



MASSACHUSETTS

Healthy Living *and* Health Insurance

Learn How to Help You and
Your Family Stay Healthy



About This Guide



Protecting Your Health

What could be more important than your health and the health of your family? If you're not well, it's hard to go to work or school, much less have fun and enjoy life. That's why you should never take your health for granted. *Go for your health maintenance visit. Get the kids vaccinated. See a doctor when you don't feel well.*

Sounds complicated, right? Well, it doesn't have to be. At Blue Cross Blue Shield of Massachusetts, we do everything we can to make it easy and affordable for you and your family to get the health care you need. That includes providing a wide variety of affordable, high-quality health care plans.

How do you know which plan is right for you? This guide can help. We think it's important for you to know the basics before you make a choice. So our guide includes information on how to stay healthy, how to choose and use health insurance, and much more. For example:

- Importance of preventive care and screenings
- Definitions of commonly used health care and insurance terms
- Affordability and the value of health insurance
- Information on the new Health Care Reform Law in Massachusetts
- How to choose a plan that meets your needs

Reading this guide could be the first step in a healthier future for you and your family.



MASSACHUSETTS



How to *Get* Healthy
and *Stay* Healthy

Good Health Is As Easy As 1-2-3

Life is hectic! Between work and family and all your other daily stresses, who has time for a healthy lifestyle? You do! It's easier than you think. Taking good care of yourself can start with three simple steps:

1. Exercise—Keep it Moving

Take a walk. Ride a bike. Go swimming. Any activity that gets you moving will help. Better yet, have family or friends join in. It's a fun way to spend time together, while helping everyone feel good about themselves.

2. Eat Right—Eat Well

Eating well doesn't have to mean depriving yourself. We love to eat, too! But it's all about making the right choices. For example, cut back on junk food and add more fruits and vegetables to your diet. Drink ice water instead of soda. Little changes in your diet can make a big difference in your overall health.

3. Call the Doctor—When You're Sick and When You're Healthy

Your doctor keeps track of your health. See him or her for routine care and **health maintenance visits** as well as when you are not feeling well. Your doctor may request **screenings** to get more information on your condition. Remember, the emergency room is not for routine health care, but for **emergency care**.

What Does It Mean?

Emergency Care

Care for a severe or life threatening condition that requires immediate medical attention.

Health Maintenance Visits

A periodic evaluation with your health care provider.

Screenings

A type of test to identify a specific medical condition, such as cancer or heart disease. Screenings can be a blood test, x-ray, physical exam, or other type of test.

About That Doctor: Who Should It Be?

It helps a lot if you have a doctor you know and trust. He or she knows about you and your medical history. It's someone who cares about you — not some stranger!

This doctor or nurse practitioner is your **primary care provider (PCP)** who coordinates your medical care.

Just make sure you talk to your PCP. It's important to be able to ask questions, get answers, and understand all of your PCP's instructions. You can also ask friends or relatives for recommendations.

You may even want to bring someone with you when you visit your PCP to help you keep track of the information you learn and to ask questions so that you get all the information you need.

Communication is the key to a “healthy” relationship between you and your PCP.

What Does It Mean?

Primary Care Provider (PCP)

The doctor or nurse practitioner who coordinates your health care and is usually the first person you see for any medical problem.

Types of PCPs include:

Family Practitioner:

A doctor qualified to care for all family members, including children

Internist:

A doctor who specializes in caring for adults

Nurse Practitioner:

A registered nurse who has completed advanced nursing education. Nurse Practitioners can provide a broad range of health care services

Pediatrician:

A doctor who specializes in caring for children



What Happens at the Doctor's Office: Checkups, Screenings, and More

Going to the doctor can actually help you avoid going to the doctor! What we really mean is that if you see your doctor regularly, you may avoid serious illness. It's all about preventive care.

What Is Preventive Care?

Preventive care is intended to help keep you from getting sick. It can include:

Advice on how to live a healthier life. This may include things like exercise and diet tips, help for quitting smoking, and ways to reduce stress. Sometimes “non-medical” treatments help most of all!

Regular checkups. Your health maintenance visit is very important. It is a way for your doctor or nurse practitioner to discover changes in your health that you may not see or feel on a daily basis. A typical checkup will include a physical exam, a discussion of your health concerns, and some screening tests. Think of it as a periodic evaluation to make sure that your body is running smoothly and efficiently.

Finding and Preventing Sickness with Screenings. Screening tests can find serious illnesses and other health problems at an early stage, so you can get treatment and/or make lifestyle changes to feel better faster or maybe not even get sick in the first place.

Common screening tests include:

- Blood pressure check
- Blood sugar testing
- Breast exam
- Cholesterol test
- Colon cancer test
- Prostate cancer test

Vaccinations: A Shot in the Arm for Good Health

It's important to keep your family's immunizations, also called vaccinations, up to date. Vaccines can prevent very serious illnesses. Many diseases that were once fatal are almost unheard of now, thanks to vaccinations. In addition, many vaccinations are required for entry into school. Vaccinations for both adults and children include shots to prevent these diseases:

- Chicken pox
- Flu
- Measles, mumps, and rubella
- Polio (often given in a drink instead of a shot)
- Whooping cough

Many vaccinations are meant to be given at specific ages throughout a lifetime. Check with your child's doctor and your own doctor about when you and your child should be vaccinated.

Treat Yourself Right

Remember, your doctor or nurse practitioner will keep track of what tests you need (and what you don't). You also have a role to play. Be good to yourself — exercise, eat right, and follow your PCP's advice. It is all about making sure you stay healthy!

Specialists: Doctors Who Go a Step Further

While your PCP can take care of most of your health care needs, sometimes you need a little more help. That's when your doctor may refer you to a **specialist**. A specialist is a doctor who focuses on diagnosing and treating a specific condition, or part of the body. In fact, there is a specialist for just about every part of your body — inside and out! Here are some common types of specialists:

Bone Doctor: Orthopedist

Diagnoses and treats problems of the bones and joints.

Cancer Doctor: Oncologist

Diagnoses and treats all types of cancers and consults with radiologists and surgeons on other treatments.

Eye Doctor: Ophthalmologist

Diagnoses and treats problems related to the eyes and vision, including vision correction with glasses or contact lenses, and treatment of eye diseases such as glaucoma.

Heart Doctor: Cardiologist

Diagnoses and treats disorders of the heart and blood vessels.

Stomach Doctor: Gastroenterologist

Diagnoses and treats problems of the stomach, pancreas, intestines, liver, and gall bladder, such as abdominal pain, ulcers, cancer, and jaundice.

Women's Doctor: Obstetrician/Gynecologist

Provides prenatal and pregnancy care, treats problems of the female reproductive organs, and helps through menopause.

Why Healthy People *Need* Health Insurance



Stay Healthy, Save Money

We all know that going to the doctor can help prevent disease. What if you're already healthy? Who wants to spend money on something that may not even happen?

But what if something does happen? Illness and accidents can happen to anybody, at any time. If you or someone in your family gets sick or injured would you be able to pay for the doctor and medications? What if you had to go to the emergency room? A single visit there could cost hundreds of dollars.

Not going to the doctor is not the answer. Left untreated, a minor illness or condition can turn into a major health problem and cost even more. Luckily, you don't have to choose. Health insurance can protect you from the high cost of care, while also making sure you get the care that you need.

The next few pages will tell you why having health insurance is good for you and your family.

For your convenience, a glossary of commonly used terms is included in the back of this brochure.





The Value of
Health Insurance

Health Insurance: It's Good for You and Your Budget

Health insurance is an affordable way to protect your health. Similar to car or home insurance, a monthly fee called a **premium** is paid to cover most or all of your health care costs. Some plans also require a **deductible** or **copayment**.

Even with premium costs and a deductible, health insurance costs are a fraction of what you'd have to pay to cover these costs on your own. And insurance offers you access to so much more — good doctors, good hospitals, screenings, medications and many other ways to improve your health. In fact, the state of Massachusetts thinks health insurance is so important, it's required by law! Read the next page to learn more about the Massachusetts Health Care Reform Law.

What Does It Mean?

Copayment

The fixed amount you pay at the time of a medical service or to receive a medication. They often range from \$10 to \$30; higher in other plans. Copayments are usually due at the time you have an office visit or fill a prescription.

Deductible

The amount you need to pay out of your pocket before health care benefits are paid by insurance.

Premium

The amount paid, often in monthly installments, for insurance coverage.



Massachusetts
Health Care Reform Law

The Law Designed to Protect Your Health

You've learned about how health care can help you stay healthy. It's so important, that in Massachusetts coverage is now required by law — it's called the Massachusetts Health Care Reform Law.

What Is the Massachusetts Health Care Reform Law?

In April 2006, Massachusetts enacted the Health Care Reform Law, which requires nearly all adults in the state to have health insurance. While there are tax penalties for those who don't have insurance, the law was created to help make sure everyone in Massachusetts has access to high quality, affordable health care.

One way the law helps make sure health insurance is available to everyone is through the **Commonwealth Connector**, which offers the following programs:

- *Commonwealth Care*, providing free or low-cost coverage for people whose incomes fall within certain guidelines
- *Commonwealth Choice*, providing a range of options for health coverage, including low-cost plans, from six health insurance providers

Under the Health Care Reform Law, you can also buy directly from health insurers. For example, Blue Cross Blue Shield of Massachusetts offers over 40 health insurance plans. Call us for help selecting a plan at **1-800-422-3545**.

A pregnant woman is lying in a hospital bed, smiling warmly. She is wearing a pink hospital gown. A healthcare professional, a woman with blonde hair wearing a red scrub top, stands by the side of the bed, also smiling. The background is a bright orange wall. The overall mood is positive and caring.

The *ABCs* of Health Insurance

The Basics of Health Care Coverage: Traditional and Managed Care

It might be a lot simpler if there were only one type of health insurance plan, but it wouldn't necessarily be better for you. Having options means it's easier to find a plan that fits your needs — both for your health and your budget. And don't worry — we'll help you figure out the differences between plans. You'll see it's really not so complicated once you take a closer look. Here's a brief description of the three main types of plans:

Traditional or Indemnity Plans

- Access to most doctors without referrals
- Typically includes **deductibles** and **co-insurance**
- More flexibility; You get to choose any doctor you want and see specialists without approval from a primary care provider
- Usually more expensive with limited preventive care benefits

Managed Care Plans

- Offered by many employers
- Offers a network of doctors and hospitals to choose from
- Relies on your primary care provider to provide and coordinate care
- Costs are lower when you stay within the network
- Deductibles and **copayments** (copays) may apply
- Some plans require referrals from a primary care provider

Consumer Choice Plans

- Uses a **Personal Spending Account** paired with a high-deductible health plan; Some accounts, like **Health Savings Accounts**, may offer tax benefits
- More control of your health care spending
- Covers catastrophic health care costs
- Usually no copays
- High deductibles

What Does It Mean?

Benefits

The medical services a member is entitled to under the terms of the health insurance plan.

Co-insurance

A percentage of the overall cost of care. Most traditional/indemnity plans require you to pay part of the total costs.

Copayments

The fixed amount you pay at the time of a medical service or to receive a medication. They often range from \$10 to \$30; higher in other plans. Copayments are usually due at the time you have an office visit or fill a prescription.

Deductibles

The amount you need to pay out of pocket before health care benefits are paid by insurance.

Health Savings Account

A bank account that can be invested and used for current or future health care expenses. Contributions can be made by employers and/or employees. It must be paired up with a high-deductible health plan and often has a tax advantage.

Network

The doctors, health professionals, hospitals, and health care sites within a health plan. Networks are generally very large, offering you a lot of options.

Personal Spending Account

An employer-sponsored account that gives employees more control over how health funds are used.

Referral

Written or electronic recommendation submitted to the health plan by your primary care provider (PCP) for approval to receive care from a specialty physician or facility.





Types of
Managed
Care Plans

HMO, POS, and PPO: Spelling Out the Differences

OK, so now you know the basics of traditional, managed care and consumer choice plans. There's more to learn — but only because there are more choices for you. The choices are in managed care plans. Managed care plans generally offer access to a wide range of services, including prescription drug coverage and preventive care.

There are three kinds of managed care plans.

1. HMO: Health Maintenance Organization

- You choose a primary care provider (PCP) from within a health plan's network
- Your PCP coordinates all your care and refers you to medical specialists when needed
- Few, low **out-of-pocket expenses**, as long as your doctors and hospitals are members of your HMO plan's network

2. POS: Point-Of-Service

- You choose a PCP within your health plan's network to coordinate your care
- You don't need a PCP referral to see a specialist, as long as the doctor is within your plan's network; Costs will be higher without the PCP referral
- Your costs are higher when you go outside your network
- No deductible when you coordinate your care with your PCP

3. PPO: Preferred Provider Organization

- Greater flexibility than an HMO
- You have a network of doctors to choose from, but don't need to name one doctor as your PCP
- If you use doctors and hospitals from outside of your PPO network, it may cost more
- You do not need a referral from your PCP to see a specialist
- Your out-of-pocket health care costs may be higher
- Some plans have deductibles before benefits are paid; amount varies between plans

What Does It Mean?

Out-of-pocket expenses

Money paid — out of your own pocket — towards your care. This includes copayments, co-insurance, and/or deductibles paid for covered services.

Deciding What Benefits You Need

You want a health plan to cover the services you need, or may need in the future. But you don't need a plan to cover services you'll never or rarely use. Think about your family. Will you need maternity benefits? Do you spend a lot of money on prescription drugs? Do you or anyone in your family have a chronic illness? Think about these questions and the type of care offered by each plan below to help you decide which one is best for you and your family. The following list includes the types of benefits offered by many plans.

Preventive Care

- Is the plan focused on keeping you healthy?
- Which plan offers the best coverage for health maintenance visits for adults and children?

Vision Care

- Does the plan include vision care?
- Does it cover yearly eye exams?
- Does it cover some or all of the cost of glasses or contact lenses?

Maternity Benefits

Are you pregnant or thinking about starting a family soon? While the state requires maternity coverage, some plans may offer more comprehensive benefits than others. You will need coverage for:

- Doctor's visits
- Ultrasounds and others tests
- Your hospital stay
- Checkups and tests for your new baby
- Prescription drugs



Care for Current Medical Conditions

- Does the plan cover costs for conditions you already have, such as high blood pressure or diabetes?
- Are there limits on coverage for **pre-existing conditions**?



Prescription Drug Coverage

- Does the plan cover prescriptions?
- Do you or anyone in your family use a lot of prescription medicines?
- How much do you have to pay out of your pocket (as a copay for example)?
- Are there restrictions on which medicines are covered?
- Is there a mail-order program for ongoing prescriptions?

Mental Health Benefits

- What mental health services are covered?
- Does the plan cover visits to a psychologist or psychiatrist?
- Does it cover drug and alcohol rehabilitation services?
- Does it cover prescription drugs?

Dental Care

Dental health is a key piece of your overall health. Some health insurance plans include dental coverage as part of your benefits package. If not, you may have the option of purchasing separate dental insurance.

- Does the plan include dental benefits?
- What kind of dental services does it cover?

What Does It Mean?

Pre-existing condition

A health condition you have been diagnosed with before enrolling in your health plan. Examples include diabetes and heart disease.



Finding a Plan
That Fits
Your Budget

What Works Best for You and Your Family?

You know that health insurance is a good investment. It can protect you and your family from the high costs of care and can help all of you lead healthier lives. But you still need to think about what would work best for your family's budget. Some things to consider:

- A high deductible and a lower premium would be easier on your monthly budget, but the costs could add up if you visit the doctor frequently or need a lot of prescriptions.
- A no-deductible policy might work well for families with children or people with chronic illnesses. While the premiums are generally higher, these plans would cover frequent doctor visits and often include prescription benefits as well.
- Think about the actual cost of the monthly premium and how it will impact your budget.
- Look for a plan that has the benefits you and your family need now and may need in the future.

Take these into consideration, as well as other issues unique to you and your family. Put them together to decide which plan is really the best value.

A photograph of a woman with long dark hair and a young girl with dark hair, both smiling as they look at a laptop screen. The woman is leaning over the girl. The image has a warm, orange-toned overlay at the bottom.

Joining a
Health Insurance Plan

How To Get Health Insurance

You've learned about the different types of health insurance plans and what they offer. The next step is signing up for one! There are three ways to join a health insurance plan.

1. Your job

You can get a plan through your employer or your spouse's employer. Generally you or your spouse will pay some of the costs, while the employer covers the rest. Many employers will offer a choice of health plans.

Open Enrollment At Your Job

If your employer does offer a choice of plans, you get to review your options during a period called **open enrollment**. Usually lasting for about a month, open enrollment is the time you can choose a health plan or make changes in your current benefits package. It's a great opportunity for you! If you don't like your health plan or if your family's health needs have changed—say someone develops a chronic condition like asthma or high blood pressure, or you will be welcoming a new baby into the family—you can change or update your coverage so it better meets your needs. But open enrollment only happens once a year, so be sure to take advantage of it while it lasts!

2. Yourself

If you're self-employed or otherwise not eligible for benefits from your job, you can purchase coverage on your own. If you have lost your job, you may be able to purchase insurance through COBRA (Consolidated Omnibus Budget Reconciliation Act). Visit www.cobrainsurance.net to learn more. In Massachusetts you can buy health insurance directly from health plans. For example, Blue Cross Blue Shield of Massachusetts offers over 40 health insurance plans. For help selecting a plan, call us at **1-800-422-3545**.

What Does It Mean?

Open Enrollment

A period of time where employees can choose or make changes in their benefits package for the coming year. Open enrollment usually lasts for one month.



The *Right* Choice
Is *Right* Here

3. The state

A variety of plans are offered through the state. If you meet certain income requirements, you can get low-cost or free insurance through the Commonwealth Care program. Visit www.mahealthconnector.org for more information.

We've covered a lot of ground so far, including:

- How to Get Healthy and Stay Healthy
- Why Healthy People Need Health Insurance
- The Value of Health Insurance
- Massachusetts Health Care Reform Law
- The ABCs of Health Insurance
- Types of Managed Care Plans
- Finding a Plan That Fits Your Budget
- Joining a Health Insurance Plan
- The Right Choice Is Right Here

Now it's time to put it all together and make your decision. Need a little more help? Just ask us! At Blue Cross Blue Shield of Massachusetts, we've helped millions of people get access to high-quality, affordable health care. We can do the same for you. We provide you with the information and the care to meet your needs. We do all we can to help you improve your health. And we offer a wide range of plan choices to meet every budget. With Blue Cross Blue Shield of Massachusetts, you get the information you want and the coverage you need.

Here's To Your Health!

Call 1-800-422-3545 or visit www.bluecrossma.com to learn more and start enjoying a healthier way of life!

Let Blue Cross Blue Shield of Massachusetts be your partner in good health. We'll do everything we can to help you and your family live healthy lives.



MASSACHUSETTS

Glossary

A quick, alphabetized reference to the many terms mentioned throughout this guide

Benefits

The medical services a member is entitled to under the terms of the health plan.

Co-insurance

A percentage of the overall cost of care. Most traditional/indemnity plans require you to pay part of the total costs.

Commonwealth Connector

An independent agency that makes available subsidized and non-subsidized health coverage designed to meet the health care and financial needs of those who enroll. To learn more about the Connector, Commonwealth Choice and Commonwealth Care, visit:

www.mahealthconnector.org

Copayments

The fixed amount you pay at the time of a medical service or to receive a medication. They often range from \$10 to \$30; higher in other plans. Copayments are usually due at the time you have an office visit or fill a prescription.

Deductible

The amount you need to pay out of pocket before health care benefits are paid by insurance.

Emergency Care

Care for a severe or life threatening condition that requires immediate medical attention.

Health Care Reform Law

A health care reform law enacted by the state that requires all Massachusetts residents over age 18 to have health insurance. Those who do not have health insurance will receive a tax penalty when filing their state taxes.

Health Maintenance Visit

A periodic evaluation with your health care provider.

Health Savings Account

A bank account that can be invested and used for current or future health care expenses. Contributions can be made by employers and/or employees. It must be paired up with a high-deductible health plan and often has a tax advantage.

Network

The doctors, health professionals, hospitals, and health care sites within a health plan. Networks are generally very large, offering you a lot of options.

Open Enrollment

A period of time where employees can choose or make changes in their benefits package for the coming year. Open enrollment usually lasts for one month.

Out-of-pocket

Money paid — out of your own pocket — towards your care. This includes copayments, co-insurance, and/or deductibles paid for covered services.

Personal Spending Account

An employer-sponsored account that gives employees more control over how health funds are used.

Pre-existing condition

A health condition you have been diagnosed with before enrolling in your health plan. Examples include diabetes and heart disease.

Premium

The amount paid, often in monthly installments, for insurance coverage.

Preventive Care

Services a member is entitled to receive under the terms of the health plan for care that promotes health and prevents future health problems (i.e. health maintenance visit, physicals, immunizations).

Primary Care Provider (PCP)

The health care professional who coordinates your health care and is usually the first person you see for any medical problem. Types of PCPs include:

- **Family Practitioner** —A doctor qualified to care for all family members, including children
- **Internist** —A doctor who specializes in caring for adults
- **Nurse Practitioner** — A registered nurse who has completed advanced nursing education. Nurse Practitioners can provide a broad range of health care services
- **Pediatrician** — A doctor who specializes in caring for children

Provider

A doctor, hospital, or other facility that provides medical care.

Referral

Written or electronic recommendation submitted to the health plan by the primary care provider (PCP) for approval to receive care from a specialty physician or facility.

Screening

A type of test to identify a specific medical condition, such as cancer or heart disease. Screenings can be a blood test, x-ray, physical exam, or other type of test.

Specialist

A doctor who focuses on diagnosing and treating a specific condition, procedure, or part of the body.

Urgent Care

Care that is needed for a medical condition that requires prompt medical attention, but is not life threatening.



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