

Navigating your Health Insurance

Tips to accessing your benefits

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Key Words

- **Premium:** Monthly fee you pay for coverage. Policies with lower premiums will likely require you to pay more in the form of deductibles and copayments when you make use of medical services; a policy with a low premium does not mean it is the least expensive.
- **Deductible:** Out-of-pocket amount you pay for your medical care before the insurer pays its share. Some healthcare plans cover the entire cost of certain preventive services. A policy may also have different deductibles for certain aspects of the plan, such as prescription drugs.
- **Copayment:** A copayment is a fixed dollar amount you pay for a specific service, procedure, or drug each time you receive care or fill a prescription.
- **Coinsurance:** A fixed percentage of the cost of all services and prescription drugs a policyholder is required to pay. The coinsurance for certain services or prescription drugs may vary. Some insurers use coinsurance rather than copayments, while others use a combination of the two.

Key Words (...cont.)

- **Out-of-Pocket Maximum:** The most you will pay in deductibles, copayments, and coinsurance during a given year of coverage excluding the premium. When you reach the out-of-pocket maximum for your policy, your insurance company will pay all cost incurred for your care.

Student A's policy has a:


- \$3,000 deductible
- 20% coinsurance
- \$5,000 out-of-pocket maximum

Student A has eye insertion surgery that costs \$20,000. She will pay the \$3,000 deductible and a portion of her coinsurance.

Student A's coinsurance cost (20% of \$20,000) is \$4,000. Since she is paying the \$3,000 deductible, she will **only have to pay \$2,000** of the \$4,000 coinsurance to reach the policy's \$5,000 out-of-pocket maximum.

The insurance **company will pay the \$15,000 balance**. If **Student A** has more facial feature surgery or other medical services this year she will not have to pay any additional medical costs, because she has reached the policy's \$5,000 out-of-pocket maximum.

Sample Health Insurance Card

 ABC INSURANCE PARTNERS	PPO
1) Policy Number 356M59557	3) Office Visit Copay: \$15 Specialist: \$15
2) Group Number 1234567	4) Emergency Room: \$150 Urgent Care: \$50 Rx: \$10/20/40
Group Name XYZ COMPANY	Network Coinsurance:
Member Name SUSAN J. SAMPLE	5) In 90%/10% 6) Out 80%/20% Med/Rx Deductible Applies

1. Policy Number
2. Group Number
3. Copay Amounts
4. Coinsurance Amounts
5. In-network
6. Out-of-network

Customer Service: 1-800-555-1234, TDD: 1-800-555-5678
M-F, 8:00 a.m. - 11:00 p.m. Pacific Standard Time

Nurse Information Line: Call 1-800-777-7197
Hours of operation: 24 hours/ 7 days a week

Provider Services: 1-888-777-6543, TDD: 1-800-777-3456
Submit Claims To:
PO Box 987,
Claims Way, OR 97008

This group health plan is provided by ABC Insurance Partners. While coverage remains in force, members are entitled to the benefits under the terms and conditions of the plan. This card is for identification only and is not a guarantee of coverage. Deductibles and coinsurance may apply.

Asking the Right Questions

- What services does my plan cover?
- Are my health providers in-network?
- Are there annual limits to the number of visits for any particular service (e.g. psychotherapy)?
- Are out-of-network benefits available?
- What percentage of the cost am I responsible for if I receive out-of-network care?
- Am I covered if I get sick or need treatment out of state?



Types of Health Insurance

- You may have insurance coverage through government sources, employer-sponsored plans, a self-funded employer plan, the college/university you attend, or directly through a provider.
- If you don't have insurance through an employer and are not eligible for government sponsored plans, the health insurance marketplaces created with the Affordable Care Act (ACA) may be an option.

(Read more about the ACA [here](#))

<p>Private health Insurance: Plans marketed by the private health insurance industry (Aetna, Blue Cross, Cigna, and others). Coverage includes policies obtained through employer-sponsored insurance.</p>	<p>Employer sponsored: Insurance provided as a benefit of employment.</p>	<p>Individual plans: Individual insurance purchased outside of the workplace from private health insurers.</p>
<p>COBRA: Government legislation that allows an employed person to take his/her group health insurance policy when leaving employment.</p>	<p>Medicare: Medicare Insurance Program for people who are 65 years or older, certain younger people with disabilities and people with ESRD.</p>	<p>Medicaid: Social insurance program for families and individuals with low incomes; federal and state partnership.</p>
<p>Affordable Care Act/ Obamacare: Provides new protections to patients and improves access for people who were not previously able to obtain healthcare coverage.</p>	<p>Katie Beckett or TEFRA Waiver: gives states the option to extend Medicaid to children with severe disabilities by only counting the income of the child with a disability.</p>	<p>SCHIP: State and federal insurance partnership aimed at covering uninsured children in states.</p>
<p>Home and Community Based Services (HCBS) Waivers: for people with intellectual and other disabilities.</p>	<p>TRICARE: Health insurance coverage through the United States military for retirees and their dependents.</p>	<p>Veterans Association (VA) Benefits: Health benefits for U.S. military veterans.</p>

Marketplace Plans

Exclusive Provider Organization (EPO)	Point of Service (POS)	Health Maintenance Organization (HMO)	Preferred Provider Organization (PPO)
<p>-Managed care plan that restricts services only to in-network health providers (except in an emergency).</p> <p>-Patients who seek out-of-network services pay for care themselves.</p>	<p>-Provides greater flexibility for patients to use out-of-network providers.</p> <p>-Your primary care provider can refer you to someone in or out of network, BUT, using in-network services costs less than out-of-network.</p>	<p>-Usually limits coverage to providers who work for/contract with the HMO & won't cover out-of-network care except in an emergency.</p> <p>-Provides integrated care & focus on prevention & wellness.</p> <p>-Required to have a designated primary care provider; they will direct you to specialists as needed.</p> <p>-Patients who seek out-of-network services may have to pay for care themselves.</p>	<p>-Allows greater flexibility to use out-of-network providers.</p> <p>-Using in-network services costs less than using those outside of it, BUT, unlike a POS plan, you <u>do not</u> need a referral from your primary care provider to use the services of a specialist.</p>

Learn more about each of these [here](#).

Marketplace Plans (...cont.)

Medicare	Medicaid	Medi-Cal & Covered California
<p>-Federally-funded plan that provides health coverage to those 65 & older, & for some younger people who have permanent disabilities.</p> <p>-Supplemental Insurance, “Medigap” or “Secondary Coverage,” can help cover costs not covered under Original Medicare.</p> <p>Learn more here.</p>	<p>-Federal & state program that helps some people with lower incomes pay for medical care.</p> <p>-Each state has different eligibility requirements.</p> <p>-Expansion: Under the ACA, several states have expanded eligibility for Medicaid to include people with incomes up to 138% of the federal poverty line.</p> <p>Learn more here.</p>	<p>-Covered California (CC) makes it possible for individuals & families to get free or low-cost health insurance through Medi-Cal, or to get help paying for private health insurance.</p> <p>-When you complete a CC application, your eligibility for Medi-Cal will automatically be determined.</p> <p>-Medi-Cal has benefits similar to CC, but often at lower or no cost to you or your family.</p> <p>-Both include the same "essential health benefits."</p>

Marketplace Plans (...cont.)

Employer-Sponsored Health Plans	Self-Funded Employer Health Plans	Limited Provider Networks
<p>-An employer may offer a single health insurance plan, a selection of different types of plans, or a self-insured plan.</p> <p>-Can include coverage in the form of HMOs, PPOs, & others.</p> <p>-Employers are shifting a growing percentage of the cost to employees & are using their Health Savings Accounts more (money set aside to cover medical costs of an employee).</p> <p>Learn more here.</p>	<p>-Instead of using an insurance company some employers fund their employees' healthcare through a program of the employer's own creation.</p> <p>-As away to control costs these plans may require employees to use only specific providers.</p> <p>Learn more here.</p>	<p>-A popular strategy for creating plans with affordable premiums.</p> <p>-These networks rely on a smaller pool of providers available to patients under the plan.</p> <p>-Provide a better price to payers in exchange for gaining access to more patients under the plan than they would otherwise have in a larger network.</p> <p>Learn more here.</p>

Mental Health Benefits

- Check your coverage carefully by asking the following questions:
 - Do I have mental health benefits?
 - Does my insurance cover seeing an out of network provider?
 - What is my deductible & has it been met?
 - How many sessions per year does my health insurance cover?
 - What is the coverage amount per therapy session? How much will my copay be?

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Claims Way, OR 97008

This group health remains in force and conditions do not a guarantee

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This card does not guarantee coverage. To verify benefits, view claims, or find a provider, visit the websites. Call for notification or preauthorization.

For Members: www.myuhc.com 111-111-1111
888-887-4114
222-222-2222

Mental Health:

For Providers: www.unitedhealthcareonline.com 877-842-3210
Medical Claims: PO BOX 740800, Atlanta, GA 30374-0800



Pharmacy Claims: PO BOX 14711, LEXINGTON KY 40512
For Pharmacists: 800-922-1557 **Members:** 800-842-2042

Finding the *Right Fit*

1. [PsychologyToday](https://www.psychologytoday.com)

Find psychiatrists, therapists, support groups, & treatment centers by filtering through: Insurance type, location, type of issues, sex/gender preference, and so forth.

****Call phone number listed to verify it works. You can cross-check for other numbers using Google search.**

The screenshot displays the Psychology Today website interface. At the top, there is a navigation bar with the site name, a search bar, and a 'Sign Up and Get Listed' button. Below the navigation bar, there are tabs for different cities: Irvine, Newport Beach, North Tustin, Orange, Santa Ana, Tustin, and Villa Park. The main content area shows a list of therapists. Each therapist's profile includes a profile picture, their name, title, a short bio, a phone number, and a 'View' or 'Email' button. A sidebar on the left provides filters for insurance (BlueCross and BlueShield, Cigna, Aetna, Magellan Behavioral Health), issues (ADHD, Depression, Anxiety, etc.), and gender (Show only women, Show only men).

Therapist Name	Title	Phone Number	Location
David Paltin	Psychologist, PhD	(714) 581-9458	Orange, California 92866
Jeanne M. Lichman	Psychologist, PhD	(714) 987-9259	Orange, California 92866
Caroline Paltin	Psychologist, PhD	(657) 220-8578	Orange, California 92866
Richard D Lehman	Clinical Social Work/Therapist, LCSW	(714) 584-4780	Orange, California 92866

Finding the *Right Fit* (..cont.)

2. Check the back of your insurance card for **website**.



3. Ask insurance to email you a **list of in-network providers** in your area.

Sort by: Relevance

Page: << < 1 2 3 4 5 > >>

Kelley, Diane [View Details](#)

Provider
Psychologist
+ Accepting New Patients
629 E Chapman Ave
Orange, CA 92866
(310) 559-3164
0.3 miles away

Manning, Paula [View Details](#)

No Money? No Problem.

Sliding Scale: Some providers offer reduced fee services on a limited basis in the form of therapy scholarships. The amount depends on your income.


E.g. If full price is \$175 p/hr & you make less than \$70,000 p/yr, fees may be \$75 per hour. If you make \$120,000 p/yr, you may pay \$100 p/hr.

But, I don't have insurance...

✉ Lisette Martínez Gutiérrez, MSW
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Schedule an appointment with me to explore no-cost therapy in the area. Keep in mind, these may have a waiting period.

Words of Advice

- **Do your research!** 
 - Make sure the provider has experience working with your diagnosis/mental health concerns.
 - Cross-check providers from your insurance list. Customer service will sometimes give you info on providers that may only work with children, or the elderly, etc.
 - Verify phone numbers/addresses. Sometimes providers have multiple locations and your insurance might only cover one location.

Don't be afraid to ask for help!

Additional Resources

- [Student Health Insurance](#)- *United HealthCare*
 - If you are not signed up, you can do so during Open Enrollment (**info on website**).
- [Student Health Services](#)- Updated info for students; includes link to [HealthFinder](#) database and online self-help resources.
 - Student Health Center
 - Disability Services
 - Student Psychological Services
 - PEER

Contact me 😊

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