

# MAKING THE MOST OF YOUR HEALTH INSURANCE

## FINDING A PROVIDER IN YOUR NETWORK

### 1 UNDERSTAND YOUR HEALTH COVERAGE

- Check with your insurance plan or state Medicaid program to see which services are covered
  - If you have one, check your insurance card for information on who to call and which website to search in order to find a provider
- Be familiar with your costs (premiums, copayments, deductibles, co-insurance).
- Know the difference between in-network and out-of-network.
  - In-network refers to something (health center, doctor, etc.) that is a part of your insurance plan
  - Out-of-network refers to something that is not included in your plan
- If you live in Macomb and have a Medicaid Health Plan, find the contact information for your insurance provider below:

MEDICAID Providers in Macomb	Website	Phone
Aetna Better Health of Michigan	www.aetnabetterhealth.com/michigan	(866) 316-3784
Blue Cross Complete of Michigan	www.mibluecrosscomplete.com	(800) 228-8554
Harbor Health Plan	www.harborhealthplan.com	(844) 427-2671
McLaren Health Plan	www.mclarenhealthplan.org	(888) 327-0671
Meridian Health Plan of Michigan	www.mhplan.com	(888) 437-0606
Molina Healthcare of Michigan	www.molinahealthcare.com	(248) 925-1700 (888) 898-7969
Total Health Care	www.thcmi.com	(313) 871-2000 (800) 826-2862
United Healthcare Community Plan	www.uhccommunityplan.com	(248) 559-5656 (800) 903-5253

### 2 FIND A PROVIDER

- Ask people you trust for recommendations for providers and/or search the internet
- If you have private insurance, check the plan's list of providers
  - If you have been assigned a provider, contact your plan if you want to change
- If you are enrolled in Medicaid or CHIP, use the contact information from the table above to contact your state program for help in finding the right provider for you.
- Don't have insurance but live, work, or play in Macomb? No problem! The table below lists health centers that care for patients with or without insurance and usually have a sliding fee scale for payment:

Health Center	Address	Website	Phone
MyCare Health Center - Mount Clemens	18 Market St, Ste C, Mt Clemens, MI 48043	www.mycarehealthcenter.org	586-783-2222
MyCare Health Center - Groesbeck	43740 N Groesbeck Hwy, Clinton Twp, MI 48036	www.mycarehealthcenter.org	586-469-7629
Community First Health Center - New Haven	58144 Gratiot Ave, New Haven, MI 48048	www.communityfirsthc.org	586-749-5173
MyCare Health Center - Center Line	6900 E 10 Mile Rd, Center Line, MI 48015	www.mycarehealthcenter.org	586-756-7777
Advantage Family Health Center	4669 E 8 Mile Rd, Warren, MI 48091	www.ahcdetroit.org	313-369-1960

### 3 KNOW WHERE TO GO FOR CARE

- The emergency department is for an immediate life-threatening situation only (e.g. bone breaks, chest pain or stroke, serious burns/cuts, coughing up or vomiting blood, etc.).
- Urgent Care facilities are for anyone who needs immediate care for a condition that isn't life threatening (e.g. flu-like symptoms, ear infections, sprains, UTIs, etc.)
- Primary care is preferred when it's not an emergency.
  - Call the office before you go to make sure they see patients with your coverage.
- If you are still unsure where to seek care, contact your primary care physician's office.

### 4 MAKE AN APPOINTMENT

- When scheduling an appointment, through the phone, online or in person, remember to mention:
  - If you are a new patient OR have been there before
  - Your insurance plan AND ask if they take your insurance
  - The name of the provider you would like to see
  - Why you want an appointment
  - Days and times that work for you to come in for the appointment
  - Ask what you should bring with you to your appointment

### 5 BE PREPARED FOR YOUR VISIT

- Things to bring with you to your appointment:
  - Insurance card
  - Family health history
  - List of medications you currently take
  - List of questions and things to discuss—you can (and should!) take notes during your visit
  - Honesty—your provider can only really help you if you tell the truth about your needs
  - Someone else to help if you need it

### 6 DECIDE IF THE PROVIDER IS RIGHT FOR YOU

- Did you feel comfortable with the provider you saw?
- Were you able to communicate with and understand your provider?
- Did you feel like you and your provider could make good decisions together?
- Remember: it is okay to change to a different provider!
  - Return to Step 2 if you feel like you would like to change your provider

### 7 NEXT STEPS AFTER YOUR APPOINTMENT

- Follow your provider's instructions
- Fill any prescriptions you were given, and take them as directed
- Schedule a follow-up visit if you need one
- Review your explanation of benefits and pay your medical bills
- Contact your provider, health plan, or the state Medicaid or CHIP agency with any questions.

## UNDERSTANDING YOUR INSURANCE CARD

When you sign up for a private health plan or state Medicaid, you will receive a membership package with information about your coverage. In addition, you should also receive a wallet sized card or other document as proof of your insurance. Below is an example card that does NOT represent all insurance cards but all insurance cards should include the same type of information. If your health plan does not include a card, you should have received this information in another way. If you didn't receive a card, contact your health plan to see if you should have.

#### 1 MEMBER NAME

This is usually printed on your card. Date of birth may also be included.

#### 2 MEMBER NUMBER OR ID

This number is used to identify you so your provider knows how to bill your insurance. If your spouse or children are also on your coverage, your member numbers may look very similar.

#### 3 GROUP NUMBER (HEALTH PLAN)

This number is used to track the specific benefits of your plan. It's also used to identify you so your provider knows how to bill your insurance.

#### 4 PLAN TYPE

Your card might have a label like HMO, PPO, HAS, Open, or another word to describe the type of plan you have. Those tell you what type of network your plan has and which providers you can see who are "in-network" for you.

#### 5 COPAYMENT

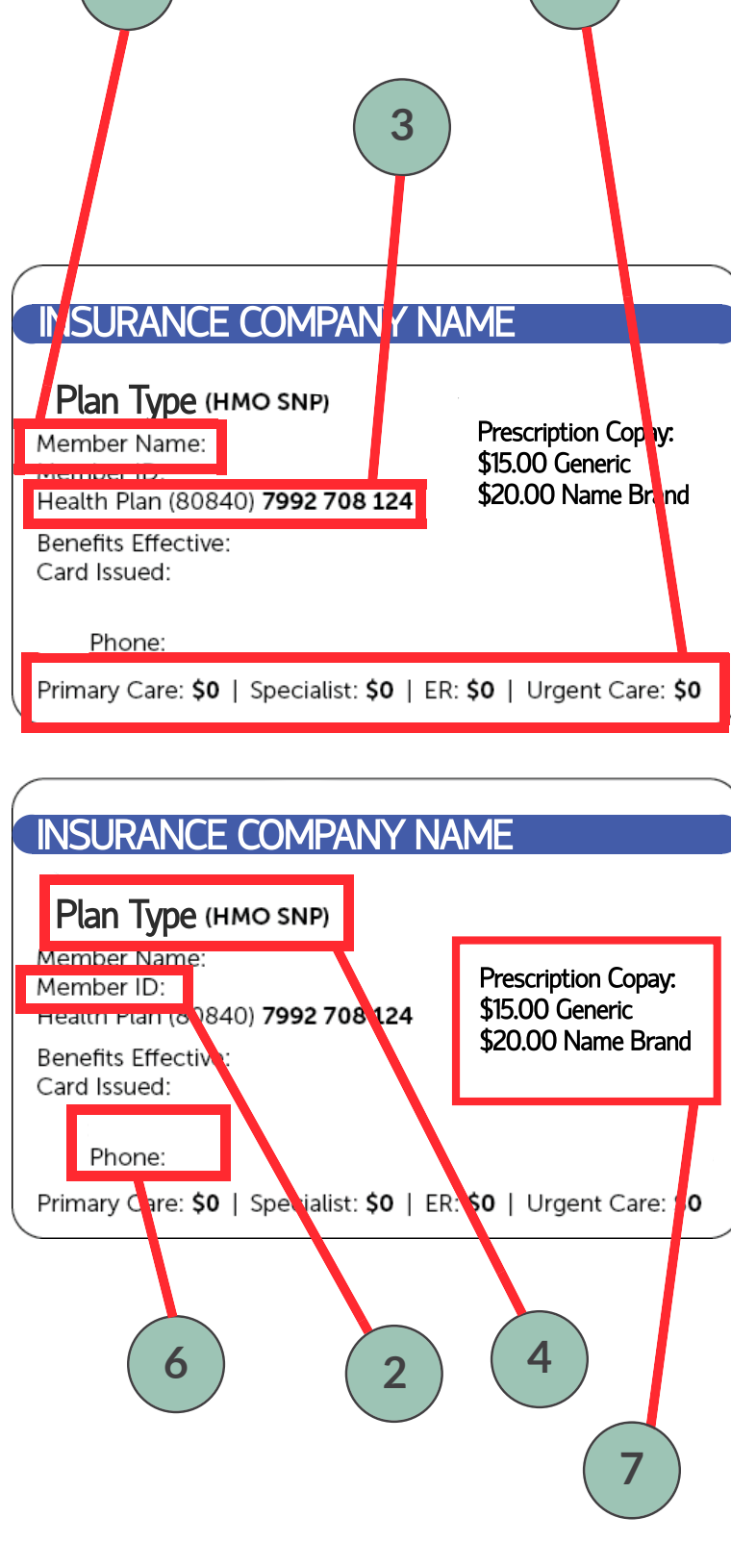
These are the amounts that you will owe when you get health care.

#### 6 PHONE NUMBER(S)

You can call your health plan if you have questions about finding a provider or what your coverage includes. Phone numbers are sometimes listed on the back of your card. If you are preassigned one, the number for your primary care provider (PCP) may also be listed.

#### 7 PRESCRIPTION COPAYMENT

These are the amounts that you will owe for each prescription you have filled.



## QUESTIONS TO CONSIDER

See if you can answer all of the questions below about your health care coverage. If you do not know the answers to these questions, contact your insurance plan or state Medicaid agency.

- How much will I have to pay for a primary care visit? A specialty visit? A mental/behavioral health visit?
- Would I have to pay a different amount if I see an "in-network" or "out-of-network" provider?
- How much do I have to pay for prescription medicine?
- Are there limits on the number of visits to a provider, like a behavioral health provider or physical therapist?
- How much will it cost me to go to Emergency Room if it's not an emergency?
- What is my deductible?
- Do I need a referral to see a specialist?
- What services are not covered by my plan?

Remember, ALL health plans must provide you with a Summary of Benefits and Coverage, which will have examples showing how the plan might help pay for services. The actual costs will vary by your health care needs and your coverage. Contact your health plan or state Medicaid program to get more information.