**[Health Insurance](http://www.nylesa.net/insurance/health-insurance/%22%20%5Co%20%22Permanent%20Link%20to%20Health%20Insurance)**

**By Ravi Nanju, January 2011**

**Health Insurance Tips**

If you’re like most people, you may think they are the same. But while it is true both terms refer to the portion of medical bills you pay out-of-pocket, these two types of cost-sharing are quite different.

A co-pay is a fixed amount that you pay each time you see a doctor or fill a prescription, usually around $10 or $20. Co-insurance is the percentage of the cost of doctor visits, hospitalizations and prescription drugs that you must pay under your insurance policy.

Let’s say your policy calls for 80/20 co-insurance. After you meet your deductible, you must pay 20 percent of your medical bills; the insurance company is responsible for the remaining 80 percent.

Many plans demand both co-pays and co-insurance. Co-insurance is especially common when it comes to hospital stays. Because of the confusion involving co-pay and co-insurance, many patients don’t realize just how much it may cost them until they become seriously ill or are hospitalized. “Ten or 20 percent may not sound like much, but 20 percent of a $100,000 surgery can add up to a lot of money.

That’s why it’s important to keep co-insurance in mind when you shop for a health care policy during open enrollment this fall. Here’s what to look for.

For emergencies the co pay is usually $35 and max $50 for most UN insurances. Do check though. The FDNY ambulance cost is reimbursable by the insurance in most cases. If you call them you will get a bill for atleast $500 even if it a 5 minuet ride to the hospital. They are very good though and will take you to the hospital you prefer. Do not get into any private ambulances especially if you live in the suburbs. They will milk you !

**OUT-OF-POCKET LIMITS**

As mentioned above, most policies have limits on how much patients can pay each year in medical bills. For a single person in a group plan, the limit could range from $2,500, on the low end, to as much as $6,000. For family coverage, maximums are usually double that.

Check carefully to determine what percentage of co-insurance you are expected to pay and what the annual limit will be. If you are considering a high-deductible health plan, don’t assume that you won’t also have to pay co-insurance.

**High-deductible health care plans that qualify for the tax advantages of a health savings account are required to limit out-of-pocket expenses, including deductibles. This year the maximums, as determined by the I.R.S., are $5,800 for single coverage and $11,600 for family coverage. The plans such as medical savings plan allow you to save money that can be used to pay out of pocket expenses.**

**OUT-OF-NETWORK CARE**

If your health policy seems not to charge co-insurance, **check the fine print.**

Many network plans, like health maintenance organizations and preferred provider organizations, charge no or low co-pays for network providers, while assessing hefty co-insurance percentages for any out-of-network care you receive.

This is where co-insurance can get expensive. That’s because insurers often pay based on usual and customary charges for a specific treatment. If a specialist charges  $300 for a visit but the insurer deems the usual and customary fee at $250, your insurer will cover only $200 of the fee (80 percent of $250), not the $240 (80 percent of $300) you were expecting.

In most cases, your health care provider will often bill you directly for the $40 difference, a practice known as balance billing.

**QUIZ THE INSURER**

Research the in-network options offered by your company’s plans. You may find you don’t need to go out of network after all. If you do, call your insurer to find out exactly what is covered before you receive treatment.

If you can make a persuasive case that you truly need specialized care that isn’t available in your network, your insurer may make an exception and cover the costs as if you were being treated by an in-network provider.

**DRUG PRICES**

With rising drug costs, it can be hard to estimate a co-insurance payment when reviewing plan options for the coming year. If you regularly take a prescription drug, check with the plan’s customer service number or Web site for up-to-date prices, so you’ll know what your share of the bill will be in advance.

Some insurers also offer information on lower-priced alternatives such a generics.

**Note:** For most UN insurances go online to the web site and find the general physician close to your home who accepts it for a co pay  of $15 and also check with other UN families. You need to get a separate General Physician (Pediatrician) for your children until the age of 16 years.  The co pay is also $15 generally.

 In case of specialists also they will recommend. Check make sure you call the specialist if he accepts the insurance with a copy of only $20. CIGNA< AETNA and Blue Cross all have separate copy requirements. Please check.

 Most standard dental treatments do not need any copy at all. They will send a statement which may say copay but they accept what the insurance pays as full and final. Question the dental office when you go for dental cleaning if you have to pay a co -pay you don’t’. For extractions or other major dental procedures your regular dentist will recommend and that will require a co pay. You can always log on to the web site of the insurance company and get a copy of your specific entitlements which you print and take with you when you go to the dentist or dental surgeon.

 For parents with children orthodontic treatment is a very big expense. The insurance company such as CIGNA specify very clearly what they pay when you log in and get a print out. Usually $2800 for the full treatment. Check again with referrals who is good and convenient for your place of stay. In Manhattan especially they may ask over $6000 for the full treatment that means you pay $3200 from your pocket. Do shop around and also check out the Columbia University Dental Facility. They are the best. Usually orthodontics are no more than $4800. Shop and Shop around. Many orthodontics will ask you to take the kids for unnecessary tooth extraction to make them ready for the treatment. That means going to a surgeon who will charge a lot in addition to what the insurance pays. So make sure that the kids tooth falls of naturally or are at least 13 years before you go for these treatments.  Please note that in some cases you may need to get extractions done earlier so please use your judgment and do not just rely on my opinion.

Lastly keep all personal information handy from addresses office , home, social security numbers as you will always be filling forms again and again and again. Since the insurance is in the spouses / partners name always have their information handy and fill that out as the insurance – primary