

# Senior Health Benefits

News & Updates from American HealthCare Group, LLC



*We Are Your Independent Partners in Healthcare.*



**Erin Hart**  
412-563-7807  
EHart@american-healthcare.net



**Liz Kanche**  
412-563-7854  
LHKanche@american-healthcare.net

Visit us online to learn more about: [American-HealthCare.net](http://American-HealthCare.net)

## Preventive Services

Greetings! We can help you with questions you may have about your health insurance benefits!

Health insurance, by definition, is insurance against loss by illness or bodily injury. Over the years, insurance companies have added wellness benefits to their plans. Some of these additional services were mandated by legislation such as the Affordable Care Act (2010). Others were added to give the plans a competitive edge.

The Medicare Preventive Services schedule includes wellness visits, cancer screenings, counseling to quit smoking, certain immunizations and more. You pay nothing for these services if your doctor or health care provider is in network. *Read More on Page 2.*

*We work with the following insurance plans:*

- Gateway Health Plan
- Health America/Aetna
  - > Advantra
  - > Medigap Plans
- Highmark Blue Cross Blue Shield
  - > Freedom Blue
  - > Security Blue
  - > Community Blue
- United Health Care
  - > Medicare Advantage plans
  - > AARP Medigap Plans
- UPMC Health Plan
  - > UPMC for Life
  - > UPMC for Life Dual SNP plans

## Plan Benefits & Member Cost Sharing

Medicare plans cover hospital care, physician visits, lab work, x-rays, home health, and hospice - just to name a few benefits.

Whether you receive your benefits directly through Medicare or a Medicare Advantage plan, all of these services must be covered when medically necessary.

However, the out-of-pocket cost comes from copays, co-insurance, and deductibles. It is important to know what you will have to pay for services. This information is available in the "Schedule of Benefits" packet in

your enrollment kit or by calling the Member Services phone number on the back of your insurance card.

### *Prescription Coverage*

Medicare also covers prescription medications. This is also known as Part D. Most Medicare Advantage plans include this coverage.

Usually, your member card says Medicare RX if it includes prescription drug coverage. These plans also have co-pays, coinsurance, and deductibles. There are coverage tiers for each plan.

## *Added Benefits - Tips on Picking a Plan*



Make sure you're getting the most out of your insurance plan! Many plans include dental coverage, vision, gym memberships, chiropractic care and more.

The Member Services number on the back of your card will be able to provide a list of in-network provider and a list of these benefits.

### *Open Enrollment Period*

Medicare's Annual Enrollment Period (AEP) starts October 15 and ends December 7. It is a good idea to review your plan each year to make sure it still fits your needs.

### *Tips on picking a plan:*

- **Review Monthly Premium** – multiply this number by 12 – this is how much you'll pay for your plan regardless of your office visits, tests, etc.
- **Review Provider Network** – make sure all of your doctors, labs, pharmacies, etc are in network for 2017.
- **Review Formulary** – this is the list of prescription medications that are covered and your cost sharing. If your prescription is a preferred brand on one plan and a non-preferred brand on another, that could make a big cost difference.
- **Review Cost Sharing** – Take a look at each of the services that you know that you'll use the following year. Specialist visits, lab work, radiology, physical therapy, etc. can all be subject to co-pays, co-insurance or deductibles. Add these copays to the annual insurance premium to compare plans.

*Visit us online: [American-HealthCare.net](http://American-HealthCare.net)*

## *Health Insurance Glossary*

**Premium:** monthly cost of policy

**Copay:** flat amount charged for health care service

**Coinsurance:** percentage charged for health care service

**Deductible:** initial payment due to health care provider before insurance pays

**Out of pocket max:** the most the member pays out of pocket; does not include premium

**Network:** the healthcare providers that have contracted with the insurance company

**PPO:** Preferred Provider Organization; a product that has an out-of-network benefit

**HMO:** Health Maintenance Organization; a product that does not have an out-of-network benefit

**Emergency Coverage:** most plans allow for emergency coverage notwithstanding network