

In the last Grapevine issue, I reviewed some of the provisions of the Health Fund Plan document that have caused confusion and sometimes hardships to some members of our Health Fund.

Following are some of the real cases that have caused some of our members to pay a heavy price. Simply reading and learning the provisions of the Health Fund Plan Document could perhaps prevent some of these unfortunate situations from happening in the future.

One member went to his/her regular doctor, who is in association with a group of doctors. The member's regular doctor, who is in-network, was not working on that particular day. The member was ushered to another doctor in the same group. The doctor that attended to the member was not in-network. The consequence was that the Fund paid 60% and the member paid 40% of the charges instead of 80% by the Fund and 20% by the member if the doctor had been in-network. The amount paid by the member was applied to out-of-network out-of-pocket, which is doubled when the provider is out-of-network.

Another member went to the hospital to visit a relative who was a patient. While at the hospital, the member suddenly got violently ill. The member was taken to the emergency room and tested and treated. Some of the test specimens were sent to a laboratory to be analyzed. The lab that did the analysis was not in-network. Being an emergency, the Health Fund paid the claim as in-network. The problem arose, however, when the lab charged above the usual and customary charges. The member had to pay the difference between what the Fund paid and what the lab charged above the **usual** and **customary** charges.

In the July Grapevine, in the Health Fund column, the topic of usual and customary fees was explained. Please refer to the July article.

Another case involved emergency transportation by helicopter. A member was taken to a hospital emergency room in a city a few miles from San Antonio. It was determined that the necessary treatment was readily available in a San Antonio Hospital.

A helicopter was called and the member was transferred to a San Antonio Hospital. The transportation cost was in excess of \$26,226.00. Being an emergency, the Health Fund paid the charges as in-network. Again, the problem was the usual and customary charges.

The Health fund paid \$6,900.00, which is the usual and customary charge as prescribed by True Care, the company that determines the usual and

customary fees for specific areas. The Fund did not pay the charges above the usual and customary charges, so the difference became the responsibility of the member.

The reality of these unfortunate incidents is that when a person is gravely sick or is injured severely, he doesn't consider the costs of services. Usually, time is of the essence and emergency procedures must be applied and that takes precedence over costs. In these cases even though the fees are paid as in-network, anything above the usual and customary charges is the responsibility of the member.

It would be unfair to all the members to pay charges that are above usual and customary for the region. The Fund must follow the provisions of the Plan Document and pay only the fees that are determined to be usual and customary. It is our goal to maximize the benefits paid out by the Fund with the money that the Fund has.

What is the solution? Study your Plan Document. Highlight the provisions that you think could impact your future benefits. Get familiar with providers that you may one day be in need of their services. Always carry in your purse or wallet the names and telephone numbers of your providers. Probably the most important thing a member can do to protect his or her benefits is to ask; "are you in-network?"

In-network, out-of-network and usual and customary charges are provisions that hit vacationers especially hard when traveling out of town. Our members should plan for their health benefits in the event of an emergency when traveling. There is a telephone number on your health care card (1-800-678-7427) for providers outside of the state of Texas. You can call this number and they will tell you if the provider is in-network. You can also call the Health Fund office before leaving, and they will give you information on in-network providers in the area you will be visiting.