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

1. Policy Number
   356M59557
2. Group Number
   1234567
3. Copay Amounts
   - Office Visit Copay: $15
   - Specialist: $15
   - Emergency Room: $150
   - Urgent Care: $50
   - Rx: $10/20/40
4. Coinsurance Amounts
   - Network Coinurance: 90%/10%
   - Out 80%/20%
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.

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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](#))

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

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

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

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<th>Employer-Sponsored Health Plans</th>
<th>Self-Funded Employer Health Plans</th>
<th>Limited Provider Networks</th>
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<td>- An employer may offer a single health insurance plan, a selection of different types of plans, or a self-insured plan.</td>
<td>- Instead of using an insurance company some employers fund their employees’ healthcare through a program of the employer’s own creation.</td>
<td>- A popular strategy for creating plans with affordable premiums.</td>
</tr>
<tr>
<td>- Can include coverage in the form of HMOs, PPOs, &amp; others.</td>
<td>- As away to control costs these plans may require employees to use only specific providers. Learn more here.</td>
<td>- These networks rely on a smaller pool of providers available to patients under the plan.</td>
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<td>- Employers are shifting a growing percentage of the cost to employees &amp; are using their Health Savings Accounts more (money set aside to cover medical costs of an employee). Learn more here.</td>
<td></td>
<td>- 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. Learn more here.</td>
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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?
Finding the **Right Fit**

1. **PsychologyToday**

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.**
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.
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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(714) 532-6042

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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