

BeneFacts

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Member Focus -

Avoid unexpected lab expenses

If you've been in to see your doctor lately—whether for a routine examination or because you were sick—he or she may have asked you to have some lab work done. A simple request, but one that can bring with it some unexpected costs—costs that can be minimized or avoided by taking a couple of simple steps. There are typically two parts to having lab work done:

1. The collection of the specimen (e.g., drawing blood)
2. The analysis of the specimen

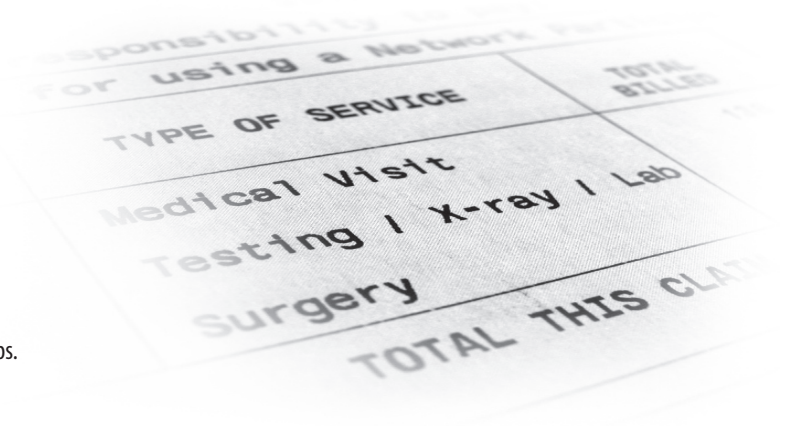
If you are having lab work performed as part of an office visit, you will get the best benefit if the specimen is collected and analyzed either by the doctor's office or an independent lab that participates on your plan, such as LabCorp or Quest Diagnostics. If you go to a hospital laboratory to have the specimen collected, or if your doctor collects the specimen and sends it to a hospital laboratory to be analyzed, the lab work falls under your outpatient benefits, which may require a higher copayment and possibly a first-dollar deductible, depending on the terms of the health plan chosen by your employer. You can avoid unpleasant surprises with your lab work:

1. If your doctor's office collects a specimen, ask where that specimen will be analyzed, and request that it be done in the office or sent to a participating independent laboratory if possible.
2. If your doctor writes you a prescription to have a specimen collected elsewhere, take that prescription to a participating independent laboratory, not a hospital.

To get the details of your Educators Mutual benefits, or for help finding a participating laboratory, please call customer service at 801.262.7475 or toll free at 800.662.5851.

2009 Apple Tree Program

With your help, the Educators Mutual Apple Tree will help provide much needed back-to-school clothing and supplies for more than 40 children living in the Road Home Shelter, Utah's family homeless shelter. Visit educatorsmutual.com for more information and to choose a child to sponsor today.



What does that mean?

There are a number of insurance terms that can be hard to understand. Here are some common definitions you may find useful. Remember to check the "Definitions" section of your specific policy, as definitions may vary slightly between plans.

Coinsurance/copayment: This is the amount that an insured pays directly to the healthcare provider for covered services. A coinsurance is typically a percentage of the total cost, and a copayment is a flat dollar amount.

Deductible: This is the amount an insured pays for eligible expenses out of his or her own money before the plan pays any benefits. This is usually a yearly amount, so when the plan year starts again, the deductible goes into effect again. Often there is a deductible amount for each individual and one for the entire family. Most plans allow benefits for some services (like office visits maybe) without meeting the deductible.

Exclusions: These are items and services for which the plan will not pay.

Out-of-pocket expenses: These are amounts that the insured pays for with his or her own money. Out-of-pocket expenses include deductibles, coinsurance/copayments, and any other amounts the insured must pay.

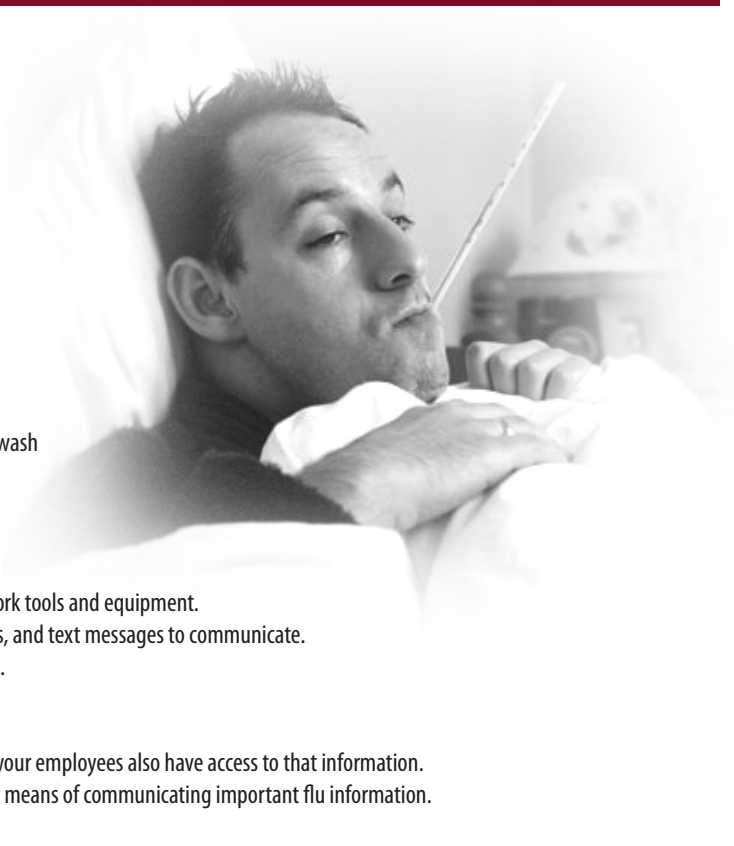
Table of Allowances: This is the schedule for payment of eligible expenses established by the plan. All benefits of the plan are subject to the Table of Allowances. For example, if a provider charges \$125 for a procedure for which the Table of Allowances permits \$100, the plan will pay the specified percentage of \$100—not \$125. A provider who is a participating provider of the plan has agreed to write-off any amounts exceeding the Table of Allowance (in this example, the \$25). Non-participating providers have no obligation to write-off amounts exceeding the TOA. They become the patient's responsibility. In either case, the member is responsible for any applicable deductible and copy or coinsurance.

Protecting your employees from the flu

The Occupational Health and Safety Administration (OSHA) recommends that the following basic hygiene and social distancing precautions be implemented in every workplace:

- Encourage sick employees to stay at home.
- Encourage employees to wash their hands frequently.
- Encourage employees to cover their coughs and sneezes with a tissue, or to cough and sneeze into their upper sleeves if tissues are not available.
- Avoid close contact with coworkers and customers. Avoid shaking hands and always wash hands after contact with others.
- Provide employees, customers, and the public with tissues and trash receptacles, and with a place to wash or disinfect their hands.
- Keep work surfaces and office equipment clean.
- Discourage employees from using other employees' phones, desks, office, or other work tools and equipment.
- Minimize situations where groups of people are crowded together. Use email, phones, and text messages to communicate.
- Promote healthy lifestyles, including good nutrition, exercise, and smoking cessation.
- Communicate the office leave policies.
- Make sure that employees know where supplies for hand hygiene are located.
- Monitor public health communications about flu recommendations and ensure that your employees also have access to that information.
- Work with your employees to designate a person(s), website, bulletin board, or other means of communicating important flu information.

Source: *Guidance on Preparing Workplaces for an Influenza Pandemic*, www.osha.gov



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