

HEALTH & INSURANCE

PRACTICAL UNIVERSITY

AVENUES

- Most people obtain health insurance through their employer.
- Private Insurance policies can limit access to some doctors.



COST



- Cheap is not always better.
- The premium is the amount you pay for the policy.
- When you receive medical services:
 - A Deductible is how much you pay before coverage begins.
 - Co-insurance is what you pay after the deductible.
 - The plan may pay 60-90% of the cost. The coinsurance is the remainder you are responsible for. Be very careful with this.
 - Yearly Maximum is what you must pay in one year.
- A co-payment is the amount paid directly to the provider at every visit.

GETTING A DOCTOR

- Private Insurance plans have networks
 - Hospitals
 - Doctors
 - Specialists
 - Pharmacies
 - These have contracts with the insurers.



- Care may only be covered from a network provider.
- Specialists require a referral from primary care.



TYPES OF PLANS

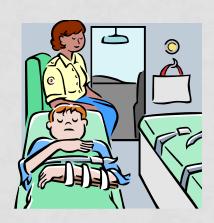


- HMO is a Health Maintenance Organization.
- EPO is an Exclusive Provider Organization.
 - These restrict coverage to outside providers.
 - You are likely to pay full cost.
- PPO is a Preferred Provider Organization.
 - Each has a list of specific doctors. Make sure yours is there.
- POS is a Point of Service Plan.
- Key for searching for other doctors and hospitals:
 Ask your Dr. if plan includes doctors he/she likes.
 - Even if you don't need them today

WHAT IS NOT HEALTH INSURANCE

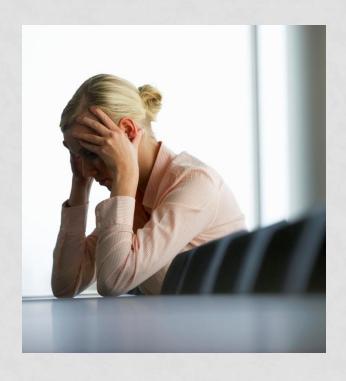
Dread Disease

- Only for costs related to specific diseases like cancer
- States caution about these.
- Are not guaranteed renewable
- Accident only
 - Not due to illness
- Supplemental
 - Added to comprehensive
 - Hospital indemnity pays cash benefits each day you are in the hospital.
 - Nowhere near cost of hospital care
 - Supplemental prescription drugs



DISCOUNT PLANS

- NOT health insurance
- They do have similar features.
 - Monthly premium
 - ID Card
 - Advertised network
 - Discount is ground 25-35%
- People report problems.
 - Regulators cannot help.



THE AFFORDABLE CARE ACT



- The ACA, or Obamacare, has several provisions
 - There are no exclusions or higher premiums due to preexisting conditions or gender.
 - There are no annual caps for essential health benefits.
 - There is no lifetime maximum. Insurance can't "run out."
 - Plans come in levels: Bronze, Silver, Gold.
 - The higher levels have lower deductibles & better coverage.
 - Individuals not covered by insurance will be charged an annual tax penalty of \$95, or up to 1% of income over the filing minimum, whichever is greater; this will rise to a minimum of \$695 (\$2,085 for families).
 - Exemptions are permitted for religious reasons, members of health care sharing ministries, or for those for whom the least expensive policy would exceed 8% of their income.

WHAT TO LOOK FOR



- Balance the premium with the protection.
 - You pay the premium, deductible, co-insurance, co-payment and the out-of-pocket maximum.
- Look at costs for non-covered care.
 - Certain services will be excluded or limited.
- Check and see if the services and medicines you need, or will need, are provided.
 - Look at your family history.
- When considering a new plan, make sure the plan includes your current providers.
 - Locations convenient
- Avoid policies without a maximum out-of-pocket limit.
- Go for comprehensive coverage.