Sleep Wellness Center
Winmar Diagnostics Inc.

Fall/Winter 2016

OUR TEAM IS HERE FOR YOU

Fall into new supplies

Properly maintaining your machine and keeping your equipment up to date is the best way to ensure that your therapy remains comfortable and effective. A worn mask, loose headgear or a clogged air filter can reduce the comfort and effectiveness of your therapy. You do have a choice on where you get your PAP supplies and **Sleep Wellness Center** would like to thank you for your continued business. We are coming to the end of the year and we would like to remind you that it may be a good time to consider ordering CPAP supplies if you haven't already done so. Fall is also a time when your insurance information may change as well; i.e. Medicare. Please let us know by mailing this whole page back to us with your updated information, along with your supply needs or contact us via phone: 1-800-962-8145

NAME:
_____

EMAIL ADDRESS:
_____

ADDRESS:
_____

_____

Current Insurance:
_____

Policy Number:
_____

Current Provider/Physician:
_____

Supplies needed:

_____Mask
_____Tubing
_____Cushions/Pillows*
_____ Size
_____Water Chamber
_____Filters

*If **Medicare** is your primary insurance, they require that we speak to you prior to supplies being sent out in the mail.

The replacement schedule guide in the next column is what most insurance companies allow for replacement parts/supplies on a regular basis. This replacement schedule is a general reference guide to help you remember when to order your CPAP supplies. Your insurance carrier may differ in when you can get your supplies, but we will verify your supply request with your carrier before placing the order. You are also welcome, at your own expense, to order extra supplies for travel or to keep at vacation homes.

Product	Replacement Schedule
Mask (includes seal)	1 per 3 months
Full-face seal replacement	1 per month
Nasal seal or nasal pillow replacement	2 per month
Chin strap	1 per 6 months
CPAP/BIPAP tubing	1 per 3 months
CPAP/BIPAP filter (disposable)	2 per month
CPAP/BIPAP filter (non-disposable)	1 per 6 months
CPAP/BIPAP humidifier water chamber	1 per 6 months
Replacement CPAP/BIPAP unit	Consult your provider ❖

How does my insurance work

Ok, so you have insurance and no matter how hard you try to understand it, it changes, or what you thought happens, doesn't. Our staff here at **Sleep Wellness Center (Winmar)** want to make it a little easier for you to understand and feel more comfortable with insurance. After you meet with your doctor about your health needs and a discussion of sleep is conducted, your doctor sends a sleep study order form to us. Once we receive this order and information we build a chart for you. Or if you call and order supplies for your CPAP machine, a part of the information that is included in your chart is your insurance carrier information. We will call your insurance carrier and check/verify to see if your sleep study or CPAP equipment is covered under your plan. If it is covered or not covered we will let you know. Also, if it would be in-network or out-of-network costs to you. Most people have a deductible that they need to meet before insurance companies will start to take care of a higher percentage of the health care cost. I have included an example of the information we typically receive from insurance companies when we call them to verify your benefits. Each of the details in the following example, will change depending on the carrier and plan each person is enrolled in. Again, each carrier's plan is different. When we call to verify what your benefits are let us know what your deductible is, how much has been met, how much will be covered when the deductible is met, etc.

Example:

1. Network status (in/out): IN
This means **Winmar** is contracted with this insurance company to provide services to you, their member, and there is special pricing/lower cost to you. Alternatively, if Winmar is an **OUT** of network you may use our services for your sleep study or CPAP equipment, however the insurance company will charge you a higher fee.

2. Deductible amount: $2000.00 F
This is the amount of money you have to pay before most, if not all, of your health insurance policy's benefits can be enjoyed. However, in many health insurance policies, you can use some services, like a visit to the emergency room or a routine doctor's visit, without meeting the deductible first. Of course these services will vary with each type of plan. Before you meet this amount you are required to pay for health care. Once you meet this deductible, however, your health insurance benefits kick in and you're then responsible only for paying monthly premiums and coinsurance, if applicable. Deductible amounts vary by plan and can be separated into individual or family deductibles. In this example, a family plan is being verified. In general, a family deductible is double of an individual deductible, but it can include several members of a family. If you have a high deductible you generally have lower monthly premiums and vice versa. (F=family)

3. Deductible met: 285.29 F
You have already paid in $285.29 for health care services and have $1714.71 left to pay toward your health services.

4. % covered: 80%
Once you have paid $2000.00 for your family for their health needs, you will be responsible for only 20% of the bill of services until the end of the year. Your insurance company will cover 80%.

5. Out of pocket amt: $2000.00
Your deductible is considered an "out-of-pocket" expense and can help you meet your out-of-pocket expense maximum. Your cap or out-of-pocket maximum is the amount you need to meet for the insurance company to pay 100% of your health expenses. Your co-payments or monthly insurance premiums are not included in this cap, however, your deductible and coinsurance can normally be applied towards this maximum amount.

6. Out of pocket met: $0.00
Out of pocket expenses paid by a patient are non-reimbursable expenses. This includes any medical benefits that your plan doesn't consider "covered services". But out-of-pocket expenses can also include covered expenses that you are responsible for before your plan benefits kick in at a 100% coverage. When your insurance company pays all of your expenses and you have to pay only your monthly premiums, you have reached the out-of-pocket maximum.

Copayments

A co-payment, or co-pay, is the flat amount you pay at the time of a medical service or to receive a medication. Each health insurance plan establishes these fees up front -- they are often printed on your health insurance card. Insurance companies use these co-pays in part to share expenses with you. In addition to cutting a small portion of the costs, the co-pay is also used to prevent people from seeking care for every trivial medical condition they might encounter.

In this way, co-pays can save an insurance company a substantial amount of money. However, while the co-pay has been found to lower costs by making people think twice before running to the doctor over a case of the sniffles, they might also prevent people from seeking necessary medical attention. For example, a person with a chronic condition may need to see four doctors over the course of a month, all of which require a $25 co-pay. However, if that patient cannot afford $100 each month, he or she will most likely skip one, if not all, of those appointments. Co-pays can often total hundreds of dollars each month if you have several health ailments. In these cases, many patients begin to pick and choose which medications they deem necessary, making for a potentially dangerous situation. But most would say that the alternative -- no health insurance -- would be worse.

Don't confuse co-payment and coinsurance

Coinsurance and **co-payments** are not the same thing. A **co-payment** is a specific amount that you pay at the doctor's office before you meet your deductible. **Coinsurance** is a percentage of a provider's charge that you may be required to pay after you've met the deductible. When you've met your deductible, you'll have to pay coinsurance (usually 20 percent of the provider's charge) until you reach your out-of-pocket maximum. After that, the insurance company will pay for all covered services to the policy maximum for the remainder of the year. For example: If you would need a new mask or other replacement parts for your CPAP machine, we would give you this information letting you know that once you have met/used $2000.00, your cost of CPAP supplies would be 20%, insurance pays 80% of your cost for CPAP supply needs. ❖

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