



AMERICAN INSTITUTES FOR RESEARCH®

Health Insurance Knowledge and Skills Questions

7.1 An appeal is:

1. A request to your health plan to add a new doctor to their network.
2. A request to your health plan to take another look at their decision about coverage of treatment you received.
3. A request to your doctor to take another look at his or her charges for your care.
4. Not sure

7.2 Medically necessary is:

1. Information your doctor needs to give you before a big procedure, like surgery.
2. The care your doctor decides you need at each visit.
3. A treatment that a health plan has decided is needed to make a person better.
4. Not sure

7.3 Step therapy is:

1. A type of therapy not often covered by health plans.
2. A policy by health plans that requires your doctor to request the plan's approval of an increase in the dose of medicine you take.
3. A policy by health plans that encourages members to try effective but less expensive medicines to treat their condition before trying more expensive ones.
4. Not sure

1.4 A premium is:

1. The payment your health plan makes for covered care.
2. The amount you pay each month to your health plan for your health insurance.
3. The amount you must pay for your health care before your health plan begins to pay.
4. Not sure

The questions in this section are about how health plans work. Please read each question and select the best answer. If the correct answer is not clear to you, select “not sure.”

8.1 What is generally true of health maintenance organizations (HMOs)?

1. (A) You need a referral to see a specialist, like a heart doctor.
2. (B) You may have to pay a percentage of the bill.
3. (C) You must select a primary care doctor from a list provided by your health plan.
4. (A) and (C).
5. (B) and (C).
6. Not sure

8.2 What is generally true of preferred provider organizations (PPOs)?

1. (A) You need a referral to see a specialist, like a heart doctor.
2. (B) You may have to pay a percentage of the bill.
3. (C) You can visit any doctor or hospital for care.
4. (B) and (C).
5. (A), (B), and (C).
6. Not sure

8.3 In general, what type of health plan tends to give fewer choices of doctors?

1. Health Maintenance Organization (HMO)
2. Preferred Provider Organization (PPO)
3. Not sure

Health plans differ in how much you are charged for your **premium** and how much **coinsurance** you pay when you go to the doctor or hospital. A **premium** is the amount you pay each month to your insurance company for your health insurance. **Coinsurance** is a percent of the health care bill you pay. To make shopping for a plan easier, the plans are grouped into several types.

- Gold plans have the highest premium payment of \$500 and the lowest coinsurance payments of 10%.
- Silver plans have moderate premium payments of \$400 and moderate coinsurance payments of 20%.
- Bronze plans have the lowest premium payment of \$300 and the highest coinsurance payments of 30%.

8.4 If a person visits the doctor, under which type of plan will they be expected to pay the most for the doctor's visit?

1. Gold
2. Silver
3. Bronze
4. Not sure

8.5 Which of the following plans would you recommend to a person with a chronic condition? This person visits their doctor twice a month and is taking three prescription drugs.

Plan 1: Premium is \$50/month and the deductible is \$2,500.

Plan 2: Premium is \$70/month and the deductible is \$1,000.

Plan 3: Premium is \$100/month and the deductible is \$300.

All other plan features are the same.

1. Plan 1
2. Plan 2

3. Plan 3
4. Not sure

Common Medical Event	Services You May Need	Your cost if you use an In-Network Provider	Your cost if you use an Out-of-Network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	\$10 Copay	Not Covered	----None----
	Specialist visit	\$20 Copay	Not Covered	----None----
	Other practitioner office visit	\$10 Copay	Not Covered	----None----
	Preventive care/screening/immunization	No Charge	Not Covered	----None----

***Co-payments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.

8.6 In the plan shown above, if you hurt your ankle and wanted to have your in-network primary care doctor look at it, how much would it cost you?

1. \$0
2. \$10
3. \$20
4. Not sure

The next set of questions includes some scenarios about using a health plan to get care. Please read each question and select the best answer. If the correct answer is not clear to you, select “not sure.”

9.1 Early in January, Robert visits an in-network doctor to get a wart removed from his foot. The bill for this visit is \$530, which is the member rate the doctor agreed to charge his health plan for that service. Robert has a \$30 co-pay, a \$100 deductible, and 20% coinsurance that apply for this visit. His co-pay does not count towards the deductible. How much will Robert pay for the visit?

1. \$130
2. \$210
3. \$236
4. Not sure

9.2 You recently had a doctor appointment and want to know how much you owe for the doctor visit. You know that your doctor sent information about the visit to your health plan and you can find the information online. You sign into your plan’s website to look for the information. Which link would you click?

1. Coverage & Benefits

2. Health Programs
3. Claims
4. Not sure

9.3 You think you might have injured your knee, so you go the doctor and she takes an X-ray. The bill is \$200 for the doctor and \$100 for the X-ray. Your health plan covers both of these services. You have 20% **coinsurance** for doctor visits and 10% **coinsurance** for diagnostic tests, such as X-rays. **Coinsurance** is the percentage of a health care bill that you pay. What is your part of the bill?

1. \$40
2. \$50
3. \$90
4. Not sure

9.4 What is the best way to find out if a service will be covered by your health plan?

1. Ask a friend who has the same insurance company and had a similar situation
2. Call the health plan's member services department
3. Search the internet (not including my health plan's website)
4. Ask at your doctor's office
5. Not sure

Explanation of Benefits ABC Insurance Company Member: John Smith Patient: Jane Smith									
Service	Amount billed	Member rate	Not payable by plan	Applied to deductible	Your co-pay	Amount remaining	Plan pays	Your coinsurance	You owe
Office visit on 7/15/12	255.00	165.00		100.00	30.00	35.00	35.00		130.00
Office visit on 7/22/12	280.00	95.00			30.00	65.00	65.00		30.00
Laboratory services on 7/22/12	75.00	20.00				20.00	20.00		
Total	610.00	280.00		100.00	60.00	120.00	120.00		160.00

9.5 Look at the Explanation of Benefits above. How much will the health plan pay for the office visit on 7/22/12?

1. \$65
2. \$85
3. \$95
4. Not sure

Answers:

- | | |
|--------|--------|
| 7.1: 2 | 9.1: 2 |
| 7.2: 3 | 9.2: 3 |
| 7.3: 3 | 9.3: 2 |
| 7.4: 2 | 9.4: 2 |
| | 9.5: 1 |
| 8.1: 4 | |
| 8.2: 4 | |
| 8.3: 1 | |
| 8.4: 3 | |
| 8.5: 3 | |
| 8.6: 2 | |