



HEALTH MATTERS

Give Your Health Plan An Annual Check-Up

(NAPSA)—The time is quickly approaching when millions of Americans should give their health plan an annual check-up. First Health, a national health benefits company, has the following tips to make the most of open enrollment.

While selecting a health benefits plan might not top most people's lists of favorite things to do, it is vitally important, particularly if you work for an employer who offers you a choice of health plans. Open enrollment is the only time of year that you can make a routine switch from one employer-provided health plan to another. Before or during open enrollment, review your health plan to make sure it offers what you need—and does so at the right cost.

To evaluate your plan, make a checklist of your expected medical needs for the coming year. Will there be a planned pregnancy? Are you at an age when you should be having tests for cholesterol, high blood pressure, or cancer? If there is reason to think you will need a special procedure, you should conduct extra research to find out if your current plan covers those needs.

Cost is important, so add up last year's health care expenses, including monthly premiums and out-of-pocket costs. Did you meet your deductibles? Did co-payments for doctors and prescriptions stretch your budget? If your out-of-pocket expenses were too high, consider a plan that will provide the services you need at the right price.

But cost alone should not drive your decision-making when it comes to your health insurance. Make sure that your health plan provides real value and hassle-free service.

First Health manages the health benefits plans for many of the country's largest organizations including the Mail Handlers Bene-

Five Signs That It's Time To Change Your Health Plan

- ✓ **You must get a referral to see a specialist.** Many health plans, especially HMOs, require you to choose one primary care doctor for your care. You are then required to get a referral in order to see a specialist and receive benefits. Other plans, primarily PPOs, allow members to see specialists and receive benefits without having to get permission first.
- ✓ **You can't get access to information about provider quality and cost.** Ask your health plan for tools to evaluate your area hospitals by the quality and safety measures that are important to you. Some health plans offer their members access to this data via their company Web site. They may also enable you to research the approximate cost of health care services charged by in-network providers for doctor visits, lab tests and medical procedures.
- ✓ **Your health plan does not "travel well."** Do you lack access to health care professionals that participate in your plan across the country? Don't dismiss this sign as unimportant, especially if you travel for work, or vacation with your family. If you travel, it's important to be able to find a physician where you'll get the best coverage wherever and whenever you need one. If you have dependent children in college, check to see if your plan covers college students who live away from home, as many do not.
- ✓ **Your questions aren't answered to your satisfaction.** Dealing with your health plan shouldn't be difficult. It's best if you're able to reach a live customer service representative at any time, day or night, who can answer your questions without transferring you to anyone else. If you have to wade through a confusing menu of options or wait longer than 30 seconds to get a live person and that person is unable to answer your questions, consider switching.
- ✓ **Getting your claims processed correctly feels like a nightmare.** It is reasonable to expect your health plan to process the majority of your claims within 14 business days. If there is a delay, your health plan should contact you and explain the cause of the delay. Today's leading health plans also offer the option of online assistance via e-mail or a live Internet chat, as well as the ability to check claims status online at any time.

Source: First Health 

fit Plan, the second largest plan in the Federal Employees Health Benefits Program. First Health is proud to offer customers 24-hour live member service, quick and accurate claims processing, and a commitment to resolving members' questions and concerns in a single

phone call. Members may see any doctor they wish without referrals, anytime, including specialists.

If you have questions about your health plan, speak to your human resources manager, or visit First Health online at www.firsthealth.com.