



HEALTHCARE CONSUMERISM

Most Americans agree that health care is a valuable commodity, and health insurance is necessary to access that care.

Regardless of where you get your insurance, the coverage it provides is only as good as you make it. Studies have shown that many people with health insurance do not use it to its full benefit.

A Reuters Health report found that only 8% of adults with health insurance were taking advantage of all the preventative screenings their insurance covered, including:

- Blood Pressure and Cholesterol Checks
- Alcohol and Tobacco Use Counseling
- Mental Health Services
- Cancer Screenings
- Vaccinations

Other health insurance mistakes include:

- Not taking advantage of perks such as gym discounts
- Not utilizing stress management services
- Paying more than necessary for prescription drugs
- Paying for optional services before reaching their deductible

Many individuals who have access to an employee assistance program (EAP) often don't take advantage of available opportunities.

What is a Healthcare Consumer?

A healthcare consumer is a person who has an overriding interest in their health care and considers that care to be patient-centered and patient-driven. A traditional patient would expect a physician or other provider to decide on and administer care with little input from the individual being treated.

While patients are generally passive, consumers are active in their care, making decisions that affect both treatment and how the treatment will be paid for.

There are numerous steps you can take to become a healthcare consumer. One of the most important is understanding your health benefits, whether through an employer-provided plan or one you purchase.



Understanding Your Insurance Coverage

Having healthcare coverage is critical, but understanding your policy's language and nuances is just as important. Reading through a health insurance policy can be a daunting task. It includes language that can be difficult to understand. However, a good healthcare consumer will take time to read and understand the plan and benefits offered to best access care and avoid costly mistakes.

If you pay a monthly premium toward your care, you might consider that amount to be your insurance cost. Your monthly premium, however, is not the only cost associated with your care. Other costs to consider include copays and deductibles, as well as out-of-pocket maximums and coinsurance.

It's essential to understand which services your insurance covers and which it does not. Some policies, for instance, cover dental and vision care, but not all. Suppose those or other services you desire are not covered in your policy. In that case, you might be able to access elective benefits that would enable you to pay a little more to get those coverages.

Also important to understand is which treatments and providers your insurance considers in-network, as opposed to out-of-network. You may end up paying

more for treatment from an out-of-network provider. In and out-of-network does not only apply to treatment at a doctor's office or hospital but can be a factor when considering where to go for laboratory tests such as bloodwork or CT scans, urgent-care clinics, and ambulatory surgical centers.

These are just a few aspects of your insurance policy you'll need to study and make sure you understand. Getting help when you need it is essential. There are numerous steps you can take to become a healthcare consumer. One of the most important is understanding your health benefits, whether through an employer-provided plan or one you purchase.

Getting Help When You Need It

If you have questions about your insurance policy through your employer, it is best to reach out to your company's human resources or benefits team for help. They should be able to answer all your questions and address any concerns.

Remember that being a smart healthcare consumer takes some effort, but doing your homework and taking charge of your health can save you worry, time, and money.

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