



Health Promotion Workshop/Information Session Understanding health Insurance

THE AFFORDABLE CARE ACT IS A LAW! YOU MUST ENROLL IN HEALTH INSURANCE TO AVOID RECEIVING FINES.

What is the Affordable Care Act?

- The Affordable Care Act (ACA) or "ObamaCare" is a U.S. law since March 23, 2010.
- The law requires all individuals to be covered by health insurance
- It is most likely you ' ll be fined if you ' re uninsured

How Health Insurance Works

Health care is expensive. Without health insurance it is hard for people to pay their medical bills.

Health insurance protects you from high medical costs if they suddenly become severely sick and ensures that you have access to health care when you need it.

Often a time, you must have a health insurance card in order to be seen by a doctor.

- Health Insurance protects you from high medical costs
- Health insurance can provide free services such as vaccines, screenings, and check-ups
- Health Insurance lets you see the doctor when you need to

Depending on your situation, you may need public or private health insurance. Public health care coverage or taxpayer-funded health insurance is funded by State and Federal taxes. Private Health Care coverage, or employer-sponsored private health insurance, is mainly funded through benefits plans provided by employers or the insurance marketplace.

Public Health Insurance

Examples include:

Medicaid: A State-funded social health care program for families/individuals that must meet certain income requirements.

- If you ' re receiving SSI benefit, you ' re automatically eligible for Medicaid
- If your income is low, your children under the age of 21 are likely to receive Medicaid
- Department of Social Services (DSS) processes Medicaid application.

Medicare: A national social insurance program for Americans aged 65 or older who have worked and paid into the system.

Children's Health Insurance Program (CHIP): Public program that provides health insurance to children when families cannot afford private health insurance

Private Health Insurance

Employer-based insurance:

- Employees pay a premium and get an insurance card
- Employers might offer various coverage plans
- Costs might differ

Examples of private health insurance companies include:

- Blue Cross and Blue Shield
- Coventry Health Care of the Carolinas, Inc
- Cigna
- Aetna
- Humana
- Unitedhealthcare of North Carolina, Inc

From the Market Place

Depending on your income and family composition, you may or may not be eligible for subsidies from the Market Place.

- You can find local navigators to assist with applications
- An appointment might be needed to see a navigator
- Some places might accept walk-ins
- Market place contact details: 1.800.318.2596 OR www.healthcare.gov

Market Place Plans

Bronze: Your health plan pays 60% on average. You pay about 40%.

Silver: Your health plan pays 70% on average. You pay about 30%.

Gold: Your health plan pays 80% on average. You pay about 20%.

Platinum: Your health plan pays 90% on average. You pay about 10%.

Put your health first

To live a long, healthy life, take advantage of your health. You need to see doctor on a regular basis. Also, you can stay healthy by:

- Maintaining healthy eating habits
- Having relaxation
- Having a good sleep
- Seeing doctor on a regular basis
- Learning more about what you can do to stay healthy and share what you learn with your family and friends
- Doing exercise on a regular basis

Preventive Health Care

- Preventive health services include screenings, check-ups, and patient counseling that are used to avoid illnesses, diseases, and other health problems
- Helps find an illness early so treatment can work at its best.
- These services are at no cost to you

Doctor's Offices Cost Difference

Primary Care Physician (PCP)

- By appointment
- Sometimes you can walk-in
- Very affordable (example—a small amount of co-pay)
- You go to PCP when you've minor sickness (example: cold)

Urgent Care

- Walking clinics
- Higher costs (example: higher co-pays)
- A best place when you're unable to see your PCP

Emergency

- Most expensive
- When you've a serious medical condition—such as cardiac arrest, bones fracture, etc.
- Much higher co-pays

Important Insurance Words to Know

Premium

The amount that must be paid for your health insurance or plan. You and/or your employer usually pay it monthly, quarterly, or yearly. It is not included in your deductible, your copayment, or your co-insurance. If you don't pay your premium, you could lose your coverage.

Network

The facilities, providers, and suppliers your health insurer has contracted with to provide health care services.

- Contact your insurance company to find out which providers are “in-network.” These providers may also be called “preferred-providers” or “participating providers.”
- If a provider is “out-of-network” it might cost you more to see them.
- Networks can change. Check with your provider each time you make an appointment, so you know how much you will have to pay.

Copayment or Copay

The amount you may be required to pay as your share of the cost for a medical service or supply, like a doctor's visit, hospital outpatient visit, or prescription drug. A copayment is usually a set amount, rather than a percentage.

- For example, you might pay \$10 or \$20 for a doctor's visit, lab work, or prescription. Copayments are usually between \$0 and \$50 depending on your insurance plan and the type of visit or service.

Co-insurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe.

- For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

- For example, if your deductible is \$1,000, your plan won't pay anything until you've met your \$1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Out-of-pocket maximum

The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit includes deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual for a qualified medical expense. It does not have to include premiums or spending for non-essential health benefits. The maximum out-of-pocket cost limit for any individual Marketplace plan for 2014 can be no more than \$6,350 for an individual plan and \$12,700 for a family plan.

Explanation of Benefits (EOB)

A summary of health care charges that your health plan sends you after you see a provider or get a service. It is not a bill. It is a record of the health care you or individuals covered on your policy got and how much your provider is charging your health plan. If you have to pay more for your care, your provider will send you a separate bill.

Primary Care Provider

- Call to make an appointment for regular checkups and when sick. Arrive before your appointment time, sign-in, and wait to be called. Each time you go, you will usually see the same provider who will have access to your health record. Your provider will work with you to monitor any ongoing conditions and to help improve your overall health by checking other areas of your health. If you need to see other providers to manage your condition, your provider can help you make a plan, get needed medicines, schedule your recommended follow-up visits, and/or find you specialists.
- If you have primary care copay, this may cost you between \$0 and \$50.

Specialist

They will see you for certain services or to treat specific conditions. You may need a Referral (or get a specific instruction) from your primary care provider before you go to a specialist in order to have your health plan pay for your visit.

Emergency Department (ED)

- Go only when you are seriously injured or sick. If you go, you will need to wait until they can see you, which may be a long time (several hours) depending on the seriousness of your condition. You will see the provider who is working that day, whom probably won't have access to your health records, so they may not know your any ongoing conditions that you have. The provider will only look at the urgent problem you came in to treat but might not ask about any other concerns. When your visit is over, you will be discharge with instructions to see your primary care provider and/or specialists; but there may not be any follow-up support.
- You'll likely pay a copay, coinsurance, and have to meet your deductible before your health plan pays for your costs, especially if it's not an emergency. Your copay may be between \$50 and \$150.

