

In Network, Preferred Provider Network, Usual and Customary Charges, Pre-Certification, True Care, etc, etc: kind of boggles the mind doesn't it?

These are just a few of the terms, codes, inclusions, exclusions, requirements and some of the many provisions of the Health Plan Document that the Fund Staff works with every day.

Some of these terms and provisions are daunting and have caused confusion and sometimes hardships to some of our members.

Let's see if we can bring a little clarity to some of these terms and how they relate to and impact your health benefits.

The definition of "in network" can be better understood by quoting a paragraph from the Plan Document booklet. "The Fire and Police Retiree Health Care Fund participates in a Preferred Provider Network of Hospitals, Physicians and other providers that are contracted to furnish, at negotiated costs, medical care for the Retirees and their dependents. The use of Preferred Providers (in-network) may result in reduced out of pocket expenses to the Covered Person."

One of the most important provisions of the plan is to seek, when and where possible, providers of service that are in network. If the provider is not in network, the deductible and the out of pocket expense will be doubled. I think this is easy to understand.

In the event of an emergency, your benefits will not be reduced if the provider is not in the network.

What is harder to understand is the consequence that results when the member uses a provider that is not in network.

A provider not in network has not agreed to a negotiated fee for his services. His fees can go above what is considered usual and customary charges.

Usual and customary charges are determined by a company (True Care) that is employed by the Health Fund. The rates are generally what the providers in a specified area are willing to accept. These rates, as determined by True Care, can vary from county to county or from state to state. A provider that is not in network does not have to accept these usual and customary rates as payment in full.

Provisions in the Health Fund do not allow the payment of any charges that are above the usual and customary rates. If you have an emergency and the attending physician is not in network, the Fund will still pay the charges as if the provider is in network. Please remember, however, the provider does not have to accept the usual and customary rates. If the charges are above what the Fund will pay as usual and customary, the remaining balance is between the covered person and the provider.

In chapter 6 the Plan Document states: "Covered Medical Expenses shall be the portion, set forth in the Schedule of Benefits, of the Usual and Customary Charges for the following services, supplies and treatment when Medically Necessary and when ordered by a licensed Physician or Surgeon. Medical expenses exceeding Usual and Customary expenses covered by this plan will be the obligation of the Covered Person."

Another confusing part of the Plan Document is the matter of pre-certification. If you are going to have any procedure done, no matter how small or insignificant, please check with the Health Fund office. The staff will advise you if it is necessary or not to pre-certify for the procedure. They will also help you in the pre-certification process.

The purpose of pre-certification is to verify eligibility and coverage for requested services and to ensure the provider of the service is meeting the medically necessary guidelines/criteria for that specific service.

If pre-certification authorization is not obtained, the maximum benefit paid for the doctor and hospital will be fifty percent (50%) of the Usual and Customary Charges. The fifty percent (50%) not reimbursed by the Plan will not count toward satisfaction of the Plan year out-of-pocket maximum.

Please remember that the ultimate responsibility for pre-certification falls on the shoulders of the member. To make sure that the procedure has been pre-certified, call the Health fund Office. The telephone number is on the white card issued by the Health Fund. (1-866-652-4237)

We ask all our members to call the number on your Health Fund Card. 1-866-652-4237. It is much easier to get to the right Health Fund Specialist by using this number.