

Healthy for Life:

A Guide to Using Your Health Insurance



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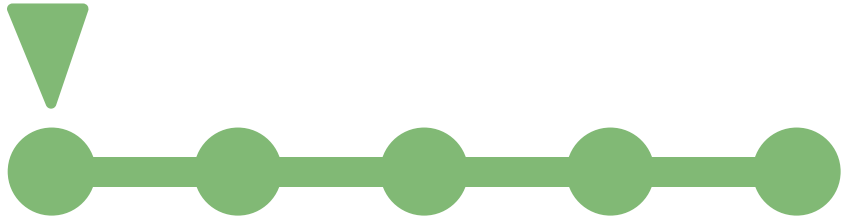
Introduction



No one plans to get sick or get hurt, but everyone needs health care at some point in their lives. That's why it's so important to have health insurance. It can help you stay healthy and protect you from big medical bills. Health insurance can often be complicated or confusing. This guide will show you how to get the most out of your health insurance.

This guide can also help you learn about using your health insurance. Being smart about how you use your health insurance can help you save money and be healthy. This guide does not provide medical advice. Please talk to a health care provider about what care is right for you.

If you are seeking affordable health coverage, you can shop for coverage online at www.healthcare.gov. You can also go to the Extra Resources section of this guide on page 16 to see a list of helpful phone numbers and websites.



In this guide, we will outline 5 Important Steps to using your new health insurance to get the care you need. The icon above appears on each page. The position of the pointer will mark where you are in the process.

1 Plan Selection:

Learn about the costs and other details, and find out how to pick a plan.

2 Getting Started with a Plan:

Paying your premium, finding a doctor, and making an appointment.

3 First Doctor's Appointment:

How to prepare for the appointment and what to do after the appointment.

4 How to Use Your Care:

Learn more about preventive care, what to do when you're sick, and how to get care in an emergency.

5 Making an Appeal:

Find out what an appeal is and learn more about the process of making one.

Plan Selection



Congratulations!

Getting covered is a great way to protect your health. The first step is to pick a plan that works for your budget and meets your health needs.

Learn about the Costs

Health insurance helps pay for the costs of medical care. It can protect you from high medical bills. While each health insurance plan is different, there are common terms you should know. Understanding these terms will help you know the costs you will pay.

There are four different kinds of health insurance costs that you might have to pay: Premium, Deductible, Co-pay and Co-insurance. The amount and type of costs that you will pay depends on the type of plan you choose.

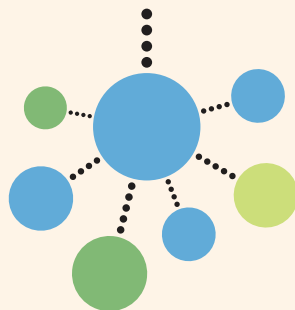
- **Premium** - A monthly bill you pay to your health insurance company. This is like when you pay your electricity or water bill. You have to pay your premium even if you do not receive any medical care that month. You must pay the first premium before your coverage will begin. Your insurer may cancel your coverage if you miss a payment.
- **Deductible** - The amount you must spend on your health care each year before your health insurer starts to pay some of the cost. In some plans, there may be no deductible payment for certain services. This might include visits to your primary care doctor or pharmacy.
- **Co-pay** - This is a fixed amount you pay when you use health care services, like when you visit the doctor or get a prescription filled. For example, you may pay a fixed rate of \$20 for an office visit or for your prescribed medicine. There are no co-pays for preventive care.
- **Co-insurance** - This is a charge where you pay a percentage of the total cost of the service. For example, your insurer might say you have to pay 20% co-insurance for a service. In this case, you would pay 20% of the cost and your insurance would pay the other 80%.



The four costs listed are the major costs you will pay for your health insurance. When picking a plan, it is important to think about how much you would be able to pay for each cost. The plan with the lowest premium may not be the cheapest plan for you when you think about the other costs.

There are other insurance plan details that may affect how much you pay. This includes the out-of-pocket maximum and the insurance plan network. The out-of-pocket maximum is the most you will have to pay for your health care for the year. If you have costs above this amount, your insurance plan will pay the entire cost. Also, your insurance company works with certain doctors and other providers. These providers are in your health plan's network. Your costs will be different if you use a doctor outside of your insurance network. It is always important to make sure the doctor or provider you visit is in-network. This will help you avoid higher medical bills.

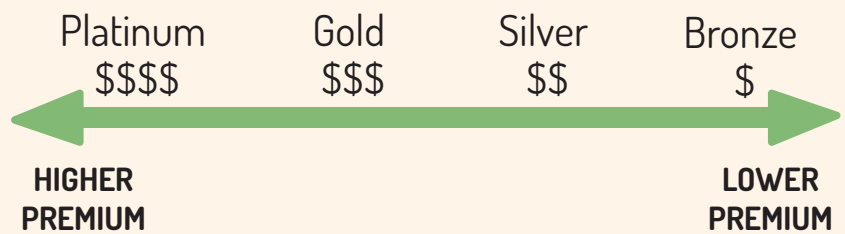
- **Out-of-pocket maximum** - This is the maximum amount you will pay for the year for all your health care. Once you have paid this amount, your health insurance pays the rest of your costs. The out-of-pocket maximum starts over each year.
- **Network** - This is a group of facilities and providers who your health insurer or plan has contracted with to provide health care services. If you use doctors who are in the network (called in-network), you will pay regular costs. If you see a doctor outside of your network (called out-of-network), you will pay more. The costs you spend for out-of-network services will not count towards your out-of-pocket maximum.





Metal Levels

There are also four different levels of plans you can choose from, called metal levels.



Each metal level has different costs that you pay. Bronze plans have the cheapest premiums. Platinum plans have the most expensive premiums. A plan with a low monthly premium will have higher out-of-pocket costs, like deductibles, co-pays, or co-insurance.

Important Note: You may qualify for help lowering your health care costs. You can pick a plan from any metal level, but you can't get all of your cost assistance unless you select a silver plan. Visit www.healthcare.gov to find out if you qualify for help.

What if I have coverage through Arkansas Works?

If you qualify for Arkansas Works (also known as the Health Care Independence Program or Private Option), you will not owe a deductible. You may owe a small premium per month, and you may have to pay a smaller co-pay when you visit the doctor or pharmacy. But your costs will be the same regardless of the plan you select. It is still important to consider what plan works best for you. For example, you may want to make sure a plan covers the doctor you already see or covers any medications you use.



Picking a Plan

Now that you understand the costs, you can begin browsing through plans. It may be helpful to fill out the Selecting an Insurance Plan Worksheet on page 17 to help narrow down your list of plans.

Important things to consider when picking a health plan:

- How much can you afford to pay toward a monthly premium?
- What level of a deductible are you comfortable with? (Remember: The deductible is the amount you owe for services before the health plan begins to pay.)
- What amount of out-of-pocket maximum are you comfortable with?
- How much in co-pays are you willing to pay when you visit the doctor or pharmacy?
- Do you have a current doctor? Is it important to you that this doctor is in-network?
- Are there any prescriptions you need that the plan you choose must cover?

When you have selected a plan, write down the important information about the plan here:



Health Plan Name : _____

Health Plan Phone Number: _____

Monthly Premium: _____ Due on: _____

Coverage Start Date: _____

Deductible: _____

Getting Started with a Plan



Pay Your Premium

You must pay your first premium before your coverage will be active. After selecting a plan, you can pay online at your insurance company's website. You can also pay by calling the insurance company. You will need your insurance plan ID to pay. You need to pay your premium each month to stay covered.

Note: As mentioned before, if you have coverage through Arkansas Works, you may not owe a premium. If you are confused about if you owe a premium, you can contact your insurance company or your local DHS office.

Get Your Insurance Card

Your insurance company will send you a card in the mail with your plan information. Do not throw this card away. It has important information printed on it. This includes your plan number, group number, and information for the insurance company. It is important to always take your card with you to doctor's appointments.

Take a moment to copy down your information from your insurance card in the sample card below. If you lose your card, call the member services number you wrote down here and ask them to send you a new one.





Find a Doctor

Find a doctor to see when you need medical care, like when you are sick or need a checkup. This will be your primary care provider. You should choose a primary care provider who takes your insurance. Your insurance company can give you a list of doctors in your area that accept your plan. If you already have a doctor that you want to keep, call their office and ask if they take your insurance. You should check with your insurance company and your doctor to make sure the doctor is “in-network.” If you visit a doctor that is “out of your plan” or “out of network,” you may have to pay a larger part — or all — of the doctor’s bill yourself.

See Finding a Primary Care Provider on page 18 for more information about finding the doctor that’s right for you.

Make an Appointment

Once you have found a doctor you would like to see, you can make an appointment. When you call, you should confirm that the doctor takes your insurance. Also make sure that the doctor or clinic is accepting new patients. Be sure to make an appointment as soon as you are covered, instead of waiting until you are sick.



First Doctor's Appointment



Prepare for Your First Visit

At your first visit, your doctor may ask you about your “medical history.” This will help the doctor learn about you and your health. Be prepared before you arrive. Take everything on the following checklist. You may want to fill out the My Health Journal on page 20 and take it with you to your first appointment.

Make sure you have these things with you for your first appointment:

- Photo ID
- Health Insurance Card
- Your family medical history (see My Health Journal on page 20)
- A list of medications you are taking
- Any questions you have for the doctor



What Should I Do After my Appointment?

After your first appointment with the doctor, you should follow all of your doctor's advice:



- Fill any prescriptions the doctor prescribed, and take them as directed.
- Make an appointment with any specialists the doctor asked you to see.
- Visit the doctor again if you are sick or injured.

Did you like the doctor you visited? If you are unsure if the doctor you visited is right for you, ask yourself these questions:

- Did you trust your provider and feel like they cared about your health?
- Did the provider speak in a way you could understand and that made you feel comfortable?
- Did the doctor and other staff treat you fairly and with respect?

If you answered yes to most of these questions, you have found the right doctor for you. If you answered no to most of these questions, you may want to change doctors. Your primary care provider is the person you will visit for most of your health needs. It is important you feel comfortable with him or her. If you decide that you did not like the doctor you saw, that's okay. Call your insurance company and ask them for a list of other doctors who take your insurance.



How to Use Your Care



Preventive Care

Did you know that most preventive care is free if you have health insurance? Preventive care are services that help to keep you healthy. Many preventive services are completely covered by insurance. That means you won't pay anything for them, including your deductible or co-pay.



Here is a list of some things that are considered preventive care:

- Blood Pressure Tests
- Flu Shots
- Help Quitting Smoking
- Obesity Screening
- Tests for Sexually Transmitted Infections (STIs) and HIV

Taking advantage of these free services can help you to stay healthy and prevent more serious health problems. You will not have to pay for these services if you receive them during a regular checkup or well-woman exam. If the preventive service is not the main reason you are seeing the the doctor, you may get a bill for the office visit.



What Should I Do When I am Sick?

If you are sick, call your primary care provider and make an appointment to see the doctor. You may be able to see the doctor quickly for a sick appointment.

What Should I do When in an Emergency?

A medical emergency is when someone is seriously ill or injured. Some examples of medical emergencies are :



- Bleeding that won't stop
- Chest pain
- A car accident or other accident
- Vomiting that won't stop
- Seriously thinking about taking your own life or someone else's
- Not being able to breathe

If you have a medical emergency, go to the emergency room at the nearest hospital. If you are sick, but not in an emergency, you should call your regular doctor. If you go to the emergency room for non-emergency care, you may end up paying much more for the care you receive.

Making an Appeal



When you receive care, your doctor or pharmacy submits a claim to the insurance company for payment. Normally, the insurance company pays the doctor or pharmacy for the claim. Sometimes, the insurance company refuses to pay the claim or only agrees to pay part of the claim. If this happens, you may have to pay the cost, but you have the right to appeal.

First, ask your insurance company how to file an appeal with them. This is called an internal appeal. Follow the instructions the insurer gives you and make sure to include any information they request. After the appeal, your insurer may pay the claim. If so, your appeal was successful! If not, you may have to file an additional appeal, called an external appeal, or pay the claim yourself.



An external appeal usually happens after your insurance company denies your internal appeal. You contact the Arkansas Insurance Department at (800) 852-5494 to start an external review. When you call, you should ask for the External Review Department. They will provide all the instructions and forms you need for the external appeal.

During the external review, a medical provider reviews your claim. This provider is licensed by the Insurance Department. These licensed providers are called Independent Review Organizations and are separate from the insurer. Being independent will help them make a fair decision. They will review your claim and decide if your insurer should cover it. If they decide your insurer should cover your claim, your appeal was successful. Your insurance will have to pay your claim. If not, you will have to pay the cost.



You have four months after the insurance company refuses to pay your claim to file an external review. Remember that you should first file an internal review with your insurance company. Internal and external appeals help you to make sure you are getting the care you need. They can be helpful if you feel that the insurer is being unfair. You cannot file an appeal asking the insurer to cover services not included in your benefits.

Note: If you have Arkansas Works (also known as Private Option or Health Care Independence Program) you can also file an appeal with your insurance company. Also, if you have questions about your coverage, you can contact your insurance company or local DHS office.

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Selecting an Insurance Plan Worksheet

	OPTION 1	OPTION 2	OPTION 3	OPTION 4	OPTION 5
Insurance Company					
Health Plan Name					
Metal Tier (bronze, silver, gold, platinum)					
Monthly Premium (after tax credit)	\$	\$	\$	\$	\$
Cost Sharing					
Deductible	\$	\$	\$	\$	\$
Out-of-Pocket Maximum	\$	\$	\$	\$	\$
Primary Care Provider Visit Co-pay	\$	\$	\$	\$	\$
Specialist Visit Co-pay	\$	\$	\$	\$	\$
Prescription Co-pay	\$	\$	\$	\$	\$
Emergency Room Co-pay	\$	\$	\$	\$	\$
Co-pay, Other Service	\$	\$	\$	\$	\$
Co-pay, Other Service	\$	\$	\$	\$	\$
Health Care Providers					
Your doctor	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered
Other doctor	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered
Your prescription drugs	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered	<input type="checkbox"/> Covered <input type="checkbox"/> Not Covered

Finding a Primary Care Provider

1 Think About Which Doctor You Would Like to See

You want to find a doctor that you will be comfortable seeing for help when you are sick or injured. You may also want a doctor who is convenient for you to see. Here are a few questions to help you decide what's important to you:



- Is it important if your doctor is a man or a woman?
- Do you have a preference about where your doctor works?
Do you want a doctor who is in a clinic, a hospital, or a private office?
- Do you want a doctor who can see you on the weekends or in the evenings?
- Is the location of your doctor's office important to you?
Would you like it to be close to your home or work?
- Does the doctor speak your primary language?

2 Call your Insurance Company

Call the member services number for your insurance company. Ask them for a list of all the doctors in your area that are "in-network."

At this time, you can tell the insurer any preferences you have, like the doctor's location or gender. *Remember:* You will pay the regular cost to see a doctor "in-network," but you will pay a higher cost for a doctor "out-of-network." This is why it is important to find a primary care doctor who is "in-network."





3 **Talk to Trusted Friends or Family**

The insurance company will give you a list of doctors who are “in-network.” You may want to ask friends, family, or coworkers if they know any of the doctors on your list. If so, are they satisfied with the doctor? The opinions of trusted friends and family can help you decide which doctor to try.

4 **Call the Doctor’s Office**

Call the doctor you would like to see. Be sure to ask if the doctor is accepting new patients. You should also confirm with the doctor’s office that they take your insurance. If they are accepting new patients and take your insurance, you may have found the doctor for you.

5 **Make an Appointment**

Make an appointment to see the doctor, even if you aren’t sick. Seeing a doctor for checkups and preventive care can help you live a healthier life.



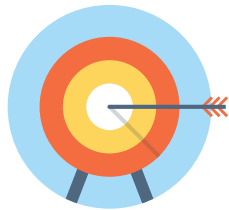
My Health Journal: Goals and Concerns

What are Your Health Goals?

When you visit your new doctor for the first time, you may want to discuss your health goals with the doctor. He or she can give you advice about ways to reach your goals. Here are some examples of personal health goals to get you started:

- I would like to quit smoking. Can you give me advice for quitting?
- I am concerned about my weight. What are some ways that I can lose weight safely?
- Both of my parents had high blood pressure. What can I do to help my blood pressure stay at a normal level?

Below, write your own health goals:



1 _____

2 _____

3 _____

4 _____

Do You Have any Health Concerns?

Make sure to tell your doctor about any health concerns you have. This might include recent changes you have noticed about your body or health. You might also want to talk to the doctor about any conditions you know you have, such as diabetes or high blood pressure.



Write your concerns here:

My Health Journal: Personal Health History

Now that you have recorded your health goals and concerns, you are ready to get prepared for your first primary care visit. Fill out your information below and take it with you when you visit a new doctor.



When were you born? _____
(month/day/year)

List any serious childhood illnesses you had:

List all vaccinations you have had:

Check off any serious health conditions you have had as an adult.

- Diabetes
- Asthma
- Heart disease
- Stroke
- Cancer (Type:) _____
- Other _____

Have you had any surgeries? Yes No

If yes, what were they and when did you have them?

Write down any prescription medicines you are taking. Include the names of the medicine listed on the bottle and the dose, like 10 mg pill taken twice a day. You can also take the prescription bottles with you to the doctor.

NAME OF MEDICINE

DOSE

NAME OF MEDICINE	DOSE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Have you given birth? Yes No

Number of births _____

How many of them were C-sections? _____

Do you smoke cigarettes? Yes No

If so, how many packs a day? _____

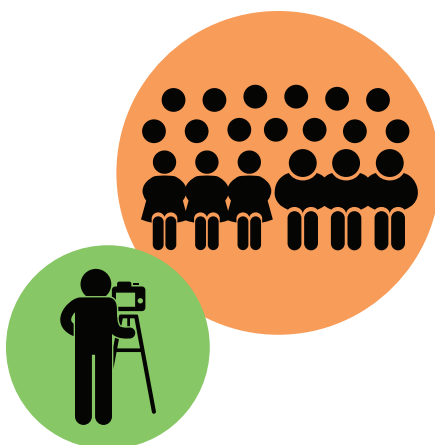
Do you drink alcohol? Yes No

If yes, how many drinks a week? _____

My Health Journal: Family Health History

In the following chart, fill out your family's health history. This will help your doctor learn about health conditions that may run in your family. For each of your family members, list the major health conditions they have had. This might include:

- Diabetes
- Asthma
- Heart Disease
- Stroke
- Cancer



FAMILY		RELATIVE'S NAME	HEALTH CONDITIONS	LIVING?
Immediate Family				
	Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Father			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sibling 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sibling 2			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sibling 3			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sibling 4			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Sibling 5			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional Siblings			<input type="checkbox"/> Yes <input type="checkbox"/> No
Extended Family				
Mother's Family				
	Her Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Her Father			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Her Sibling 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Her Sibling 2			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Her Additional Siblings			<input type="checkbox"/> Yes <input type="checkbox"/> No
Father's Family				
	His Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No
	His Father			<input type="checkbox"/> Yes <input type="checkbox"/> No
	His Sibling 1			<input type="checkbox"/> Yes <input type="checkbox"/> No
	His Sibling 2			<input type="checkbox"/> Yes <input type="checkbox"/> No
	His Additional Siblings			<input type="checkbox"/> Yes <input type="checkbox"/> No

My Health Journal: My Doctors

Fill out the chart below to keep track of the doctors you see and where you get your prescriptions.

WHERE I GET MY HEALTH CARE	NAME	ADDRESS	PHONE NUMBER
Doctors/Healthcare Providers			
	My Primary Care Provider		
	My Specialists (i.e. cardiologist)		
My Drugstore or Pharmacy (i.e. Walgreen's)			

Helpful Phone Numbers and Websites

For more information about your health coverage options:

Arkansas Health Insurance Marketplace

www.arhealthconnection.org

Federal Health Insurance Marketplace

www.healthcare.gov

Enroll or shop for health coverage:

Federal Health Insurance Marketplace

www.healthcare.gov

Arkansas Department of Human Services

www.access.arkansas.gov

Questions about your Medicaid and ARKids First coverage:

Medicaid Information Number

1-800-482-5431

ARKids First Information

1-888-474-8275

DHS County Office

www.humanservices.arkansas.gov and click on "find your local county office"

Questions about your Marketplace plan:

Ambetter

www.ambetterofarkansas.com

1-877-617-0390

Blue Cross/Blue Shield

www.arkansasbluecross.com

1-800-800-4298

Qualchoice

www.qualchoice.com

1-800-235-7111

“Every day
I remind myself



that in order to take
care of my family
I have to take care
of my own health.”



Arkansas Advocates for Children and Families


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