

Health Matters

by Nancy Glicksman



A NEWSLETTER CONCERNING COVERAGE AND BENEFITS

First Quarter 2015

“If you like your plan, you can keep it . . .”

Do any of you remember hearing that? Well, a lot of us learned the hard way that wasn't necessarily true. For individuals under the age of 65 years, only certain plans were grandfathered for the coming year. The grandfathered Highmark plans included Keystone Blue HMO, Complete Care, and Community Blue PPO. Many of you saw high increases in these premiums and chose to make a change anyway. Also, the Highmark network changed effective January 1st of 2015 so access to certain UPMC physicians and hospitals was affected.

UPMC grandfathered their individual plans, which are their EPO plans (exclusive provider organization). Also other carriers like Independence Blue Cross allowed individuals to keep certain plans.

Most everyone else has been forced to pick a new ACA plan, either by going direct with the insurance carrier or by going through the federal website. Some of you were in sticker shock due to higher premiums since the ACA plans include certain essential health benefits that their previous plan did not cover, such as mental health, pediatric dental and vision, habilitative services, etc. I can help you obtain coverage however you choose to move forward.

All of the ACA plans are calendar year plans, January through December.

Every year there is an open enrollment period. This year it ran from November 15, 2014 through February 15, 2015. Depending on when you signed up, the plan either went in effect January 1st, February 1st or March 1st. After the open enrollment period, the only time you can sign up is when you have a qualifying event, such as a loss of coverage, change in income, move to a different state, etc. Not paying a premium for a plan is NOT considered a special enrollment period.

The dates for the open enrollment for next year have not been set yet. Please refer to future newsletters for this information once it is released. It is important to reevaluate your coverage options each year, as they do change.

This year was a little crazy, to say the least, for me due to the mass volume of individuals losing coverage and needing to get signed up in a short period of time. To make matters worse, the new plans were not released until the day before the enrollment period started. Hopefully things will go smoother next year. This was also complicated by the fact that there were many changes to networks.

“Can I go to UPMC hospitals if I have Highmark health insurance?”

That seems to be the question of the day. As I mentioned in my previous newsletter, the Pennsylvania legislative’s intervention led to the UPMC-Highmark Consent Decree, which protects Highmark members’ access to UPMC for emergency care, cancer care, pediatric care (Children’s Hospital) and behavioral health (Western Psychiatric Institute). Highmark will also reportedly continue to cover pregnancy and related care at Magee Women’s Hospital in 2015. Any woman who became pregnant and sought treatment in 2014 and has Highmark coverage will reportedly have in network access to Magee Women’s Hospital in 2015. Medicaid and CHIP enrollees reportedly have access to care. Also, individuals on Highmark’s Medigap and Medicare Advantage plans-Freedom Blue and Security Blue- continue to have in network access to all UPMC doctors and providers. However, Highmark’s Community Blue Medicare HMO plans exclude all UPMC doctors and hospitals.

One thing I would recommend prior to using a facility or physician in a non-emergency situation is to check with both the provider and the insurance carrier to confirm in network access.

“What is Community Blue Flex?”

The Community Blue Network includes doctors, hospitals and specialists in western PA. Members also have access to other facilities, regionally and nationally, including Allegheny Health Network, Cleveland Clinic, John Hopkins, and Mayo Clinic.

Community Blue Flex gives you two levels of in-network benefits, enhanced value and standard value. The amount that you pay for your care is based on the level of benefits that you choose. Enhanced offers care at the lowest out of pocket costs. Standard provides additional choice, but out of pocket costs are often higher than enhanced. Out of network providers, such as UPMC, have the highest out of pocket costs. You can check to see what level your provider is by going to www.highmarkbcbs.com and go through the provider search and check yes to Community Blue along with your plan name.

“What is the difference in the UPMC Networks- Partner vs. Select vs. Premium?”

UPMC offers different networks- the narrower the network, the lower the premium. Also, if you take the partner or select network, the plan is an EPO, which stands for exclusive provider organization, which basically means you have to stay in network, except in the case of an emergency. If you take the premium network, the plan is a PPO, which offers out of network coverage for non-emergencies, but at a higher price.

UPMC Partner Network (EPO) is available only to people who live in Allegheny or Erie Counties. This is the narrowest of the networks and includes the UPMC owned facilities and providers. Also, if you need to access urgent care, you need to go to UPMC Urgent Care.

UPMC Select Network (EPO) is offered to individuals in the 5 county regions of Allegheny, Beaver, Butler, Washington, and Westmoreland. This includes the UPMC owned facilities and providers plus Butler Memorial Hospital, Excelsa Health System, Heritage Valley Health System, Monongahela Valley Hospital and Washington Hospital. The same holds true as above in that if you need to access urgent care, you need to go to UPMC Urgent Care.

UPMC Premium Network (PPO) is the broadest network. In addition to the UPMC owned facilities and providers, and the additional hospitals listed in the Select Network, it also includes many independent providers and facilities. Members also have the option of using out of network providers for care, but would pay a greater share of the cost if they do. With the premium network, you would have more choices for urgent care facilities as well, including Med Express.

“What are dental discount plans?”

Dental discount plans are an affordable alternative to dental insurance. I do sell dental insurance as well, which can offer 100% coverage for preventative services, and different levels of coverage for basic and major services, depending on the plan. With dental insurance you tend to have an annual maximum per person and sometimes there is a waiting period for certain services. Also, there is a monthly premium for the dental insurance which varies based on the coverage.

On the other hand, dental discount plans allow families to pay an annual membership fee to access discounts ranging from 10% to 60 on most dental care procedures. Plans have no annual limits and no waiting periods.

In order to get the savings, your dentist has to participate in the program. You can access information on the dental plans as well as the participating dentists by going to by website, www.bluepeakinsurance.com and clicking on dental discount plans. You also can see exactly what the savings would be with the various services. Feel free to call with any questions or quotes for dental discount and/or dental insurance plans.

“Have you ever thought how nice it would be to contact an attorney without having to worry about the price?”

- Are you concerned about identity theft and the growing threat to your personal security?
- Are your most valuable legal documents, such as your Will, Living Will and/or Medical Directive out of date?
- Have you ever paid a bill that you knew was unfair, or has a contractor or company failed to provide a service that met your standards?
- Have you ever signed a contract that you did not fully understand?
- Have you or a family member ever received a speeding ticket?
- Have you

The list of questions and concerns is endless. A lot of my clients have expressed ongoing concerns to me regarding these issues. As a result, I have decided to join forces with a very reputable company, **Legal Shield**.

This company has been helping individuals address their legal concerns at an affordable price. They have been doing this for 42 years, which says a lot. For approximately the same rate as 1-2 hours of an attorney's time, this company provides families with comprehensive identity theft protection and virtually unlimited access to high quality attorneys all over the country.

Please let me know if you are interested in receiving more information on this invaluable service.

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with all of your *Health Matters*

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nglicksman@bluepeakinsurance.com

