

## INDEX OF ARTICLES

### **Important note – please read before proceeding:**

This is a collection of various articles about different aspects related to medical and health insurance, which inter alia includes thoughts on dental cover, which could be purchased separately from Health Insurance.

The information is kept as current as possible, but we do NOT claim that it represents the current state of what is available in your particular country, state or county. Changes in the health care bill and changes brought about by the latest health care bill may also have an effect on the information in this expanding base of articles, which brings us to the point that under no circumstance should you base a decision to purchase or cancel medical cover/insurance on the information presented here.

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## **Pregnancy: The Importance of Prenatal Care**

Have you recently found out that you are pregnant? Whether you took a home pregnancy test or your doctor confirmed your pregnancy for you, you may be experiencing a wide array of emotions. Those emotions may include happiness, excitement, hope, as well as fear.

When it comes to the birth of a child, particularly a first child, there are many mothers who have a number of different issues or concerns that must be dealt with. Those issues and concerns may include money, additional living space, healthcare, and needed baby supplies, like baby formula and diapers. Although these are all issues and concerns that must be dealt with, something should come first. That is the health of you and your baby. The moment that you learn that you are pregnant, you should start taking steps to receive prenatal care.

Although it is important to hear that prenatal care is something that you should seek right away, there are many mothers, especially first time mothers, who wonder what is so important about doing so. If this is a question that you have asked yourself, you are not alone. A few of the many reasons why you should actively seek prenatal care, when pregnant, are outlined below.

What you need to know is that prenatal care is important to your baby's health, as well as your health. Although a large focus will be placed on your baby and its development, prenatal care is also used to ensure that you are healthy as well. This often involves monitoring your weight, your blood pressure, as well as the expanding size of your stomach. That is one of the many reasons why you should attend all of your prenatal care appointments, as it is important to your health, as well as your baby's.

Another reason why prenatal care appointments are important is because they can be used to determine if your baby will have any medical conditions or complications when they are born. While many parents do not want to know, ahead of time, there are many others who do. Knowing if your baby will have any medical conditions is important, as it can help you financially prepare for those complications and any life adjustments that need to be made.

The above mentioned reasons are just a few of the many reasons why it is important that you seek prenatal care when pregnant. In addition to monitoring your health and the healthy of your baby, you should also seek prenatal care as it is a fun, exciting, and an important experience. When attending your prenatal care appointments, whether you be seeing a family practice doctor, an OBGYN, or a midwife, you should be able to see a sonogram of your baby, as well as hear his or her heartbeat. These things are things that parents never forget.

Despite the importance of prenatal care, there are many pregnant women who do not seek it. This occurs for a number of different reasons; however, the most common reason is associated with money. If you are currently uninsured or if your health insurance doesn't cover prenatal care, you may be concerned with the cost of it, as you should be. What you should know is that many healthcare professionals would be more than willing to work with, like with the creation of a payment plan. There are also health centers, which can be found all across the country, that are designed for low-income women or those without medical insurance.

As outlined above, prenatal care is extremely important to your health and the health of your baby, when you are pregnant. Whether you are having your first child or your third, it is important that you seek the recommended amount of prenatal care. Pregnancy is one of the most important issues that you will have to deal with in your life and it is extremely important that it is dealt with in the proper matter.

## **Affordable Health Insurance for the Unemployed**

Being unemployed can be a financial downside to say the least. You may be dependant on someone else to cover your daily expenses such as a place to live and food to eat. Health insurance is something that everyone needs and not enough people have available because of these other financial burdens. Any emergency such as a car accident or broken bone will require adequate medical assistance. What do you do when you don't have insurance and can't afford expensive medical bills? If you are unemployed, you need to find health insurance to prevent this from happening.

COBRA is a law in which many people could be eligible to remain on an employer's health insurance plan even after they lose their employment. The most ideal person for this coverage is someone who is between jobs and is not in need of long-term help. It can last at least a year to those who qualify, but the premium amount is still an expense that some unemployed individuals may not be able to take care of with their lack of income. If you are able to pay the premium and are eligible, COBRA will also cover your spouse and children who are dependent on you for insurance. The best way to determine if you could receive health insurance is to contact your local employer's benefits department and fill out the required forms.

You can also shop around for typical health insurance. Many free Internet services are proven reliable by the Better Business Bureau Online. By speaking with one of these insurance experts, you can get help finding the most affordable health insurance that will fit your specific needs. They know the rates of thousands of insurance companies and can fix you up with appropriate coverage for your specific needs. If you have a spouse or children, having health coverage is a necessity. Life is full of unexpected events and you cannot ensure that everyone will stay completely healthy until you have insurance again because accidents do happen. Finding an affordable coverage rate on your own can be a hassle. The experts at these companies are offering their assistance to you, often as a free service. Whether you need to find something short-term or for an extended period, they are qualified and dedicated to helping you.

If you find yourself unemployed at any time in your life, you are probably without health insurance. This can be a nightmare whether you have a family or not because medical expenses can put you into debt quickly. Luckily, there are ways of finding affordable coverage providers that can keep your health, as well as your finances, safe. A simple doctor visit can cost you significantly more money than it would with insurance. Do not let yourself become one of the many people who are unfortunately living life without proper insurance coverage.

## Understanding the Different Kinds of Health Insurance

In the United States, there are about five different types of health insurance available: traditional health insurance; preferred provider organizations or PPOs; point-of-service plans or POS; health management organizations or HMOs; and most recently, health savings accounts or HSAs. With so many types of health insurance, it may be confusing trying to figure out which one best fits your needs, so thoroughly research each and speak with a professional if you need clarification.

Traditional health insurance is the one that most people think of when they think of health insurance. You pay the insurance company a premium every month, and if you have an accident or need for health coverage, you have a deductible amount you must pay and then the insurance company picks up the rest of the bill. You often have an inexpensive office and/or prescription co-pay with traditional health insurance.

With people living longer, health insurance companies began to look for more ways to reduce their costs, developing different health plans such as PPOs. PPOs are plans which will cover nearly all of your medical expenses as long as you stay within a preferred network of physicians or hospitals. This network creates a "preferred provider" list that you can choose from. Treatment outside this network of providers is covered but only at a reduced rate, meaning you end up paying more to see a physician outside the network. By limiting the physicians and hospitals covered in their network, the insurance company can control, to an extent, their costs and lower your premiums. POS plans work like PPOs, but require you to have a primary care physician through whom you can receive referrals for specialists. If you need to see a neurologist or a dermatologist, you must first visit your primary care physician for an initial diagnosis in order to receive a referral to a specialist for a more thorough diagnosis. POS plans also have a preferred provider network, and if you choose to visit a specialist or physician outside that network, your coverage will be limited.

HMOs combine a stricter version of PPOs and POS plans. HMOs have a defined list of physicians, often much smaller than PPO networks, which you may see. You will not be covered at all if you see a physician outside your HMO network. Furthermore, you must also get a referral from your primary care HMO physician to see any specialist. However, these restrictions mean that you pay an extra low or no monthly premium.

HSAs were recently signed into law by President Bush. You can deposit money into a special non-taxed, interest-gaining savings account that must be used for medical expenses. The ideal situation for an HSA is to combine the account with a low-cost, high-deductible insurance plan. The savings account is designed to allow you to cover the high deductible if you find the need to cover expensive medical costs while the insurance company will pick up the rest of the bill.

Again, it is important to carefully consider each option before choosing a single health insurance plan. Your health is important-make sure it is protected in the best way possible.

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## **Health Insurance When Living Abroad**

You may not know this already, but when planning on traveling abroad you cannot take your local insurance with you. You will need to purchase an international insurance plan offered by a multinational insurance company. While they may be hard to track down, it is the best way to assure that in the event of an accident or illness you will be able to acquire medical attention if needed.

Many of these plans will cover you up to six months in another country. When you speak with the insurance company, be prepared to give an extensive list of information to them. This will range from health problems you've had in the past ten years, your hereditary conditions to substance abuse, and almost everything else-if it has anything to do with your health be prepared to disclose the information. If you are planning on traveling with more than one family member, then be prepared to give information for each family member as well.

Many times your basic coverage will include emergency treatment regardless of which facility it is administered. This is not the case with minor medical treatment. It is important to know whether you are buying an insurance plan that is an HMO or PPO. If you are under an HMO or health maintenance organization, then you will be limited to receiving care from only the providers who are in their network. You can retrieve a list of all the companies within your insurer's network upon request. If you are under a PPO, or preferred provider organization, you will have the opportunity to pick the best facility you see fit, but your insurer will only cover a portion of the incurred cost.

If you plan on staying abroad for more than six months then you will need to look into what is called expatriate health insurance. Only larger companies supply this type of insurance, as it is much more extensive with the type of options that can be applied to each policy. The type of treatment options that are covered with expatriate health insurance are those that are labeled as specialty treatments, like chiropractic therapy and acupuncture. There are many options that can be applied to expatriate health insurance depending on your family's needs and how long you plan on spending abroad.

There are many options for health insurance when you are traveling abroad. While many individuals never consider purchasing insurance when traveling to another country, this should be at the top of your list when planning for a trip. Health insurance should not be taken lightly. Be sure you understand every aspect of your policy before deciding with any one particular company.

## **Say Cheese: Dental Benefits**

Dental insurance is often an afterthought when obtaining health insurance for a number of reasons. Some people may simply dislike the dentist and use the lack of dental insurance as a reason to not visit the dentist; others may feel that dental insurance is not worth the added cost to their monthly health insurance premium. Still others may simply feel that their teeth are in good shape and there is little need to spend the extra money to cover a part of their body that does not currently have any problems. Nevertheless, dental insurance is important because of several benefits.

When people think of the cost of dental work or procedures, they often think of costly bills. Even simple procedures like getting your wisdom teeth removed can average in the hundreds of dollars per tooth! However, one obvious benefit to dental insurance is the coverage of simple but costly dental procedures such as getting a tooth removed. In the end, the slight increase in a monthly premium may be worth it to avoid a high dental bill. Moreover, dental insurance also helps financially if a dental emergency develops. Perhaps you are in need of a root canal or dental implants - both extremely costly procedures that you often do not anticipate. Dental insurance will most likely cover a portion, if not all of these expensive procedures.

Also, while many feel that brushing and flossing daily is all the dental care they need this is simply not true - even for young, healthy adults. Dental disease is common and can affect your body in a number of ways. For instance, some dental diseases left untreated can lead to more serious medical issues such as kidney infections or even diabetes. Most people do now know of the connection between dental diseases and other illnesses. Thus, having dental insurance that covers routine visits to the dentist, which can help uncover dental diseases early, is extremely important. Dental insurance is designed to encourage preventative care, because spotting dental diseases or dental problems early reduces the overall cost of treatment.

Dental insurance may seem like just another gimmick to get a few more dollars out of you, but it is essential for your health. Your regular health insurance plan, whether it is through your employer as a group plan or an individual plan, should offer you the option of buying dental insurance coverage, and you should consider this piece of the plan thoroughly when purchasing health insurance.

## Ways of Paying for Health Insurance

When it comes to health insurance, many people don't exactly know everything that there is to know about the subject. That only stands to reason, it is not something that is easily understood because of its complexity. For instance, when you visit the doctor you may be asked to pay something that is called the "co-pay", and other times you may not have to do anything at all depending on your plan. Let's look at some of the ways that health insurance is paid for.

Often times, your employer will sponsor your insurance and you only have to pay what is known as a "co-pay" or co payment. The co-pay is a set amount that is determined by your insurance company when you receive covered services. This is a significantly smaller fee than you would be paying without the co-pay. Many companies offer this type of payment option because it is easier on the employee to pay this way.

You may consider opening what is known as a Healthcare Savings Account (HSA). This will assure that you always have a location in which to retrieve payments for various medical expenses. The HSA is a pre-tax savings account where a portion of your pre-tax income, determined by you, is deposited into an account automatically. Since this account comes from your paycheck pre-tax, that means it will lower your overall taxable income. This means you are saving money in terms of taxes and saving lots of money towards your overall health care costs.

For certain disabled individuals and those above the age of 65, Medicare is also another way to pay for health insurance. While they will not pay all of your healthcare expenses, they will pay for most of them. Medicare, however, doesn't cover prescription drugs and nursing homes. It is important that you check the different types of restrictions that may apply. There are low-cost prescription discount cards that have been proven to save people who require costly medications on a regular basis over 50% of what they would have been paying without any health care.

Paying for health insurance doesn't have to be complicated as long as you understand just what is going on in terms of where you stand with your plan. Discuss any questions you may have about the plan before committing to one. While one plan may be right for many people, it does not always mean that it will fit your specific needs.

## **What You Don't Know Can Kill You: Health Insurance Limitations**

Health insurance often requires a mountain of paperwork that has a lot of fine print. Unfortunately, this means that people neither read their plans thoroughly nor do they fully understand what their plan covers or does not cover. Here are some common limitations in health insurance coverage that you should know.

Some of the most shocking health insurance limitations are found in the the fine print holes in the insurance policy. For instance, many people have found that their health insurance did not cover a routine or necessary medical procedure because they did not receive an authorization code prior to the procedure or the hospital did not correctly fill out the paperwork. Your medical claim can be denied simply because the hospital used odd codes for your treatment. While any claims denied by the insurance company can be disputed, this process is not only tedious, but time-consuming and draining, especially for someone who is already ill. There is also little success in winning disputed claims, which makes this option rather limiting.

Another surprising health insurance limitation happens more often than people realize. Imagine this situation: you are diagnosed with a medical condition and need an operation. You research surgeons and hospitals within your plan. You understand your plan's coverage of hospital care. You have your operation and then you find a massive medical bill in the mail. Apparently your health insurance did not cover the anesthesiologist or other specialists that may have consulted in your operation. Thus, you have to pay these specialists for their services, even though you were under the impression that your plan would cover these costs associated with the surgery. Such a bill can be in the thousands of dollars, and there is little you can do to dispute the charges. The only way to avoid these charges is to make sure that you ask before the operation that will be involved and ensure that they are covered in your health insurance plans.

Other limitations are put on a number of treatments. For instance, you may need physical therapy or visits to a psychiatrist. Many health insurance plans will put a limit on the number of covered visits for such medical treatment. Without realizing it, you may surpass the maximum visits allowed by your health insurance and end up racking up huge bills.

Many people think that buying health insurance will cover them medically, but this is only correct to a point. When securing insurance, you should read through your health insurance package carefully, and when you are about to undergo any expensive medical procedure, be sure to consult your health insurance plan first.

## **Dental Insurance Introduction**

Shaving nicks and toothaches hurt more than they should. While a nick will vanish in a couple of days, toothache will take your pocket for a spin before it goes away. Believe me, dental care is prohibitively expensive, but still a part of necessary health care and very important.

Here comes dental insurance. Not much in the past it was considered a big company perk, dental insurance has today established itself as a must-have benefit. Even most small companies offer dental insurance today to recruit and retain workers. Dental coverage costs less than 10% of total medical coverage so its affordable and preventive procedures, like cleanings, ensure the overall health of employees, which means a decrease in sick time and increase in productivity.

Various dental insurance plans with numerous variations are available today. You should take proper care and time to consider all options.

Most expensive plans:

Direct reimbursement plans

These plans are the most expensive of the lot. They operate by paying for employee dental coverage from a pool of money set aside by the company for this purpose.

The simplicity of this plan makes it the most effective, the reimbursement is made by a simple formula doing away with the complexity of co-payments, deductibles etc. Even though ADA strongly recommends this plan, this kind of direct dental care may not be affordable by smaller companies.

Least expensive plans:

Managed care plans

Similar to a medical HMO, managed care dental plans need to pay for the treatment through regular co-payments and choose from a pool of dentists to get treated. These plans do various cost-control measures and can be more affordable for small businesses.

The co-payment amount varies according to procedure. Preventive procedures are usually performed without co-payment, however advanced procedures will bear higher co-payments.

The choice lies with the company and their financial managers, however great care is recommended in choosing the plan.

## **Advantages to Managed Care Plans**

There are many different types of Health insurance plans out there. Picking the right one for yourself can be troublesome in the beginning, especially if you don't know what you are looking for. You might have trouble deciding which one would be better for you.

Health insurance is divided into two large categories-indemnity and managed care plans. Indemnity plans, also commonly called reimbursement plans, will reimburse your medical expenses up to a certain limit. Under the Reimbursement plan, the insurer pays a percentage of the total charges, regardless of how much the charges are. With the indemnity plan, the insurer will pay a specified amount every day for a specified number of days. The amount reimbursed does not rely on the cost of medical care, but what you are reimbursed will never exceed your expenses.

The other popular type of health insurance plans is managed care plans. The three types of policies categorized as managed care plans are HMOs, POSs, and PPOs. This type of insurance is more popular than the indemnity plan, as they offer more flexibility. With these types of options you either pay a monthly fee no matter how many times you see a doctor, or pay a co-payment but no monthly fee. With managed care plans, you are given options of care. The plan you choose and the amount of money you wish to pay determines how big of a network of doctors and specialists you can see and still be covered under the plan. Some managed care plans (most often PPOs) offer sponsorship programs from a network of hospitals and medical services. You can often get this kind of plan through your employer.

Managed healthcare plans are better for the average person due to the fact that they are more cost effective. While indemnity plans may give you a lot more freedom in cost, you will have to use the healthcare provider that the insurer chooses. If you have a specific disability, this can present itself as a problem. In the long run, a managed care plan will save you money, especially if emergencies arise when you are out of town. These types of plans also are more flexible in policy. Before you purchase any kind of health insurance, be sure to research the many options available for you and your family to ensure you receive the best coverage possible for the lowest monthly premium or deductible.