**Congratulations, you have health insurance!**

**Now what?**

All private health insurance plans offered in the health insurance marketplace will offer the same set of [essential health benefits](https://www.healthcare.gov/glossary/essential-health-benefits). Essential health benefits are services all health insurance plans must cover. The essential health benefits include at least the following items and services:

* Outpatient services (outpatient care is health care you get without being admitted to a hospital)
* Emergency services
* Hospitalization (such as for surgery)
* Maternity and newborn care (care before and after your baby is born)
* Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and therapy)
* Prescription drugs
* Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
* Laboratory services (such as blood tests)
* [Preventive and wellness services](https://www.healthcare.gov/what-are-my-preventive-care-benefits) (such as flu shots) and chronic disease management (such as diabetes management)
* Services for children

Essential health benefits are minimum requirements for all plans in the Marketplace. Plans may offer coverage that includes services in addition to those included in the essential health benefits.

**Health Insurance Terms**

**annual out-of-pocket maximum**

A dollar amount that is the most amount of money you could pay for your medical care over the course of the year (such as $10,000). After you reach this amount, you don’t have to pay any more since you have reached the maximum.

**coinsurance provision**

A percentage of the cost of treatment you must pay for medical expenses after you pay the deductible (such as 30% of all medical costs after you pay $5,000).

**copay**

1. A fee that many insurance plans require you to pay for certain medical services (such as a doctor’s office visit).
2. An amount that you must pay for each prescription with your prescription drug plan.

**deductible**

An amount of covered medical costs that you must pay for yourself before the insurance company will start paying for your medical costs (such as $5,000).

**enrollment or eligibility period**

The time period when someone can first enroll for insurance coverage (such as October through December).

**managed care**

A health system that tries to manage the cost, access to, and quality of medical care.

**network**

A group of doctors, hospitals and other health-care providers that are part of a health plan, who usually provide care at special prices and handle paperwork with the health plan.

**out-of-pocket expense**

Any medical care costs not covered by insurance, which must be paid by you.

**premium**

The amount of money that you pay each month to your insurance company.

**primary care physician (PCP)**

A doctor who manages your health care, directs your treatment, or refers you to other doctors or providers in the network.

**provider**

Someone who evaluates and diagnoses patients. They include doctors, dentists, nurses, physician assistants, dieticians, and others.

**Getting the Most from Your Health Insurance Plan**

Most health insurance plans offer you resources, tools, and even access to discount programs for health-related services and products. For example, some plans offer weight loss programs or programs for quitting smoking. Here you’ll find some helpful tips for making any health insurance plan work for you.

**Making the Most of Your Medical Benefits**

If you want to get the most from your medical benefits, here are a few simple things you can do.

* **Stay in the network.** Most health plans have discounts with doctors, hospitals and other health care professionals in their network. That usually means lower out-of-pocket costs to you. Contact your insurance company to find a doctor or provider nearby in your network.
* **Use the ER for emergencies only.** In a real emergency, you should go to the closest Emergency Room (ER) or call an ambulance to take you there. However, you can usually save money by visiting your doctor for colds, minor injuries, and other less serious problems or by visiting a community health center or an urgent care center.
* **Use generic drugs.** Generic drugs are copies of brand-name drugs that work the same as the original brand-name drugs. Generic drugs are the most affordable drugs and offer you the lowest copay. Generic drugs are pharmaceutically and therapeutically equivalent to brand-name drugs.
* **Use freestanding medical service facilities.** You can generally lower your medical costs by scheduling laboratory (lab) work, imaging (such as x-rays), and other outpatient services at freestanding medical service facilities such as community health centers or urgent care centers instead of a hospital.
* **Double-check your coverage.**Make sure services or treatments are covered by your health insurance plan before you schedule your next visit.
* **Stay healthy.** Do your best to eat right, exercise, and get regular health screenings. Encourage all family members to live a healthy lifestyle too.
* **Conduct an “annual check-up” of your health insurance plan.** Make sure the insurance plan you have still meets your needs. This is especially important if you have experienced any significant life-changing events in the past year, including the birth of a child, removal of an adult child from your health care policy, marriage, or divorce.

**Use Your Member Retail Discounts if Available**

Most health insurance plans offer valuable tools and services to their members. To get the most out your plan, take advantage of these member retail discounts.

* **Get online.** Many health insurers offer online account management where members can check the status of claims, view benefits information, find a doctor or provider and much more.
* **Learn how to be healthy.** Sign up for your health insurance member newsletter or read online articles for health and fitness tips.
* **Access available discount programs.** Look into discount programs that may be available for health-related services and products which can save you money.

**Frequently Asked Questions**

**Once I have health insurance, what kind of things should I be using it for?**

One of the biggest benefits of having health insurance is that it can be used to help you stay healthy. Many health insurance plans under the new healthcare law include preventive services that you and your family can use without a [copay](https://askblueinsurance.com/views/definitions.html#copay), even if you haven’t met your [deductible](https://askblueinsurance.com/views/definitions.html#deductible). These preventive services include everything from various disease screenings (such as mammograms) to vaccines.

Of course, your health insurance also helps you when you’re sick, by covering medically necessary care for doctor and hospital visits, emergency care, and prescription drugs.

**How do I choose a doctor who’s right for me?**

There’s no “one size fits all” answer. But a good place to start is by thinking about what you and your family need and want from your doctor or provider. Some good questions to ask include:

* Is the doctor in your health insurance plan’s network? (If not, you’ll pay more.)
* If you’re seeing a specialist, is he or she board certified (meaning he or she passed all the exams to become a doctor)?
* Is the office location convenient for you?
* What are the doctor’s office hours? What days is the office open?
* How long is the usual wait for an appointment?
* Does the office communicate well with you? These days, some doctors let you email them questions.
* How long has the doctor been working?
* Can the doctor treat your entire family?
* Can things like X-rays and lab tests be taken care of at the office?
* Do you have specific language needs?

**Is there a dollar limit to how much I can use my health insurance?**

Starting in 2014, the new healthcare law specifically prohibits both yearly and lifetime dollar limits on [essential health benefits](https://askblueinsurance.com/views/definitions.html#essential_health_benefits). But health insurance plans may limit what they pay for other things, such as visits for therapy services. Make sure you ask your health insurance company if there is a limit on the types of healthcare you want.

**How will I be billed?**

After you receive medical care, you’ll typically receive a bill and an Explanation of Benefits.

* Bills come directly from your hospital or doctor. Your final bill will show the services you received, the amount your health insurance plan paid, and any payment you need to make.
* An Explanation of Benefits comes from your health insurance company. It is not a bill. It shows what your hospital, doctor, or healthcare professional billed to your health insurance on your behalf, the amount your health insurance will pay for those services, and any amount you may owe.

You pay your hospital, doctor, or other health professional after you get a final bill.

**How does a Health Savings Account (HSA) work?**

A health savings account, or HSA, is a special kind of savings account for [out-of-pocket](https://askblueinsurance.com/views/definitions.html#out_of_pocket) medical expenses. The money you save stays in your account until you spend it – you don’t give up unspent money at the end of the year or if you change jobs. HSAs can be a smart way to save for future or unexpected expenses – things like having a baby or medical emergencies.

HSAs can help you save money, too. You do not pay taxes on the money you put in your HSA - as long as you use the money for out-of-pocket health care costs.

You must be in a high-deductible health plan to open an HSA (a plan with a higher deductible than most other plans). And there is a limit to how much you can save to your HSA each benefit year. In 2014, you can contribute up to $3,300 as an individual or up to $6,550 for a family.

**Can my health insurance drop me or cancel my coverage?**

In most cases, no. But if you put false or incomplete information on your health insurance application, your insurance company may be able to cancel your coverage. And if you don't pay your premiums, your insurance company has the right to cancel your coverage.

If your health insurance company tells you that it’s dropping you, you have at least 30 days to fight the decision.

**Deciding Where to Go**

**Community Health Center**

Unless you are experiencing a life-threatening emergency, community health centers are the best places to start. You should visit a community health center for illnesses such as colds, flu, and sore throats; minor injuries, aches, and pains; or routine health exams.

**Urgent Care Center**

If your primary care provider is not available and you need quick medical attention for a non-life-threatening problem, visit an urgent care center. Urgent care centers provide comprehensive care on a walk-in basis with extended hours. Go to an urgent care center when you need immediate medical attention or have non-emergency health concerns after hours. Examples include ear infections, sprains, simple cuts and burns, and eye injuries.

**Emergency Room**

Life-threatening emergencies and late-night trauma require an immediate visit to the hospital. Emergency rooms offer inpatient care, emergency services, trauma services, and more. Emergency clinicians are able to recognize, diagnose, and make recommendations for a wide array of medical issues. Call 911 or drive to the emergency department at your nearest hospital whenever conditions cause severe symptoms and/or put your health at serious risk. Examples include heart attacks, poisoning, severe bleeding, and broken bones.

**Community Health Urgent Care Emergency Room**

**Center Center**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Animal Bites |  |  | |  | | --- | | * Sudden or unexplained loss of consciousness * Signs of a heart attack, such as sudden/severe chest pain or pressure * Signs of a stroke, such as numbness of the face, arm of leg on one side of the body; difficulty talking; sudden loss of vision * Severe shortness of breath * High fever with stiff neck, mental confusion and/or difficulty breathing * Coughing up or vomiting blood * Cut or wound that won’t stop bleeding * Possible broken bones * Poisoning * Stab wounds * Sudden, severe abdominal pain * Trauma to the head * Suicidal feelings * Partial or total amputation of a limb | |
| Stitches |  |  |
| X-ray |  |  |
| Back Pain |  |  |
| Mild Asthma |  |  |
| Minor Headache |  |  |
| Sprain, Strain |  |  |
| Nausea, vomiting, diarrhea |  |  |
| Bumps, cuts, scrapes |  |  |
| Burning with urination |  |  |
| Cough, sore throat |  |  |
| Ear or sinus pain |  |  |
| Eye swelling, irritation, redness, or pain |  |  |
| Minor allergic reaction |  |  |
| Minor fever, colds |  |  |
| Rash, minor bumps |  |  |
| Vaccination |  |  |

*Adapted from Healthcare.gov, Blue Cross Blue Shield, Duke Health, and UnitedHealthCare*