



FROM COVERAGE TO CARE

How to Get the Most from Your Health Plan



**VERMONT
HEALTH
CONNECT**

Find the plan that's right for you.



UNDERSTAND YOUR PLAN & BENEFITS

Having health coverage is an important *first step* to better health and well-being. Your coverage can help you pay for things like visits to the doctor, prescription drugs, hospital care and emergency room visits, and tests or treatment for health conditions such as diabetes and heart disease. Plus, all Vermont Health Connect plans include many *free* preventive care services such as immunizations (for babies, kids, and adults), routine check-ups, screening tests, and lots more!

Be sure that you understand what services and providers your plan will pay for, and how much each visit or medicine will cost.

Your insurance company or group health plan will provide you with a Summary of Benefits and Coverage (SBC) that outlines the key features and costs of your plan. Ask them for a copy or look for a link online.

KEY QUESTIONS TO ASK

- How much is my co-payment or co-insurance?
- How much is my deductible?
- How much will I have to pay for prescription drugs?
- Is there a limit for services like physical therapy?
- How much will visits to the emergency room cost?
- What if I need to see an out-of-network provider?

YOUR INSURANCE CARD & WHAT IT MEANS

You will get a card as proof of your health insurance—usually about two to four weeks after you pay your first bill.

The letters and numbers on your card help you understand your benefits

and costs. It also includes phone numbers for your insurance company, so make sure you keep it handy!

If you need to use your plan before you get your card, you can. Call your insurance company.

INSURANCE LOGO

Subscriber's Name	Member: 01
Identification Number xxxxxxxxxxxx	Rx Group
Group Number xxxxx	Effective Date: xx/xx/xxxx
	Preventive Office \$



FIND A PROVIDER

Finding a *primary care provider* you trust is one of the most important decisions you'll make about your health. Whether you need a routine check-up or special care because you're sick, your primary care provider (also called a PCP) can help make sure you get the medical care you need. Emergency room visits are expensive, so having a PCP can help you with your medical needs and save you money in the long run.

Most health plans provide you with a *network* of doctors and other health care providers. If you see a provider in your network, the insurance company will pay for their share of the cost. If you see a provider outside of your network, and it isn't an emergency, you usually have to pay most (or all) of the cost yourself.

TIPS FOR CHOOSING A PROVIDER

- ✓ If you already have a provider you like, contact your insurance company to see if they are in your plan's network.
- ✓ Your insurance company is a good place to start. Give them a call, search their website, or check your member handbook to find providers whose locations are convenient for you and your family.
- ✓ Ask your friends or family if they have providers they like. Then check to see if those providers are in your plan's network.
- ✓ Call the providers on your list to find out more information about things like cancellation and payment policies, and how they handle after-hour health questions or concerns.
- ✓ Give them a try! Sometimes it takes more than one visit to figure out if a provider is the right one for you.



SEE PAGE 13 TO FIND A PROVIDER IN YOUR INSURER'S NETWORK.



KNOW WHERE TO GO FOR CARE

Although you can get medical care in many different places, *it's best for you* to get routine care, check-ups, and recommended preventive services from your primary care provider.

Not all doctors and facilities take all insurance plans or types of coverage.

If you can, call your insurance company or the doctor's office before you go to make sure they accept your health insurance (or find out how much you will have to pay). In an emergency, you should get care from the closest hospital that can help you.

Health insurance companies can't require you to get prior approval before getting emergency care from a provider outside your plan's network. And they can't charge you more for needing to go to the emergency room at an out-of-network hospital.

GETTING CARE WHILE TRAVELING

Before traveling, be sure to check your insurer's out-of-state networks and out-of-network policies. If you see an out-of-network provider and it isn't an emergency, you will usually have to pay most (or all) of the cost yourself.

An Urgent Care Center can be a good—*and more affordable*—option if you need medical care and your doctor's office isn't open. Look online or in a local phone book to find locations near you.



THE CHART ON PAGE 14 SHOWS SOME OF THE DIFFERENCES BETWEEN VISITS TO YOUR DOCTOR'S OFFICE AND THE ER.



MAKE AN APPOINTMENT

When you *call for an appointment*, you should have your insurance card or other documentation handy. Let the staff know the reason you want to see a provider, if there's a particular provider you prefer to see, and if you have a specific need (such as requiring an interpreter or an accessible exam table).

You should also ask if there are any forms you should fill out before your visit, if you need to bring anything with you (like medical records or a list of current medications), and what you should do if you need to cancel or reschedule your appointment.

If you're a new patient, you may have to wait a few weeks to get an appointment, but some offices offer same-day or next-day appointments, especially if you're sick.

MAKE THE MOST OF YOUR VISIT

- ✓ Have your insurance card with you.
- ✓ If your provider asked you to bring medical records or fill out any forms ahead of time, make sure you have them with you.
- ✓ Know your family health history and make a list of any medicines you take.
- ✓ Bring a list of questions and things to discuss, and a pen/pencil and paper to take notes with during your visit.
- ✓ If you have a co-pay or co-insurance payment due at your visit, be prepared to pay it.
- ✓ Bring someone with you to help if you need it.



KEEP YOUR PLAN DETAILS, YOUR PROVIDER'S CONTACT INFORMATION, AND YOUR HEALTH RECORDS ALL IN ONE PLACE SO THEY'RE EASIER TO FIND.



WHAT TO EXPECT AFTER YOUR APPOINTMENT

After you visit your provider, you will receive an Explanation of Benefits (EOB) letter from your insurance company. This is an overview of what services you received, the total charges for your visit, and how much both you and your health plan will have to pay. **An EOB is not a bill.**

While an EOB may show what you owe, you will get a bill separately from your doctor's office. It's important to review your EOB to make sure it's correct and reflects the health care services you received.

INSURANCE LOGO

(802) xxx-xxxx

Statement date: xx/xx/xxxx

Document number: xxxxxxxxxxxxxxxx

SAMPLE EXPLANATION OF BENEFITS (EOB)

Member name:

Address:

City, State, ZIP:

THIS IS NOT A BILL

Subscriber number: xxxxxxxxxx

ID: xxxxxxxx

Group: ABCDE

Group number: xxxxx

Patient name:

Provider:

Claim number: xxxxxxxx

Date received:

Payee:

Date paid: xx/xx/xxxx

Claim detail	What your provider can charge you	Your responsibility	Total claim cost



CONTACT YOUR INSURER IF YOU HAVE QUESTIONS ABOUT YOUR EXPLANATION OF BENEFITS. (THEIR PHONE NUMBER IS OFTEN NEAR THEIR LOGO.)



TAKE CARE

After meeting with your provider, it's important to follow their instructions. *For example*, follow through with any referrals to specialists and schedule a follow-up visit with your PCP when recommended.

Most importantly, if you have questions or concerns between appointments, call your doctor's office.



A "PROVIDER" IS A DOCTOR, A NURSE PRACTITIONER, OR ANOTHER HEALTH CARE PROFESSIONAL.

FIND A PROVIDER IN YOUR INSURER'S NETWORK

BLUE CROSS & BLUE SHIELD OF VERMONT

www.bcbsvt.com/find-a-doctor

1-800-247-2583

MVP HEALTH CARE

www.discovermvp.com

1-800-825-5687

NORTHEAST DELTA DENTAL

www.nedelta.com/dentist-search

1-800-537-1715

GREEN MOUNTAIN CARE (MEDICAID/DR. DYNASAUR)

www.greenmountaincare.org

1-800-250-8427

FOR A COMPLETE LIST OF GREEN MOUNTAIN CARE PROVIDERS

www.vtmedicaid.com/secure/providerLookUp.do

YOUR DOCTOR'S OFFICE & THE ER: WHAT'S THE DIFFERENCE?

PRIMARY CARE PROVIDER	EMERGENCY ROOM
<p>Less Expensive with a silver plan, for example, you'll pay a \$25 co-pay (or \$0 if it's preventive care).</p>	<p>More Expensive with a silver plan, for example, you'll have to pay your deductible before your health plan pays any costs. You'll then have to pay a \$250 co-pay.</p>
<p>You go when you feel sick and when you feel well.</p>	<p>You should only go when you're injured or very sick.</p>
<p>You call ahead to make an appointment.</p>	<p>You show up when you need to and wait until they can get to you.</p>
<p>You may have a short wait, but you will generally be seen around your appointment time.</p>	<p>You may wait for several hours before you're seen if it's not an emergency.</p>
<p>You'll usually see the same provider each time.</p>	<p>You'll see the provider who is working that day.</p>
<p>Your provider will usually have access to your health records.</p>	<p>The provider who sees you probably won't have access to your health records.</p>
<p>Your provider works with you to monitor your chronic conditions.</p>	<p>The provider may not know what chronic conditions you have.</p>
<p>Your provider will check other areas of your health, not just the problem that brought you in that day.</p>	<p>The provider will only check the urgent problem you came in to treat and might not ask about other concerns.</p>
<p>Your provider can help you make a plan, get your medicines, and schedule your recommended follow-up visits or find specialists.</p>	<p>When your visit is over, you will be discharged with instructions to follow up with your PCP and/or specialist. There may not be any follow-up support.</p>

HEALTH CARE TO-DO LIST

- Read your *Coverage to Care* guide
- Understand your plan and benefits
- Find a provider
- Know where to go for care
- Make an appointment
- Be prepared for your visit
- Follow through after your appointment

KNOW THE BASICS

Visit info.healthconnect.vermont.gov/value for an overview of how health insurance works, a list of essential health benefits, and explanations of common health insurance terms (such as **premium**, **co-pay**, **deductible**, and **co-insurance**).



WE'RE HERE TO HELP!

Questions about your plan?
Contact us and we'll help—by phone,
online, or in person.

CALL: 1-855-899-9600 (TOLL-FREE)
CLICK: WWW.VERMONTHEALTHCONNECT.GOV



**VERMONT
HEALTH
CONNECT**

Find the plan that's right for you.