

CHOOSING THE RIGHT HEALTH CARE PROVIDER



A trip to the ER can easily cost three times as much as a visit to an urgent care or convenience clinic, and your wait time will likely be considerably longer. Follow the guidelines shown here to help you determine where to go first to get care.



GO TO THE DOCTOR'S OFFICE FOR:

- Annual exams and general health issues
- Cold and flu symptoms (e.g., stuffy nose, cough, fever)
- Minor aches and pains
- Vaccinations



ACCESS TELEHEALTH FOR:

- Allergies
- Anxiety issues
- Back problems
- Bronchitis
- Cold and flu symptoms (e.g., stuffy nose, cough, fever, sore throat)
- Diarrhea and constipation
- Ear infections
- Headaches and migraines
- Rash and skin problems
- Sprains and strains
- Urinary tract infections



GO TO A RETAIL HEALTH CLINIC (E.G., A WALGREENS HEALTH CARE CLINIC OR A CVS MINUTECLINIC) FOR:

- Common conditions such as pink eye and strep throat
- Minor wounds, abrasions and skin conditions (e.g., rash from poison ivy)



GO TO AN URGENT CARE CENTER FOR:

- Diagnostic X-rays and laboratory tests
- Minor broken bones (e.g., fingers, toes)
- Minor infections and rashes
- Sprains, strains and cuts
- Stomach pain



GO TO THE EMERGENCY ROOM (ER) FOR:

- Chest pain, shortness of breath and other symptoms of heart attack or stroke
- Heavy bleeding
- Major broken bones (e.g., arms, legs)
- Major lacerations and burns

SAVE MONEY USING IN-NETWORK PROVIDERS

Your insurance company develops networks by contracting with doctors, hospitals, labs and other providers that have agreed to provide health care services to members at negotiated—or discounted—rates. You'll generally pay less out of pocket when you use providers in your plan's network, usually referred to as in-network providers.

Bottom Line: Use in-network providers whenever possible to get the lowest rate. To find in-network providers in your area or to find out whether your current provider is in your plan's network, visit your insurance company's website or call the number on the back of your medical ID card.

Note: If you currently have an **[HMO, EPO or MEC] Plan**, your plan likely doesn't provide coverage for most out-of-network services, meaning you will likely pay the full cost for those services.