How to Make the Most Out of Your Health Insurance











BlueCross BlueShield of Alabama

CHAPTER ONE

Introduction and Glossary of Terms

Welcome to "How To Make the Most of Your Health Insurance," an e-book by Blue Cross and Blue Shield of Alabama that aims to do just as the title says: encourage you to put your health insurance to use!

In the following pages, you'll learn why health insurance matters, get advice on how to choose the right plan for your needs and read tips on how to be proactive with your health insurance — and your health — to make sure you get the most bang for your buck. We've also included a glossary of terms because we know that, in this industry, we tend to speak our own language.

We wrote this ebook because we want to help you become an informed, active and engaged patient. Too often, we hear anger and frustration from people who don't understand how health insurance works and what it covers (and we get it, it is complex!). Our hope is that after reading this, you'll be inspired to use your Blue Cross and Blue Shield of Alabama health insurance as a means to stay healthy all year long — not just when you're sick. Most of all, we want you to know that we're invested in your health, and we're here as your ally in your healthcare journey.

To learn specifics about your health coverage and benefits, be sure to log in to *my*BlueCross at **AlabamaBlue.com.**

Sincerely,
Blue Cross and Blue Shield of Alabama

GLOSSARY OF HEALTH INSURANCE TERMS

Claim
A bill that your healthcare provider submits to your insurance company.

Copay
The fixed dollar amount you pay for certain medical services, prescription drugs or doctor visits.

Coinsurance
Your share of the costs of a covered healthcare service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe and the health insurance plan pays the rest of the allowed amount.

Deductible
The amount you pay each year during your plan's benefit period before your plan begins paying for certain covered medical services. Some medical costs you pay each year will not apply to the deductible, such as a doctor visit copay.

Explanation of benefits or claim statement
Your insurance company creates this document to outline what costs your insurance policy will cover for recent services and what you may owe. While it may look like a bill, it is not a bill.

Network
Your insurance company has agreements with particular medical facilities and/or healthcare providers to offer services at an agreed-upon cost. Those are referred to as "in-network." "Out-of-network" refers to a provider or facility not on that list, which may cost more.

Out-of-pocket maximum
A cap on the amount of money that you are required to pay out of your pocket for your healthcare costs. This amount does not include your monthly premium. Once you reach the Out-of-Pocket Maximum, eligible, in-network services are covered at 100%.

Premium
This is the amount you pay monthly for your health insurance. For some people who have an insurance plan through their employer, the employer may pay a portion of the premium.

CHAPTER TWO

Why health insurance matters: Who needs it, and why do we have it?

Getting sick or injured isn't something anyone wants. It's inconvenient, uncomfortable and, let's face it, expensive. According to Healthcare.gov, it can cost up to $7,500 to treat a broken leg, and the average cost of a three-day hospital stay is around $30,000. The cost of cancer treatment can go well into the hundreds of thousands of dollars.



Health insurance can help protect you and your family's finances, as well as your health. Here's how:

- Many health insurance policies will help pay for the cost of certain medical procedures, services and prescriptions.
- Health insurance often connects you to a selection of healthcare providers, health centers and hospitals that participate in your plan or "network" and can give you the care you need.
- Your health insurance plan may also cover "preventive services," which can include checkups, immunizations and certain health screenings that can help keep you healthy by detecting problems early. You can also purchase insurance plans for dental and vision services. Check with your specific plan to learn what's covered for you.

When can I sign up for health insurance?

Many people receive health insurance through their employers, which is referred to as a group health plan. Others will sign up for their health insurance independently. For all health insurance policies, there are specific dates when members are allowed to enroll. It is very important to make note of those dates and sign up within that period of time. Otherwise, you must wait until the next enrollment period to sign up — unless you have certain life changes that qualify for signing up at another time (more on that later).

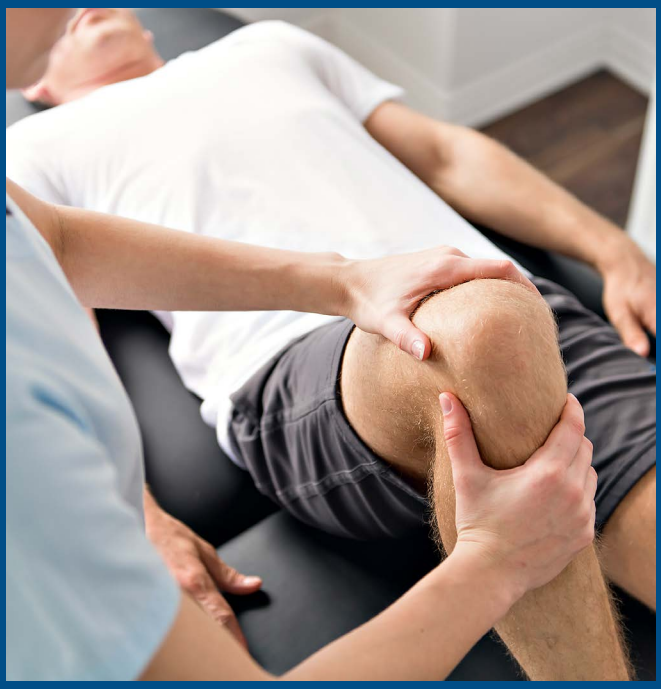
Why can't I enroll throughout the year?

The sign-up period is limited to prevent "adverse selection." The idea is that if anyone could sign up for health insurance any time, then only sick people would sign up when they were sick, and healthy people wouldn't sign up at all. That would severely skew healthcare costs, making health insurance unaffordable.

What are the exceptions?

Certain "qualifying life events" can allow a person to sign up for health insurance outside of open enrollment also known as a Special Enrollment Period. Those include — but aren't limited to — the following:

- Losing health coverage because of a loss of a job, completing school, aging out of a parent's plan or no longer qualifying for Medicaid.
- Moving into Alabama.
- Household changes, including marriage, divorce, a death in the family and having or adopting a child.



MEET JACOB

Jacob had always been on his parents' health insurance plan. In October, he turned 26 and learned that at the start of the coming year, he would be responsible for his own health insurance. He started pondering his options. Because he'd always been healthy, he considered going without health insurance to save money.

Then, in November, he fell off a ladder and tore a ligament in his knee. The cost to treat him at the local hospital was over $6,000. But because he was still on his parents' insurance policy, he paid about $1,300. It was still a huge financial hit, but Jacob realized it could have been far worse. Health insurance, he realized, was worth the expense, even for a young, healthy person like himself. He knew he had some research to do before signing up.

CHAPTER THREE

How to choose the right health insurance plan for you

You've arrived at the most challenging part of the health insurance process: choosing a plan that's right for you.

As you dive into this important decision, here are some things to consider.

Learn the difference between an EPO and a PPO.

EPO stands for "exclusive provider organization" and is generally a lower-cost option than a PPO. People who have EPOs choose a primary care physician (PCP) from within the network, and that doctor is the point person in managing their healthcare needs. To see a specialist, for example, a person with an EPO must first get an electronic referral from their physician.

PPO stands for "preferred provider organization." It tends to cost more than an EPO, but it also offers more choices. People with PPOs can generally make an appointment with any healthcare provider without a referral from their PCP. They can often go to doctors and facilities outside of their network, but they'll likely pay more.

I am looking for health insurance that offers...

FLEXIBILITY	LOW COST
"I want to choose my own providers and not rely on a PCP for referrals."	"I don't mind relying on a PCP to refer me to other healthcare providers."
"I want the option of seeing an out-of-network provider, even if it might cost more."	"I am OK with staying within my limited network of providers."
"I believe having choice when it comes to my providers is worth paying more for."	"Price is the biggest factor in choosing my healthcare plan."
A PPO plan might be right for you	**An EPO plan might be right for you**

Understand your options.



JACOB CHOOSES A PLAN

Jacob learns that open enrollment has begun, and it's time to select his plan. Based on his recent injury, he knows he wants to be covered for worst-case scenarios. As a 26-year-old man who has never had a major health problem, he doesn't have specific medical concerns for the near future. Rather, cost is his biggest priority. He decides to go with a Bronze EPO plan, knowing that will cover any health challenges, while keeping monthly costs low.

Whether you are shopping for insurance for yourself and your family, or your insurance is provided through an employer or another group, you may be faced with a number of different choices. When comparing plans, you'll want to look at what it covers, as well as the monthly cost (known as the premium), and costs for the deductible, copayments, coinsurance and out-of-pocket maximum. In addition, look at the list of providers for the plans you're considering to see if your doctors are in-network.

If you've looked into purchasing plans from the Marketplace or an insurance company, you've seen that they fall into different metallic categories, such as Bronze, Silver and Gold. These don't have anything to do with the quality of care you will receive; rather, they categorize how much you will pay and how much the insurance company will pay.

Here's an estimated breakdown, according to Healthcare.gov (actual costs may vary):

Category	Insurance pays	You pay	Good for...
Bronze	60%	40%	Sickness/injury
Silver	70%	30%	Sickness/injury + routine care coverage
Gold	80%	20%	People who anticipate needing a lot of care

CHAPTER FOUR

How to be proactive with your health — and health insurance

People who have health insurance know to use it when they're sick. But did you know it can sometimes be helpful when you're feeling well? Here are five ways you may be able to use your health insurance, even when you feel healthy.



1

Establish a relationship with a primary care provider.

Everybody should have a primary care doctor, whether you have an EPO plan or a PPO plan or some other plan. This will be the point person for your healthcare needs. It helps to get to know a primary care provider when you're healthy so that you'll know whom to turn to when you're sick. When you log into your *my*BlueCross account, you can search to find a list of in-network providers and make an appointment with one that is convenient for you.

2

Book an annual wellness visit.

Now that you have established a relationship with a primary care provider (PCP), make good use of it! Many health insurance plans will cover the cost of an annual wellness visit, which sets a baseline for your health. Your doctor can check your blood pressure, heart rate, respiration rate and other vital signs. They can also listen to your lungs and heart and conduct other exams to detect any seeming abnormalities that might cause concern. During this appointment, share your family and personal history so your PCP can act as your partner in addressing any mental and physical health challenges.

3

Stay up to date on preventive care services.

Your health insurance may cover a number of preventive services at no cost to you, which aim to keep you healthy. Some examples of preventive services that a health insurance policy could include are tests for high blood pressure, diabetes and cholesterol; screenings for certain types of cancer, such as breast cancer and colon cancer; vaccinations, such as COVID-19, influenza, HPV and measles; well-baby and well-child visits; and counseling in areas such as nutrition, alcohol use, depression and quitting smoking. At your annual wellness visit, talk to your PCP about what screenings and services are right for you. He or she may be able to offer some of those services right there in the office, while others may require another appointment.



4

Make the most of any mental health benefits your policy might have.

Therapy isn't just for people struggling with a mental health condition. A therapist can also help you better understand your emotions, counsel you on how you respond to certain situations, offer tools to better manage stress and even provide insights that could help you deepen relationships with the people in your life who mean the most. If you've ever been curious about therapy, consider making an appointment today. Explore your options with our Guided Search for Mental Health at AlabamaBlue.com/MentalHealthProviders.

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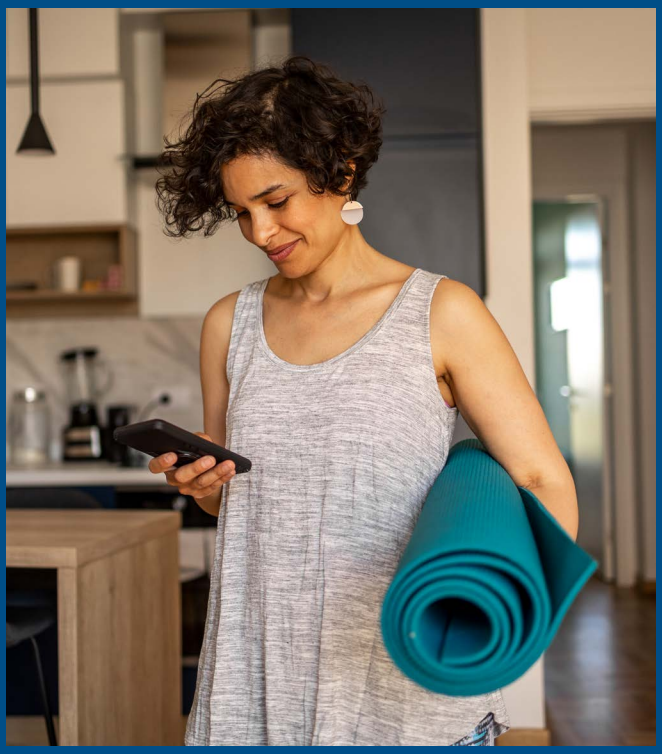
Get to know health- and wellness-centered programs that may be included in your plan.

Blue Cross and Blue Shield of Alabama offers an array of programs aimed at helping our members live healthier lives. Blue365 offers health and wellness discounts to members, from apparel to gym memberships. Baby Yourself, for example, is a free maternity program for expectant moms. It connects moms-to-be with a nurse who can answer questions, provides access to a free Baby Yourself app to track your pregnancy (including a timeline view, kick counter, contraction counter, size guide, weekly checklists and more), and offers information on breastfeeding, educational resources and even free gifts.

How to make the most of my health insurance when I'm healthy

Health insurance policies vary, so it's important that you familiarize yourself with the services that your policy includes. Then, when applicable, prioritize the following:

- Find a physician whom I trust.
- Schedule an annual wellness visit with that physician.
- Schedule well-child/well-baby appointments.
- Ask my PCP about what preventive screenings and tests to schedule.
- Make sure I'm up to date on vaccines.
- Make a therapy appointment to receive guidance and support.
- Learn about BCBSAL programs, like Blue365 and Baby Yourself.



MEET JESSICA

Jessica just got married. As a newlywed, she qualifies for a special enrollment period for health insurance, so she joins her husband's group plan. The first thing she does is log on to the insurance website and search the list of in-network providers. She finds a family doctor nearby and schedules an annual wellness visit. Because Jessica is 45, her doctor explains, she's due for a mammogram and a colonoscopy; she also needs several vaccinations. Jessica agrees to get the vaccinations on the spot and then follows up and books appointments for both cancer screenings. Having not had health insurance recently, she's eager to use it to its fullest. And she knows that prevention through vaccines and early detection through screenings is important for her long-term health.

CHAPTER FIVE

How to know which of your services and medications are covered

One common myth about health insurance is that it covers everything you need when it comes to your health. The truth is that while health insurance certainly helps with costs, you, as the patient, are still responsible for certain payments.

That said, it can be confusing to know what you are responsible for and what your plan covers. To stay within your plan's parameters — and save money in the process — here are some things to keep in mind.

1

Familiarize yourself with your benefits.

Every plan differs, so it's important to know what your plan includes. One place to start is with your plan's benefit booklet, which outlines how you and your plan share costs for covered healthcare services. This document will provide details on your deductible, copays, coinsurance, prescription drug fees and more. Some of this information can also be found by logging in to your *my*BlueCross account. If you have insurance through your employer, your human resources team may be able to answer any questions.

2

Stay in-network with healthcare providers.

Your plan will have a list of in-network providers, which you can view by logging into your account or searching within the Alabama Blue mobile app. By making an appointment with someone on this list, you will pay less.

3

Stick with your health plan's drug formulary — and opt for generics — when possible.

A formulary is a preferred list of medications that your health plan may agree to cover. Even if the medication your physician prescribes is included in this formulary, you may save money by asking for the generic version of it, if there is one. If your medication is not on the formulary, talk to your doctor about it. They may be able to prescribe a similar drug. If that's not an option, the doctor may be able to request an exception from the insurance company and get the medication covered.

4

Make sure upcoming surgeries or procedures are approved by your insurance company.

Your healthcare provider should be in touch with your insurance company to authorize any upcoming procedures. Many insurance plans will cover certain medically necessary services. If you have concerns about whether your insurance policy has approved your surgery or procedure, call the customer service number on the back of your insurance card for more information.

5

If the information from your doctor and your insurance company doesn't match up, ask your insurance provider for assistance.

If your doctor tells you that you owe them one thing, and your insurance company says something else, you might feel like a ping pong ball in the middle of it all. Rather than trying to sort it out yourself, reach out to your insurance company and ask for assistance. They will be able look further into the matter and help resolve it quickly.



The life of a claim

When you receive services from a healthcare provider, the list of itemized services sent to an insurance company is referred to as a claim. Here's the path that a claim takes as it makes its way to all involved parties — the insurance company, the doctor and you.

After a patient's appointment, the provider or facility sends the claim to the insurance company.

The insurance company reviews each claim and determines how much of the charges it will pay, depending on whether there's a negotiated rate with the healthcare provider.

The patient receives a claim statement from the insurance company, which details the costs for service, the discounts you received through your plan, the amount the plan covers and the amount you may owe for services rendered.

If there are any outstanding fees owed, the patient should receive a bill from the healthcare provider.



MEET SHAWNA

Shawna recently became the caregiver for her 63-year-old mother. To stay on top of all her mother's medical needs, she calls Blue Cross and Blue Shield of Alabama to ask for advice. The customer service representative tells her that her mother will need to fill out a HIPAA authorization, which will allow the insurance company to disclose her health information. In addition, Shawna asks her mom to share her login information, which will allow her to access her health insurance account, as well as patient portals with her healthcare providers. With that access, she can make sure her mom's services and prescriptions are covered by her insurance as she begins to take an active role in her care. She can also familiarize herself with her mom's health benefits, to make sure she's making the most of her plan.

CHAPTER SIX

How to use your health insurance to its fullest

Now that you've familiarized yourself with how to choose a health insurance plan and how to use a health insurance plan, it's time to strategize on how to get the most out of your health insurance plan. Read on for tips shared by industry insiders on how to make your health insurance — and your health — work for you.

1

Register for *my*BlueCross on AlabamaBlue.com. There, you can access everything you need to know about your policy. Then, be sure and download the Alabama Blue mobile app. That way, everything you need will be at your fingertips, including a virtual copy of your ID card, provider information, claims and more.

2

Make the most of our health and wellness articles. Did you know that we regularly publish articles aimed at educating our members about different health and caregiving topics, raising awareness about a variety of health conditions, and offering advice on how to improve the way you feel and function? You can find those articles on AlabamaBlue.com/Articles.

3

Take advantage of Blue 365. This is Blue Cross and Blue Shield of Alabama's free health and wellness discount program, available to members only. Depending on your plan and location, you may find discounts to gym memberships, fitness gear, healthy-eating options and so much more.

4

Participate in relevant health management programs. Blue Cross offers a number of programs designed to support patients as they navigate their health journey. With the guidance of a clinician, the Chronic Condition Management Program can help patients with diabetes, chronic obstructive pulmonary disease, coronary artery disease, congestive heart failure and asthma learn to manage their conditions through treatment and lifestyle changes. (Those eligible to participate will be contacted by Blue Cross and Blue Shield of Alabama; for more information call the Member Management line at 1-888-841-5741.) The Case Management Program may pair a nurse with members who are diagnosed with a new health condition or are awaiting an upcoming surgery; specialized nurses can also help members with new conditions related to oncology, high-risk pregnancy, pediatrics, traumatic injuries, organ transplants and behavioral health (call 1-800-821-7231). Members who are diagnosed with or risk developing chronic conditions such as type 2 diabetes may be able to access nutrition and exercise counseling as well as motivational and educational support through the At-Risk Health Coaching Program (call 1-855-699-6168). And nurses and advisors may be available to discuss members' medical needs and connect them with health, educational

and community resources (visit the Talk to a Nurse or Advisor page). Be sure to learn about what your plan offers and how you could benefit.

5

Get up to date with immunizations and screenings. Don't miss out on using any of the preventive care that may be included in your health insurance. See what your plan offers, and talk to your healthcare provider about what vaccines you need, such as flu, shingles and pneumococcal, and screenings recommended for you.

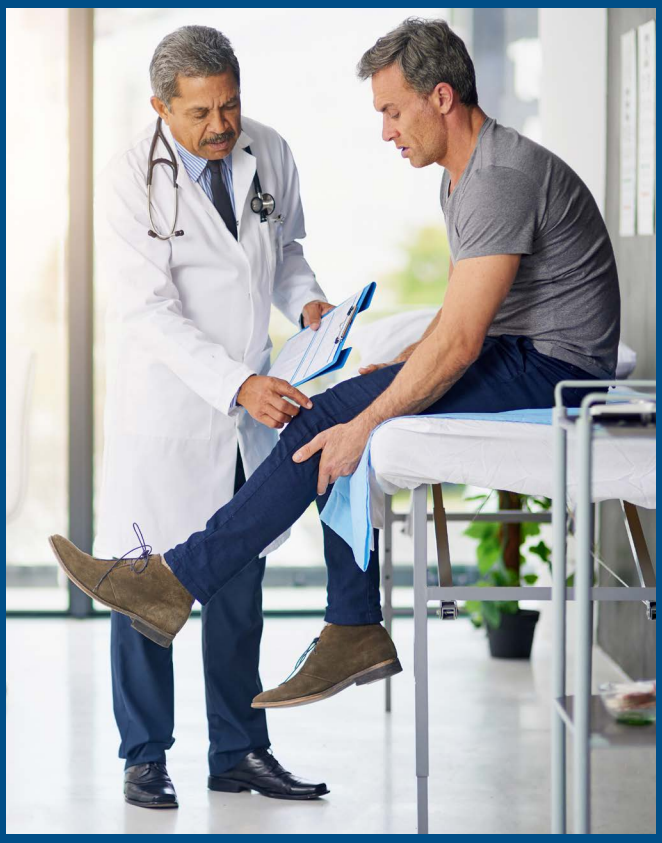
6

Plan ahead for elective procedures you or your family might need. If you expect to have a surgery and the timing isn't critical, consider the best approach financially. If you've paid a lot of money toward your deductible in the calendar year, maybe now is the right time. Alternatively, if you're nearing a new calendar year and haven't met your deductible, you might consider waiting to schedule it for January so that you meet your deductible early in the year.

THE DOCTOR IS IN-NETWORK

Did you know that when you stay in-network, you can save money? In-network providers contract with your health insurance company to offer services and products at a lower cost.

Start your search by visiting AlabamaBlue.com/FindADoctor and log in to *my*BlueCross



MEET KEVIN

Kevin started a new job, and his health insurance coverage began Dec. 1. He's been having knee problems, and his primary care physician referred him to an orthopedic surgeon. The surgeon said he would need a total knee replacement. Kevin is eager to be pain-free, but he also wants to make the right financial decision. He asks the doctor if the surgery needs to be done immediately and is told he can wait a few weeks or even months. Kevin decides to schedule the surgery for early January. That way, he'll pay his deductible early in the year and will have peace of mind when other health needs arise.

CHAPTER SEVEN

Conclusion

Thanks for reading.

As your health insurance company, our job is to connect the dots. At Blue Cross and Blue Shield of Alabama, we want to remove obstacles for patients and caregivers so that they can quickly and easily find the doctors, hospitals, pharmacies, services and facilities they need. In other words, we want to help you find the right providers at the right time.

For many people, when they pull that health insurance card out of their wallet, they're feeling their worst. That's why it's important to familiarize yourself with your policy and your providers when you're feeling your best. By pursuing preventive care, by prioritizing your mental health and by building relationships with healthcare providers, you're taking important steps in your health journey that can only benefit you down the road.

Think of it as a favor to your future self. We're here as an ally in your healthcare journey.