FOR THE HEALTH OF IT

HEALTH INSURANCE 101
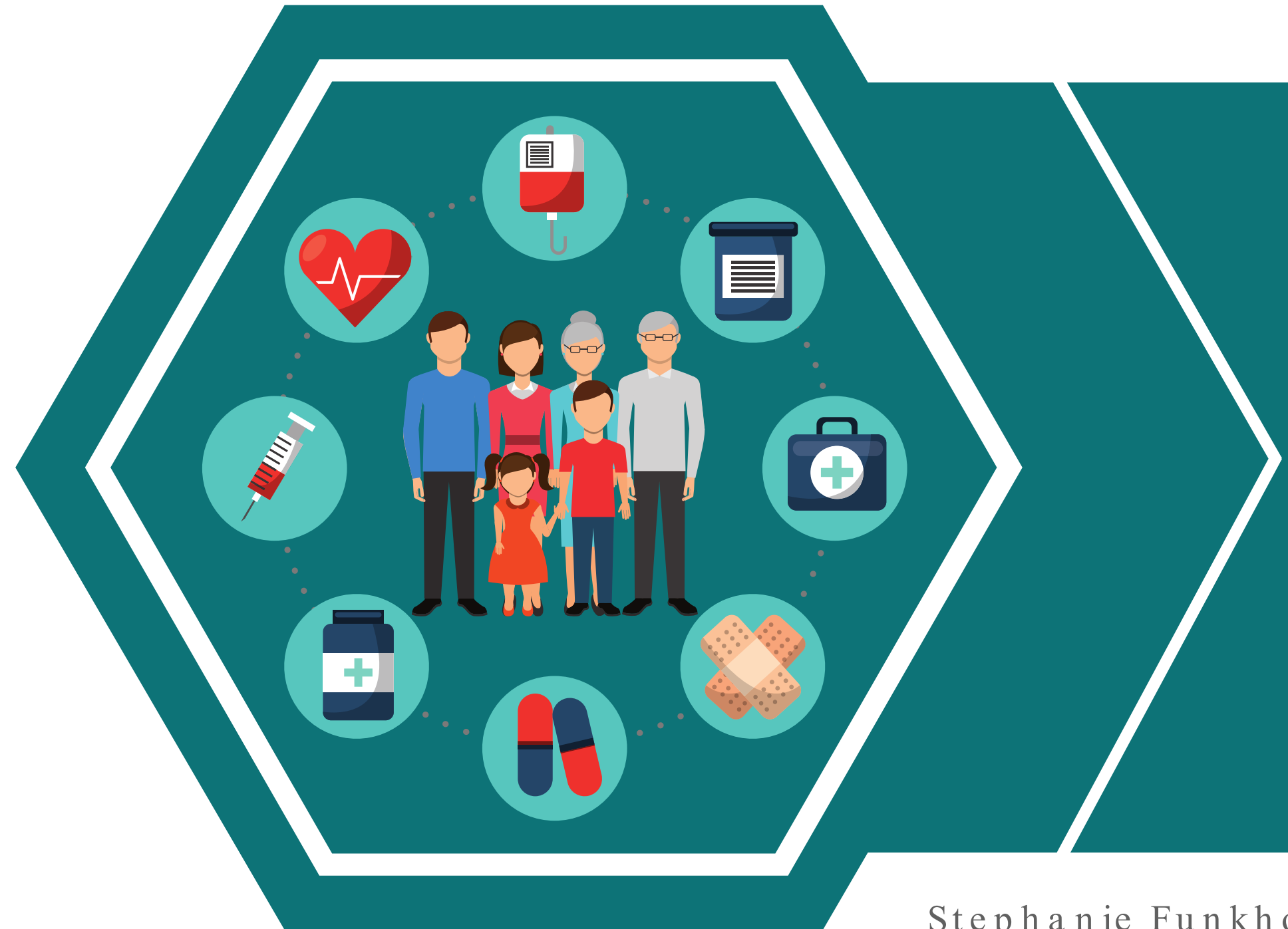
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APRIL 2023

Checking In

Drop a word or short blurb in the chat:

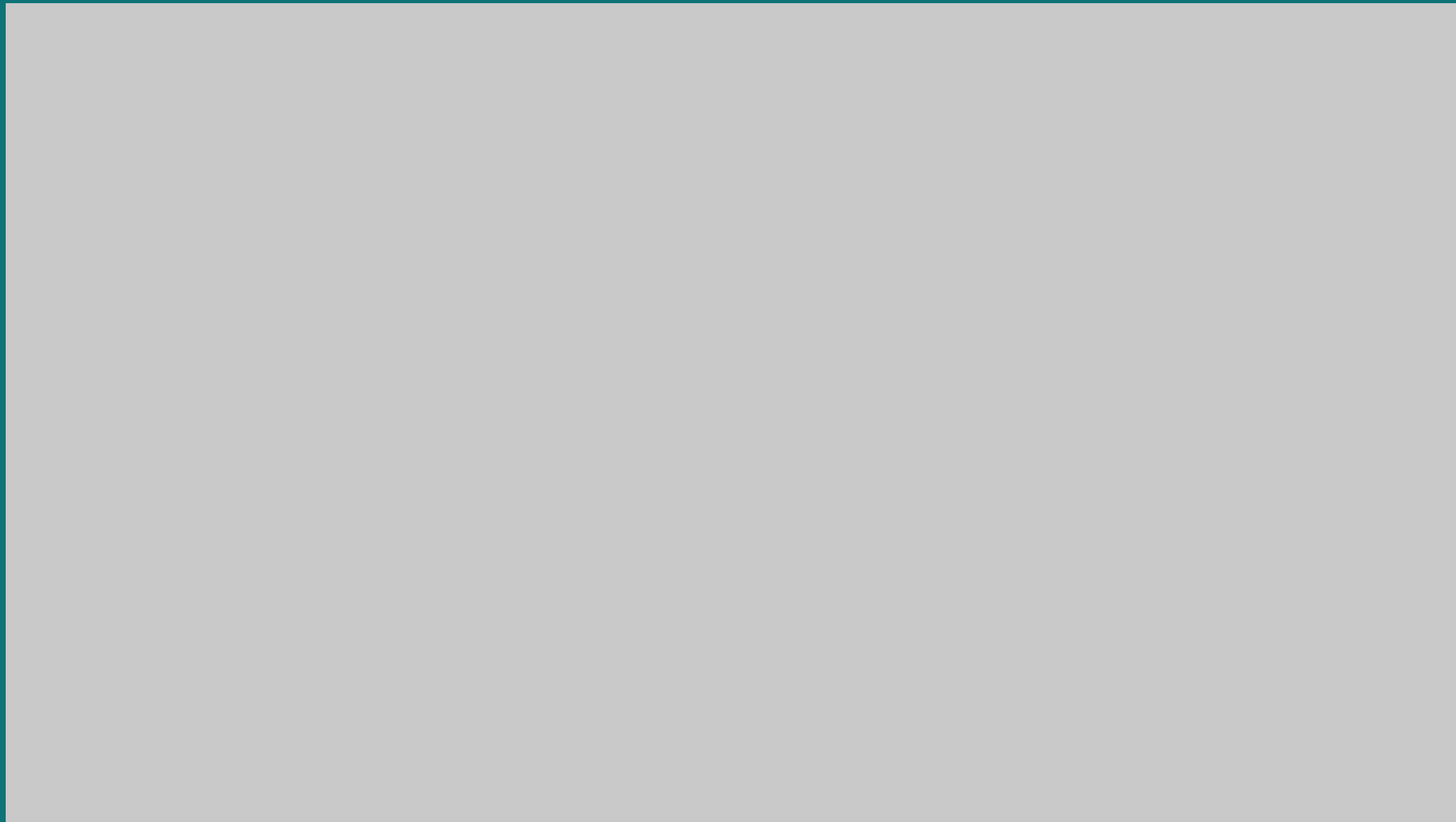- On a scale of 1-5, how do you feel about your level of health insurance knowledge?

Checking In

Drop a word or short blurb in the chat:

- On a scale of 1-5, how do you feel about your level of health insurance knowledge?
- What comes to mind (feelings, thoughts, words) when you hear "Health Insurance?"
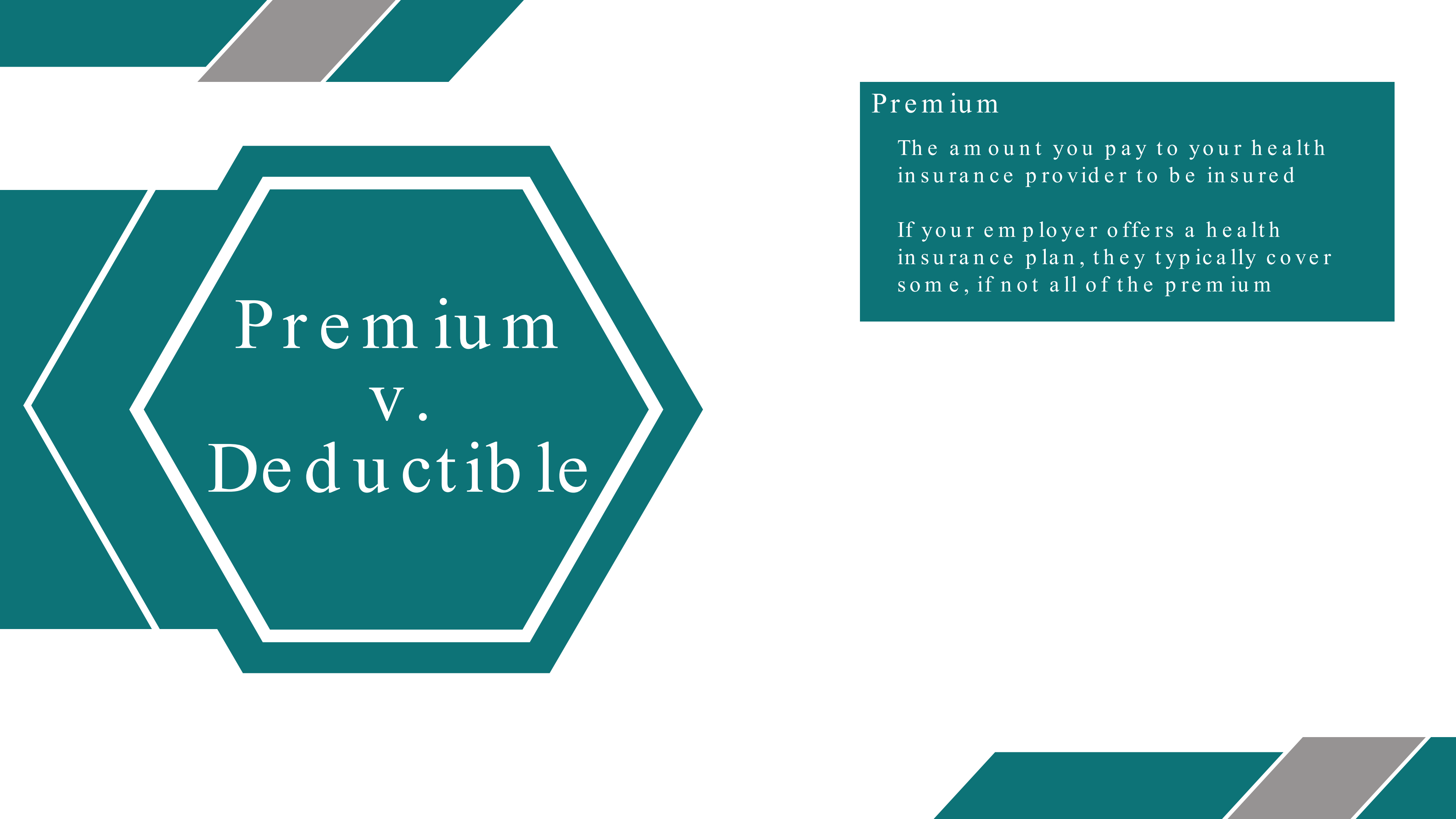
Today

During today's workshop we are going to....

▷ Define common terms used in health insurance

▷ Learn the basics of how health insurance works

▷ Identify options for when and how to enroll in health insurance

Premium v. Deductible

Premium

The amount you pay to your health insurance provider to be insured

If your employer offers a health insurance plan, they typically cover some, if not all of the premium
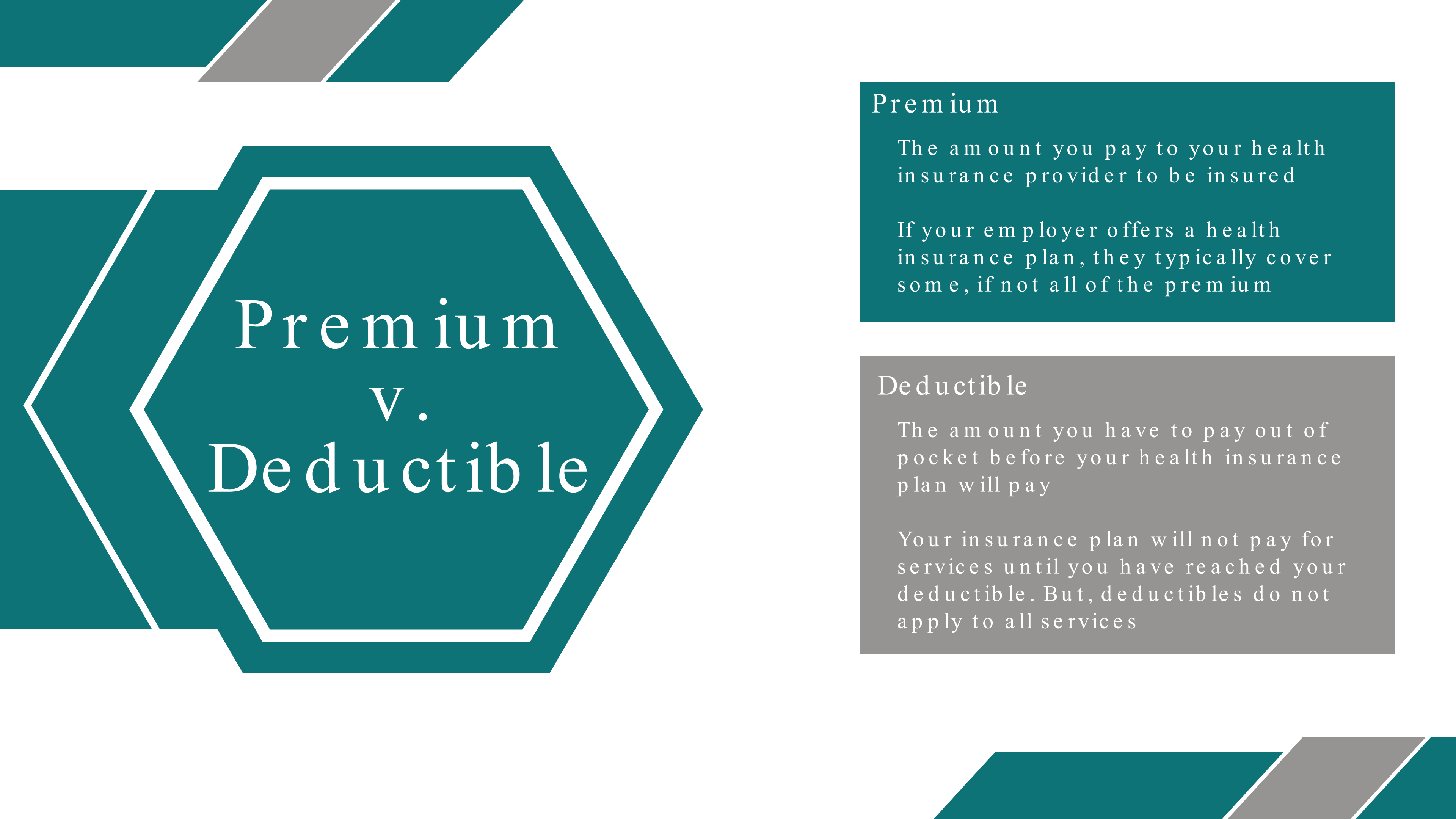
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Deductible

The amount you have to pay out of pocket before your health insurance plan will pay

Your insurance plan will not pay for services until you have reached your deductible. But, deductibles do not apply to all services

What am I paying for?

- Your health insurance plan
- Covered preventative health care
- Discounted services from "in-network" providers

Notes on Deductibles

Your deductible will not be paid at every visit.

You can pay for it in one lump sum or over the course of several visits. Every year, your deductible will reset and you will have to start paying to reach your deductible again
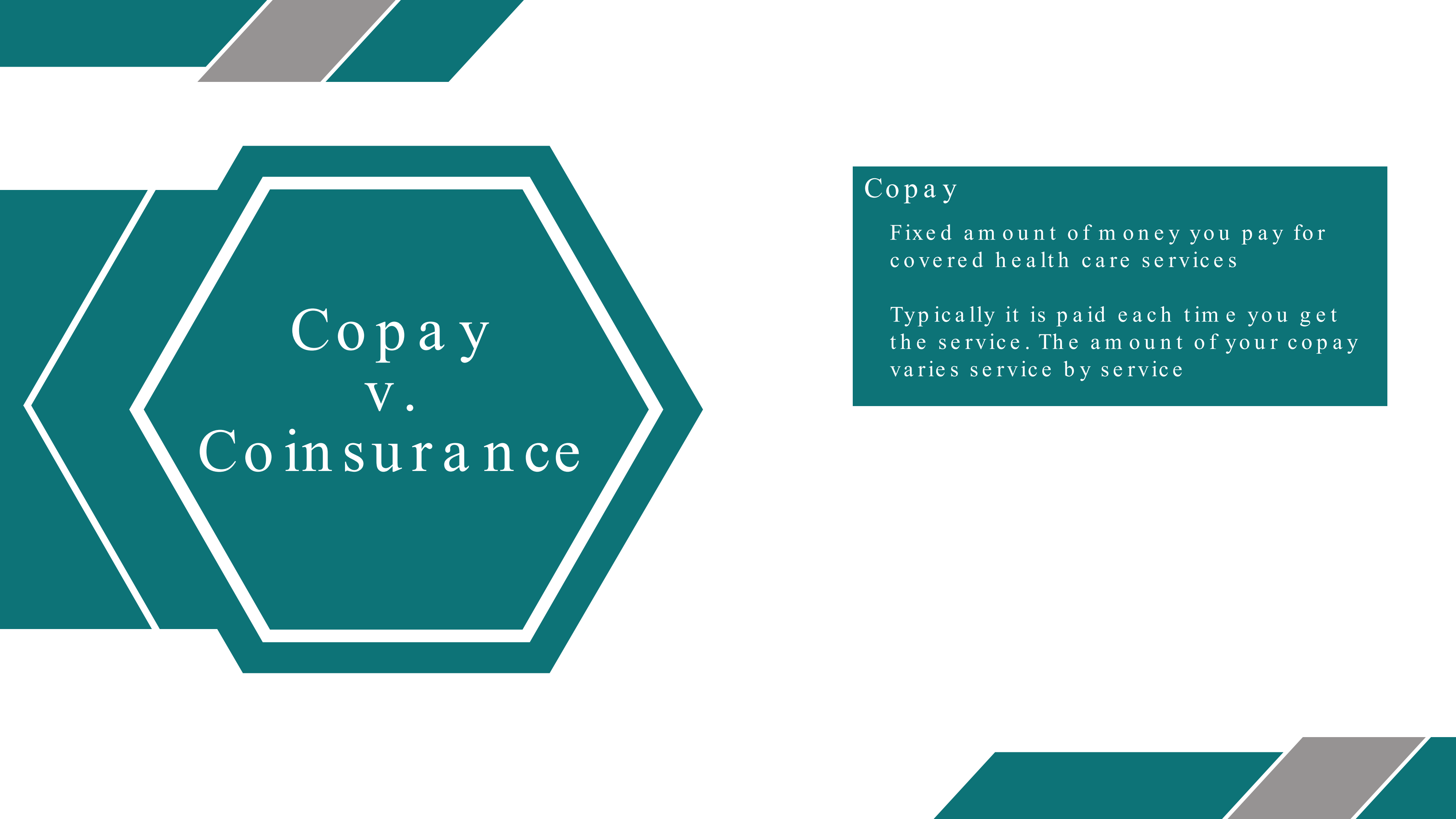
After you reach your deductible, your insurance will start covering a part of your cost...

You and your health insurance plan pay for the services you receive

Depending on the plan, you could only have copays, only have coinsurance, or you could have a combination of both

Your Summary of Benefits will tell you about the cost sharing for each service

Cost Sharing

Copay v. Coinsurance

Copay

Fixed amount of money you pay for covered health care services

Typically it is paid each time you get the service. The amount of your copay varies service by service
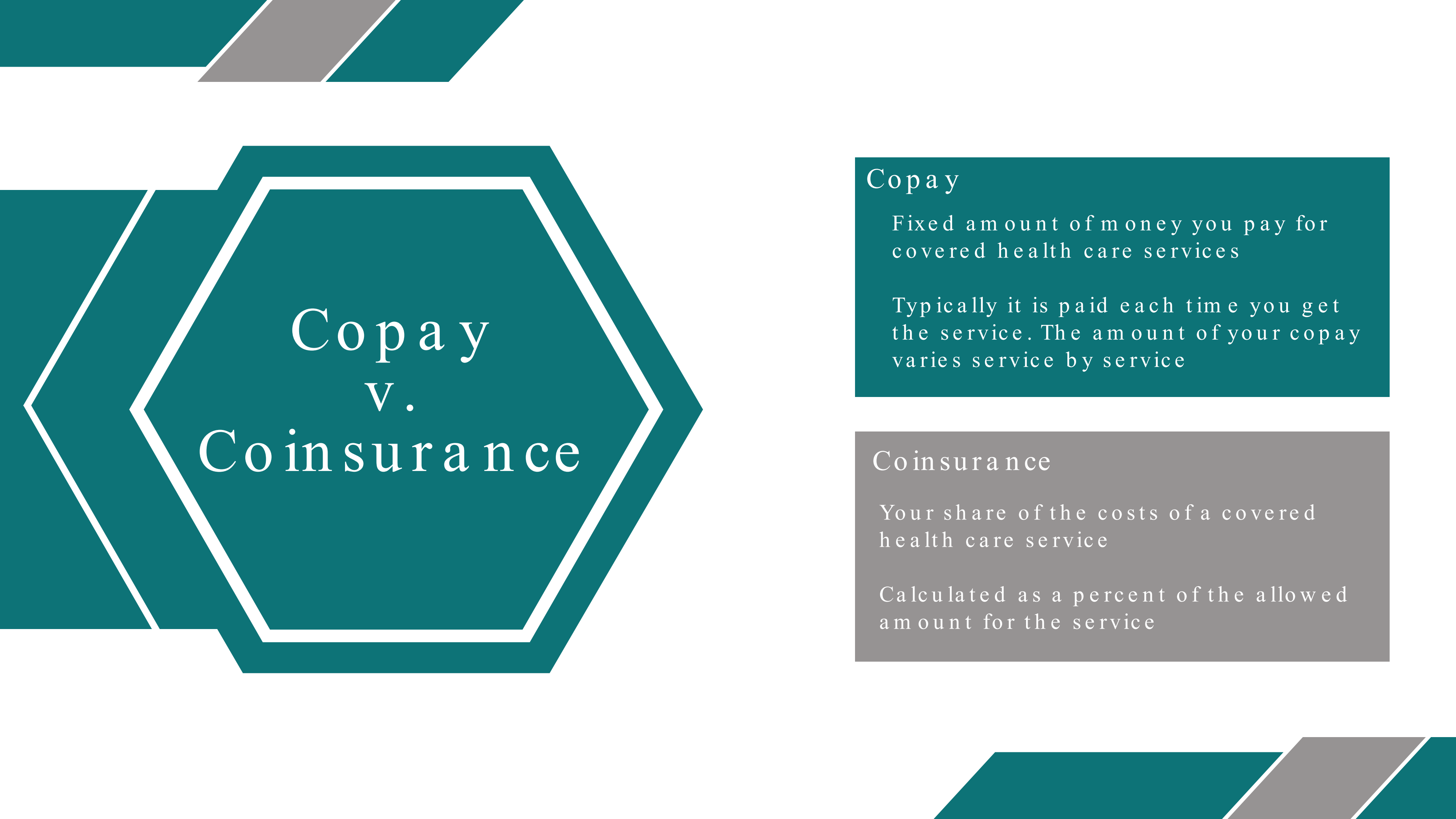
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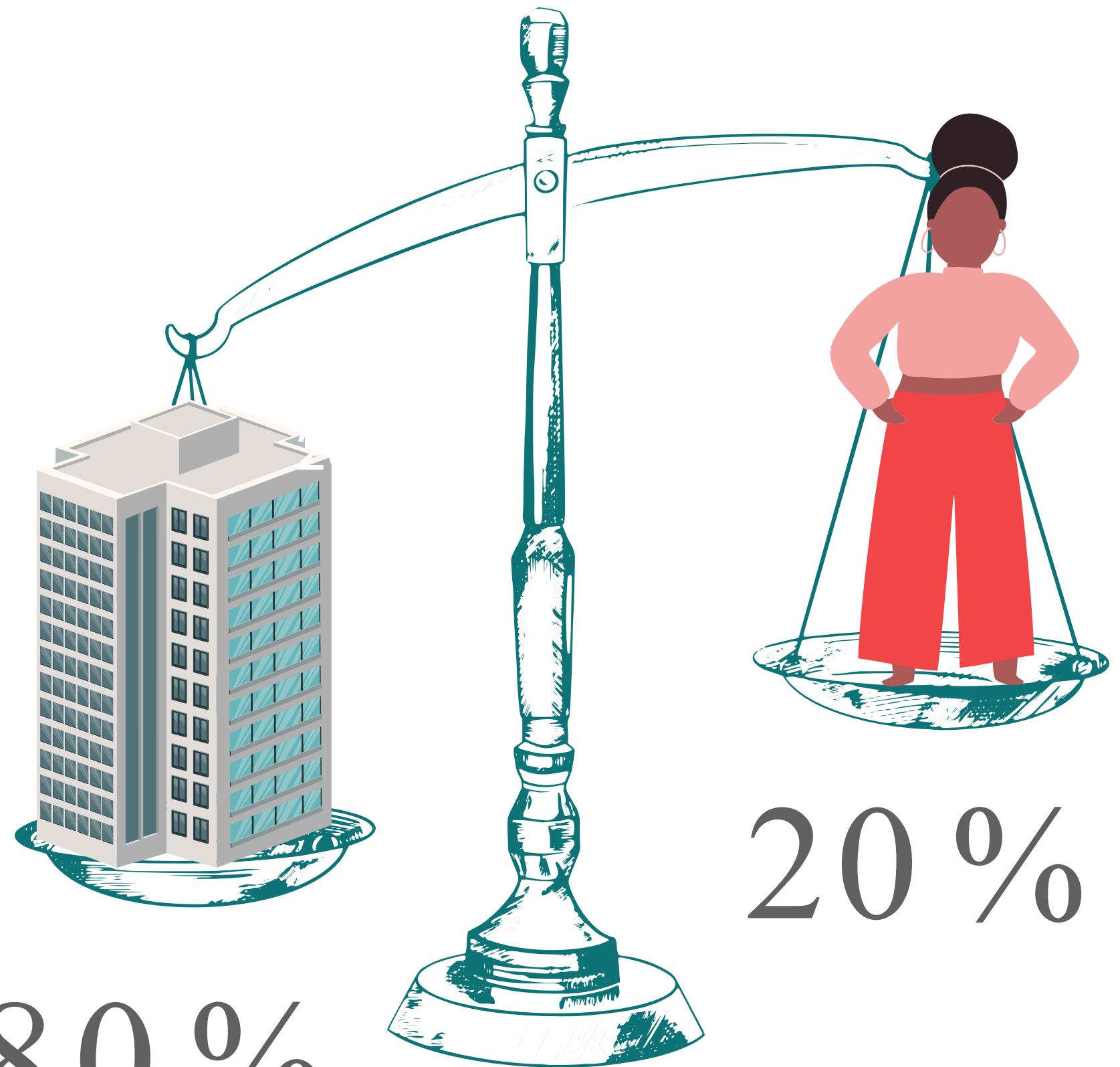
Coinsurance

Your share of the costs of a covered health care service

Calculated as a percent of the allowed amount for the service

Typical Coinsurance Rates

Your insurance company pays 80% of the service, so you only 20%

80%

20%

Out of
Pocket
Maximum

Out of Pocket Maximum

The most you will pay before your plan starts to pay 100% of your costs. Varies by plan.

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Never includes the premium or any services that your plan doesn't cover.

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Never includes the premium or any services that your plan doesn't cover.

Some plans don't count certain costs towards your out of pocket maximum, make sure to check the summary of benefits.
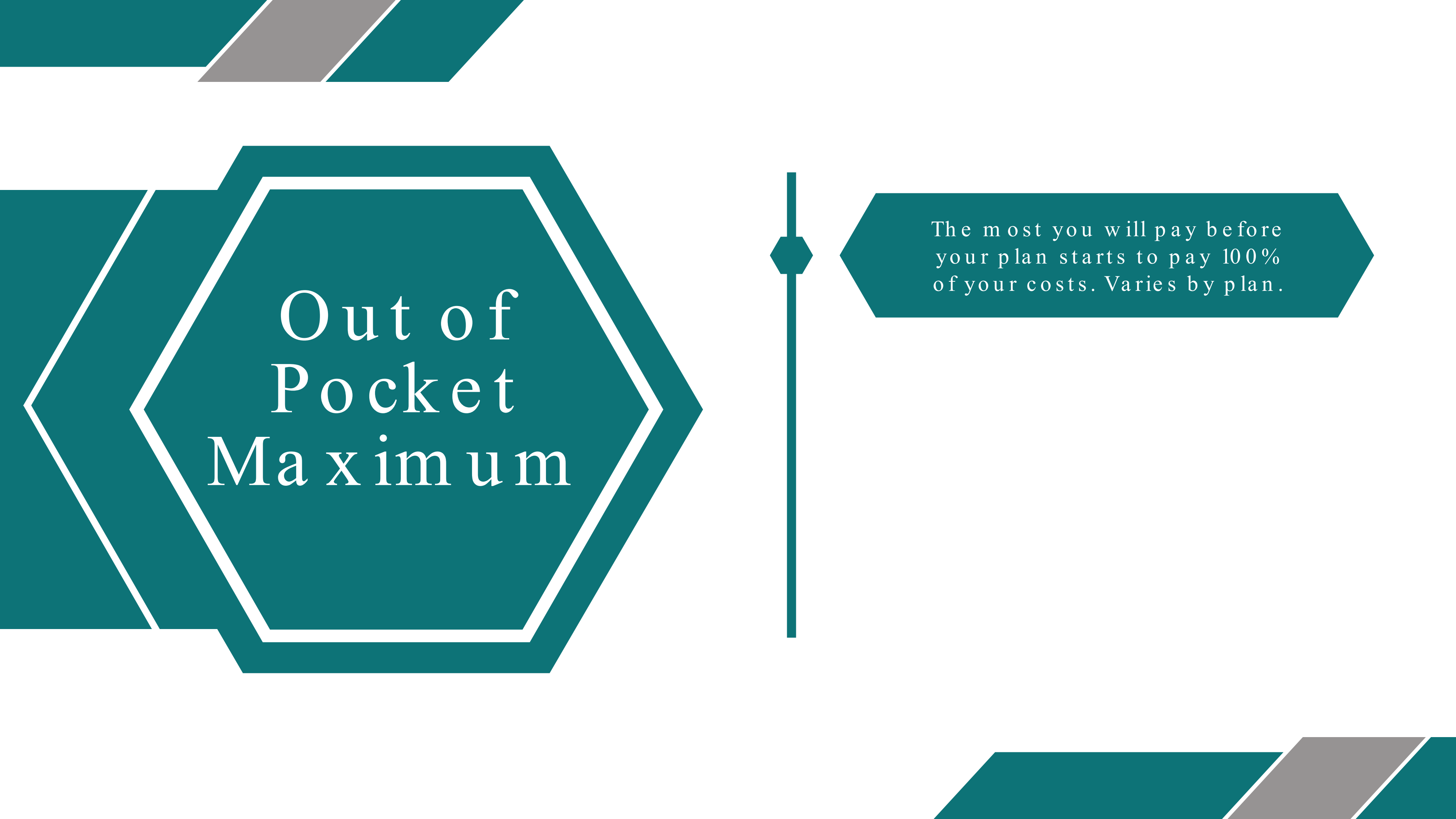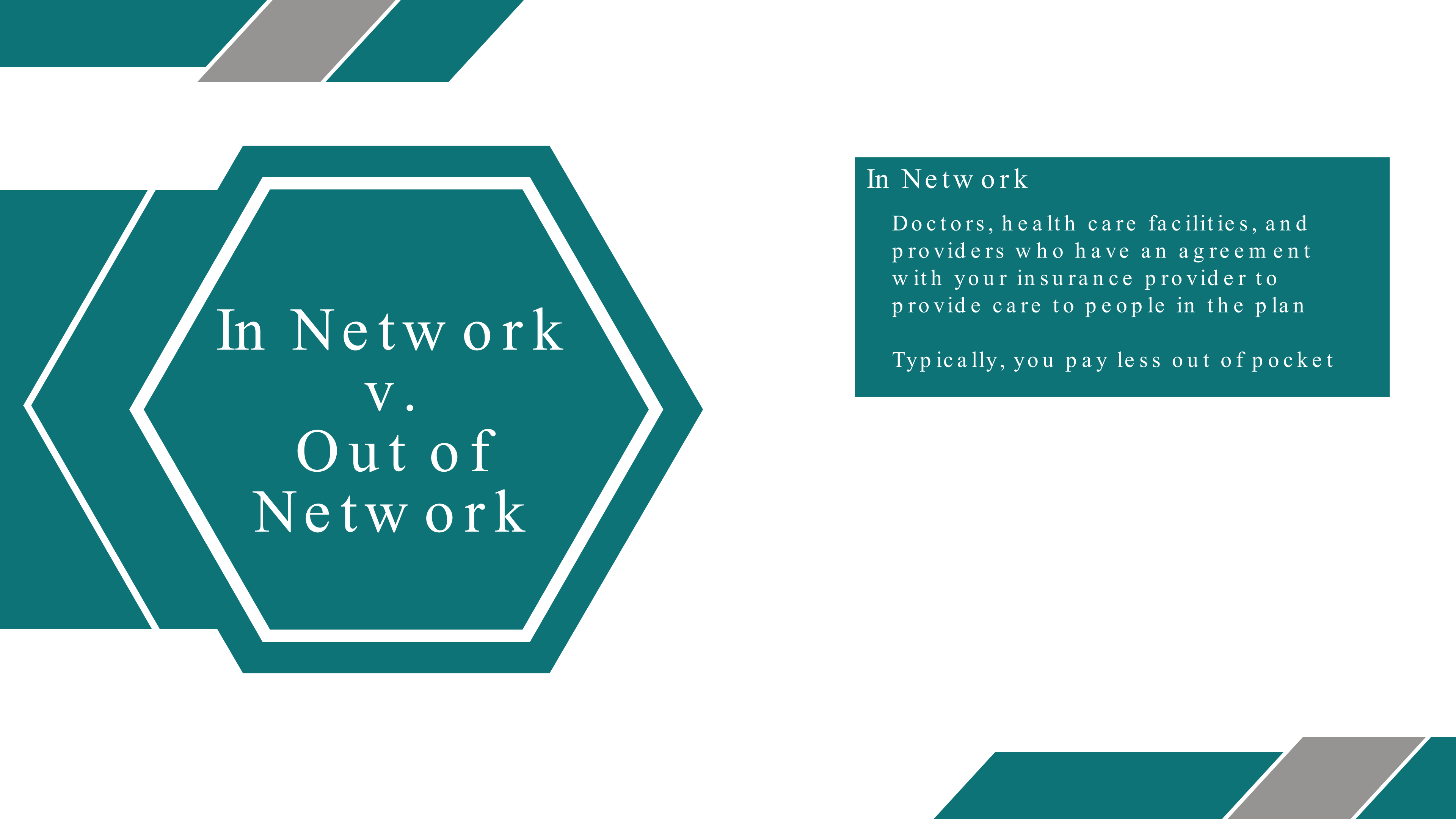
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Once you reach your out of pocket maximum, your health insurance plan pays 100% of costs for covered services

In Network
v.
Out of Network

In Network

Doctors, health care facilities, and providers who have an agreement with your insurance provider to provide care to people in the plan

Typically, you pay less out of pocket

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In Network

Doctors, health care facilities, and providers who have an agreement with your insurance provider to provide care to people in the plan

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Out of Network

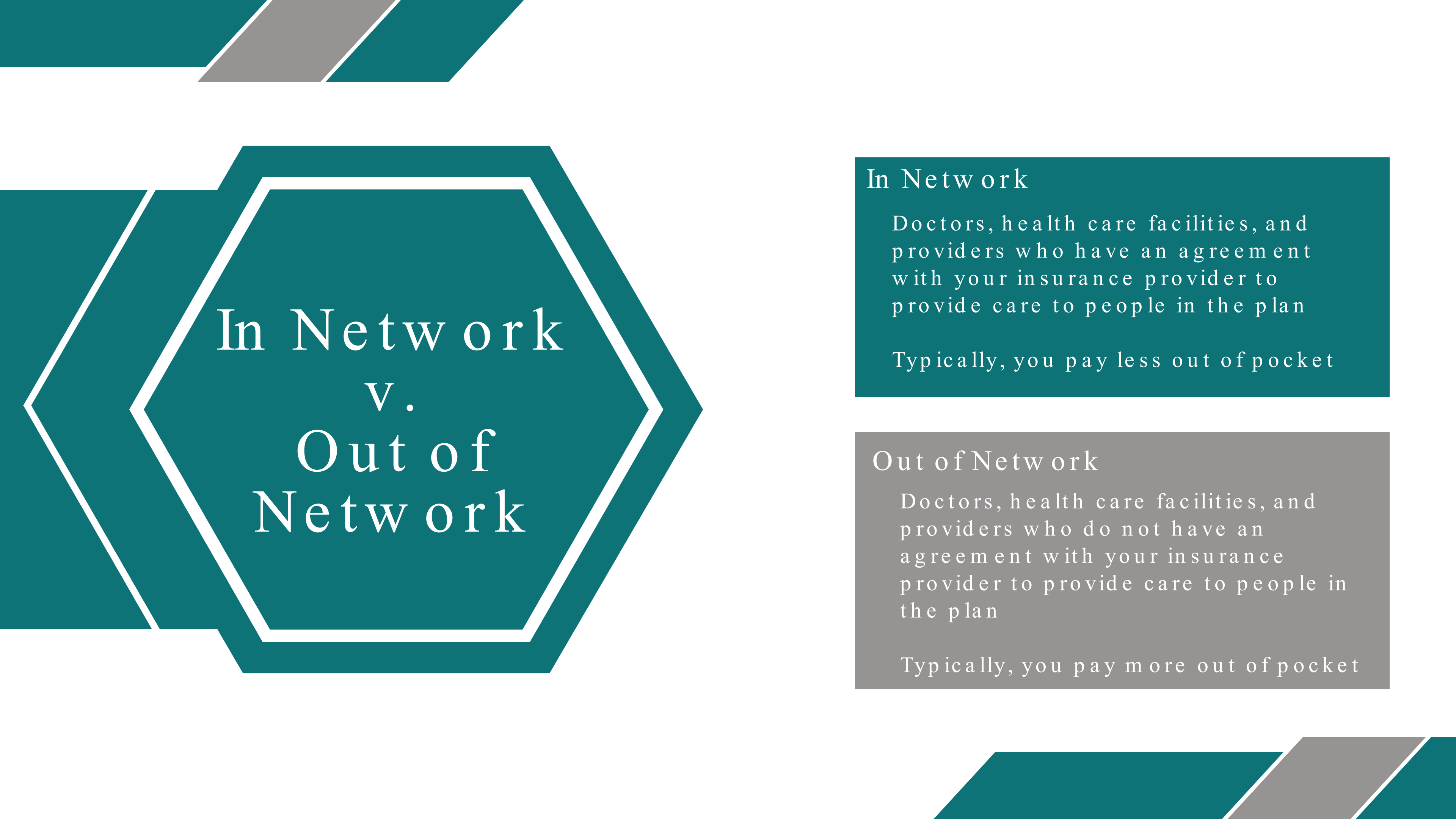Doctors, health care facilities, and providers who do not have an agreement with your insurance provider to provide care to people in the plan

Typically, you pay more out of pocket

Does it really matter?

In network providers give you a better rate than out of network providers

You can usually find an in network provider by searching on your plan's website. You can also call the provider and confirm if they are in network

Some insurance plans cover out of network providers at a slightly higher cost

Other Considerations

Do you need a referral from a PCP?

Does your plan cover out of network care?

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Do you need a referral from a PCP?

Are there any exclusions?
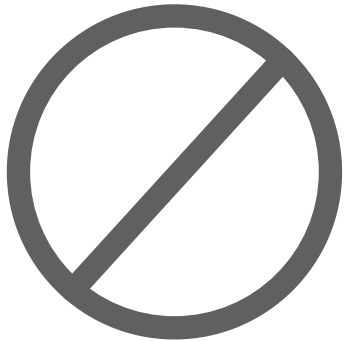
Does your plan cover out of network care?

Are there any in network providers near you?

QUICK KNOWLEDGE CHECK

Common Health Plan Types

Preferred Provider
Organization

PPO

Health Savings
Account

HSA

Health Maintenance
Organization

HMO

High Deductible
Health Plan

HDHP

What's The Difference?

PPO

Typically higher monthly premiums and out-of-pocket costs

Pay less for in network providers

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Need a referral from PCP to see a specialist, without referral, services may not be covered

Typically has a lower deductible than PPOs

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HDHP

Lower monthly premium and higher out-of-pocket costs

Can operate as a PPO or HMO

Typically for people who want to save on health insurance and do not need frequent care

Can be paired with an HSA to help manage costs

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HSA

Set aside pre-tax money to pay for certain medical expenses

Amount deposited is tax deductible

Can be used to pay the high out-of-pockets costs associated with HDHP

Helps to lower overall health care costs

Knowledge Check

Listen to each person's needs and decide which health care plan is best for them!

PPO

Daniel - 41

- Has a wife and three kids under 18
- Two of his children have special medical needs
- Wants freedom in choosing providers

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HDHP

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Anya - 22

- Just graduated from college and starting a new job
- In great health with no special medical needs
- Doesn't want to pay for something she rarely uses

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HMO

Judy - 63

- Has two children age 33 and 35
- She and her husband are in good health and rarely need more than an annual check up
- Wants to keep cost low but also be able to see a specialist if she needs to

Ways to Get Health Insurance

- Parent/Guardian's health insurance plan until you are 26
- Through your employer
- Health Insurance Market Place
  - Private plans
  - Government sponsored plans
- Your university or college

Notes on Medicaid

Medicaid is a need based public insurance program that provides free or low-cost health care coverage.

Medicaid eligibility is dependent on household income.

To see if you are eligible for Medicaid in Virginia, scan the QR code or use the provided link

https://coverva.org/en/am-i-eligible

When Can I Enroll?

Open Enrollment

Set periods of time where a person can enroll in (buy) or change an insurance plan

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Significant Life Event

Events that cause you to lose or impact your current health insurance coverage

Ex: aging off parent's plan, starting/ending a job, getting a job, having a child

Considerations When Picking a Health Insurance Plan

- Your health needs
- Frequency and types of health visits
- Income and monthly budget
- Dental and vision
- Any dependents
- "Fingers Crossed" plans

Insurance Provider

Member ID

Group Number

YOUR INSURER

ID A1234 56789

Name: JANE SMITH

Health Plan
(80840) 1234567890

GRP:123456-123-12345

PCP: Dr. John Q. Physician

Family Member
PCP: Dr. John Q. Physician
Family Member
PCP: Dr. Prima Rycare

Health Plan
HMO/PPO/POS/EPO

RX BIN# 123456

PCP. $25
SPC: $40
ER: $100

Plan Type

Cost of Visit (copay)

On the back: Contact numbers for members and providers

Resources

- HEALTHCARE.GOV or call 1-800-318-2596

- Your health insurance company

- Your parent/guardian if you are on their plan

- Mason Student Health Services Insurance Office (for questions about the student health insurance plan)

THANK YOU

For any questions about today's presentation, please email: sfunkhou@gmu.edu

Please scan the QR Code to take a quick survey!