

What You Should Know About Health Insurance Before Buying

HUNTINGTON BEACH, Calif., Sept. 10, 2020 -- For many of us, finding the right health insurance plan, can be a tedious task. When selecting a plan, you might need a psychic. COAST Surgery Center of Huntington Beach, CA explains why. We tend to pick a plan that fits our needs for today, but those needs change. So unless you have a psychic to tell you how your health, your family situation, or your financial situation will be in the future, how will you really know what plan is best for you?



Coast Surgery Center (PRNewsfoto/Coast Surgery Center)

Most of us are clueless as to how insurance plans work and insurance companies don't make it any easier to understand. There are tools to help us purchase a plan but it almost seems like we would need a PhD just to understand them. Once we have decided on an HMO or PPO, we may soon realize we have picked the wrong plan because many of us don't really know what our policy covers until we need surgery and then we're told it's not covered or our co-insurance is super high. That's when we realize our plan has too many restrictions and conditions.

Those who work in medical billing have experienced how insurance companies use tactics that many of us don't know about. We are deceived into buying a PPO plan without clearly understanding how they work. When we purchase a PPO plan, it's mainly so we are able to see any doctor without having to be tied to a network or require a referral from a Primary Care Physician (PCP). After paying a higher premium for months or even years, something happens to you and you need a specialist. After carefully selecting the best specialist to treat you, the insurance calls to ask why you have selected that specialist. Here's where the tactic begins. Although, they shouldn't be contacting you, naturally, you respond that this doctor is experienced and has a good reputation. The insurance representative would then inform you that since you are using an out-of-network specialist, they will not cover the procedure as much as their in-network specialists and then hint that you should switch to their in-network specialist.

Most out-of-network doctors and facilities usually get paid Medicare rate, meaning very little. Therefore, patients may get hit with the responsibility of what the insurance doesn't pay and they never tell us that. Insurance companies know our fear of having to pay more out of pocket if they don't cover as much. So do we then switch to an in-network doctor or pay more out of pocket? We chose our physician for a good reason and we cannot risk our health to just any doctor. Wasn't that the whole reason for purchasing the PPO plan and be able to see any physician we want?

Insurance companies should not use tactics to scare us when we are in a stressful situation. They are taking advantage of our vulnerability to coerce us into making an irrational decision. If we are out-of-network, they are not supposed to suggest that we go in-network when verifying coverage. Insurance companies will continue to make money, while patients, physicians, and facilities providers lose. Health plans are constantly changing and premiums are increasing each year, while coverage is getting reduced. So before you buy, make sure you get the right information for not only your needs today, but for when you do actually use the coverage. If you are looking for a specialist or need help verifying coverage, COAST Surgery Center is here to assist you. COAST is an accredited outpatient surgery center with many experienced specialists on staff. Please visit us at www.coastsurgicalcenter.com or call our office at 855-A-NEW-YOU / 855-263-9968 for further assistance.