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## CO-PAYS, DEDUCTIBLES, NETWORKS & NONSENSE

Despite passage of the Affordable Care Act, health care delivery has become increasingly complex and costly. For many the new year marks a new insurance plan with new rules and new costs. Navigating the system is not always easy but here are a few tips to keeping your costs under control.

Co-Pays are unavoidable and vary between plans, primary versus specialty care, office versus emergency room visits. Make each visit as worthwhile as possible by:

1. Visiting the doctors website or calling the office to fill out forms in advance.
2. Preparing a list of medications including supplements.
3. Notifying the office if you need a translator or special resources.
4. Contacting the office to request notes in advance if you had recent tests or hospitalizations.
5. Preparing a list of questions you have for the doctor.

Testing can sometimes be done on the same day but increasingly insurance companies delay procedures in order to review prior to authorization. Costs for tests also vary and it's sometimes worth shopping around.

1. Ask why the test is being done and how it will change your management.
2. Understand the risks, benefits and any alternatives to testing.
3. In general, tests in non-hospital owned facilities are 2 to 4 times cheaper than the hospital.
4. Ensure that the test is being done in an accredited facility to ensure high quality.
5. Understand what your out-of-pocket costs will be as they are required to be paid upfront.

Unfortunately we are seeing more high deductible insurance plans. Often the full cost of a visit, a test or a drug are paid by you until you have met your deductible.

1. Ask if a generic drug is an acceptable alternative to the more expensive medication.
2. See if an alternative test can offer similar information.
3. If you have already met your deductible see if some preventive tests or procedures can be done sooner.
4. Ask about payment plan options and try to budget out savings to cover your deductible.

Narrow networks are another trend with insurance plans that restrict which doctors you can see and what hospital you can receive care in. Before signing up for such plans

1. See if the doctors you already see or want to be able to see are in network.
2. See if the hospitals covered in the plan are highly rated and conveniently located.
3. Understand what your out of network costs would be in case of an emergency.

Finally understand that insurance companies, hospitals and offices often have rules that don't make a lot of sense, don't apply to your situation or don't treat you fairly. Speak out and help improve the system! As a practicing physician I always welcome constructive feedback and your health care providers should do the same. Wishing you a healthy and happy heart in 2016! ■



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