Glossary of terms

Select a plan based on your health, not on how you wish your health is.

PREMIUM
The amount you pay to belong to a health plan.

PREVENTIVE SERVICES
Health care to prevent illness or detect illness at an early stage, when treatment is likely to work best (for example, preventive services include pap tests, flu shots, colonoscopies and screening mammograms).

DEDUCTIBLE
The amount of money you will have to pay before your insurance company will share the cost.

REFERRAL
A written order from your primary care provider for you to see a specialist or get certain medical services.

COINSURANCE
The amount you must pay for medical care after you have met your deductible. Typically, your plan will pay 80 percent of an approved amount, and your coinsurance will be 20 percent, but this may vary from plan to plan.

CO-PAY
A fixed out-of-pocket amount paid by you for covered services such as doctor visits or prescription drugs.

OUT OF POCKET
Once you have reached this amount your insurance will begin paying for all of your healthcare cost within the terms of your policy for the remainder of the plan year.

FORMULARY
An insurance company's list of covered drugs.

PRIMARY CARE PHYSICIAN
Usually a family practice doctor, internist, ob-gyn, or pediatrician. He or she is your first point of contact within the health care system.

NETWORK
A group of doctors, hospitals and medical care providers across multiple specialties that have a contract to provide health care services to members of a health insurance plan.
CONSULT the HCM In-Network list of plans at www.HCMYourChoice.org

ELECTION
The decision to enroll or disenroll from an original medicare, a medicare choice plan, medicare advantage plan, or medicare prescription drug plan.

PPO (Preferred Provider Organization)
Plans have a network of providers that are considered "in-network." You can choose any provier that will accept your insurance but your out-of-pocket costs are lower when choosing an in-network provider.

HMO (Health Maintenance Organization)
A form of managed care in which you receive all of your care from participating providers. You usually must obtain a referral from your primary care provider before you can see a specialist. In many Health Maintenance Organizations (HMOs), you need to get a referral before you can get medical care from anyone except your primary care provider. If you don't get a referral first, the plan may not pay for the services.

Provider
Provider is an over-arching term to describe a doctor, Nurse Practioner (NP), Physician Assistant (PA), Specialist or a medical professional providing health care.

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Hill Country Memorial Wants to be Your Choice for Care

What to look for when choosing a health insurance plan

Here are two websites to consult when questions arise.

www.HillCountryMemorial.org/Insurance-Education
www.medicare.gov

When choosing within a group plan (employer sponsored) or selecting an individual health plan

Decisions about your health are *personal.*

When you need care, your provider, and hospital of choice are important to you.

An insurance plan has value only if your preferred doctors, hospital & clinics accept your plan

ASK:

Are my providers covered by this plan?

Is my preferred hospital in network?

CONSULT the HCM In-Network list of plans at www.HillCountryMemorial.org/insurance-Education

Financial consideration should be given to the cost of:

- monthly premiums
- deductible levels
- out-of-pocket expenses
- co-pay amounts

Fill in this chart to help you compare plans

	Current Plan	Plan A	Plan B	Notes
Are my providers covered by this plan?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	
Is my preferred hospital in network?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	
Monthly Premium	$ _____	$ _____	$ _____	
Calendar year deductible	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	
Medical out-of-pocket maximum	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	
Prescription Drug Deductible	$ _____	$ _____	$ _____	
Prescription Drug out-of-pocket maximum	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	$ _____ Individual $ _____ Family	
Provider Office Visit	$ _____ Copay	$ _____ Copay	$ _____ Copay	
Preventive Care	$ _____ Copay	$ _____ Copay	$ _____ Copay	
Hospital Services				
Emergency Room				
Urgent Care	$ _____	$ _____	$ _____	

List your questions to ask your benefits manager or insurance agent

When enrolling in Medicare or considering a change during open enrollment, know your options to make an informed decision.

OPEN ENROLLMENT OCTOBER 15 - DECEMBER 7

Medicare Supplement (Medigap) vs Medicare Advantage

Traditional Medicare with a Supplement (Medigap) Plan offers the freedom to choose any provider within the Medicare network.
ASK – "Is your provider within the Medicare Network?"

Most Medicare Advantage plans don't provide as much freedom. All plans have a network of providers and hospital. Cost is generally higher if your provider is out of network and some will not pay anything if the provider is out-of-network.

CONSULT the HCM In-Network list of Medicare Advantage plans at www.HillCountryMemorial.org/insurance-education

Your medical needs, budget, and other personal lifestyle factors can all play a role in which type of Medicare coverage is better for you.

	Medicare Supplement (Medigap) SUPPLEMENTS MEDICARE	Medicare Advantage REPLACES MEDICARE A&B	Notes
Cost	• Pay Part B premium • Little or no out-of-pocket costs when getting medical services	• Pay Part B premium • Could be $0 + • **Must enroll in Parts A & B even though these plans replace Medicare**	
Out of pocket costs	• Medigap has low to no out-of-pocket expenses	• Medicare Advantage has a cap on out-of-pocket expenses	
Premium	• They can be as little as $90 to over $300. Varies with health and age	• Varies by age and medical history roughly $0 to $300/month	
Networks	• Ability to choose any provider or hospital that participates in the Medicare program	• Only providers in your plan. With Medicare advantage PPO, HMO or PFFS you can visit any provider with higher costs for out of network providers	
Referrals	• No referrals necessary	• You may need referrals for specialists	
Part D or Prescription drug coverage	• Not included, required by government to be purchased separately	• Most plans have Part D coverage	
How it works with Original Medicare	• Medigap is a private supplemental coverage that pays all or most of Part A & Part B out-of-pocket expenses	• Private health plan that provides Part A & Part B benefits in place of original Medicare	
How to purchase	• Purchase from agent/insurance company	• Purchase from agent/insurance company or Medicare.gov	
Buying period	• First enrolled in Medicare Part B and/or turning 65 and/or leaving an employer	• During first enrollment in Medicare A & B and during yearly enrollment	
What is best for me?	• Important to have access to any provider. • Use numerous health services or have chronic Illness • Able to afford premiums	• Willing to change providers • Looking to potentially save money monthly and prefer to pay copays as needed (pay as you go) • Willing to review/change plans each year	
Notes of Interest	• Supplemental Plans have the same coverage regardless which insurance company offers it. • Cannot have Medicare Supplement & Medicare Advantage at the same time	• May only change coverage if you have an election (see glossary or terms) • Required to reside in the plan's service area	

List your questions to ask your insurance agency