1-800-827-4277) for more information.

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