Using Health Insurance Coverage Wisely to Support Back Pain and Musculoskeletal (MSK) Health

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Do you make the most of your private or employer health insurance plan?

When it comes to getting therapy for your back or other pain condition, it pays to be reasonably organized in order to maximize health outcomes using the range of benefits available to you and your family.

In general, extended health is "extra" health care not covered by Ontario's health insurance plan (OHIP). Most employers' benefit packages entitle you to receive extended health benefits (e.g. Group Health Insurance). These group healthcare plans usually require a health practitioner to be registered with a health regulatory college that regulates health professionals in Ontario.

Coverage under group plains is usually offered to you on the basis of (i) a specified maximum number of visits per year; (ii) a maximum dollar amount (\$) covered per visit; and (iii) a maximum per health practitioner per year. In all cases, there is typically a maximum per year for the aggregate of all health providers. Your plan's coverage usually includes more than one health practitioner; however, which health providers are covered, and at what maximums vary from plan to plan and may include: physiotherapists, chiropractors, registered dietitians, psychologists, registered massage therapists, acupuncturists, osteopaths, podiatrists, chiropodists, naturopaths and speech therapists. In some cases, coverage by certain health providers requires a physician's written referral in advance to be eligible for reimbursement.

However, even if you are eligible for OHIP-covered community physiotherapy (e.g. seniors and kids with a physician referral), you may sometimes be left wondering if your extended health benefits have gone to "waste". As a result, it is beneficial to try to be as reasonably efficient as possible when using benefits.

Here are 7 helpful tips:

1. Understand How to Properly Coordinate Benefits. When faced with overlapping coverage under more than one group health plan (e.g. a spouse / partner plan), you should first determine which plan pays first and how benefits are calculated based on common procedures and guidelines followed by insurance companies (e.g. claims for dependent children, retirees or students). Please ask your health practitioner or employer for more general information.

2. Get to Know Your Plan First. Always carefully review your plan to determine what health coverage you are eligible for, payment terms and making a claim. You may wish to pay extra attention to coverage rates, maximum amounts (including yearly, per-specialist and per-beneficiary maximums) and payment conditions.

3. Learn the Rules. Every plan has "rules" on expense eligibility. For example, orthotics may be paid for by your insurer only if ordered by your attending Ontario physi-

cian. In addition, you may be required to provide certain supporting medical documents. Does your plan have a specific deadline in which to make your claim? It is always a good practice to follow your plan's rules to avoid being rejected by your insurer a t a later date.

4. Make a Claim As Soon As Possible. Although this may seem obvious, you should always claim every expense that you are legally entitled to make. It is a good practice to take photocopies of insurance forms as you deliver to your insurer and then check the amounts you get back so that all claims may be properly settle. Also, please remember to ask you health provider for information on using the "e-claim" online service in order to expedite reimbursement as soon as reasonably possible. If you think your claim was improperly unfairly, as a first step you should resubmit your claim with additional documentation in support of your claim.

5. Choose the Best Option for You. Some plans have a range of flexible components that you may tweak to your own needs and personal health goals. For example, certain options let you add on insurance services (e.g. travel) or change payment terms (e.g. smaller deductibles).

6. Ask Your Health Practitioner. Your health practitioner often knows the best way to ensure that you are in a position to make a successful insurance claim. Your health provider can assist when it comes to orthopaedic devices and therapeutic equipment. He or she can also assist with applying flexible spending and expenditures when filing your claim for any health services not covered under your plan.

7. Prevention is Key. Please bear in mind that your individual "basket of services" may all be considered preventative health measures. Taking care of your health is the best approach to improve your quality of life and productivity at work.

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Her interests include chronic disease prevention and management, spinal disorders and rehabilitation. You can visit our website at www.spinegroup.ca or contact our client care representative at 905-850-7746 for more information on our clinical programs including our popular Spine Care Program.