

Health Insurance Insider

Wyndham Benefits, LLC

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Save Time, Money and Needless Hassle by Choosing the Right Care

Where to go: PCP, Urgent Care, or ER?

Most of the time your primary care provider (PCP) should be your first choice for your health care needs because he/she is familiar with your medical history and because a scheduled office visit will provide you the most cost-effective care.

When a more immediate need arises, though, you do have other options. Review the following guidelines to help you make the right choice when it comes to your need for care; these general guidelines will help you ensure that you receive the right care in the right place and at the *right cost*.

Contact your PCP for annual checkups, preventive care and acute illnesses. Office visits with your PCP (for sick visits) will typically cost you less out-of-pocket, and same-day appointments are usually available when you are sick for this cost-effective care.

Urgent care facilities are designed to treat medical problems sooner than a scheduled office visit. Urgent care conditions may

According to a report from [Truven Health Analytics](#), more than 70% of ER visits from patients with employer-sponsored insurance coverage are for nonemergency conditions or conditions preventable through outpatient care.

include, but are not limited to: ear ache, sore throat, rash, sprained ankle, flu symptoms and fever of 104° or higher. Basically, urgent care is needed for medical symptoms, pain or conditions that require immediate medical attention but are not severe or life-threatening, and do not require use of a hospital or emergency room.

Understanding the Letter: Premium Rate Notices

In compliance with New York State law, insurance carriers are required to send employer groups a notice when they file rate changes with the New York State Department of Financial Services.

If your company received a letter in recent weeks regarding small group premium rate changes for 2017, please know that this is a *standard notice*. Per the regulatory requirements the letter also contains a notice for you to disseminate to the policyholders within your group.





Emergency room care is needed when there is an unexpected onset of symptoms or a severe medical condition, accident or illness that could place a person's health in jeopardy if not treated with immediate medical attention. Some examples of severe symptoms or conditions may include persistent chest pain, especially if it radiates to your arm or jaw and is accompanied by sweating, nausea, or shortness of breath; difficulty breathing; sudden clumsiness, difficulty speaking, or trouble understanding language; suspected head injury, severe bleeding that cannot be controlled; severe burns; a fever in a newborn (or a fever higher than 100.4 in a baby less than 3 months old); sudden vision changes including blurred, double-vision or a partial or full vision loss; and any other onset of symptoms or a condition where you must 'trust your gut;' if your intuition tells you it's serious, don't hesitate – go to your nearest emergency room.

Why Do Healthcare Costs Keep Rising?

Understanding what's behind the steadily rising healthcare costs

While there has been much debate about what to do about it, practically everyone agrees that *something* should be done about the rising cost of healthcare. The first step toward finding a practical solution to controlling costs is to understand why healthcare is so expensive. There are many reasons for it, some of which include:

- People are living longer
- People have unhealthy habits; while they may be living longer, they're not living *healthier*
- The rising cost of new technologies
- Medical malpractice lawsuits; while the exact cost of defensive medical practice is unknown, premiums for medical malpractice insurance are



- also high, thus contributing to overall healthcare costs
- Misuse of healthcare (for example, going to the emergency room for routine care when there is no emergency)
- Subsidizing federal programs (when providers are underpaid by federal programs, higher charges and premiums result for others who use the system)
- Drug trials; it could cost millions, if not *billions* of dollars to bring a new drug to market, and these costs are most often passed onto the very consumers that use the drugs

The content in Health Insurance Insider is for educational purposes only, and should not be considered a substitute for accounting or legal advice. Please seek any needed legal guidance for your company's unique situation from your general counsel or an attorney who specializes in this practice area. [Contact me](#) to let me know of any topics that you'd like addressed in future issues of Health Insurance Insider, or to request a formal healthcare benefits consultation for your group.

-Christopher Goodness

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