

Learn how to navigate your health care coverage plan through this easy-to-understand brochure.



How to Navigate Your PPO Plan

Selecting a health care coverage plan requires that you make some decisions. Once you have chosen your health care coverage plan, it is important to understand how to use it appropriately so that you can have the best combination of cost and service. We offer you this bilingual booklet to help clarify some of the alternatives and help you make informed decisions.

This booklet will show you how to select a physician, the basic information regarding your health care coverage plan, and when to use your physician, urgent care, and emergency services. We have many health education materials for you.

Ask your Benefit Administrator about the many bilingual resources from our company:

- Benefit materials about your health care coverage plan.
- Brochures, fliers, and other health maintenance materials about common health issues.
- Information about interactive learning modules to help you select a health care coverage plan.

If you have any questions about your health care coverage plan, please call our bilingual Customer Care professionals at the number on the back of your ID card.

We are pleased to serve you!

For health and wellness information, please visit our bilingual Web sites at www.uhclatino.com, for enrollees of a UnitedHealthcare plan or www.pacificarelantino.com, for enrollees of a PacifiCare plan.





Let's see how your health care coverage plan works.

Health care coverage plans contract with providers – hospitals and doctors – to offer services to their enrollees. These contracted providers are often called networks. Hospitals and doctors must be certified and meet certain quality standards before a provider can become part of the network. Network providers have agreed to offer their services at a discounted fee.

Many employers provide health care coverage as a benefit of employment. In most cases, employers and employees share the cost of this health care coverage. You get medical care through your health care coverage. You can access the network of doctors and hospitals and enjoy lower costs, or you can use providers outside the network and pay a higher fee for their services.

What is a Primary Physician?

As you begin to use your health care coverage plan benefits, it's important, but not necessary, to select a family physician. This physician will get to know you over time and help guide the overall health of you and your family.

When selecting a physician, you have the freedom to choose your own doctor from within the health care coverage plan's directory of physicians or from outside this directory (out-of-network). However, you have the highest level of coverage and least out-of-pocket cost when you receive your care from providers listed in the directory (in-network).

When selecting a Primary Physician, you'll need to consider these questions:

- Are you comfortable with this physician?
- Is the physician in the network?
- Is this physician's office conveniently located?
- Are the office hours flexible enough for your work schedule?
- Does the physician have appropriate language capabilities?

When you visit your physician's office, you are responsible for paying the copayment or coinsurance amount. Your health care coverage plan covers a portion of medical expenses after you have paid your full deductible for the year.

A copayment is the fee that you are obligated to pay, if any, at the time you receive a covered service. Copayments are a predetermined amount or a percentage of the cost of the covered service to be paid to the provider. A deductible is what you pay before your health care coverage plan begins contributing toward your medical expenses. Coinsurance is the predetermined percentage of eligible charges that an enrollee pays after the applicable deductible has been met.



At some point, you may need to see a specialist. Unlike an HMO that requires a referral, you have the freedom to see a specialist whenever you want. A prior-authorization from a primary physician is not needed under this plan option.



With our PPO health care coverage plan:

- You can select a physician from within or outside the participating network of providers.
- You have the highest level of coverage and least out-of-pocket expense when providers are chosen from within the contracted network of providers.
- You do not need a referral to see a specialist.
- You may need to submit claim forms for your out-of-pocket services such as office visits and prescriptions.

If you are going to a doctor in the network, you shouldn't have to worry about filing a claim; your doctor's office will usually handle the paperwork. At the time of service, you will simply be charged any applicable copayment, coinsurance and/or deductible. If you are going to a doctor outside the network, it is much more likely that you will be asked to pay the entire cost for a service. Most providers will complete a claim form for you. Be sure to ask ahead of time about your doctor's billing practices.

Your Primary Physician is the main source for your medical care. Your physician provides services that support your ongoing wellness and medical needs. In general, it is less expensive for you to go to your primary care physician than to the emergency room or urgent care center. However, on occasion, you may have a medical condition that needs to be treated when your physician is not available.

What is Urgent Care?

Urgent Care Services are covered services appropriate to the treatment of an injury or sickness that requires prompt medical attention.

What is Emergency Care?

An Emergency Medical Condition is an event or medical condition which the enrollee reasonably believes threatens life or limb in such a manner that immediate medical care is needed to prevent death or serious impairment of health. You should go to the emergency room or call 911, or its local equivalent, if you believe that a delay may place the enrollee's health in serious jeopardy, cause a serious impairment to bodily function, cause a serious dysfunction of any organ or part, or if you are in active labor.



Source:
Strengthening Managed Care. Research in Action Fact Sheet. AHCPH Publication No. 96-P045, June 1996. Agency for Health Care Policy and Research, Rockville, MD. <http://www.ahrq.gov/research/managed.htm>

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