# SCREEN ACTORS GUILD - PRODUCERS PENSION & HEALTH PLANS

## COMPARISON OF HEALTH PLANS WORKSHEET

### Introduction

Please use the following worksheet to assist you when comparing the health benefits of different insurance companies to ensure you will receive the coverage that is best for you and your family.

### Cost

In many health plans, you must pay additional costs such as hospital deductibles, coinsurance, and for prescription drugs. The costs with these health plan choices depend on the Plan's monthly premium, copayments, and whether providers are allowed to bill extra. Costs vary from plan to plan.

**Questions to ask:**

**Write the plan names in the blocks below:**

| | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| **Does the plan...** | **Cost:** | **Cost:** | **Cost:** |
| Charge copayments for doctor visits? | | | |
| Pay for prescriptions? How much? | | | |
| Charge more if I use a doctor or hospital outside the plan? How much? | | | |
| Have maximum amounts it will pay for different services? | | | |
| Set limits on what doctors and hospitals charge you? | | | |
| Charge a deductible or coinsurance for inpatient hospital services, home health, or skilled nursing facility services? | | | |

## Doctors, Hospitals, and Other Health Care Professionals

In the health plan, you may be able to go to any doctor or hospital, or you may be limited to a network of providers. Managed Care plans require that you use the plan's doctors, hospitals, and other health care providers. They also require a referral from your primary care doctor to see a specialist. Some allow you to visit certain specialists within the plan-like optometrists, gynecologists, or psychiatrists-without a referral. If you like your current doctor, first ask if he or she belongs to any of the plans you are considering.

**Questions to ask:**

| **Does the plan...** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| Are my doctors in the plan? | | | |
| Is there a selection of the doctors, health professionals, and hospitals that I might prefer to use? | | | |
| Can I get the doctor I want? Is he/she accepting new patients under that plan? | | | |
| Can I see the same doctor on most visits? | | | |
| Can I change doctors once I am in the plan? | | | |
| What's the plan's policy if it does not have the type of specialist I need? | | | |

## Paperwork

For most services, Managed Care Plans do file claims on your behalf, however, with some plans you may have to pay for covered services when you receive them, and then wait to be reimbursed.

**Questions to ask:**

| **Does the plan...** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| Do I have to file claims myself? | | | |

## Extra Benefits

The types of services described in this section are in addition to services that are part of the covered services provided in the health plan coverage. Supplemental Insurance Policies, Medicare Managed Care Plans, and Private Fee-for-Service Plans often provide benefits not provided under the basic health plan.

| **Does the plan cover / provide…** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| Routine physicals? | | | |
| Eye exams, glasses, contacts? | | | |
| Hearing exams and hearing aids? | | | |
| Dental exams/treatments? | | | |
| Programs that focus on helping members with specific, chronic conditions such as asthma, diabetes, or heart conditions? | | | |
| Programs that address needs like respite care, care giver services, and other social services? | | | |
| Wellness programs and classes that help you lose weight, eat properly, stop smoking, or exercise appropriately? Are any of these services offered? Is there a charge? | | | |

## Other benefits you may be interested in:

### Presecription Drugs - An Important Extra Benefit and Convenience

Generally, the health plans do not cover prescription drugs. Some Supplemental Insurance Policies help with the cost of prescription drugs, and some Medicare health plans may cover some of the cost for prescription drugs.

**Questions to ask:**

| **Does the plan cover / provide…** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| Does the plan cover the drugs I use? | | | |
| May I use my regular pharmacy? | | | |
| Are mail-order pharmacies available? | | | |
| What is the annual or quarterly dollar limit on prescription drug coverage? | | | |
| Will I have to pay more if I prefer to use brand name instead of generic drugs? | | | |
| Is there a maximum out-of-pocket cost for prescription drugs? What is it? | | | |
| Does the plan limit the drugs it pays for to those on a list of drugs (called a formulary)? | | | |

## Convenience

Location, hours of operation, and similar details, may be important to you.

**Questions to ask:**

| **Call the plan, and find out...** | **Plan:** | **Plan:** | **Plan:** |
| --- | --- | --- | --- |
| Are the hours and location of its doctors, clinics and other health care providers close to my home or work? | | | |
| Is my access to emergency care convenient? | | | |
| Are the doctors, hospitals, labs, and other services convenient? | | | |
| How fast can I be seen for urgent (non-emergency) care? | | | |
| Is there a telephone hotline for medical advice? | | | |

## Quality

All doctors must be licensed in their State. Basic standards and quality of care in plans may vary. Three main types of information will tell you about the quality of care in a health plan.

**1. Accreditation.**
This is an additional seal of approval by a private independent non-profit group, which evaluates a plan and gives it an official status based on that evaluation. Organizations that accredit Managed Care Plans include the National Committee for Quality Assurance, the Joint Commission on Accreditation of Health Care Organizations, and the American Accredition Healthcare Commission.

**2. Satisfaction Surveys.**
These surveys ask beneficiaries how well they believe a plan meets their needs.

**3. Performance Measures.**
These are special reports that describe the provision of care, such as whether a plan regularly provides mammograms for women.

| **Ask...** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| The plan: Is the plan accredited by an independent group? | | | |
| Your friends and relatives: Do they like the plan? Do they get the care they need? | | | |
| Where available: How does the plan compare on performance measures and consumer satisfaction surveys? (You can get some of this information on the Internet at www.medicare.gov) | | | |

## Complaints

You have a right to appeal many decisions concerning your health plan benefits. In the health plan you are entitled to an appeal if you believe that the health plan should have paid, in whole or in part, for health care services or items you received. All other health plans must have a process for resolving your complaints in a timely manner. Your health plan must provide you with written instructions on how to file an appeal when you feel you are wrongfully being denied care. After you file an appeal, the health plan must review its internal decision to deny care. If your health could be seriously harmed by waiting the amount of time needed for for a standard decision, special rules apply and you are entitled to a decision within 72 hours.

| **Call the plan, and ask...** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| If the plan has a patient advocate/ombudsman to assist members? | | | |
| What is the plan's record regarding complaints? | | | |

## Other Questions You May Wish to Ask

| **Write Your Questions Here:** | **Plan:** | **Plan:** | **Plan:** |
|---|---|---|---|
| | | | |
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