

What to do when your health insurance changes?

As many of you know, Our Lady of the Lake (OLOL) and Blue Cross/Blue Shield of Louisiana (BCBS) have been in the news regarding their negotiation of the renewal of their contract that expired on January 31. BCBS and OLOL were able to come to a last-minute consensus without disruption to your health care - this time.

Regardless of whom the insurer is, changes to health insurance policies are commonplace and oftentimes catch patients off guard. Changes in employment (such as taking a new job) often result in different insurance coverage. Sometimes, your current employer may change to a completely different health plan, or your coverage may change dramatically even if you remain within the same plan.

So as a patient, what can you do to ensure that your health, and your finances, are unaffected?

Check your mail carefully between November and February

For most people, health insurance policies tend to change around the new year, usually the period from November to February. Although you should always read all the mailings and statements from your insurance company, be particularly vigilant about ones you get around this time of year. Many times, this is your only notice that some component of your plan is changing, or that a health care provider will no longer be part of the insurance network.

Make sure that your provider is "in-network."

This is an area that trips up many patients. Most insurance compa-

nies have two tiers of providers: "in-network" and "out-of-network." Your particular insurance company may have another name for this designation, such as preferred, contracted, etc. When you see an in-network provider, your costs are usually fixed per the terms of your contract, say a co-payment of \$15 or 10% of your bill. However, if you see an out-of-network provider, the costs usually rise dramatically, and can often be 50% of the final bill or even higher. Sometimes, your insurance may not cover care by an out-of-network physician or hospital at all, and you will be responsible for the entire bill.

Make sure that other services like lab work, x-rays, surgeries, and hospital admissions are performed at an "in-network" facility.

Now that you've made sure that your physician is in-network, you will also have to make sure that any tests like lab work or x-rays, or admissions for surgery or medical care, are done at a facility that is also in-network. I've seen numerous cases where a patient was being seen by an in-network physician, but admitted to an out-of-network hospital, and at the end of the hospital stay, the doctor's charges were covered, but the patient ended up with a bill for thousands of dollars because the hospital stay was not covered.

If you are having an emergency, go to the nearest emergency room.

Most insurance plans allow you to go to any emergency room without penalty for life-threatening conditions.

I hope that I've summarized some of the most common issues that people encounter when their health insurance plan changes and that this guide will help you transition seamlessly when things change. Remember, when in doubt, contact your insurance company for guidance regarding the particulars of your plan.

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