

KENTUCKY HEALTH COOPERATIVE, INC.

THE WAIT IS OVER!

I HAVE HEALTH INSURANCE. NOW WHAT?



A Guide to Using Your Health Insurance Plan

Brought to You By Kentucky Health Cooperative, Inc.

1-855-687-5942

#KYHC

#GetHealthyKy

www.mykyhc.org





CONGRATULATIONS ON YOUR HEALTH PLAN DECISION!

This booklet may provide new information about your health insurance plan. Or, it may serve as a refresher. Either way, we hope you find it helpful.

*Note: Examples in this guide do not reflect specific plans. If you are a Kentucky Health Cooperative plan member, please contact your agent with questions. Or, you may call Member Services at **1-855-687-5942** for details about costs and features of plans.*



NOTES ABOUT MY PLAN

Year: _____

Effective Date: _____

Premium Due Date: _____

Name/Phone Number, Email Address of Insurance Agent, kynector, or

Other Person Who Helped Me: _____

The Name of My Plan Is: _____

My Member ID: _____

My Primary Care Provider Is: _____

Phone number: _____

My Provider’s Website URL: _____

My Specialists: _____

My Pharmacy: _____

I can begin shopping for next year’s plan on this date: _____

I can shop for plans, or get help at:

www.mykyhc.org

www.kynect.ky.gov

I can also:

- Call my agent. (Kentucky Health Cooperative agents may be reached at 1-877-334-1726).
- Contact kynect at **1-855-4kynect (459-6328)**.
- Search for enrollment events in my area. Download the kynect mobile app from iTunes store (Apple) or in the Google Play store (Android) *#getkynected*.
- Get in touch with a kynector at <https://kynect.ky.gov/General/AgentOrKynector>.

BEFORE YOU BUY: UNDERSTANDING AN INSURANCE PLAN

The **Summary of Benefits and Coverage** is your new “best friend.” It is an overview of your plan. You can get your **Summary of Benefits** when you are shopping for coverage on your own; through your new job; with the help of an agent or broker, or a kynector.

The **Summary of Benefits** tells you what expenses you will have to pay, in addition to the amount you will pay each month for your coverage, called a **Premium**.

The **Summary of Benefits** does not usually tell you the amount of your **Premium**. **Premium** charges vary. **Premiums** are based on your age, the county where you live, and whether you use tobacco.

You can get **Premium** quotes in several ways. Some health plans provide the quotes on their website, after you provide some information. All plans have a Customer Service department, reachable by phone, that can help. Someone who is trained by the state, called a kynector, can help you, too – in person. Another in-person option is

sitting down with a licensed health insurance agent who is registered to assist with kynect enrollment.

Some consumers base their decision on only one thing: the cost of the **Premium**. You should put more thought into this important decision, though. When you pick a cellphone plan, you probably don't choose it on monthly cost alone. You likely think about how much texting you do and, therefore, how much data you use. You also pay attention to network coverage.

Health insurance plans are designed with these kinds of considerations, too. That is why it's important to pay attention to details. Once you make a plan decision, it may be some time before you have a chance to make a change in your coverage.

THINGS TO THINK ABOUT BEFORE YOU DECIDE ON A PLAN

1. You are responsible for your **Premium**, the fixed payment every month, whether or not you use medical services. (Note: Some Kentuckians can get help paying some, if not all, of their monthly premium if they meet income and family size guidelines that help them qualify for help paying for this expense). Visit www.kynect.ky.gov, our state's health insurance Marketplace, for more information. You may also call kynect at **1-855-4kynect (459-6328)**. TTY users may call **1-855-326-4654**.
2. You and your family can get help paying prescription drug costs. That's because we live in a state where a free program is in place for every resident who wants to use it. The program is called the Kentucky Pharmacy Assistance Program. There are no sign-up forms, age or income requirements, waiting periods, etc. The program provides medication savings of up to 75%. You can choose from more than 56,000 pharmacies across the country. Visit www.kentuckyrxcard.com for information.
3. Another option, the Kentucky Prescription Assistance Program, offers help to people with limited incomes. Call toll-free 1-800-633-8100 for more information, or visit <http://chfs.ky.gov/dph/info/dpqi/kpap.htm>

4. Make sure the plan's coverage is adequate. If you use a prescription drug, be sure it is on the plan's drug list, called a **Formulary**. Also, find out if the doctor, hospital or other provider that you use is **In-Network**. Cost-sharing varies by whether providers are in, or out, of network. To minimize costs, you should try to stay in the plan's network as often as possible.

DEDUCTIBLE: WHAT YOU PAY FIRST

Most plans have a **Deductible**, an amount that you must pay, in addition to the **Premium**, before the plan pays any benefits. Some plans have a deductible for prescription drugs, too.

Example:

You are enrolled in a plan with a \$1,000 annual deductible. On January 1, you have not paid anything toward this deductible.

On January 16, you visit the doctor to be treated for the flu. The cost of the doctor's visit is \$150, and you are charged \$150. You have now met \$150 of the annual \$1,000 deductible, leaving a balance of \$850.

In March, you have a colonoscopy that costs \$450. You pay \$0. Why? The procedure is an exception to the deductible. It is among the free screenings and checks that are a part of Qualified Health Plans that meet Affordable Care Act standards.

In July, you break your arm waterskiing, and it costs \$3,850 to fix. You pay \$850 – the remaining balance of your annual deductible – and **Coinsurance** (costs shared between you and the plan) for the ER visit, radiology and provider services.

Copayments are fixed dollar amounts (for example, \$20) that you pay for covered healthcare. This is usually required to be paid when you receive the service.

Coinsurance is your share of the costs of covered services, calculated as a percent of the allowed amount for the service. For example, if the plan's allowed amount for an overnight hospital stay is \$1,000, your coinsurance

payment of 20% would be \$200. This may change if you haven't met your deductible.

The amount the plan pays for covered services is the **allowed amount**. If a provider charges more than the allowed amount, you may have to pay the difference. For example, if a hospital charges \$1,500 for an overnight stay and the allowed amount is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**).

Generally, your **deductibles**, **copayments** and **coinsurance** amounts will be lower if you use in-network providers.

EXCEPTIONS TO THE DEDUCTIBLE

- ☐ Free preventive health services
- ☐ Some vaccinations, mammograms and other cancer screenings and periodic physicals.

More: www.healthcare.gov/what-are-my-preventive-care-benefits

DID YOU KNOW?

Some plans offer up to 3 primary care visits before the **Deductible** kicks in. *You have to look.*

If the cost of a doctor visit is followed by the phrase “after the deductible is met,” you must pay the full deductible before getting doctor visits for the indicated **Copayment** or **Coinsurance** amount.

The same might be true for pharmacy benefits. (And, don't forget that some plans might have a separate pharmacy deductible).

DRUG FORMULARIES

A **formulary** is a list of drugs that your plan covers.

The **formulary** has different levels, called **tiers**, with different costs.

Example: 4-tier formulary.

Tier 1: Generic drugs: The lowest cost, because many companies can make them. \$

Tier 2: Preferred brand-name drugs: These drugs cost more than generic drugs because only 1 company makes them. \$\$

Tier 3: Non-preferred brand-name drugs. These drugs cost even more than tiers 1 and 2 drugs. Usually, you can get a similar drug that is a preferred brand-name or a generic. \$\$\$

Tier 4: Specialty drugs: These are high-cost drugs used to treat rare or complex conditions. \$\$\$\$

NEW HEALTH INSURANCE? USE THIS CHECKLIST

- ☐ Show your new insurance card when you check in at your provider's office or go to the pharmacy.
- ☐ Pay your monthly premiums on time. Your plan may be cancelled if you don't, and you may not be able to sign up again until the next open enrollment period.
- ☐ Pick a Primary Care Provider. (This can be a doctor, nurse practitioner or physician assistant). Even though this is not required by Kentucky Health Cooperative, other insurance companies might. In any case, it's a good idea for you to get to know someone who is tuned in to your health status and any issues.
- ☐ Get to know your plan. You are entitled to health benefits that include free screenings and checkups. Be sure you know what they are.
- ☐ Know what a medical emergency is.
- ☐ Know what to do in case of a medical emergency.
- ☐ Know your options if it's not an emergency situation, but when you still need to see a provider. This could mean a trip to an urgent care facility, or an appointment with your Primary Care Provider.

- ☐ Get your prescription medicines filled. Take them as directed.
- ☐ Know how to appeal an insurance company decision. To do this, you need your paperwork, so be sure to hang on to it. *All of it.* If you feel like you have been charged incorrectly, you can appeal that decision.
- ☐ Take notes on the key points of your insurance plan, your health, and your healthcare. Pay attention to how much you spend out of your own pocket on prescription drugs and things like your share of an office visit or your share of services such as lab tests or radiology. Keeping track will help you decide on the best choice for you when the time comes to decide on your health insurance plan for the next calendar year.

TYPES OF PLAN NETWORKS

There are different types of plan networks. When you are picking a plan, make sure you understand what kind of plan it is and what it covers, as you may have it for the next 12 months.

HEALTH MAINTENANCE ORGANIZATION (HMO) PLANS:

- HMOs only pay providers inside their network.
- You usually must have a primary care provider.
- You usually need a referral to see a specialist.
- The monthly premium is generally less for an HMO plan than it is with another plan type.

PREFERRED PROVIDER ORGANIZATION (PPO) PLANS:

- PPOs have networks that are generally broader than HMO networks.
- You can get care outside your network, but you will pay more for that care. Be careful: out-of-network care may have separate out-of-pocket maximums and deductibles from in-network care.
- You usually don't need a referral to see a specialist.

IMPORTANT INFORMATION

Your **member ID card** is your “ticket” to treatment and access. It includes the most important information about your plan. It tells you much you might owe for different types of services. This amount owed is called a **deductible** or a **copayment**.


On this sample card, locate the following copayment amounts:

Primary Care _____

Prescriptions _____

Specialist _____

Emergency Room _____



Kentucky Health Cooperative, Inc.

Card Issued: **01/03/2015**
Members and Providers Logon to:
<https://portal.mykyhc.org>

PPO Member ID: 123456789	Payer ID: 77894 Group #: 12345
Member Name: JOHN DOE	Office Visit Copay: \$20 Specialist Copay: \$40 Urgent Care Copay: \$60 ER Copay: \$150
RX BIN#: 016838 Pharmacy Benefit: \$15/\$30/\$50/25% Pharmacist Help Desk: 1-888-821-5517 Pharmacy Member Services: 1-888-821-5516	

It’s a good idea to know the answer to the following questions, too.
You will find the answers in your **Summary of Benefits**.

Your Annual Deductible _____

Family Deductible _____

Family Prescription Drug Deductible _____

Out-of-Pocket Maximum _____

Family Out-of-Pocket Maximum _____

GETTING ALL BENEFITS FROM YOUR INSURANCE PLAN

We hear this all the time: “I’m healthy and don’t need to use my insurance. I have it because I’m required to have it.”

As long as you have it – as long as you’re paying the **Premium** – make sure to take advantage of benefits to which you are entitled. Affordable Care Act-qualified plans include coverage of Essential Health Benefits designed to help you stay healthy. Several of them are covered at no charge to you.

Examples:

- Help in managing diseases like diabetes or asthma
- Flu shots
- Mammograms
- Services for kids (for example, vision checks)

DID YOU KNOW?

All Qualified Health Plans purchased through the Health Insurance Marketplace (kynect) cover the Essential Health Benefits. Some grandfathered plans or employer-provided plans from outside the Marketplace do not.

DID YOU KNOW?

In an emergency, you should get care from the closest hospital that can help you. Your insurance company cannot require prior authorization before going to the emergency room. Your insurance company cannot charge you more for getting emergency room care at an out-of-network hospital if it is a true emergency.

The differences in cost for different kinds of care looks like this:

Pharmacist’s advice	Free
24-Hour Nurse Line	Free
Primary Care visit	\$
Specialist visit	\$\$
Urgent Care visit*	\$\$\$\$
E.R. Visit	\$\$\$\$\$

**If your plan has copayments, your copayment for urgent care may not be much more than your copayment for a doctor visit.*

HOW TO APPEAL AN INSURANCE COMPANY DECISION

You will get an **Explanation of Benefits** (EOB) from your insurance company after you visit a doctor or other provider, clinic or hospital. It tells what services they paid or did not pay, and why. If they did not pay for a service you think they should have, you can appeal their decision not to pay.

Your insurance company must explain in writing why they denied coverage, and this must be done within a set amount of time. They must also instruct you on how you can appeal their decisions. If the timeline for the appeals process would seriously put your life at risk, or risk your ability to fully function, you can also file an “expedited” appeal to get a quicker decision.

The Kentucky Department of Insurance (KDOI) regulates the commonwealth’s insurance market, licenses agents and other insurance professionals, monitors the financial condition of companies, educates consumers to make wise choices, and ensures that Kentuckians are treated fairly in the marketplace.

Its mission is to “promote sound, competitive insurance markets; protect the public through effective enforcement and regulation; and empower the public through outreach and education.”

If you need assistance filing an appeal, please contact the Kentucky Department of Insurance:

1-800-595-6053 Option 1.

Email: doi.info@ky.gov

KY-only toll-free: **1-800-595-6053** or **1-502-564-3630**

TTY: **1-800-648-6056**

Get a Kentucky appeal form here:

<https://www.healthcare.gov/downloads/marketplace-appeal-request-form-a.pdf>

IS IT AN EMERGENCY?

- ☐ If there's no doubt about it, call **9-1-1**.
- ☐ Use the emergency room only in a true emergency, such as if you have chest pain.
- ☐ Urgent care facilities, called names such as Minute Clinic and The Little Clinic, are a good choice when you need to be seen quickly, but when your life is not in danger. These clinics almost always cost less than going to the emergency room.
- ☐ Your Primary Care Physician may have same-day appointments, too.
- ☐ Kentucky Health Cooperative offers a 24-Hour Nurse Line, putting you in direct touch with expert advice, including where you should go to get treatment. The number is **1-855-348-9113**.*

**Other insurance companies may offer nurse advice lines, too. Your member ID card should indicate whether this is the case.*

Don't overlook your pharmacist as a source of reliable information, offered free of charge. If your doctor's office is closed, for example, you can get an answer to questions such as these:

- Does this look like poison ivy to you?
- I think my baby has an ear infection. Can this wait until morning, or should I take her to the E.R.?
- How can I safely remove a tick?

There are many 24-hour pharmacies in Kentucky, and a pharmacist is almost always within reasonable driving distance and available for answering questions, giving immunizations, checking blood pressure, offering medication advice, and much more.



FOR MORE INFORMATION

Visit Kentucky's health insurance marketplace at www.kynect.ky.gov

Or, Kentucky Health Cooperative at www.mykyhc.org

This document may be made available in Braille, large print, or electronic form. To request an alternate format, please call 1-855-687-5942.

