

Easy Guide To Health Insurance

Do you know the difference between a PPO and an SPD? Between a co-payment and co-insurance? Health insurance jargon can be confusing but to take advantage of your insurance benefits, you must speak the language.



When enrolling in a new health insurance plan or renewing an existing plan, talk to your Human Resources department if you have questions about coverage. This short list of key definitions can help you better understand the terminology in the documents and correspondence you receive from your insurance company.

Co-Insurance: The arrangement where the insurance plan and you pay fixed percentages of your covered healthcare costs after you have met your deductible. For example, if you have a plan with 90/10 co-insurance, this means that once you've met your deductible for the year, the plan pays 90% of the remaining eligible expenses and you pay 10%. Once you reach your maximum out-of-pocket, the insurance company will pay 100% of eligible expenses. Consult your Summary Plan Description (SPD) for details on what is covered by co-insurance.

Co-Payment / Co-Pay: The fixed amount you pay to a healthcare provider at the time of service. In general, co-payments are due for office visits, trips to the emergency room, therapy treatments, hospital stays or outpatient surgery. For example, each time you have an appointment with your primary care physician, you may be asked for a \$15 co-pay. Co-payments typically do not apply to your medical deductible.

Covered Service: A service offered by a healthcare provider that is eligible for payment under the terms of the Plan. You can find a list of covered services in your Summary Plan Description.

Eligible Expense: A charge that the insurance company considers "reasonable and customary."

Explanation of Benefits (EOB): A document that describes how much of an expense was paid by the Plan and how much you paid or you owe. The EOB is not a bill. Keep your EOBs; they'll help you make sure that all expenses for a service have been filed by the healthcare provider and will be paid by the insurance company. Your EOBs will also help you keep track of how close you are to meeting your deductible.

Flexible Spending Account (FSA): An account that enables you to use pre-tax dollars to pay for certain out-of-pocket costs. This can include over-the-counter drugs (*prescribed by a physician beginning in 2011*), co-payments and your deductible.

Indemnity Plan: A type of health insurance plan where you choose your doctor, hospital and other healthcare providers. The plan reimburses you and/or the provider as expenses are incurred.

In-Network Provider: A healthcare provider that has an agreement with your insurance company to charge a reduced rate for their services. You probably won't see ineligible expenses with in-network providers, and they usually will not bill you for more than the eligible expense for a covered service. In addition, an in-network provider will refer you to other in-network providers when necessary.

Managed Care Plans: A type of plan that provides comprehensive health services. With this type of plan, a Primary Care Physician (PCP) takes care of your general health needs and can refer you to a specialist in the Plan network. Popular types of Managed Care Plans include:

- Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPOs)
- Exclusive Provider Organizations (EPOs)
- Point of Service Plans (POPs)

Medical Deductible: The amount you must pay before the insurance company makes a payment for covered medical services. The deductible applies to charges for all healthcare services, except preventive services such as physicals, vaccines or screening tests, which are usually paid for by your plan. Most health insurance plans will set an individual and a family deductible. If you have family coverage, one family member may not contribute more than his or her individual deductible to the family deductible. The family deductible can be met only from the combined expenses of two or more family members that have each met individual deductibles. Typically co-payments and the cost of prescriptions are not applied to your medical deductible. However, your deductible usually does count toward your Medical Maximum Out-of-Pocket (Max OOP).

Medical Maximum Out-of-Pocket (Max OOP): The total amount you could be required to pay during a plan year for covered healthcare expenses. This amount is listed in your SPD booklet. Often there is a separate Max OOP for individuals and families. There are some covered services (*such as payments for prescriptions*) that may not apply to your Medical Max OOP. In addition, some types of payments, such as co-pays, may still be required even though you have reached your maximum out-of-pocket.

Non-Covered Service or Exclusion: A health-related service that is not eligible under the Plan. The insurance company will deny payment for these charges and you may be responsible. Also, note that these payments don't apply to other aspects of your plan, such as your deductible.

Open Enrollment: The time period during which you can review your current coverage and make changes for the upcoming year's coverage. Open enrollment season is usually held in the Fall.

Out-of-Network Provider: A healthcare provider that has not contracted with the insurance company. Use of an out-of-network provider can be quite costly.

Plan Year: The 12-month period during which your insurance benefits apply. Most plan years run from January - December. Some portions of your plan, such as deductibles, out-of-pocket maximums or visit limits, will be reapplied at the beginning of each plan year.

Premium: The fee for coverage of defined medical benefits during the plan year. Premiums are paid by the employees, employer, unions or shared by the insured individual and the plan sponsor.

Preventive Services: Some preventive services can help detect when illnesses are developing to allow early treatment. These services include mammograms, colonoscopies, immunizations and prenatal and new baby care. Other preventive care services, such as immunizations, prevent the development of illness. The new Health Reform Act requires all employer-sponsored insurance plans to offer free preventive services.

Summary Plan Description (SPD): A booklet that outlines what your health plan provides and how it operates. The booklet provides details on covered services and exclusions, coverage limits and services that require a co-payment. You can also find out how to submit a claim and how to appeal when coverage has been denied. The SPD should explain the circumstances under which your employer can change or terminate the plan.

Usual, Customary & Reasonable Fees (UCR): A fee schedule for services provided set by a database of physicians' fees across the country. Fee amounts vary by region.

For answers on how the new Affordable Care Act works, check out the website: www.whitehouse.gov/healthreform.

Banana Bread with Cranberries

Makes: One loaf, 12 slices | 60 Minutes

Tart fresh cranberries balance the sweetness of the bananas in this favorite quick bread.



Ingredients:

- 1-1/2 cups all-purpose flour
- 1/2 cup whole-wheat flour
- 1/2 cup packed brown sugar
- 1 teaspoon baking soda
- 1 teaspoon baking powder
- 1/8 teaspoon salt
- 2 large, very ripe bananas
- 2 tablespoons unsweetened applesauce
- 1/3 cup low-fat milk
- 2 large egg whites
- 1 teaspoon pure vanilla extract
- 1 teaspoon grated orange or lemon zest
- 1 cup fresh cranberries

Preparation:

1. Preheat oven to 350°F. Spray a 4x8" loaf pan with cooking spray.
2. In a mixing bowl, whisk together all-purpose flour, whole wheat flour, sugar, baking soda, baking powder and salt.
3. In a food processor, puree bananas and applesauce. Add milk, eggs, vanilla extract and citrus zest. Pulse to mix.
4. Combine dry ingredients and banana mixture with a few quick stirs. Do not over mix. Stir in cranberries. Scrape batter into the prepared loaf pan.
5. Bake for 1 hour, or until a toothpick inserted into the center of the loaf comes out clean.

Nutritional Information (per serving):

143 Calories; 0.4g Fat; 0.1g Saturated fat; 3g Protein; 33g Carbs; 2.1g Fiber; 168mg Sodium