

# BENEFITTING

you

Sweeney &  
Associates

Kristi Sweeney, CFP®

## Getting Help When You Have A Claim By Kristi Sweeney, CFP®, LUTCF

Last week I helped three of my clients with insurance and benefit questions regarding major illness. Three in one week is very unusual. It brings to mind the importance of my role as a Benefits Consultant.

If a major claim occurs, we want everything to go as smoothly as possible. We want you to receive excellent care from both your physicians and from your insurance carrier. We are here to help you.

Of the three clients who contacted me for help, one was only thirty-seven. She experienced a serious stroke while mountain climbing. The second was sixty-one. She was diagnosed with a milder stroke. The third call was from an employer regarding a thirty-five year old employee stricken with cancer. The employee is undergoing stem cell treatments.

I helped the callers find in network providers in their PPO plans and advised them about the pre-certification process they should follow. My employer client needed advice in regards to continuing her disabled employee's health insurance and salary.

My efforts this past week reminded me of the unwieldy complexity of our health care and benefits system. The process *seems* designed to obstruct accessing reasonable care at a reasonable price. If you have a problem with a claim, we are able to help you process through the system more quickly and efficiently.

Health insurance is complex. Though access is easier, costs are out of control. In fact, the cost of care continues to escalate much faster than the cost of living. This is due in large part to the increase in new medical technology and the high demand for new treatments.

# BENEFITTING

you

Sweeney &  
Associates

Kristi Sweeney, CFP®

When will the bleeding end? Employers want reasonable coverage for their employees but they demand a *reasonable rate*. The person with an illness or injury understandably wants the latest and best treatment. At the same time, managed health care tries to control uncontrolled spending. PPOs often transfer “medically unnecessary costs” to consumers *after* a claim is filed and HMOs are known for denying some treatments. Sometimes it contributes to claims problems.

A knowledgeable benefits advisor sees all sides of the dilemma. We understand premium increases and the methods used to keep increases under control. We understand the demands placed on doctors as they try to run their practices with less revenue and increased practice limitations. We help you, the consumer, make cost versus benefit decisions about health care. And when you need help accessing health care, we’re there.

We look forward to continuing to be part of your health care solution.