

## Topic One: Health Insurance 101 and Preventive Services:

### 1. What is health insurance?

The term refers to a variety of insurance policies, ranging from those that cover the costs of doctors and hospitals to those that meet a specific need—like vision or dental coverage. When most of us talk about health insurance, however, we refer to the kind of plan that covers doctor bills, surgery and hospital costs.

### 2. How does it work?

Health insurance works by protecting your assets from the high cost of medical care. You (the consumer) pay an upfront premium to a health insurance company and that payment allows you to share “risk” with lots of other people (enrollees) who are making similar payments. Since most people are healthy most of the time, the premium dollars paid to the insurance company can be used to cover the expenses of the (relatively) small number of enrollees who get sick or are injured. Insurance companies, as you can imagine, have studied risk extensively, and their goal is to collect enough premium to cover medical costs of the enrollees. There are many, many different types of health insurance plans in the U.S. and many different rules and arrangements regarding care.

### 3. What information will a person receive from their insurance company?

You probably received a membership package with information about your coverage from either your health plan or program. Read this information because you will need it when you see a provider or if you call your insurance company to ask a question. If you can’t read or understand it, call your health plan or program and ask them to explain it to you. You may also have received a card or other document as proof of your insurance. Your card should look like this one. [Commissioner pulls out an insurance card] Some health plans don’t have cards, but you should have received this information in another form. If you didn’t receive a card, contact your health plan to see if you should have.

### 4. What information is on the membership card?

- **Member name and date of birth.** These are usually printed on your card. Member number. This number is used to identify you so your provider knows how to bill your health plan. If your spouse or children are also on your coverage, your member numbers may look very similar.
- **Group number.** This number is used to track the specific benefits of your plan. It’s also used to identify you so your provider knows how to bill your insurance.
- **Plan type.** Your card might have a label like HMO, PPO, HSA, Open, or another word to describe the type of plan you have. These tell you what type of network your plan has and which providers you can see who are “in-network” for you.
- **Co-payment.** These are the amounts that you will owe when you get health care.

- **Phone numbers.** You can call your health plan if you have questions about finding a provider or what your coverage includes. Phone numbers are sometimes listed on the back of your card.
- **Prescription co-payment.** These are the amounts that you will owe for each prescription you have filled.

## 5. How should a person prepare for visits with their primary care provider?

Preparing for your first visit will help your provider understand your health and lifestyle. Together you will work to improve your health and well-being during your visit and after you leave. It is important to show up early for your appointment! When you get to your provider's office, check in with the front office staff.

You may be asked to provide the following:

- Insurance card or other documentation.
- Photo identification (e.g., driver's license, government or school ID, passport, etc.).
- Completed forms.
- Your copay, if you have one. Ask for a receipt for your records.

For example, copay is the fixed dollar amount you may pay for your provider visits. You may have to pay a \$25 copay every time you visit your primary care physician, a \$30 copay for specialists, or a \$250 copay for an emergency room visit.

The staff may ask you to fill out additional forms and to read over their privacy policy, which tells you how they will keep your information private. It is required by law.

## 6. What happens if a person does not show for their appointment?

If you need to change your appointment, contact your provider's office as soon as possible. Many providers charge a fee if you're late, don't show up for your appointment, or cancel less than 24 hours in advance. Most health plans will not pay these fees.

## 7. What information is helpful to share with your primary care provider?

- Your family health history and medical records, if you have them.
- Medications you are taking (and the bottles so your provider knows what dose you take). If you need a refill, ask for one.
- Questions or concerns you have about your health—write them down so you don't forget to ask.
- You may want to bring someone with you, like a friend or family member, to help you talk to the provider.

## **8. What steps should a person take after their first visit to a provider?**

You'll see your primary care provider for your recommended preventive care and for help managing chronic conditions, as well as when you feel sick. Even if you see a specialist for a specific service or condition, you'll always come back to your primary care provider. Ask your provider or their staff to notify you when your next visit or recommended health screenings should happen. Make an appointment for that visit as soon as you can and write it down someplace where you'll remember it. If you have questions or concerns between visits, call your provider. They can help answer questions you have about your health and well-being and adjust any medications you are taking.

## **Preventive Services**

### **1. What is Preventive Health?**

Preventive health care includes health services like screenings, check-ups, and patient counseling that are used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best. Under the Affordable Care Act ("ACA"), most health plans must cover a set of preventive services at no cost to you. This includes plans available through the Health Insurance Marketplace. The following pages list the preventive health services that may be right for you.

### **2. Why is preventive health care important?**

Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and well-being. Having a provider who knows your health needs, and whom you trust and can work with, can help you: Ensure you get the preventive services that are right for you; Make healthy lifestyle choices; Improve your mental and emotional well-being ; Reach your health and wellness goals.'

### **3. Where does a person go for preventive care services?**

It's best for you to get routine care and recommended preventive services from a primary care provider like your family physician. You can find primary care providers in local offices, clinics, and health centers.

### **4. What if the person's provider tries to charge them for preventive services?**

Remember, preventive services are free only when the provider is in your plan's network. Before your appointment, contact your insurance company to make sure that your provider is in your plan's network. You can also check with your provider each time you make an appointment, so you know how much you will have to pay.

**5. How often should a person seek preventive services?**

You should see your provider for preventive services yearly. Your provider will do a complete physical and may draw blood for lab work and recommended screenings. Women should also get the recommended well-woman screening yearly.

**6. What does a person’s health insurance coverage pay for?**

Health insurance coverage pays for provider services, medications, hospital care, and special equipment when you’re sick. It is also important when you’re not sick. Most coverage includes immunizations or vaccines for children and adults, annual visits for women and seniors, obesity screening, and counseling for people of all ages.

**7. How can a person determine what my health insurance plan pays for?**

Insurance plans can differ by the providers you see and how much you have to pay. Contact your health insurance plan or insurance company to make sure you understand what services and providers your plan will pay for and how much each visit or medicine will cost. Ask them for a Summary of Benefits and Coverage document that summarizes the key features of the plan or coverage, such as the covered benefits, cost-sharing provisions, and coverage limitations and exceptions.

“The project described was supported by Funding Opportunity Number PR-PRP-18-001 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services. The contents provided are solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.”

